USE OF ELECTRONIC CLINICAL DOCUMENTATION IN THE CENTCOM AOR

Original Release/Approval		1 Jun 2008	Note: This CPG requires an annual review.	
Reviewed:	Apr 2012	Approved:	5 Jun 2012	
Supersedes:	Use of Electronic Clinical Documentation in the CENTCOM AOR, 30 Jun 2010			
☐ Minor Changes (*or*)	☒ ***Changes are substantial and require a thorough reading of this CPG*** (*or*)			
☐ Significant Changes	CPG re-written; PI Monitoring plan added			

1. **Goal.** To outline the process by which medical information – particularly as it pertains to combat casualty care – is transmitted along the continuum of care. The Theater Medical Information Program (TMIP) suite of programs will be utilized for clinical documentation at all levels of care.

2. **Background.** Information entered electronically into TMIP is visible throughout the continuum of care in the Theater Medical Data Store (TMDS), CONUS AHLTA via The CDR, BHIE (DOD-VA-THEATER SHARE) and in the VA system. TMDS is accessible from any .mil computer at the following link: https://tmds.tmip.osd.mil/

   a. TC2 (**T**heater Medical Information Program **C**omposite Health Care System **C**ache) is the inpatient documentation system approved for use in CENTCOM AOR. It should be used at all Role 3 facilities. AHLTA-T (Armed Forces Health Longitudinal Technology Application – Theater) is the outpatient documentation system approved for use in the CENTCOM AOR. Information that should be recorded electronically in TC2 includes, but is not limited to:

      1. Detailed admission note (not to be done in lieu of completing the Trauma form/Resuscitation Record)
      2. Operative note(s)
      3. Radiology dictation(s)
      4. Physician note(s)
      5. Detailed discharge summary
      6. Nursing notes
      7. Pharmacy entries
      8. Laboratory results

   b. AHLTA-T should be used at all levels of facilities to document outpatient care. AHLTA-T may be used to initiate the longitudinal electronic medical record at Level II facilities. At a minimum, the following information shall be entered:

      1. Detailed exam and care notes,(not to be done in lieu of completing the Trauma form/Resuscitation Record)
      2. Radiology dictation(s)
      3. Pharmacy entries

4. Laboratory tests and Results

c. **Note**: Additional electronic documentation is highly encouraged, including but not limited to nursing documentation, pharmacy entries, and laboratory results.

d. Information at Level I, II, and III facilities is to be uploaded to TMDS as an attachment as soon as possible after discharge and ideally prior to arrival at the next echelon of care. Information entered into TMDS allows medical providers at higher echelons of care to review the patients' record prior to arrival, and allows down range providers feedback on care provided in the combat theater. In some cases, downrange providers may enter patient notes directly into TMDS if TC2 and AHLTA-T are not available and upon approval of CENTCOM Surgeon.

e. Essentris is the in-patient medical record for Inpatient care at Level IV and most Level V facilities.

f. BHIE (Bidirectional Health Information Exchange) is a data exchange which communicates with Clinical Data Repository (CDR), allowing Essentris data to be viewed from distant locations. Electronic records entered into CHCS/Essentris (inpatient pharmacy data, allergies, laboratory results including surgical pathology, cytology, microbiology, chemistry and hematology, radiology reports, problem lists, encounters, procedures, and clinical notes) are automatically transferred to the CDR at the time of discharge from Level IV and V. Landstuhl BHIE records can be accessed under the "Other Health History:BHIE Share LRMC" tab in TMDS and Other Health History Tab in Patient summary. Level IV and V data records can be accessed under the "Health History:DoD/VA/Theater History" tab in AHLTA (Non-deployed version only).

g. If the TMIP system is not available or operational, use one of the remaining two modules, if available. For example, if TC2 is not available to document an inpatient encounter, use AHLTA-T or TMDS.

h. If no electronic means exist for transmitting medical information, then it is incumbent upon the physician responsible for that patient to ensure that detailed paper records are provided to the next echelon of care to facilitate an orderly hand-off to the next set of providers.

i. Optimally, all Level I and Level II facilities have electronic scanning capability to permit Resuscitation Records and other hard copy documents to be converted to digital format to be uploaded to TMDS.

3. Performance Improvement (PI) Monitoring.

a. Intent (Expected Outcomes).

1) Physician admission note and discharge summary will be entered into the electronic medical record through TC2 or AHLTA- T module

b. Performance/Adherence Measures.

1) Physician admission note and discharge summary was entered into the electronic medical record through TC2 or AHLTA-T module

c. Data Source.

1) Patient Record

2) TMDS to include TC2 and ALHTA-T

3) Joint Theater Trauma Registry (JTTR)

d. System Reporting & Frequency.

The above constitutes the minimum criteria for PI monitoring of this CPG. System reporting will be performed annually; additional PI monitoring and system reporting may be performed as needed.

The system review and data analysis will be performed by the Joint Theater Trauma System (JTTS) Director, JTTS Program Manager, and the Joint Trauma System (JTS) Performance Improvement Branch.

4. Responsibilities.

a. It is the trauma team leader's responsibility to ensure familiarity, appropriate compliance and PI monitoring at the local level with this CPG.

5. References. None

Approved by CENTCOM JTTS Director, JTS Director and CENTCOM SG

Opinions, interpretations, conclusions, and recommendations are those of the authors and are not necessarily endorsed by the Services or DoD.

APPENDIX A

ADDITIONAL INFORMATION REGARDING OFF-LABEL USES IN CPGs

1. **Purpose**. The purpose of this Appendix is to ensure an understanding of DoD policy and practice regarding inclusion in CPGs of "off-label" uses of U.S. Food and Drug Administration (FDA)–approved products. This applies to off-label uses with patients who are armed forces members.

2. **Background**. Unapproved (i.e., "off-label") uses of FDA-approved products are extremely common in American medicine and are usually not subject to any special regulations. However, under Federal law, in some circumstances, unapproved uses of approved drugs are subject to FDA regulations governing "investigational new drugs." These circumstances include such uses as part of clinical trials, and in the military context, command required, unapproved uses. Some command requested unapproved uses may also be subject to special regulations.

3. **Additional Information Regarding Off-Label Uses in CPGs**. The inclusion in CPGs of off-label uses is not a clinical trial, nor is it a command request or requirement. Further, it does not imply that the Military Health System requires that use by DoD health care practitioners or considers it to be the "standard of care." Rather, the inclusion in CPGs of off-label uses is to inform the clinical judgment of the responsible health care practitioner by providing information regarding potential risks and benefits of treatment alternatives. The decision is for the clinical judgment of the responsible health care practitioner within the practitioner-patient relationship.

4. **Additional Procedures**.

   a. Balanced Discussion. Consistent with this purpose, CPG discussions of off-label uses specifically state that they are uses not approved by the FDA. Further, such discussions are balanced in the presentation of appropriate clinical study data, including any such data that suggest caution in the use of the product and specifically including any FDA-issued warnings.

   b. Quality Assurance Monitoring. With respect to such off-label uses, DoD procedure is to maintain a regular system of quality assurance monitoring of outcomes and known potential adverse events. For this reason, the importance of accurate clinical records is underscored.

   c. Information to Patients. Good clinical practice includes the provision of appropriate information to patients. Each CPG discussing an unusual off-label use will address the issue of information to patients. When practicable, consideration will be given to including in an appendix an appropriate information sheet for distribution to patients, whether before or after use of the product. Information to patients should address in plain language: a) that the use is not approved by the FDA; b) the reasons why a DoD health care practitioner would decide to use the product for this purpose; and c) the potential risks associated with such use.