



**Theater Medical Information
Program—Joint
AFCENT Medical Operations
Support**

**AFCENT Medical IM/IT Systems
Desktop Quick Reference Guide**

Version 3.1

June, 2020

RECORD OF CHANGE

This record is maintained throughout the life of this document; each published update is recorded on this form. A Change Package (re-issue of changed pages only) shall contain a “change-bar” in the page margin to identify the portions which are difference from previous versions. If the scope of change is significant then a Basic shall be re-published (re-issue of the entire document) and “change-bars” will not be included.

Date	Version	Section	Description of Change
January 01, 2015	V1.0	All	Initial creation of document.
May 15, 2018	V2.0	All	All sections updated to reflect software upgrades, policy changes, and functional use process changes.
December 18, 2019	V3.0	All	Administrative.
June 23, 2020	V3.1	All	Administrative.

Table of Contents

1. References	4
2. Background	4
3. Audience	4
4. The TMIP-J Suite of Applications	5
4.1. List of Software Applications.....	5
4.1.1. AHLTA-Theater	5
4.1.2. TC2 / TC2 GUI (Provider Order Entry).....	6
4.1.3. TMDS (Theater Medical Data Store).....	8
4.1.4. JLV (Joint Legacy Viewer)	9
4.1.5. Medweb	10
4.1.6. TMIP Reporting (Business Objects).....	10
4.1.7. TRAC2ES (TRANSCOM Regulating and Command & Control Evacuation System).....	11
4.1.8. MSAT (Medical Situational Awareness in the Theater)	12
4.2. Interconnection and Data Flow.....	13
4.3. Applications Used by Role	14
5. Clinic Staff EHR Utilization	15
5.1. Key Utilization Standards for Providers (incl. Nurses, IDMTs, etc.)	15
5.1.1. Account Access	15
5.1.2. Use TMIP-J Software	15
5.1.3. Learn and Follow AFCENT/Clinic Processes and Procedures.....	15
5.1.4. Complete Encounters within 72 Hours.....	15
5.1.5. Perform Proper DNBI Categorization.....	15
5.1.6. Use Appropriate Clinical Practice Guidelines (CPGs).....	16
5.1.7. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools	16
5.2. Key Utilization Standards for Medical Technicians	16
5.2.1. Account Access	16
5.2.2. Use TMIP-J Software	16
5.2.3. Learn and Follow AFCENT/Clinic Processes and Procedures.....	16
5.2.4. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools	16

5.3. Key Utilization Standards for PAD and Administrative Staff.....17

- 5.3.1. Account Access 17
- 5.3.2. Use TMIP-J Software 17
- 5.3.3. Learn and Follow AFCENT/Clinic Processes and Procedures..... 17
- 5.3.4. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools 17

5.4. Key Utilization Standards for Ancillary Staff17

- 5.4.1. Account Access 17
- 5.4.2. Use TMIP-J Software 17
- 5.4.3. Learn and Follow AFCENT/Clinic Processes and Procedures..... 18
- 5.4.4. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools 18

1. References

1. [Assistant Secretary of Defense \(Health Affairs\) \(ASD \(HA\)\) Memorandum, Policy on the Worldwide Use of the Theater Medical Information Program-Joint](#), 3 November 2008
2. [United States Central Command \(USCENTCOM\), Healthcare Information System, Use Policy](#), July 2008
3. [DoDI 6490.03, Deployment Health](#), Aug 2006
4. [AFI 10-403, Deployment Planning and Execution](#), Apr 2013
5. <https://portal.shaw.afcent.af.mil/afcent/staff/sg/docs/IT/USAF>, Post Deployment Health Assessment Requirements, Oct 2010
6. Unites States Air Forces Central (USAFCENT), Medical Information Systems SPIN 20-02

2. Background

The *AFCENT Medical IM/IT Systems Desktop Quick Reference Guide (DQRG)* is intended to serve deployed clinicians and medical administrative staff as an introduction to the medical information systems in the AFCENT medical environment. The DQRG is not intended to be a comprehensive user's manual but rather an aid in understanding the function of each TMIP-J application. This guide should increase the understanding of which applications a user may need to utilize for their role, how the applications communicate with one another and transfer data and the appropriate authority to gain access to the applications. The DQRG also provides a summary of key utilization standards and best practices for users to understand regarding TMIP-J systems as they apply to the performance of their role.

3. Audience

This *Desktop Quick Reference Guide* is applicable to all clinical and medical administrative TMIP-J suite of application users in the AFCENT area of responsibility.

4. Contacting Support

24/7 Field Assistance Service DSN.....312-596-5771, option 1, 1, 3
24/7 Field Assistance Service COMM.....334-416-5771, option 1, 1, 3
AFMOST Theater Medical Information Program Helpdesk Email.....tmip@medxs.af.mil

5. The TMIP-J Suite of Applications

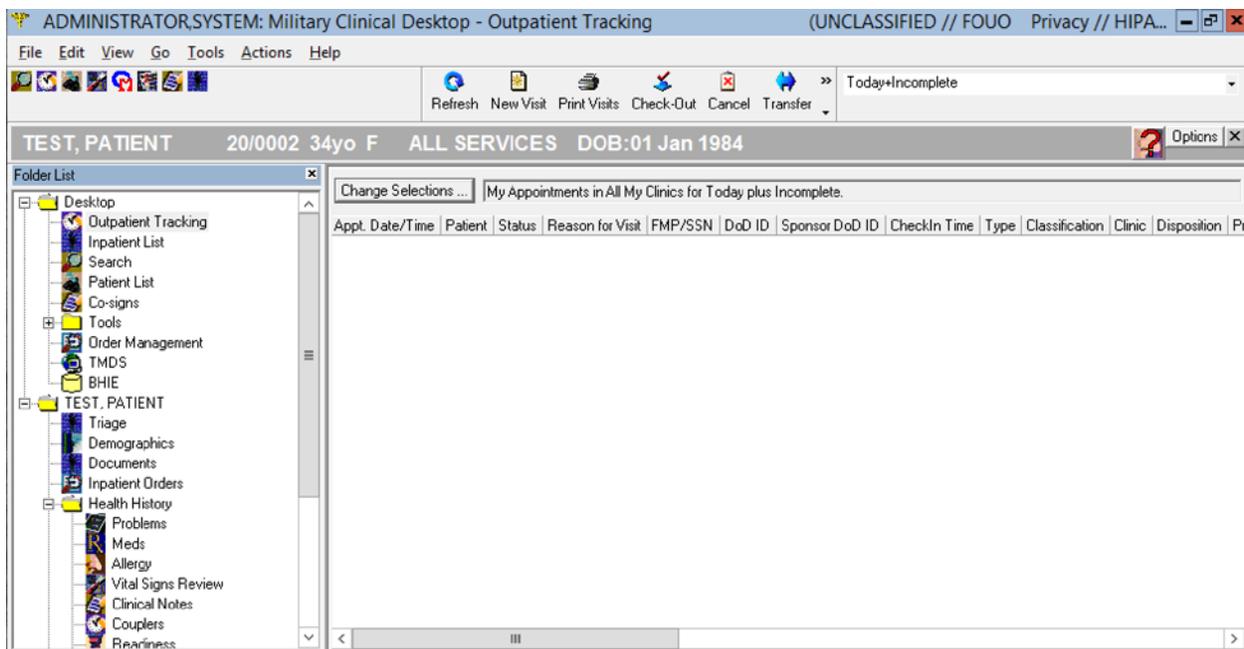
5.1. List of Software Applications

5.1.1. AHLTA-Theater

5.1.1.1. Purpose

AHLTA-Theater (AHLTA-T) is a fully deployable outpatient clinical documentation system that looks, feels, and functions similar to “regular” AHLTA Garrison but is designed for the deployed environment. AHLTA-T enables deployed medical staff to electronically document medical information such as patient demographics, screening data, encounter notes, diagnoses, procedures and patient dispositions in modules that are linked together to create a complete patient encounter. Users with the appropriate permissions can utilize AHLTA-T to review and manage patients’ medical records that are stored on the local AHLTA-T database. Visibility of patient records outside of the local database must be viewed utilizing other applications outside of AHLTA-T. Patient medical information from a completed encounter note in AHLTA-T is automatically transmitted to the patient’s permanent electronic medical record by first being transmitted to the Theater Medical Data Store (TMDS) and then onto the DoD Military Data Repository (MDR).

AHLTA-T has a comprehensive ancillary order management capability for deployed environments; however, it is important to note that they do not interface with a TC2 database.



5.1.1.2. Locations

All AFCENT medical clinics and En-Route Care Aeromedical Evacuation crews make use of this system.

5.1.1.3. Users

Provider, nurse, medical technician, PAD/front desk, laboratory, radiology, pharmacy, public health, leadership, aeromedical evacuation crew members and other various administrative personnel use AHLTA-Theater.

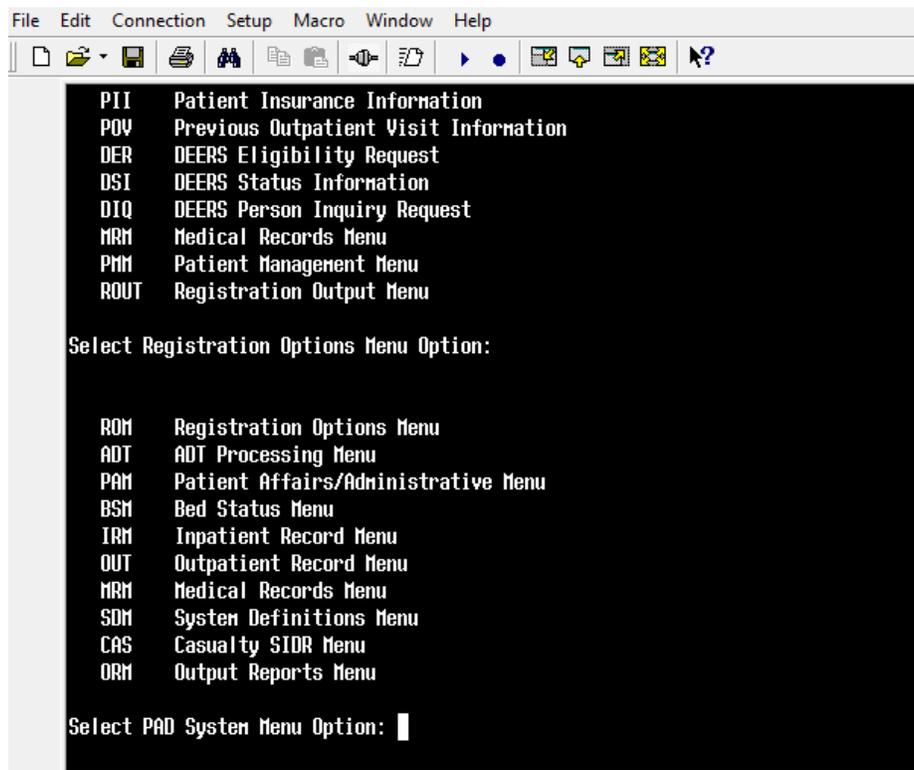
5.1.1.4. How to Access

AHLTA-Theater is installed on all TMIP computers. The on-site system administrator will create and manage each user's account.

5.1.2. TC2 / TC2 GUI (Provider Order Entry)

5.1.2.1. Purpose

TC2 (Theater Composite Health Care System Cache) is a scaled down deployable version of CHCS used at deployed medical facilities above a Role 2. While TC2 looks, feels, and functions similar to CHCS, some functionality is not available as TC2 is designed for the deployed environment. TC2 enables medical staff to access and document inpatient health care, order ancillary services and view results in the local database of the deployed environment. Orders and information documented in TC2 are automatically transmitted to the Theater Medical Data Store (TMDS). TC2 patient data is accessible globally not only in TMDS but is also accessible via the Joint Legacy Viewer (JLV).



TC2 GUI, or POE, provides a graphical user interface (GUI) to most of the commonly used physician, nursing, and patient administration functions of TC2. All information available in the local TC2 database is available in TC2 GUI. The interface of TC2 GUI provides a “point and click” interface option rather than utilizing the same functions available in legacy TC2.

WELCOME TO TC2 GUI



Please enter your TC2 Access/Verify codes

User Name:
Password:

For help, please contact your system administrator.

This is a Federal Interest Automated System protected by Federal Law and may be accessed and used by authorized personnel only. All activities of personnel using this system may be monitored. Anyone using this system expressly consents to such monitoring and is advised that any evidence of unauthorized or criminal activity will be provided to the appropriate authorities. The information in this system is protected by the Privacy Act of 1974 (PL-93-579). Unauthorized access to or use of this system is a violation of Federal Law. Violators will be prosecuted.

For Official Use Only (FOUO) | TC2 GUI v3.1.0.166

5.1.2.1. Locations

AFCENT clinics above a Role 2 make use of this system. Clinics located on a base with a Role 3 clinic may also be required to make use of this system.

5.1.2.2. Users

Provider, nurse, medical technician, PAD/ front desk, laboratory, radiology, pharmacy, public health, leadership and other various administrative personnel use TC2 and/or TC2 GUI (POE).

5.1.2.3. How to Access

TC2 and TC2 GUI are installed on all TMIP computers at above a Role 2 (and associated) clinics. The on-site system administrator will create and manage each user's account.

5.1.3. TMDS (Theater Medical Data Store)

5.1.3.1. Purpose

TMDS is a web-based application accessible globally as the data repository for all deployed theater medical data from any theater facility utilizing the TMIP-J suite of applications. TMDS is used to view and track ill or injured patients as they move through the theater continuum of care. TMDS is the platform that allows receiving facilities to view the aeromedical evacuation patient records while the patient is en route. All theater records from AHLTA-T, TC2 (TC2/GUI), and TRAC2ES populate TMDS. Documents, records and paper charts can be scanned and uploaded to TMDS, similar to the HAIMS system in Garrison, to ensure continuity of treatment and integrity of the globally accessible deployed electronic patient record. A tab for the Joint Longitudinal Viewer is accessible within TMDS upon login and after Protected Health Information (PHI) access is granted.

TMDS is also utilized by the Theater Blood Program for complete asset management of all blood products. This includes shipping, receiving, donation, transfusion and expiration inventory management.

5.1.3.2. Locations

All AFCENT medical clinics and Blood Shipment Units make use of this system. TMDS is a globally accessible website and can be utilized on any .mil network.

5.1.3.3. Users

Provider, nurse, medical technician, PAD/ front desk, laboratory, radiology, pharmacy, public health, leadership, air evacuation leadership and other various administrative personnel who have a need to review historic patient information recorded in the deployed environment or view historical pre deployment data through JLV use TMDS. MTF and VA providers and other various administrative staff can utilize TMDS.

5.1.3.4. How to Access

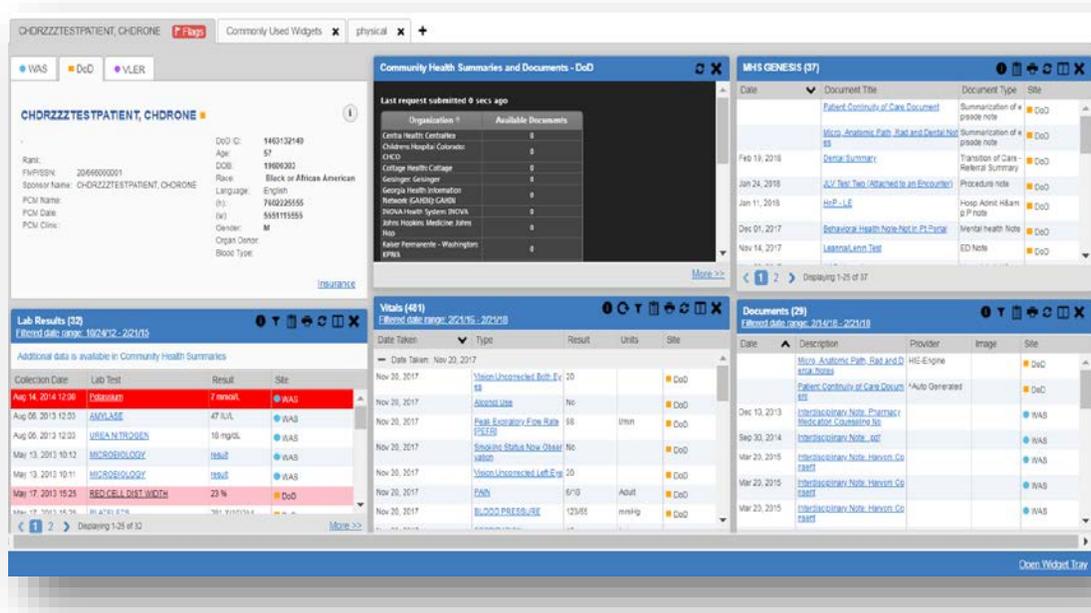
Follow the instructions found at <https://tmds.tmip.osd.mil/>. A link to the website is located on the desktop of all TMIP-J clinical computers. To access TMDS, first an account must be requested through

the TMDS website. Once account access has been granted a user must log in and request the additional access required to perform their role. Examples of additional access are PHI (Protected Health Information), Blood Access, Behavioral Health Access, and Detainee Health Access.

5.1.4. JLV (Joint Longitudinal Viewer)

5.1.4.1. Purpose

JLV provides military health care providers read-only access to patients' comprehensive electronic health record from all points of care. Common uses are reviewing past medical and pre deployment history, allergies, documents, immunizations, ancillary service information, patient problem and medication history.



5.1.4.2. Locations

All AFCENT medical clinics make use of this system.

5.1.4.3. Users

Provider, nurse, medical technician, PAD/ front desk, laboratory, radiology, pharmacy, public health, leadership and other various administrative personnel who have a need to review historic patient information use JLV.

5.1.4.4. How to Access

JLV is accessible via a tab in TMDS. After the user has PHI access for TMDS approved, they can access the JLV tab from within TMDS. If a user has JLV access in Garrison, the logon credentials could be utilized to access JLV from the JLV website. Garrison credentials and logon information cannot be managed in theater.

5.1.5. Medweb

5.1.5.1. Purpose

Medweb is the AOR PACS solution used to share, view, document reports and findings and manage theater patient radiology studies.



5.1.5.2. Locations

All AFCENT medical clinics make use of this system.

5.1.5.3. Users

Providers and radiology staff use Medweb.

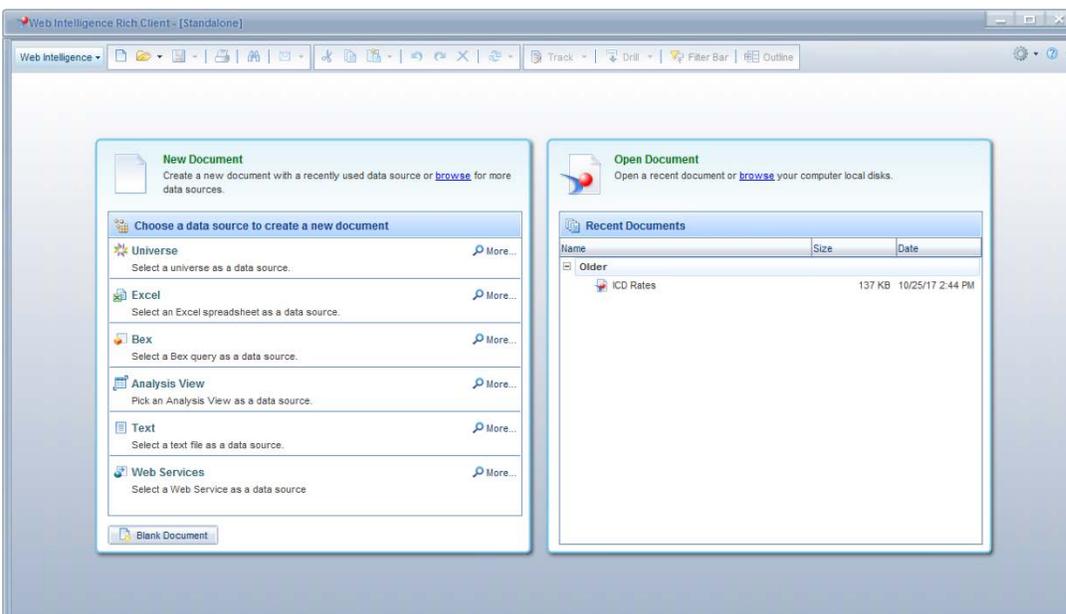
5.1.5.4. How to Access

The on-site system administrator will assist with the creation each user's account.

5.1.6. TMIP Reporting (Business Objects)

5.1.6.1. Purpose

TMIP Reporting (Business Objects) is a separate, non-integrated, business intelligence tool used to build and run queries to capture health surveillance data from the local AHLTA-Theater database. Canned (standard) or custom built queries can be utilized in order to generate reports for medical surveillance, DNBI, data analysis and data quality control.



5.1.6.2. Locations

All AFCENT medical clinics make use of this system.

5.1.6.3. Users

PAD/ front desk, leadership and other various administrative personnel make use of TMIP Reporting.

5.1.6.4. How to Access

TMIP Reporting is installed on all TMIP computers. The on-site system administrator will create and manage accounts and access to TMIP Reporting.

5.1.7. TRAC2ES (TRANSCOM Regulating and Command & Control Evacuation System)

5.1.7.1. Purpose

A web based application used to manage patient movement providing in-transit visibility for Air Evacuated patients globally.

UNITED STATES DEPARTMENT OF DEFENSE WARNING STATEMENT

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG-authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests—not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

PRIVACY ACT WARNING

INFORMATION CONTAINED IN THIS SYSTEM IS SUBJECT TO THE PRIVACY ACT OF 1974 (5 U.S.C. 552A, AS AMENDED). PERSONAL INFORMATION CONTAINED IN THIS SYSTEM MAY BE USED ONLY BY AUTHORIZED PERSONS IN THE CONDUCT OF OFFICIAL BUSINESS. ANY INDIVIDUAL RESPONSIBLE FOR UNAUTHORIZED DISCLOSURE OR MISUSE OF PERSONAL INFORMATION MAY BE SUBJECT TO FINE OF UP TO \$5,000.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT WARNING

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THIS SYSTEM IS SUBJECT TO THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND DOD 6025.18-R, "DOD HEALTH INFORMATION PRIVACY REGULATION." THIS INFORMATION MAY ONLY BE USED AND/OR DISCLOSED IN STRICT CONFORMANCE WITH THAT AUTHORITY. THE MHS IS REQUIRED TO AND WILL APPLY APPROPRIATE SANCTIONS AGAINST INDIVIDUALS WHO FAIL TO COMPLY WITH ITS PRIVACY POLICIES AND PROCEDURES.

QUALITY ASSURANCE DOCUMENTS PROTECTED UNDER 10 U.S.C., SECTION 1102

The following specific sections within TRAC2ES contain Quality Assurance Documents that are protected under 10 U.S.C., section 1102: PMQ-R, Reports/PMQ-R Summary, and Reports/PMQ-R Downloads.
Do Not Release information from these sections without proper authority.

I agree

CAC Login User Name & PW Login

For Assistance Please Contact The Help Desk
Email: transcom.scott.tc6.mbx.service-desk@mail.mil
Comm: (618) 220-6432
DSN: (312) 770-6432

5.1.7.2. Locations

All AFCENT medical clinics make use of this system.

5.1.7.3. Users

Designated medical providers and other various administrative personnel who have a role in theater patient movement make use of TRAC2ES.

5.1.7.4. How to Access

Using the link on the desktop, follow the instructions found at <https://www.trac2es.transcom.mil/>.

5.1.8. MSAT (Medical Situational Awareness in the Theater)

5.1.8.1. Purpose

MSAT is a web based SIPRNet application that integrates timely, complete and actionable health information from multiple communities to provide operational decision making support and a common operating picture. Users have the ability to utilize reporting functions to view data such as Public Health surveillance data. Custom queries and reports can also be created using MSAT to tailor to each Commander's specific mission in the AOR. It is also the program of record for filing the weekly MEDSITREP as required by CENTCOM policy.

MSAT Portal

Medical Situational Awareness in the Theater
Training Environment

On Wednesdays, from 1800Z-2100Z, Medical Situational Awareness in the Theater (MSAT) will undergo routine maintenance. The system may be unavailable during this time. We apologize for any disruption this may cause.

Comments, questions or trouble reports about this system? Email the MSAT help desk (train-msat-support@akomeka.com). You can also call the helpdesk at 210-987-2376.

Login to MSAT Portal

User Name:

Password:

Login

List or assign password? [Click here.](#)
Need access? [Click here.](#)

CAC Login to MSAT Portal

CAC Login

Direct MSAT questions to trainmsat-support@akomeka.com
210-987-2395

PRIVACY STATEMENT

DoD Computer System Access Notice
THIS IS A DoD COMPUTER SYSTEM. THIS COMPUTER SYSTEM, WHICH INCLUDES ALL RELATED EQUIPMENT, NETWORKS, AND NETWORK DEVICES (SPECIFICALLY INCLUDING ACCESS TO THE INTERNET), ARE PROVIDED ONLY FOR OFFICIAL U.S. GOVERNMENT BUSINESS. DoD COMPUTER SYSTEMS MAY BE MONITORED BY AUTHORIZED PERSONNEL TO ENSURE THAT THEIR USE IS AUTHORIZED, FOR MANAGEMENT OF THE SYSTEM, TO FACILITATE PROTECTION AGAINST UNAUTHORIZED ACCESS, AND TO VERIFY SECURITY PROCEDURES. MONITORING INCLUDES "HACKER" ATTACKS TO TEST OR VIOLATE THE SECURITY OF THIS SYSTEM AGAINST USE BY UNAUTHORIZED PERSONS. DURING THESE ACTIVITIES, INFORMATION STORED ON THIS SYSTEM MAY BE EXAMINED, COPIED AND USED FOR AUTHORIZED PURPOSES, AND DATA OR PROGRAMS MAY BE PLACED INTO THIS SYSTEM. THEREFORE, INFORMATION YOU PLACE ON THIS SYSTEM IS NOT PRIVATE. USE OF THIS DoD COMPUTER SYSTEM, AUTHORIZED OR UNAUTHORIZED, CONSTITUTES CONSENT TO OFFICIAL MONITORING OF THIS SYSTEM. UNAUTHORIZED USE OF A DoD COMPUTER SYSTEM MAY SUBJECT YOU TO CRIMINAL PROSECUTION. EVIDENCE OF UNAUTHORIZED USE COLLECTED DURING MONITORING MAY BE PROVIDED TO APPROPRIATE PERSONNEL FOR ADMINISTRATIVE, CRIMINAL, OR OTHER ACTION.

Privacy Act Notice
INFORMATION CONTAINED IN THIS SYSTEM IS SUBJECT TO THE PRIVACY ACT OF 1974 (5 U.S.C. 552A, AS AMENDED). PERSONAL INFORMATION CONTAINED IN THIS SYSTEM MAY BE USED ONLY BY AUTHORIZED PERSONS IN THE CONDUCT OF OFFICIAL BUSINESS. ANY INDIVIDUAL RESPONSIBLE FOR UNAUTHORIZED DISCLOSURE OR MISUSE OF PERSONAL INFORMATION MAY BE SUBJECT TO FINE OF UP TO \$5,000.

Health Insurance Portability and Accountability Act Warning
INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THIS SYSTEM IS SUBJECT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES PRIVACY RULE IN REGARD TO THAT ACT, AND DOD 6025.18-R, "DOD HEALTH INFORMATION PRIVACY REGULATION." THIS INFORMATION MAY ONLY BE USED AND/OR DISCLOSED IN STRICT COMPLIANCE WITH THAT AUTHORITY. THE HHS IS REQUIRED TO AND WILL APPLY APPROPRIATE SANCTIONS AGAINST INDIVIDUALS WHO FAIL TO COMPLY WITH ITS PRIVACY POLICIES AND PROCEDURES.

NOFORN
Not for release to foreign nationals.

LIMITED DISTRIBUTION
Distribution authorized to DoD, IAW 10 U.S.C. §§ 120 & 435. Release authorized to U.S. DoD contractors, IAW 48 C.F.R. § 252.245-7000. Refer other requests to: Headquarters, NSA, ATTN: Release Office, Mail Stop D-120, 4600 Sangamore Rd., Bethesda, MD 20816-5003. Delivery IAW DoDD 5030.59. Removal of this caveat is prohibited.

MSAT Portal | Copyright © 2018 | version: 1.9.3.1

5.1.8.2. Locations

All AFCENT medical clinics make use of this system.

5.1.8.3. Users

Clinic leadership and their designees may use MSAT. At least one MSAT user is required per facility/command.

5.1.8.4. How to Access

MSAT is accessed via SIPRNet. For assistance, contact msat.help@dhhq.smil.mil or call:

Commercial: 1-800-600-9332 Option 5

DSN: 312-761-1659

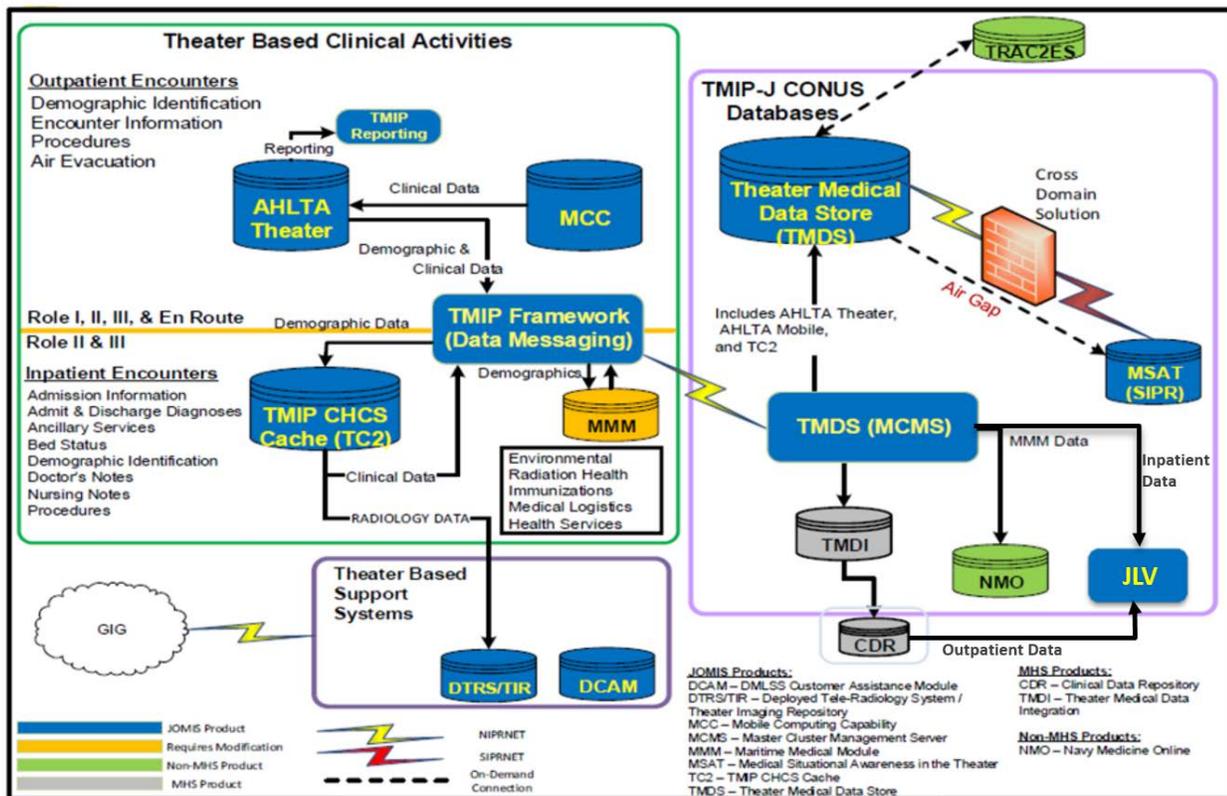
5.2. Interconnection and Data Flow

Patient care documented in theater is intended to become a part of each patient’s lifelong electronic medical record. Information documented electronically or attached scanned images in the various components of the TMIP-J suite of applications is sent to higher level databases allowing for the information to marry up with the patients’ existing record. The two primary repositories for this information are the DoD Military Data Repository (MDR/CDR) – the primary repository for the service member’s permanent electronic medical record – and the Theater Medical Data Store (TMDS) – a repository for all medical documentation from deployed EHR systems.

The information transmission is largely transparent and automatic with much of the dataflow nearly immediate; however, there are some segments of the overall process that take as much as 24 hours to complete.

Key transmission segments of note are:

1. AHLTA-T encounter notes that have been signed and TC2 documentation can be reviewed in TMDS approximately 15 minutes after signing.
2. AHLTA-T encounter notes that have been signed can be reviewed in AHLTA (Garrison) and via JLV 12-24 hours after signing.
3. TC2 documentation can be reviewed in JLV approximately 12-24 hours after completion.



5.3. Applications Used by Role

Req. – Required: Use is required to perform this role in accordance to AFCENT standards.

Sit. – Situational: Use may or may not be required to perform role in accordance with AFCENT standards.

Blank: Use is not required to perform role in accordance with AFCENT standards but is not prohibited.

	Provider	Nurse	Med. Tech.	PAD	Lab, Rad & Pharm.	PHO & PH Tech	Other Admin.	Leadership
AHLTA-T	Req.	Req.	Req.	Req.	Req. ²	Req.	Sit.	Req.
TC2/GUI ¹	Req.	Req.	Req.	Req.	Req. ²	Req.	Sit.	Req.
JLV	Req.	Sit.	Sit.	Req.	Sit.	Req.	Sit.	Sit.
TMDS	Req.	Req.	Req.	Req.	Req.	Req.	Sit.	Sit.
MEDWeb	Sit.				Req. ³			
TMIP Rep.	Sit.	Sit.	Sit.	Req.	Sit.	Sit.	Sit.	Sit.
TRAC2ES	Sit.	Sit.	Sit.	Sit.			Sit.	Sit.
MEDXS	Sit.	Sit.	Sit.	Sit.	Sit.	Sit.	Sit.	Sit.
MSAT				Req.		Req.		Req. ⁴

¹ TC2/GUI use is predicated on whether or not the user is located at a Role 3 or associated clinic.

² AHLTA-T use is required for Lab, Rad and Pharm. staff at non-role 3 clinics. TC2 use is required for Lab, Rad and Pharm. staff at role 3 clinics.

³ MEDWeb is required for Rad staff at participating clinics/facilities.

⁴ MSAT is required for at least one user per clinic/facility.

6. Clinic Staff EHR Utilization

This list is intended only as a guide to several key utilization best practices based on AFCENT's guidance on the use of the TMIP-J suite of applications. This is not a comprehensive list but serves to summarize the guidance found in the reference list in Paragraph 2 of this document.

6.1. Key Utilization Standards for Providers (incl. Nurses, IDMTs, etc.)

6.1.1. Account Access

Each user is expected to acquire accounts and access to all systems (AHLTA-Theater, TC2, TMDS, JLV, etc.) required for their role and any system required for their specific position in order to perform their job to AFCENT and local command standards.

6.1.2. Use TMIP-J Software

Each user is expected to ensure all patient care and information is managed and documented accurately in the appropriate electronic system. Each user is expected to understand the process for identifying, correcting and, if necessary, escalating to the appropriate authorities incorrectly documented patient care or information.

6.1.3. Learn and Follow AFCENT/Clinic Processes and Procedures

This includes AFCENT/clinic established patient flow procedures, AFCENT/clinic established diagnosing procedures/standards and AFCENT and local clinic ancillary ordering and result documentation practices.

6.1.4. Complete Encounters within 72 Hours

Providers are required to sign patient AHLTA-T encounters within 72 hours of the disposition of the patient.

6.1.5. Perform Proper DNBI Categorization

DNBI documentation must be performed in an accurate and consistent fashion. Providers must choose the correct DNBI category for their patient's primary problem/diagnosis for each visit. The following algorithm may be helpful in identifying the correct DNBI category to use. Follow the steps in order until the correct DNBI category has been identified.

4. If the visit is a follow-up visit of any kind or is an administrative visit (out-processing, physical, etc.) use the "Misc/Administration/Follow-up" category.
5. If the patient is being treated for an initial visit or the primary problem/diagnosis is new AND if there is a specific category that correctly describes the diagnosis, select it.
6. If the patient has suffered an injury and none of the specific injury categories fit their primary problem, use the "Injuries, Other" category.
7. If the patient's primary problem does not fall into any of the previous selections, you may use the "All Other, Medical/Surgical" category.

NOTE: The "Definable" category is not used.

6.1.6. Use Appropriate Clinical Practice Guidelines (CPGs)

The deployed medical environment differs from the garrison medical environment, however most CPGs are still generally applicable. When not directly contraindicated, follow all CPGs and if practicable, make use of CPG specific tools and templates.

6.1.7. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools

Templates, AIM forms and mTBI documentation tools are intended to assist with efficient medical documentation, provide consistent documentation across the medical continuum of care and enhance patient care and safety.

Various templates and AIM forms are available for use in AHLTA-Theater and TC2/GUI. As needed, additional templates can be developed by AFCENT Medical Operations Support Staff and associated stakeholders. Clinic leaders are encouraged to develop consistent clinic practices regarding the use of templates and AIM forms to enhance clinic workflow, efficiency and patient care and safety.

6.2. Key Utilization Standards for Medical Technicians

6.2.1. Account Access

Each user is expected to acquire accounts and access to all required systems (AHLTA-Theater, TC2/GUI, TMDS, JLV, etc.) for their role and any system required for their specific position in order to perform their job to AFCENT and local command standards.

6.2.2. Use TMIP-AF Software

Each user is expected to ensure all patient care and information is managed and documented accurately in the appropriate electronic system. Each user is expected to understand the process for identifying, correcting and, if necessary, escalating to the appropriate authorities incorrectly documented patient care or information.

6.2.3. Learn and Follow AFCENT/Clinic Processes and Procedures

This includes AFCENT/clinic established patient flow procedures, AFCENT/clinic established diagnosing procedures/standards and AFCENT and local clinic ancillary ordering and result documentation practices.

6.2.4. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools

Templates, AIM forms and mTBI documentation tools are intended to assist with efficient medical documentation, provide consistent documentation across the medical continuum of care and enhance patient care and safety.

Various templates and AIM forms are available for use in AHLTA-Theater and TC2/GUI. As needed, additional templates can be developed by AFCENT Medical Operations Support Staff and associated stakeholders. Clinic leaders are encouraged to develop consistent clinic practices regarding the use of templates and AIM forms to enhance clinic workflow, efficiency and patient care and safety.

6.3. Key Utilization Standards for PAD and Administrative Staff

6.3.1. Account Access

Each user is expected to acquire accounts and access to all required systems (AHLTA-Theater, TC2/GUI, TMDS, JLV, TMIP Reporting, etc.) for their role and any system required for their specific position in order to perform their job to AFCENT and local command standards.

6.3.2. Use TMIP-J Software

Each user is expected to ensure all patient care and information is managed and documented accurately in the appropriate electronic system. Each user is expected to understand the process for identifying, correcting and, if necessary, escalating to the appropriate authorities incorrectly documented patient care or information.

6.3.3. Learn and Follow AFCENT/Clinic Processes and Procedures

This includes AFCENT/clinic established patient flow procedures, AFCENT/clinic established patient registration, demographic and record management procedures and AFCENT and local clinic ancillary ordering and result documentation practices.

6.3.4. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools

Templates, AIM forms and mTBI documentation tools are intended to assist with efficient medical documentation, provide consistent documentation across the medical continuum of care and enhance patient care and safety.

Various templates and AIM forms are available for use in AHLTA-Theater and TC2/GUI. As needed, additional templates can be developed by AFCENT Medical Operations Support Staff and associated stakeholders. Clinic leaders are encouraged to develop consistent clinic practices regarding the use of templates and AIM forms to enhance clinic workflow, efficiency and patient care and safety.

6.4. Key Utilization Standards for Ancillary Staff

6.4.1. Account Access

Each user is expected to acquire accounts and access to all required systems (AHLTA-Theater, TC2/GUI, TMDS, JLV, etc.) for their role and any system required for their specific position in order to perform their job to AFCENT and local command standards.

6.4.2. Use TMIP-J Software

Each user is expected to ensure all patient care and information is managed and documented accurately in the appropriate electronic system. Each user is expected to understand the process for identifying, correcting and, if necessary, escalating to the appropriate authorities incorrectly documented patient care or information.

6.4.3. Learn and Follow AFCENT/Clinic Processes and Procedures

This includes AFCENT/clinic established patient flow procedures, AFCENT/clinic established diagnosing procedures/standards and AFCENT and local clinic ancillary ordering and result documentation practices.

6.4.4. Use Appropriate Templates, AIM Forms and mTBI Documentation Tools

Templates, AIM forms and mTBI documentation tools are intended to assist with efficient medical documentation, provide consistent documentation across the medical continuum of care and enhance patient care and safety.

Various templates and AIM forms are available for use in AHLTA-Theater and TC2/GUI. As needed, additional templates can be developed by AFCENT Medical Operations Support Staff and associated stakeholders. Clinic leaders are encouraged to develop consistent clinic practices regarding the use of templates and AIM forms to enhance clinic workflow, efficiency and patient care and safety.