



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA FORT SAM HOUSTON, TEXAS 78234-6000

OTSG/MEDCOM Policy Memo 14-012

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Expires 12 February 2016

**MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBBORDINATE
COMMANDS**

**SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation
and Scanning Guidance**

1. References:

- a. AR-66, Medical Record Administration and Health Care Documentation, 4 Jan 10.
- b. Memorandum, Health Affairs, 24 Jul 13, subject: Approval for Interim Guidance for use of the Healthcare Artifact and Image Management Solution (HAIMS)—Service Treatment Record and Clinical Use, Enclosure 1 and 2.
- c. Memorandum, Health Affairs, 9 Sep 13, subject: Guidance for Requesting Correction of Erroneously Entered Information in the Armed Forces Health Longitudinal Technology Application (AHLTA).
- d. Defense Health Information Management System (DHIMS) Deployment Operations, HAIMS Implementation Guide, v 3.4, 1Apr 13.

2. Purpose: This document serves as the US Army Medical Command (USAMEDCOM) policy and provides general guidance to scanning outpatient medical documentation into HAIMS as it becomes the primary repository of scanned medical documentation in lieu of the AHLTA Clinical Notes section.

3. Proponent: The proponent for this policy is Patient Administration Division (PAD), Patient Care Integration (PCI), OTSG/MEDCOM G-3/5/7.

4. Responsibilities:

- a. The Military Treatment Facilities (MTFs) are responsible for storing and maintaining clinical information for its beneficiaries in a consistent manner in order to facilitate patient care (Reference 1d.)

* This policy memo supersedes OTSG/MEDCOM Policy Memo 13-004, 30 Jan 13, subject: AHLTA Scanning Guidance; and OTSG/MEDCOM Policy Memo 11-037, 3 May 11, subject: Emergency Department Documentation.

MCZX

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

b. The MTF PAD Office is responsible for providing oversight for all medical record scanning functions and will develop and coordinate local policies related to scanning medical documentation into HAIMS. PAD will coordinate with the appropriate clinical and administrative staff in the development of workflow processes required to establish and maintain electronic scanning, archival, storage, transmittal, and disposition of medical records in accordance with (IAW) this policy and AR 40-66.

(1) MTF Local policies must incorporate the handling of medical documentation provided by network providers to ensure manpower is appropriately and adequately applied towards moving these documents into HAIMS.

(2) The local scanning policy will also outline procedure to remove illegible records and those records erroneously scanned and saved into the Electronic Health Records (EHR) of another patient. This policy will specify the MTF approval authority who will authorize removal of documents from HAIMS. Recommended approval level should be at the Deputy Commander for Administration or Clinical Services level. The local policy will also require that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer be notified when records are erroneously saved in another patient's EHR.

c. Generally, individual clinics/sections within the MTF that generate paper documentation should maintain responsibility for completing the scanning action for their area of responsibility.

d. In addition to overall scanning oversight for the MTF, PAD will provide direct scanning support for paper documents historically created/issued within PAD (such as Privacy Act Statement (DD Form 2005), Third Party Collection Program/Medical Services Account/Other Health Insurance (DD Form 2569) and Notice of Privacy Practices (NOPP) acknowledgement signatures) along with the scanning support for emergency department (ED) documentation generated in MTFs that do not use AHLTA in the ED. Other direct scanning support may be assigned to PAD based upon commander analysis of manpower assets.

5. Policy:

a. Effective 1 Apr 14, MTFs will use HAIMS as the electronic record repository for paper documents that are required to be scanned into the EHR. MTFs will no longer scan medical documentation into AHLTA.

b. Timeliness:

(1) ED documents generated outside of AHLTA (e.g., SF 558, Essentris® ED notes) will be scanned into HAIMS within 48 hours of the visit to ensure continuity of care between the ED provider and the patient's primary care manager.

MCZX

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

(2) Other clinical documentation generated outside of AHLTA (e.g., Ophthalmology drawings, discharge summaries, and electrocardiograms) will be scanned into HAIMS within five business days of the visit to ensure complete documentation is available not only for continuity of care but for medical coding/billing as well.

(3) Administrative documents generated outside of AHLTA (e.g., NOPP acknowledgement, DD Form 2569) normally filed in the outpatient record will be scanned into HAIMS within seven business days of receipt.

(4) Documents that are in electronic form (e.g., reports from Network providers) will be transferred electronically whenever possible. These documents should not be printed just to be scanned into HAIMS. MTFs may still print these documents for filing into the non-Service Treatment Record (NSTR) as these records must be retired in the paper form at this time.

c. Quality Control (QC):

(1) Each MTF will incorporate a QC plan into their local scanning policy based upon the MEDCOM established standard. This standard follows the HAIMS scanning guidance: All documents must be validated to ensure legibility, readability, correct naming convention, and correct patient record. Additionally, any document that is moved electronically from an outside system into the EHR will be validated based on the same standards described above.

(2) The QC plan will also address proper disposition of the paper copy in accordance with the Army Records Information Management System (ARIMS) once the scanned image has been reviewed for accuracy, quality, and saved into the EHR. There is still a requirement to include the original copy in the paper NSTR for retirement to the National Personnel Records Center (NPRC).

(3) The QC plan and the MTF local scanning policy will become part of the MTF's Improving Organizational Performance program outlined in Chapter 12 of AR 40-66. Discrepancies will be reported to the MTF Medical Record/Quality Improvement Committee on a quarterly basis.

d. System Availability: In the event HAIMS is inoperable for any period of time, document scanning is to resume immediately after the system is operational, to include an accumulated backlog of documentation generated during downtime.

e. Utilization:

(1) The scanning of medical documentation WILL NOT be used as an alternate method of entering patient encounters into AHLTA; AHLTA remains the

MCZX

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

primary electronic outpatient medical record for the Army and clinics should document in AHLTA rather than in other systems or on paper.

(2) Listed below are circumstances in which scanning will be used to incorporate medical documents into EHR:

(a) Documents that require patient signature (e.g., consent forms, advance directives, DD Form 2569, DA Form 2005, and NOPP acknowledgement) until capability for patient electronic signature is available in AHLTA.

(b) Army physical exam forms (i.e., DD 2807-1, DD 2807-2, and DD Form 2808).

(c) Detailed clinical drawings not completed using the AHLTA clinical drawing module.

(d) Network consults and other reports that are generated outside of Department of Defense MTFs. Note: Whenever possible, documents received in a digital format need to be transferred into HAIMS as a digital document, following the HAIMS scanning validation and naming convention standards.

(e) Results of medical studies, (e.g., electrocardiogram, pulmonary function tests, sleep studies) that cannot be captured or entered digitally into AHLTA/HAIMS.

(f) Operative Reports, Discharge Summaries, Discharge Notes (Final Progress Note), and other clinically relevant reports that are not directly entered into AHLTA or imported from Essentris®.

(3) Scanned material will not contribute to the Evaluation Management calculation performed in AHLTA.

(4) Association with AHLTA Encounter. In order for a provider to know there are documents in HAIMS, the HAIMS document must be associated with an encounter or problem list. Once the documents are associated, the provider will see a paperclip icon for the events (previous encounters or problem list) that have HAIMS documents or images associated with it. When providers click on the paperclip, only documents or images associated with that encounter will appear.

(5) Naming Convention/HAIMS Metadata tags. Metadata tags describe information known about the document being scanned into HAIMS. The more metadata information provided, the more searchable the document will be. More information about the metadata tags can be found in References 1b. and 1d. Minimum metadata information that must be input before the document can be saved to HAIMS are:

MCZX

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

(a) **Patient Name:** Auto-populates when you select the patient in the search function along with patient and sponsor's social security numbers, Family Member prefix, date of birth and gender.

(b) **Author Name:** This is free text box used to enter the person considered to be responsible for the original document (e.g., ordering provider or network provider). Enter the full name of the author in "Last Name, First Name" format.

(c) **Document Type:** This metadata field has a drop down menu to select the document type (encounter note, advance directive, etc.).

(d) **Military Health System Form Number:** Auto-populates as characters are typed (e.g., 600). Highlight the proper form number to select.

(e) **Procedure or Service:** Auto-populate as characters are typed. Highlight the proper service to select.

(f) **Clinic or Specialty:** Use the drop down menu to select the clinic or specialty that generated the document.

(g) **Mark as Sensitive:** Click the box to mark the document as "Sensitive" and to restrict access to it. When this box is checked, unauthorized users will not have access to the document. All authorized users have access after acknowledging they will be viewing sensitive data and will be subject to auditing. See (7) below for examples of sensitive documents.

(h) See Reference 1d. for additional metadata fields and their definitions.

(6) Discrete data (such as diagnosis, lab values, etc.) currently are not searchable in HAIMS. However, if the document is uploaded correctly in HAIMS, it will be searchable via the metadata tagging associated to the note as well as tied to an encounter via AHLTA from the display of the paperclip icon in AHLTA. It is imperative that the scanning staff complete as many of the metadata fields as possible when saving documents to HAIMS.

(7) **Sensitive Notice:** Sensitive documents scanned into HAIMS will not require the cover as those documents scanned into AHLTA required. However, the Mark as Sensitive metadata field must be checked. Examples of sensitive documents include, but are not limited to, behavioral health, HIV-related information, unsubstantiated or substantiated child abuse cases, sexual assault, etc.

(8) Scanning will NOT be used for the following:

(a) Existing paper Service Treatment Records (STR)/NSTR). The Army Medical

MCZX

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

Department Records Processing Center in San Antonio, TX, will scan STRs into HAIMS prior to forwarding to the Veterans Administration. MTFs will retire NSTRs to the NPRC IAW ARIMS.

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

(c) Electronic documents that can be moved from one system to another without printing.

6. Procedures:

a. Scanners will be used to capture certain paper-based documentation that is required to be maintained in the patient's medical record.

b. Scanning will serve as an interim method for entry of documents into the patient's EHR that involve patient signature or drawings to include ED documentation 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 electrocardiograms, into EHR until a direct equipment interface is developed.

d. Documents scanned into HAIMS become part of the medicolegal record; no document should be scanned into HAIMS that would not be filed in the outpatient medical record. Although Microsoft Office products are supported by HAIMS, MTFs need to ensure that any documents saved/imported into HAIMS cannot be altered. All medical documents and other documents in support of medicolegal issues should be in PDF format. If medical documentation is completed using a Microsoft Word type software, the verbiage should be copied, pasted, and saved into an AHLTA note.

e. Patient Identification: Each page scanned into HAIMS will have the patient's identification printed/legibly written on it. This is to ensure proper identification should individual sheets become separated when printed at a later time and to ensure quality assurance verifiability of the scanned document.

f. MTFs will develop workflow processes that optimize the use of HAIMS in conjunction with AHLTA. Consult the HAIMS implementation guide (Reference 1d.) for scanning instructions.

g. As the HAIMS deployment continues, lessons learned will be distributed to MTFs through Information Management Directorate and PAD channels.

h. Erroneously and poorly scanned documents. Documents erroneously scanned and saved into the record of another patient must be removed from the EHR. All errors must be validated and the removal approved by the MTF approving authority.

MCZX

SUBJECT: Health Artifact and Image Management Solution (HAIMS) Implementation and Scanning Guidance

(1) HAIMS: Once approved, the local HAIMS system administrator can delete the document.

(2) AHLTA: Corrections to AHLTA cannot be made locally. MTFs must follow the procedure outlined in Reference 1c.

FOR THE COMMANDER:

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Chief of Staff