VHA Point of Service (Kiosks) Phase II

User Guide
for
After Visit Summary (AVS)

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1 Introduction

As many patients and clinicians have experienced, patients tend to forget most of what they are told during outpatient visits. In fact, patients forget 40% to 80% of the information from healthcare providers. Of what patients do remember, they remember about half incorrectly and the more information they are given, the less they remember. Moreover, patients desire more information than they typically receive about their illnesses and treatment plan. Poor retention of the treatment plan leads to non-adherence, medication errors, missed appointments and perceptions of miscommunication with the provider.

Clinical summaries of outpatient visits are a means to provide patients with the information they need after a visit with their healthcare provider. The federal government recognizes the importance of this form of communication since the clinical summary, known as the After Visit Summary (AVS), is part of the meaningful use criteria that determines reimbursements for electronic health record implementation to physicians and hospitals. The Veterans Administration (VA) has committed to seeking meaningful use certification of the Veterans Health Information Systems and Technology Architecture (VistA) through its open source software development and an AVS would be needed to meet that certification.

In previous studies, a printed AVS has been shown to enhance patient trust and confidence in their physician and contribute to patient satisfaction. Despite the fact that combining oral and written information is more effective than using either oral or written information alone, a printed AVS may be anachronous to the trend towards electronic health records. Personal Health Records (PHRs) provide patients with electronic access to their health record and may increase patients' engagement in their healthcare. However, while the use of PHR's is increasing not all patients have access to them. In fact, most veterans have not registered for the VA's MyHealtheVet website and of those who have, only about 25% have full access to their records to include progress notes, prescriptions, secure messaging and other personal health information. Even when patients have access to a PHR, patients access the AVS more frequently than other information available to them.

The purpose of AVS from a provider standpoint is to achieve the following:

- Promote patient-centered, outpatient care
- Summarize medications, appointments, tests, patient education material and other instructions
- Enhance communication
- Engage patients in their care
- Improve recall of medical instructions
- Meet electronic health record Meaningful Use criteria

1.1 Purpose

The purpose of this user guide is to instruct VA staff on how to provide a patient or caregiver a useful and clean summary of today's activities and findings, past and future pertinent information, and ancillary information about the patient's healthcare such as medication information, orders, consults and free-text comments in an easy-to-use application.

The audience of this user guide is healthcare providers.

The images in this user guide are for example purposes only. Personal names have been removed. New screen shots will be available in the final version. References to Loma Linda will be removed.

1.2 Overview

From a patient standpoint, AVS is a user friendly tool that summarizes key medical information from outpatient appointments by automatically populating a patient-centered print out with orders, instructions and medications. Specifically, the AVS patient print-out includes:

- Current clinic visit information and upcoming clinic appointments
- Diagnoses (from CPRS completed encounter form)
- Vitals signs from the clinic visit
- New orders from the clinic visit including consultations, lab tests, medications (including new orders, changes, and renewals) and text orders, free text instructions, and patient education material.
- Updated medication list and allergies
- Optional lab results for 3 or 6 months or 1 year, lab/vitals graphs, and hospital locations

The AVS is automatically populated with data from CPRS. It has a Delphi Graphical User Interface (GUI) on the front end and includes the following features:

- Web-based interface launched from the CPRS Tools menu
- Provides a summary of the visit, including diagnoses, vitals, new orders, upcoming appointments, provider comments/instructions, as well as information pertaining to the patient's ongoing care, including the primary care provider, allergies, and the patient's medication list.
- Encounters over last 60 days are available, with most recent encounter auto-selected.
- Integration with Clinical Context Object Workgroup (CCOW) for synchronization of patient context switching with CPRS.
- Auto-refresh every 3 minutes (a refresh button is available for when additional orders are placed in CPRS in order to update the AVS manually).
- AVS may be printed to a Windows printer as well as to a network printer.
- A stub note may be automatically created in CPRS indicating that an AVS was provided to the patient.
- AVS is automatically uploaded as a PDF document to VistA Imaging when the AVS is first printed.
- Provider may add free-text instructions for the patient.
- Provider may edit the AVS and add/modify/delete content.
- Option to include lab results and graphs of labs and vitals.
- Sections of the AVS may be toggled on or off.
- Support for multiple languages.
- Option for provider to lock the AVS to allow other users to view but not change content.
- Integration with Krames-on-Demand (automatic look up of relevant patient education handouts based on provider-entered International Classification of Diseases [ICD] codes, search of the Krame's library, and patient education handout printing directly from the AVS).
- Translation engine that allows for replacing orders and locations with patient-friendly text.
- Option to include clinical services information (service name, location, phone, hours of operation) in printouts.
- Customizable header and footer.
- Customizable disclaimers for facility, clinic, and provider.

- AVS patient print-out includes
    - Clinic visit information (Clinic location, provider, date, time)
    - Diagnoses (from the completed CPRS encounter form)
    - Vitals signs from the clinic visit
    - New orders from the clinic visit (consultations, lab tests, medications, including new orders, changes, and renewals, imaging, and text orders)
    - Upcoming appointments
    - Free text Instructions
    - Primary care provider and team
    - Allergies/adverse reactions
    - Updated medication list
    - Patient education handouts
    - Lab results
    - Selected data graphing
    - Optional patient info (demographics, smoking status, preferred language)
    - Optional clinical services information

1.3 Project References

After Visit Summary (AVS), VA Loma Linda Healthcare System, by John M. Byrne, DO, Rob Durkin, MD MS, Richard Cho, RN BSN, Deanna Callahan, MPA, and Shane Elliott, MBA.

1.3.1 Information

This information will be provided in the next release of this document.

1.3.2 Coordination

This information will be provided in the next release of this document.

1.3.3 Help Desk

This information will be provided in the next release of this document.

1.4 Organization of the Manual

This manual consists of the following sections:

- Section 1.0 – Introduction, describes AVS, its purpose, patient and provider features, and pertinent points of contact for application assistance.
- Section 2.0 – System Summary, provides an overview of the system configuration, data flows, user access levels, and contingency plan.
- Section 3.0 – Getting Started, provides login information, details the system menu and how to navigate it.
- Section 4.0 – Project-Specific Scenario, provides a sample procedural scenario of how to initiate and navigate system operation, and includes query and retrieval capabilities of AVS including report generation.

- Section 5.0 – Troubleshooting, describes how to anticipate any problems, issues, or items a user may need assistance with, and provides guidance on how to address these issues.

1.5 Acronyms and Abbreviations

Term	Definition
AVS	After Visit Summary
CCOW	Clinical Context Object Workgroup
CPRS	Computerized Patient Record System
GUI	Graphical user interface
ICD	International Classification of Diseases
MHV	MyHealtheVet
PCP	Primary Care Provider
PDF	Portable Document Format
PHR	Personal Health Record
TIU	Text Integration Utilities
TRM	Technical Reference Model
VA	Veterans Affairs
VAMC	VA Medical Center
VAVS	VA Voluntary Service
VHA	Veterans Health Administration
VistA	Veteran's Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record

2 System Summary

This information will be available in the next version of this document.

2.1 System Configuration

This information will be available in the next version of this document.

2.2 Data Flows

This information will be available in the next version of this document.

2.3 User Access Levels

This information will be available in the next version of this document.

2.4 Contingencies and Alternate Modes of Operation

This information will be available in the next version of this document.

3 Getting Started

The topics in this section will familiarize you with the AVS workflow, including how to launch the AVS from the CPRS Tools menu, and what the AVS interface looks like. You'll also learn how to select a patient encounter from the drop-down list. Finally, you'll see a full example of an AVS document.

3.1 AVS Workflow

- Provider
    - Starts encounter note
    - Completes orders
    - Completes encounter
- Data
    - Automatically pulled in to AVS
    - Auto-refresh every 3 minutes, manual refresh available
- Additional instructions
    - Free-text instructions
    - Krames-on-Demand Education Sheets
- Completed AVS
    - Printed to Windows printer or network printer
    - Stub note created in CPRS
    - PDF copy saved to VistA Imaging

3.2 Logging On

This information will be available in the next version of this document.

3.2.1 Launching the AVS

You will launch AVS from the VistA CPRS Tools menu. AVS loads the patient's encounters for the past 60 days and automatically displays the encounter that most closely matches the current date and time. AVS will also automatically change patients in sync with CPRS.

1. From the CPRS menu, choose **Tools**, then **After Visit Summary**, as shown in Figure 1.

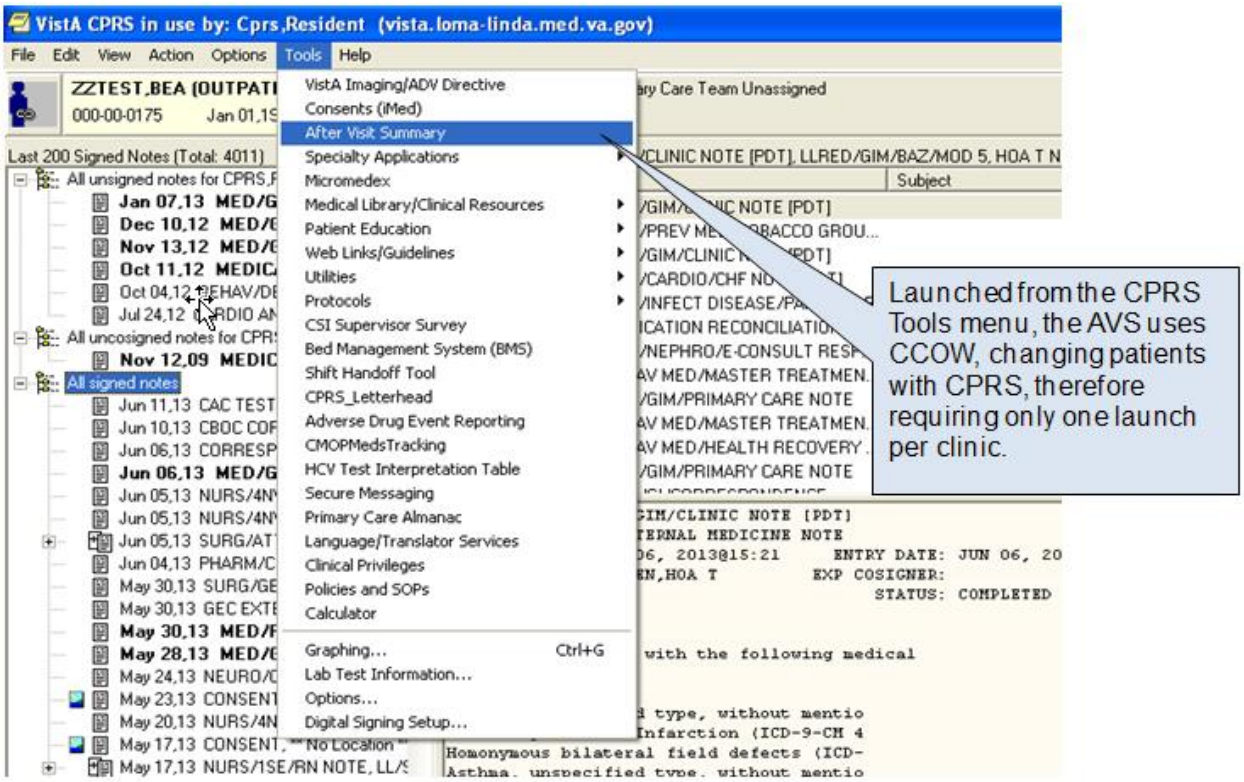


Figure 1 – Launching the After Visit Summary from CPRS

The most recent After Visit Summary screen appears in a separate window, as shown in

2. Figure 2.

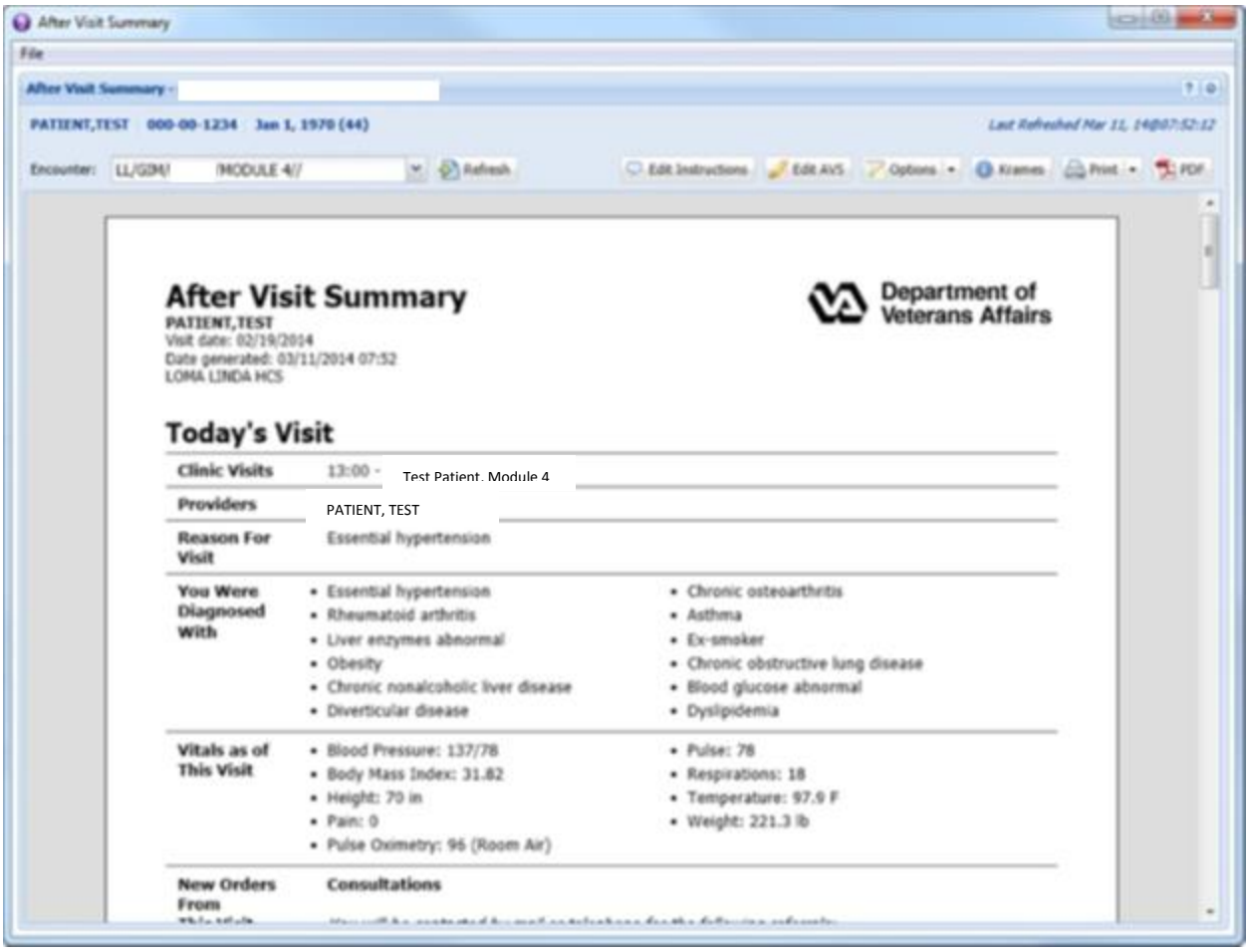


Figure 2 – AVS Interface

IF

You wish to select a different visit, select the desired visit and date from the *Encounter* drop-down list beneath the visit date, as shown in Figure 3. Click the **Refresh** button after selecting the visit.

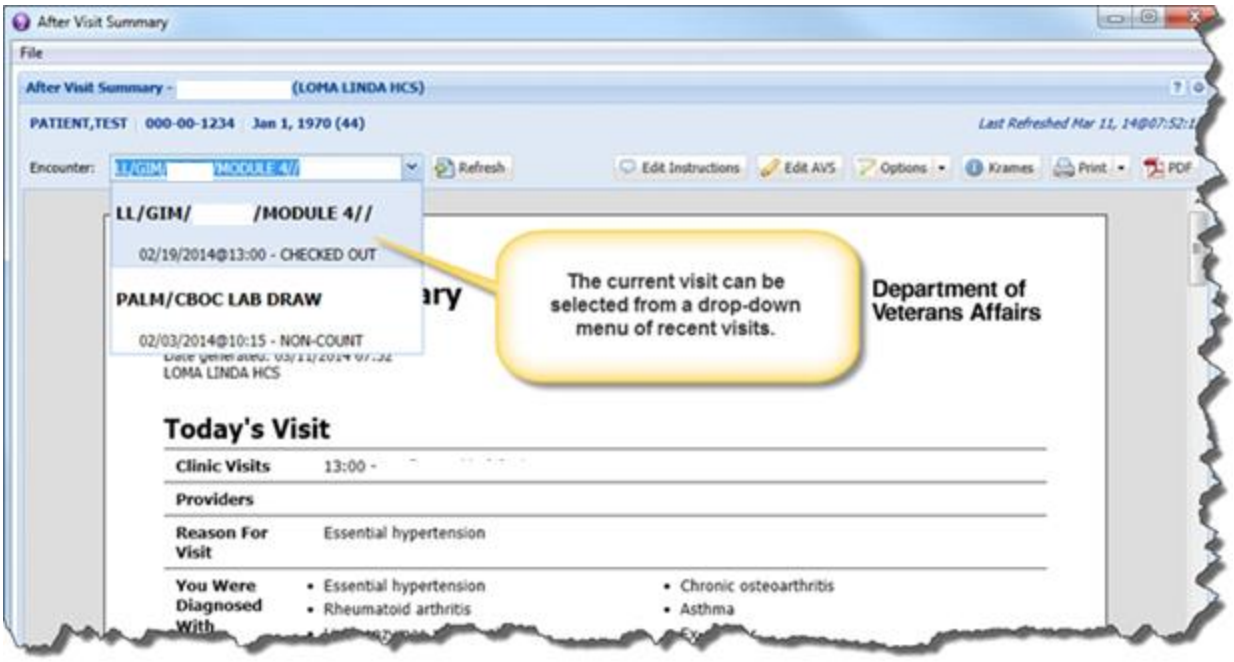


Figure 3 – AVS Visit Selection

3.2.2 AVS Sections

The following discussions introduce you to each section of the AVS document.

3.2.2.1 Header

The header, shown in Figure 4, appears at the top of the AVS document and displays the patient name, visit date, date the AVS was generated, and the facility name. The format and content of the header may be customized for a facility in the administration interface.

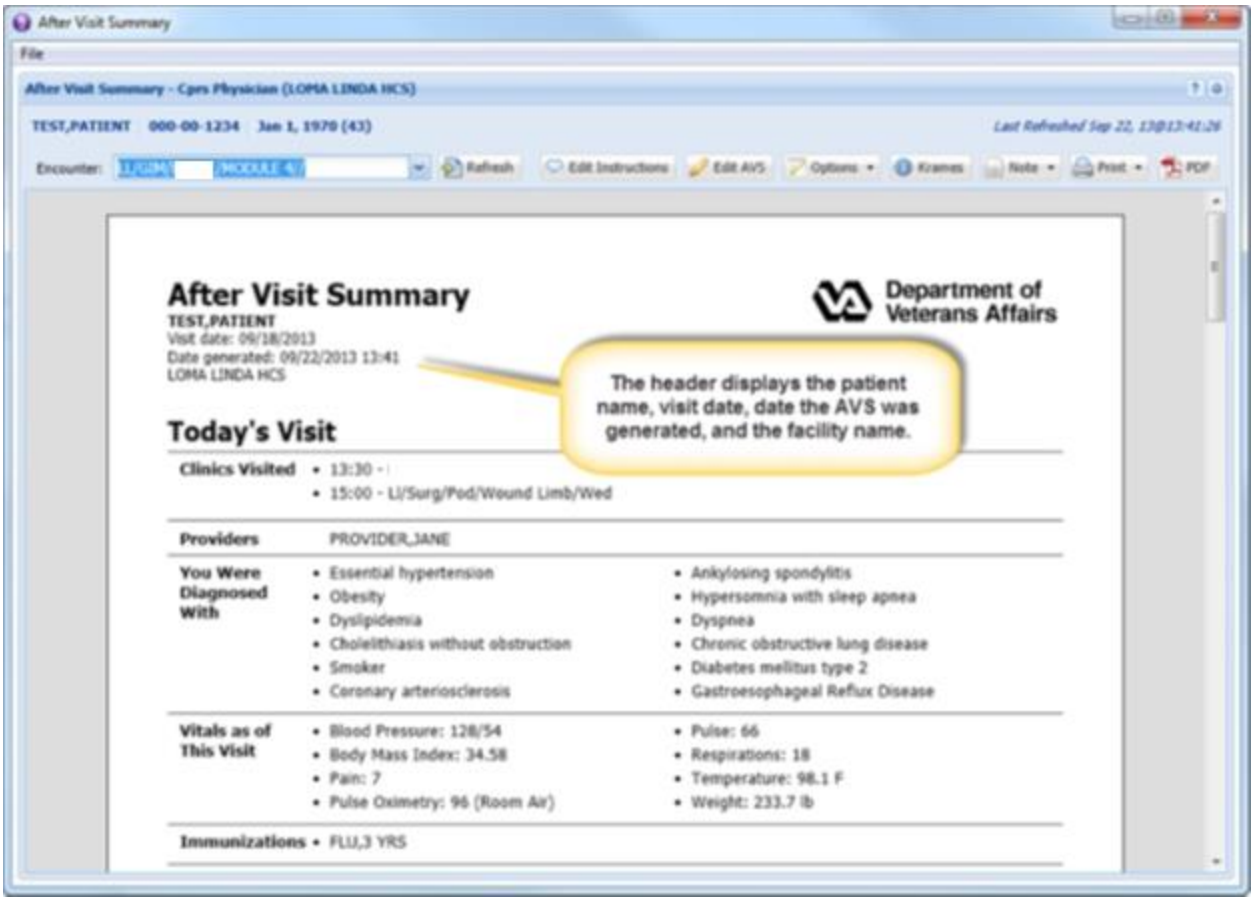


Figure 4 – AVS Header

3.2.2.2 Visit Info, Diagnoses, Vitals, Immunizations

Figure 5 indicates the sections that contain the visit and provider information, the patient's diagnoses, vital signs, and immunizations.

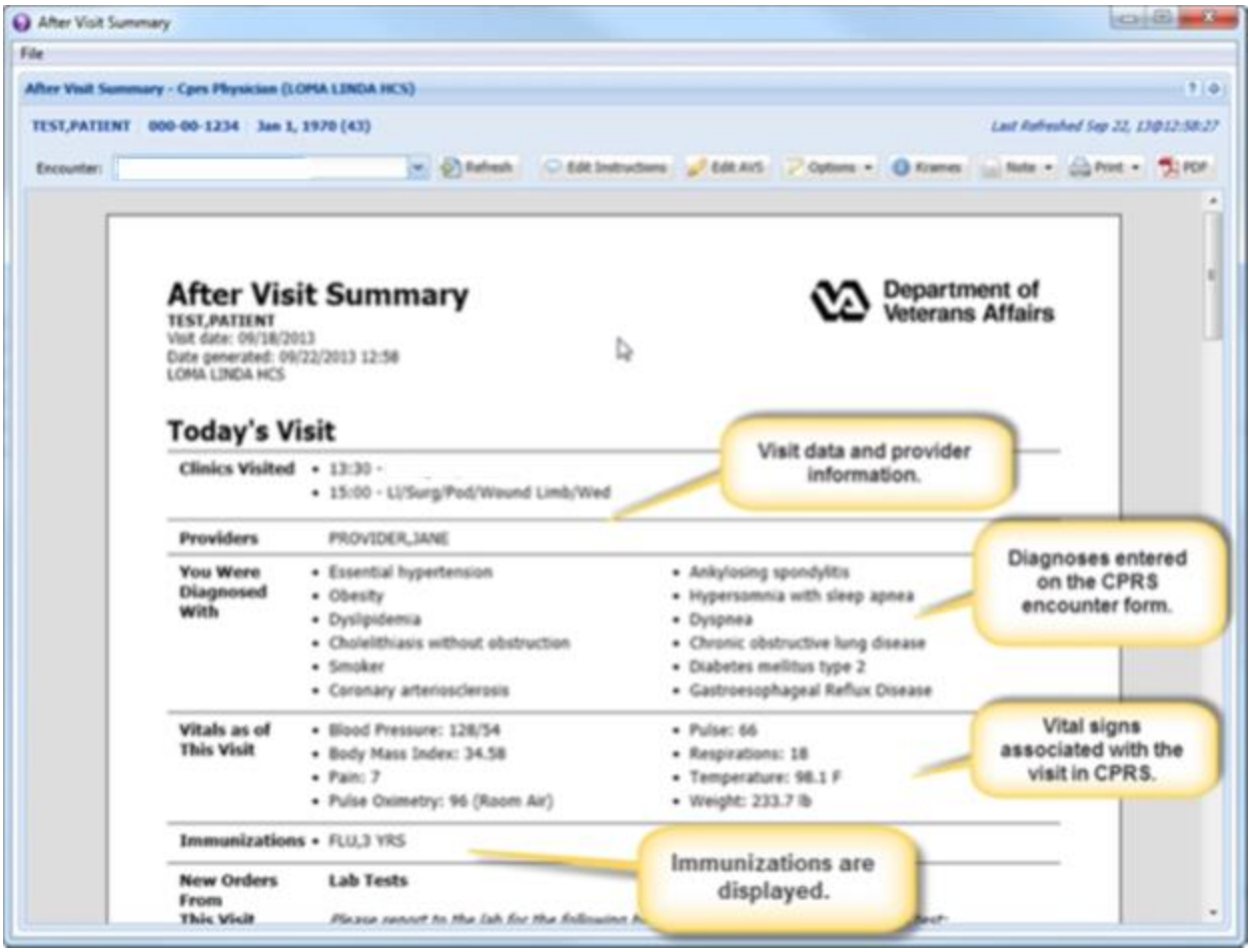


Figure 5 – AVS Visit Information

3.2.2.3 New Orders

Figure 6 shows the New Orders section of the AVS. The orders section is categorized by type of order, including Consultations, Imaging, Lab Tests, Medications, and Text Orders.

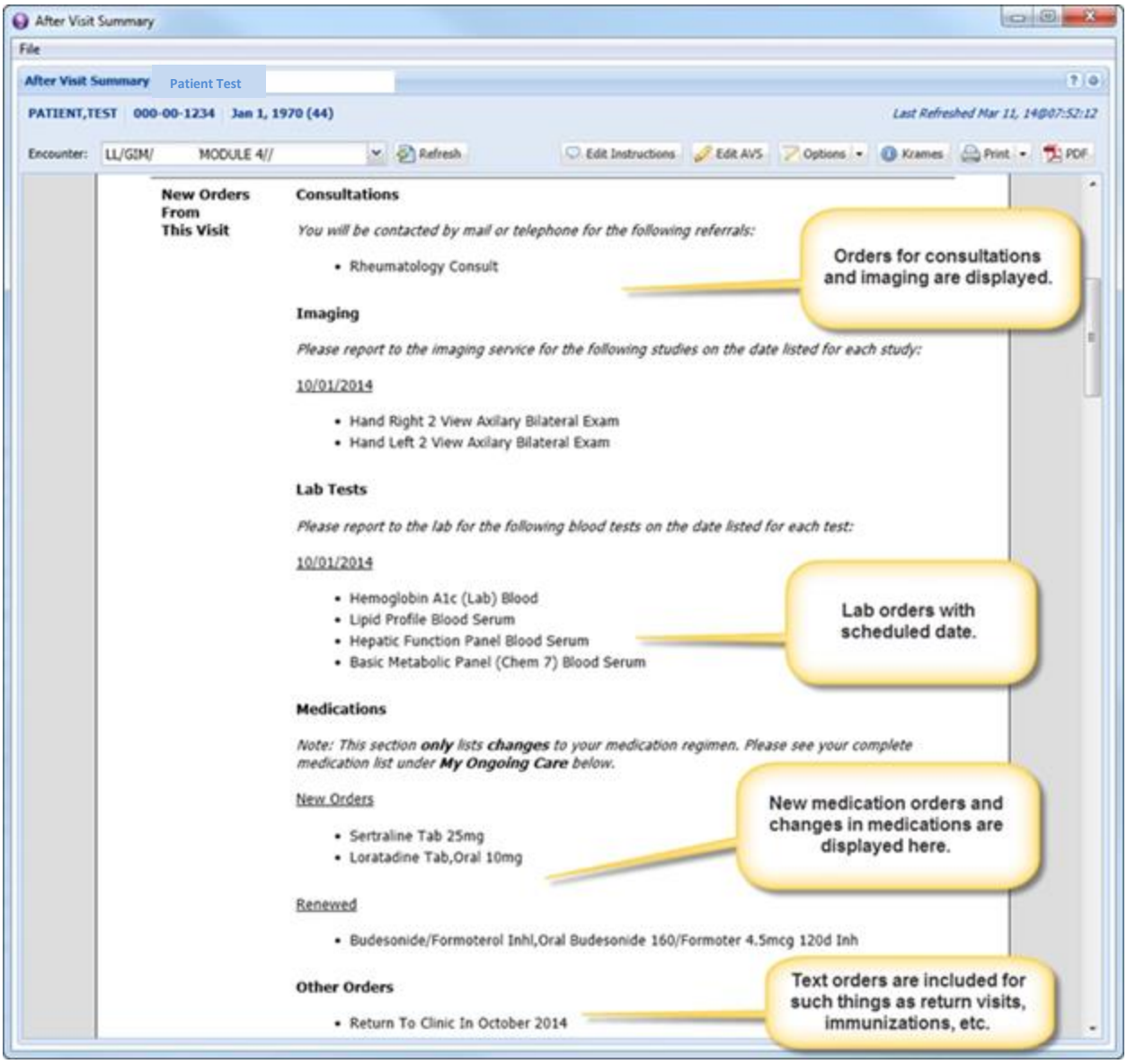


Figure 6 – AVS New Orders

3.2.2.4 Appointments

Figure 7 shows the upcoming appointments within the next three months. This time period is configurable by facility.

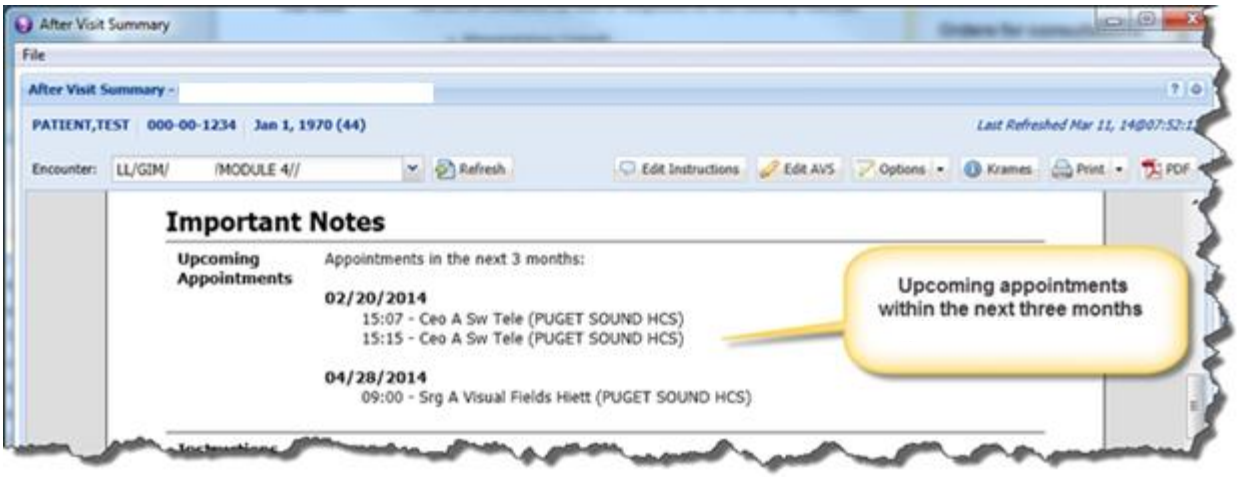


Figure 7 – AVS Appointments

3.2.2.5 Instructions

Figure 8 shows the free-text instructions that you may enter for display on the AVS.

Figure 8 – AVS Instructions

3.2.2.6 Primary Care Team

Figure 9 shows the patient's Primary Care Provider (PCP) and the Primary Care Team members.

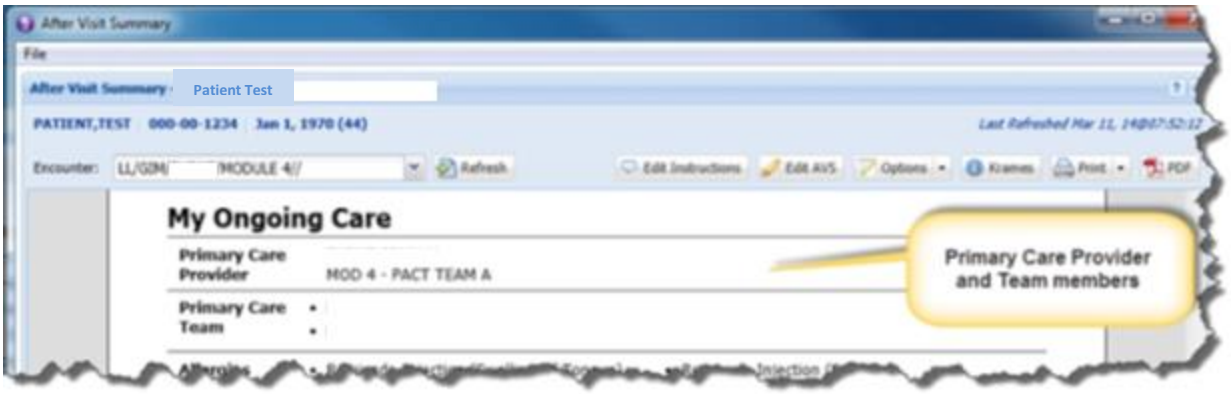


Figure 9 – AVS Patient's Primary Care Team

3.2.2.7 Allergies and Local VA Meds

Figure 10 shows the patient's allergies and adverse reactions, and the patient's current list of local VA medications.

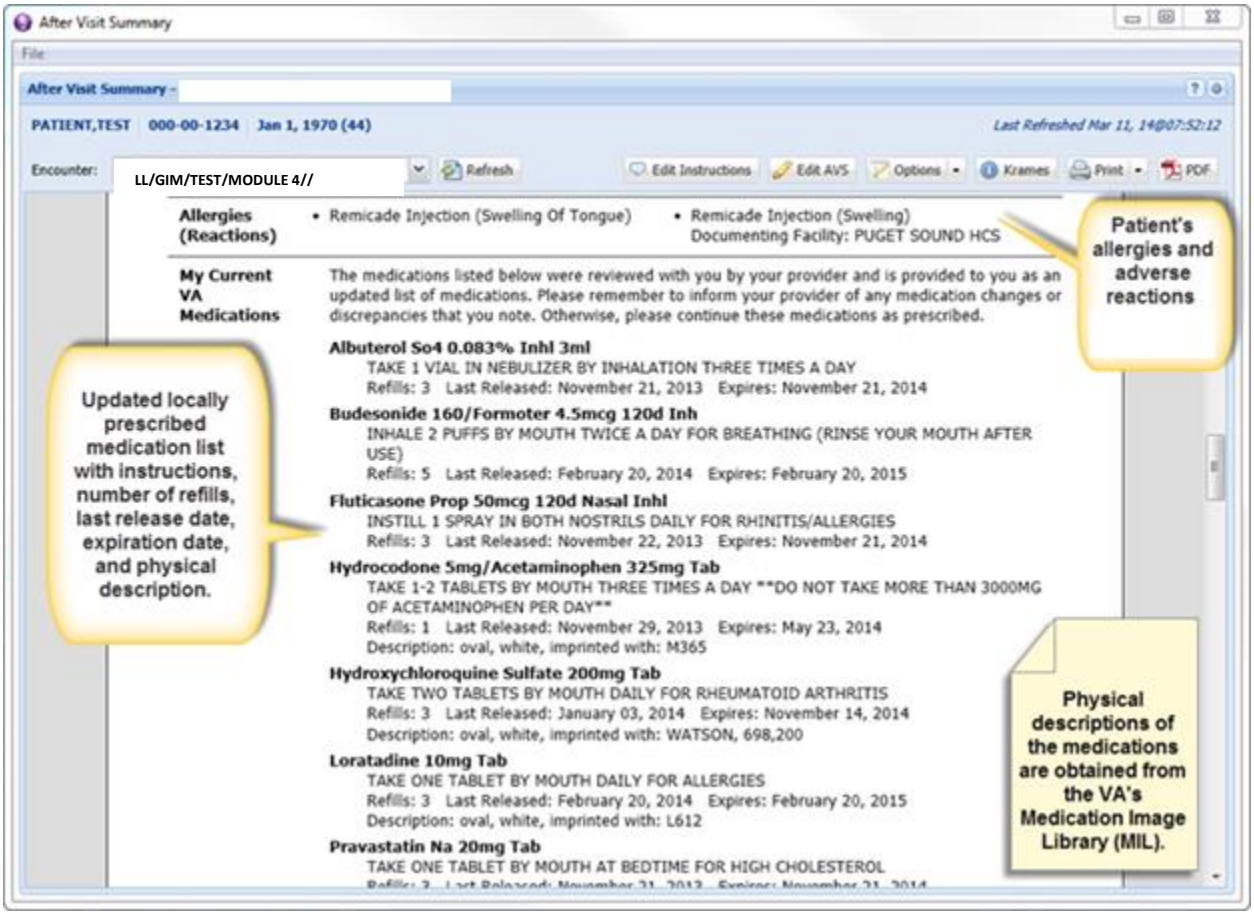


Figure 10 – Allergies and Local VA Meds

3.2.2.8 Non-VA Medications

Non-VA medications are pulled from the VistA databases for display, as shown in Figure 11.

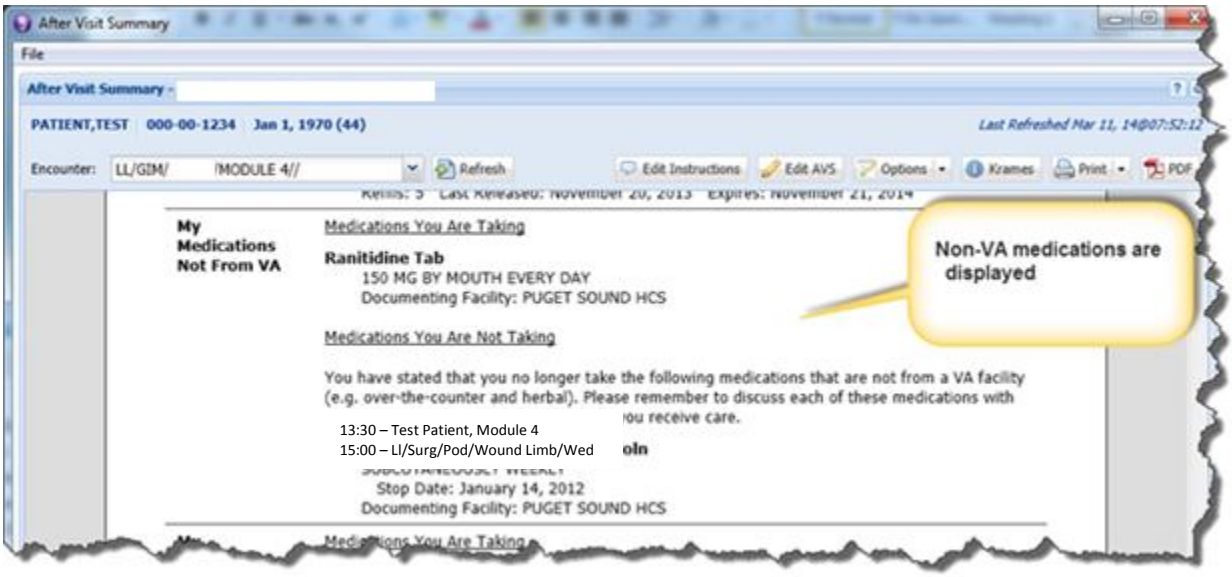


Figure 11 – Non-VA Medications

3.2.2.9 Lab Results

Lab results may optionally be included in the AVS. By default, lab results are not included and must be selected from the Options menu. The user may choose to import lab results from the previous week, month, or from the last three months. **Error! Reference source not found.** shows the menu option for choosing a timeframe of lab results, and Figure 13 shows the lab results sorted by date.

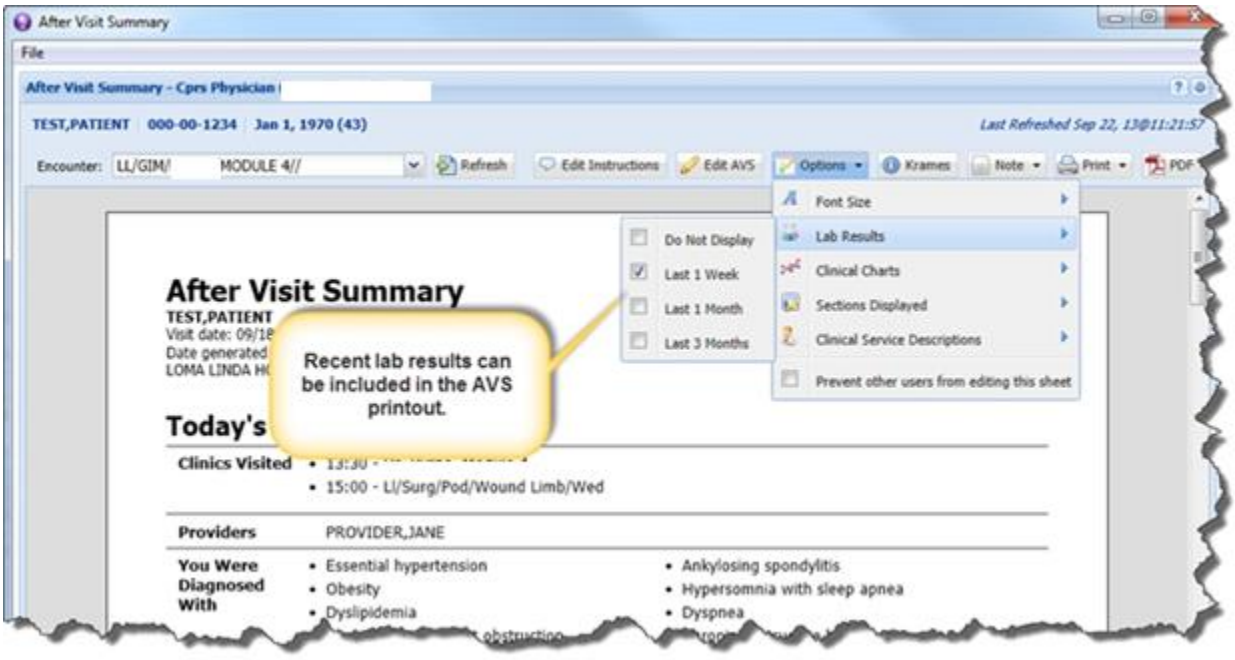


Figure 12 – Lab Results

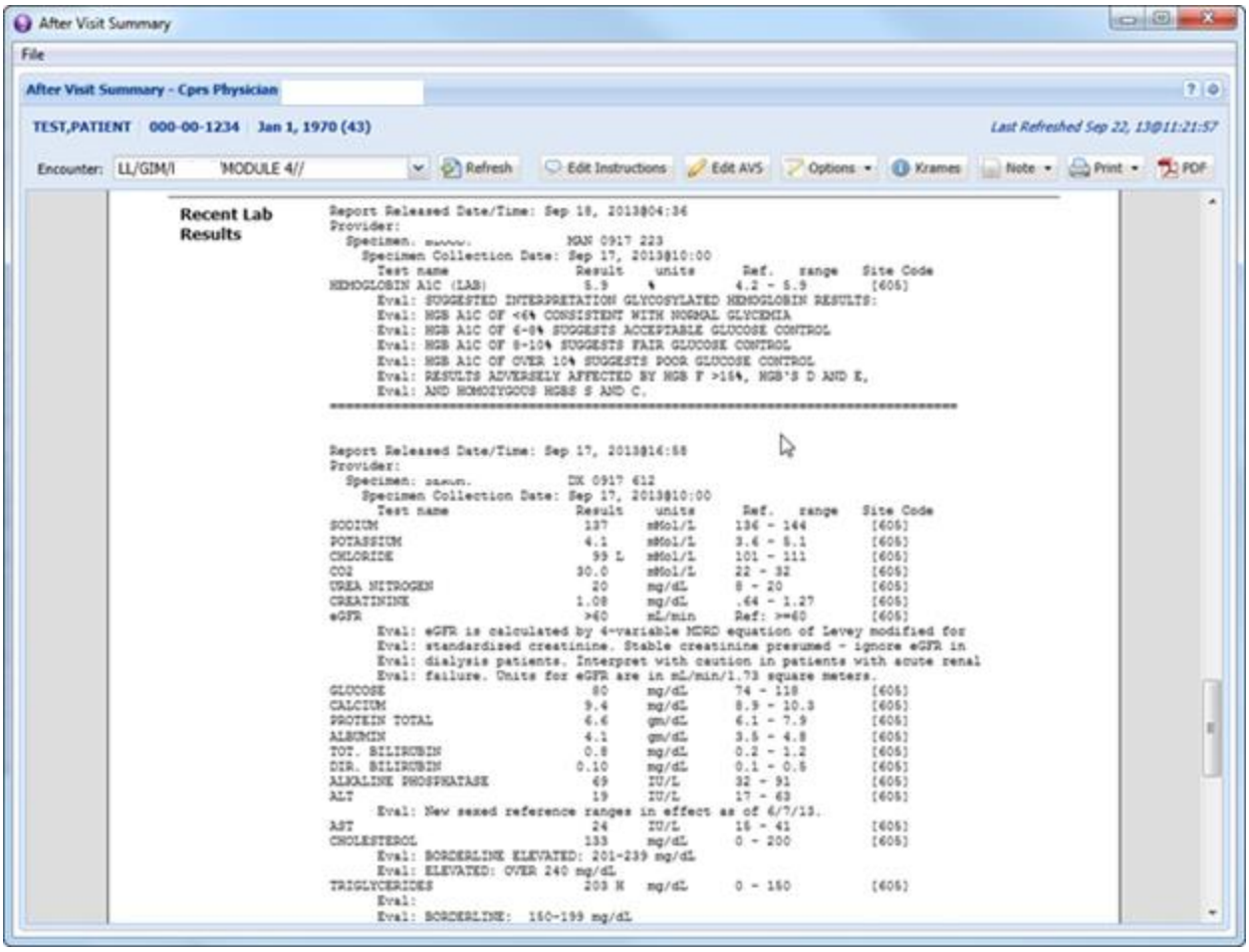


Figure 13 – Recent Lab Results Sorted by Date

3.2.2.10 Clinical Charts

Clinical charts may be optionally included in the AVS, as shown in Figure 14. The charts are all line graphs and reflect the lab data and vital signs over the past year for the patient. Clinical charts that are available include BMI, BP, Cholesterol, Creatinine, eGFR, HbA1C, HDL, HGB, LDL, Platelets, Pulse, Triglycerides, and Weight.

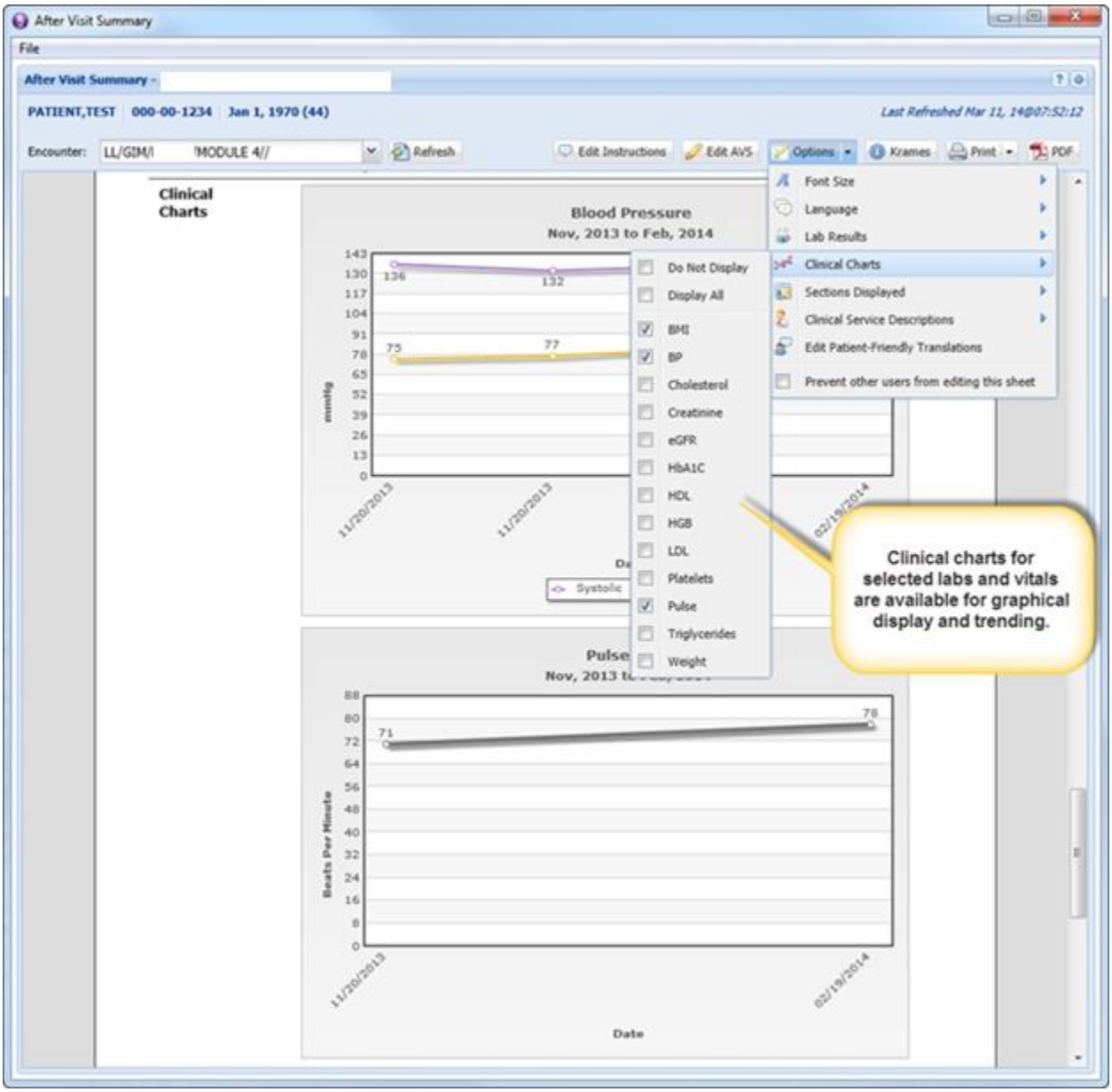


Figure 14 – Clinical Charts

3.2.2.11 Footer

Figure 15 shows the footer section, which can be customized for the facility. The footer contents, along with the header and facility, clinic, and provider disclaimers, may be customized in the administration interface.

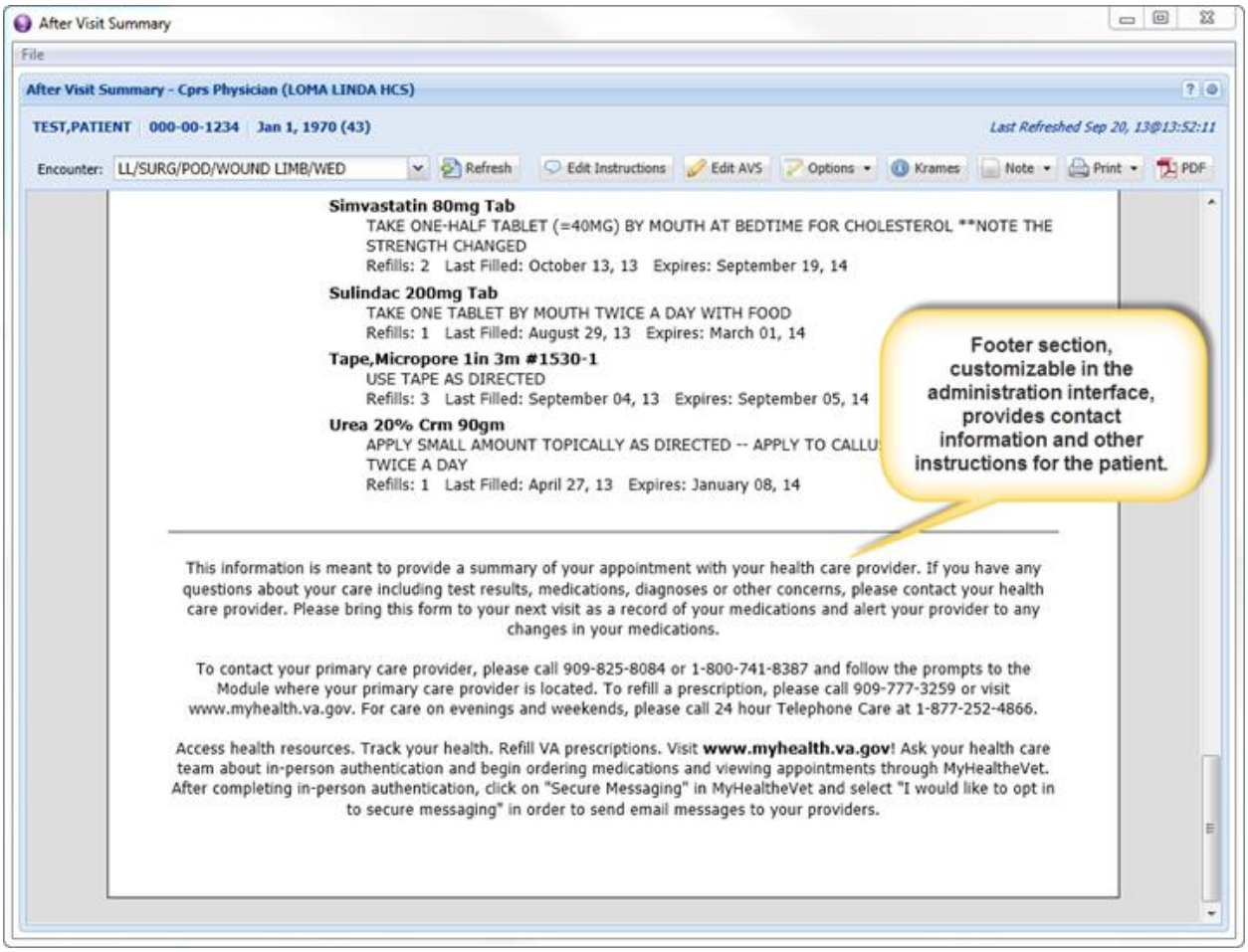


Figure 15 – AVS Footer Section

3.2.2.12 Toggling Sections

Figure 16 shows the sections that appear on the AVS can be toggled on or off by selecting the sections to display from the drop-down menu.

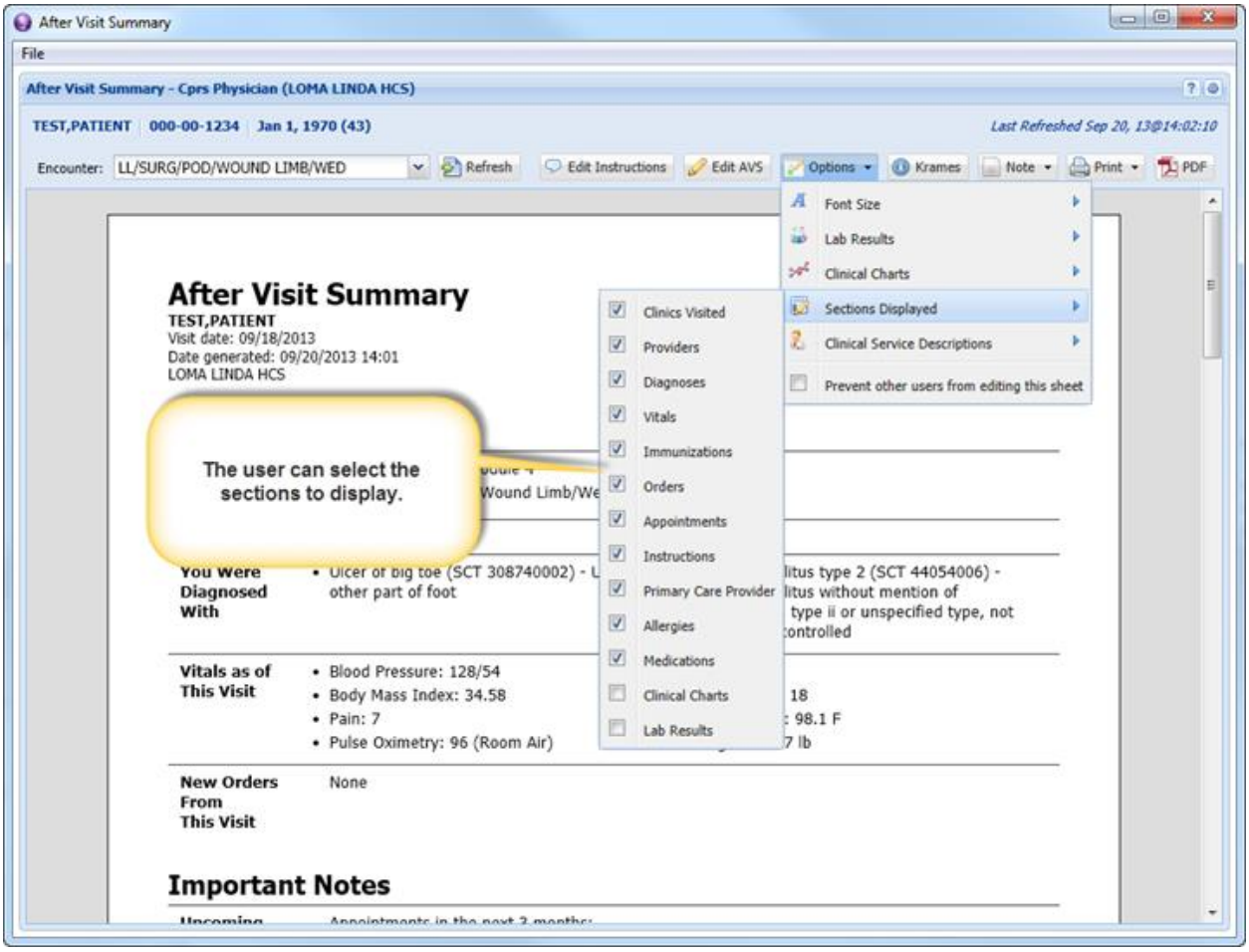


Figure 16 – Toggling Sections

3.2.3 AVS Functionality

The details of the functionality of the AVS is described in the topics that comprise this section.

3.2.3.1 Patient Instructions

Free-text patient instructions may be entered into the AVS, as shown in Figure 17. Rich text options are supported, including font style, size, color, and formatting. Images may be inserted into the text (e.g. from Krames-on-Demand), and bulleted and sorted lists may also be inserted into the text. Figure 18 shows the custom text that the provider may enter in the **Patient Instructions** section.

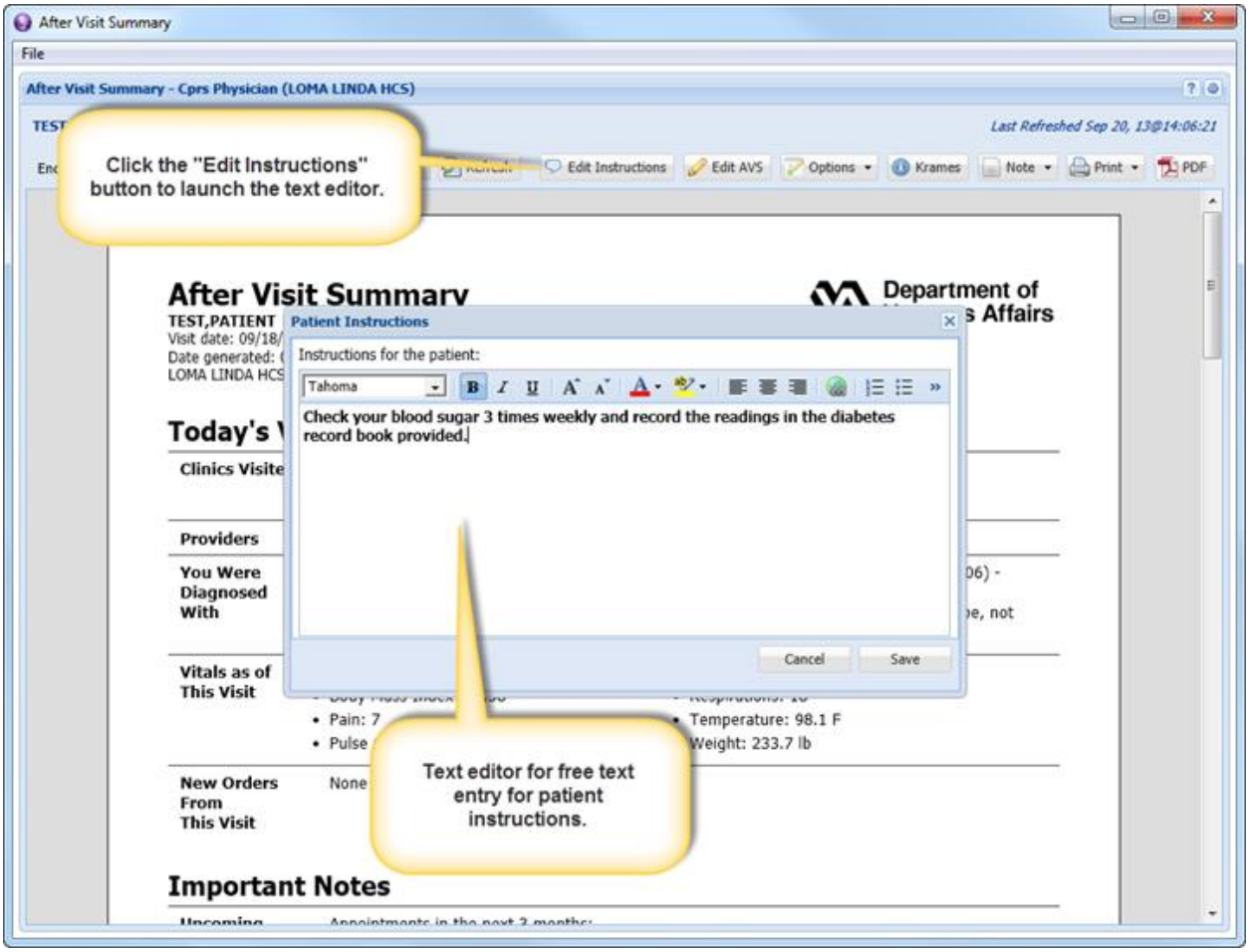


Figure 17 – Patient Instructions

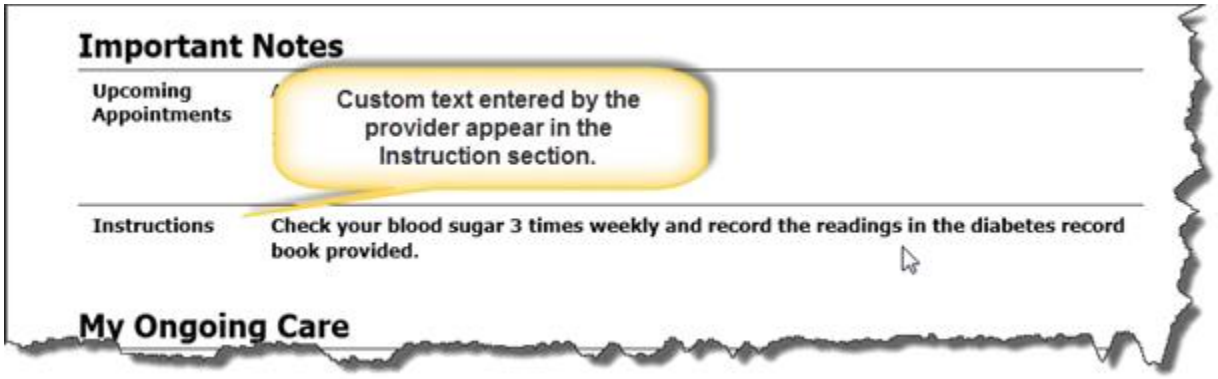


Figure 18 – Custom Provider Text

3.2.3.2 Edit AVS

You can add/modify/delete any of the content in the AVS in a pop-up editor. A warning screen appears to remind you that manually refreshing the AVS will overwrite any custom edits, and auto refresh is turned off for the patient encounter if you make any edits, as shown in Figure 19 and Figure 20.

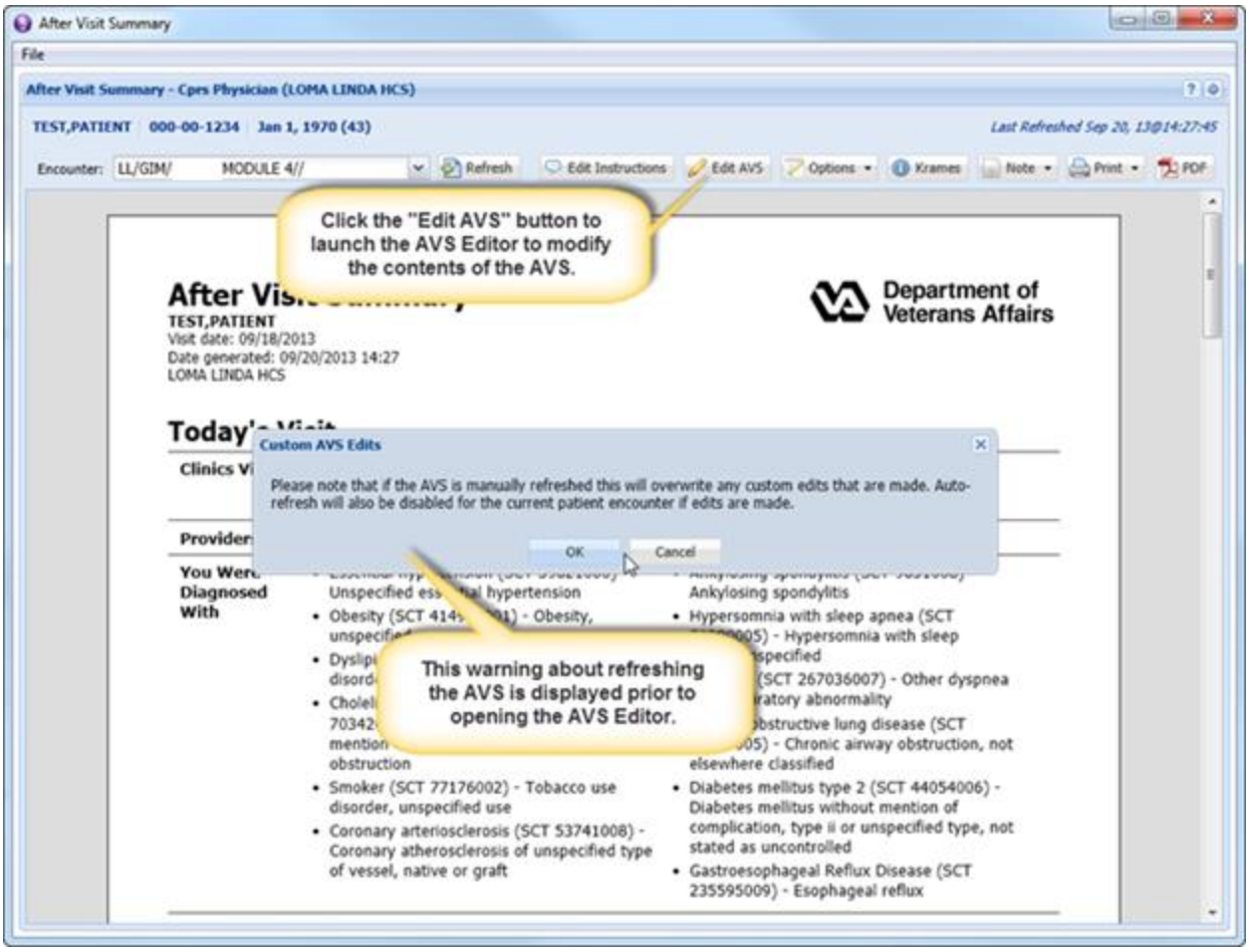


Figure 19 – Edit AVS

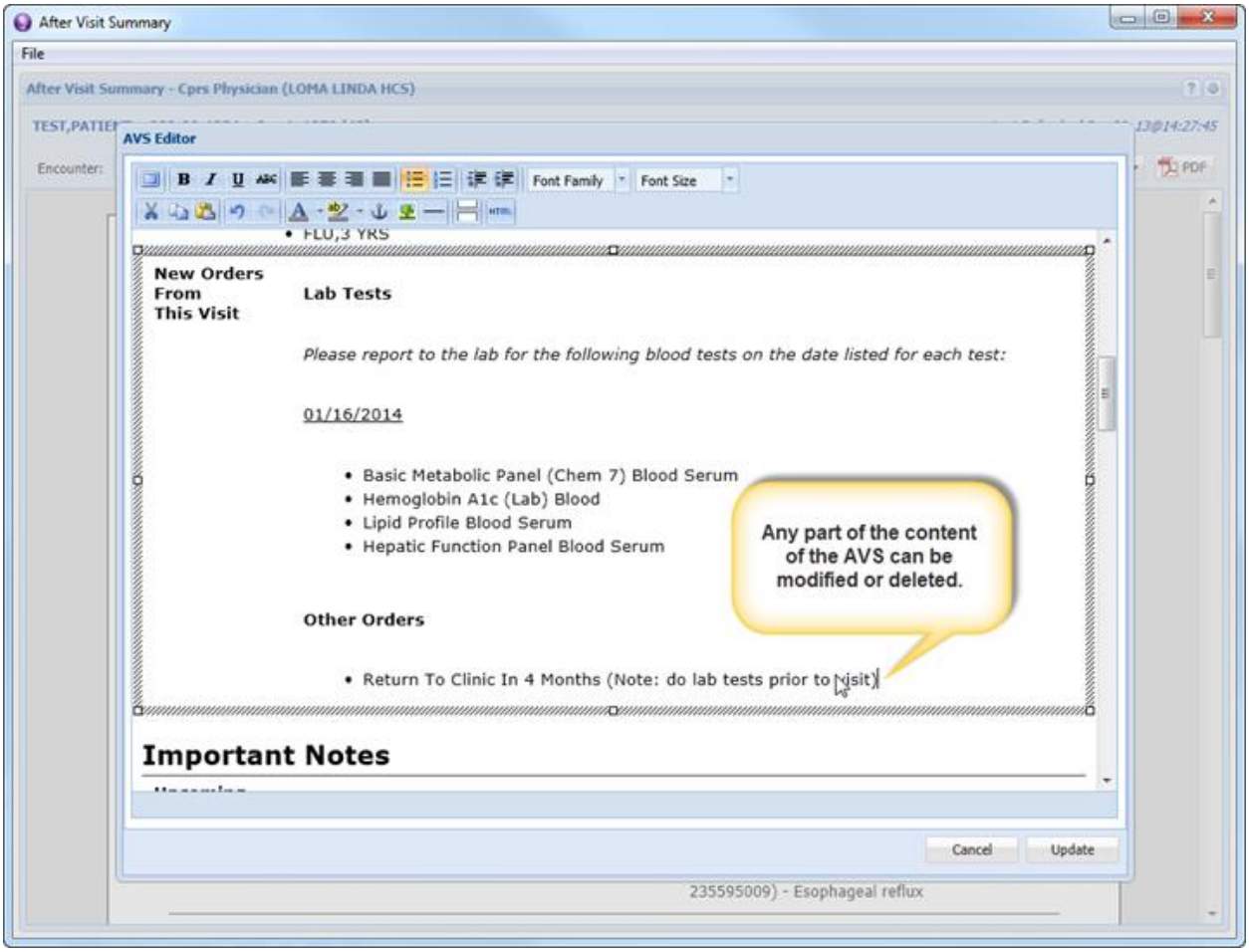


Figure 20 – New Orders from This Visit

3.2.3.3 Font Size

For visually-impaired patients, the font size of the AVS may be adjusted, as shown in Figure 21. AVS supports large and very large font sizes in addition to the normal-sized text that is displayed by default.

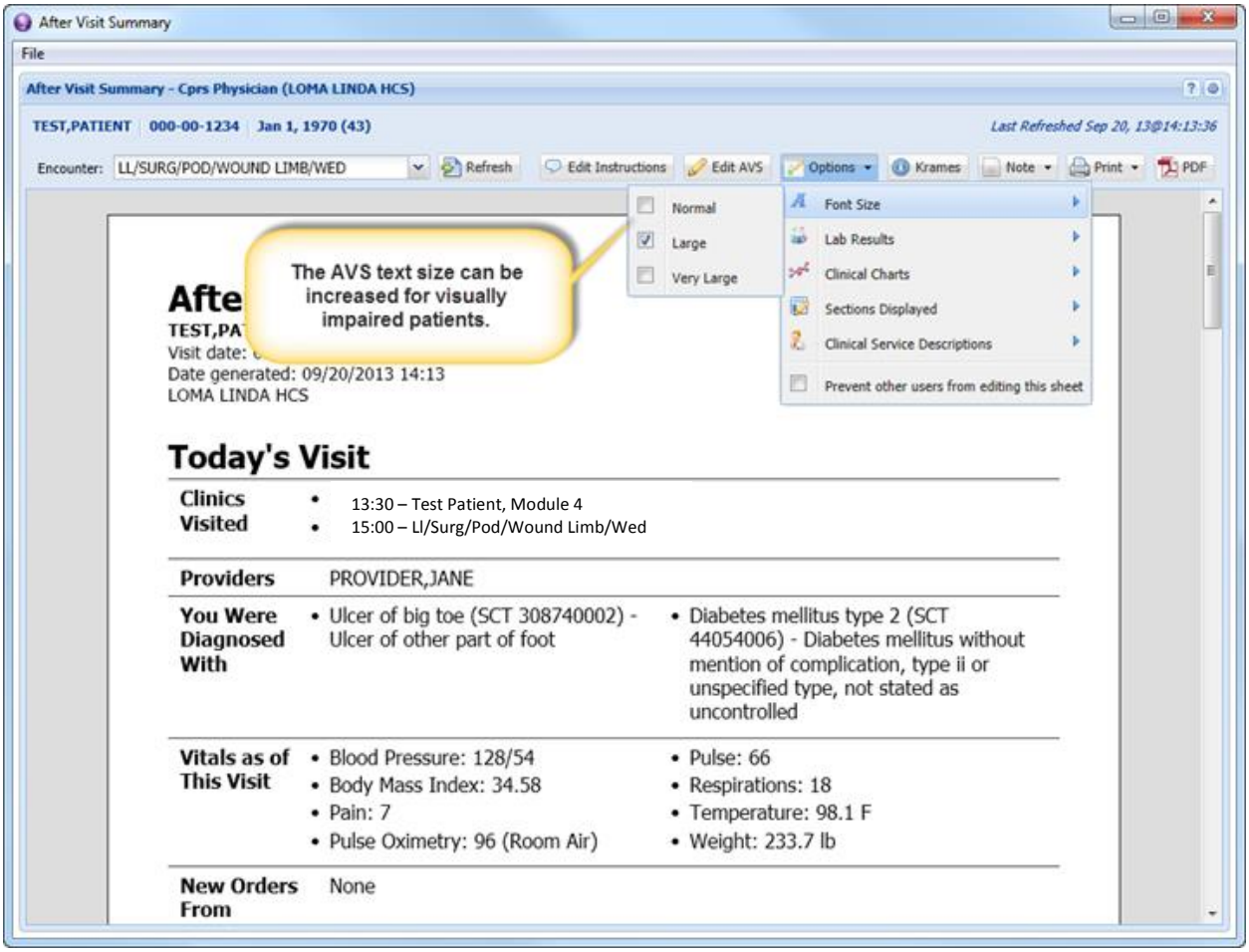


Figure 21 – AVS Font Size

3.2.3.4 Clinical Services Information

Clinical Services information, including the name, location, phone, hours of operation, and comments, may be printed out along with the AVS document to provide the patient with helpful information regarding clinical services that he/she may visit during an upcoming appointment. You can toggle the inclusion of clinical services information from the Options menu, as shown in Figure 22 and Figure 23. All clinical services may be printed out, as shown in Figure 24 or you may choose selected services from the list.

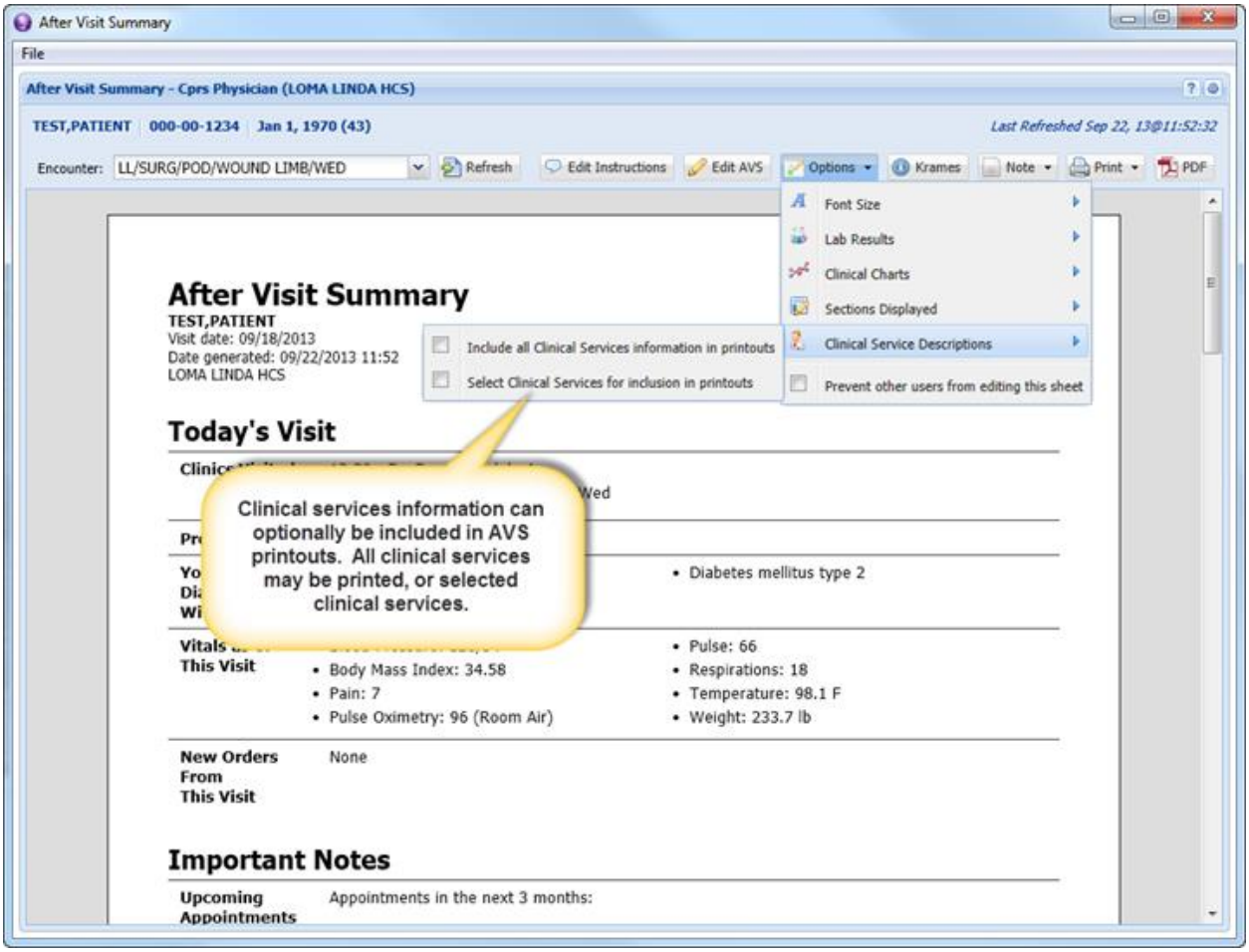


Figure 22 – Clinical Service Information Menu Option

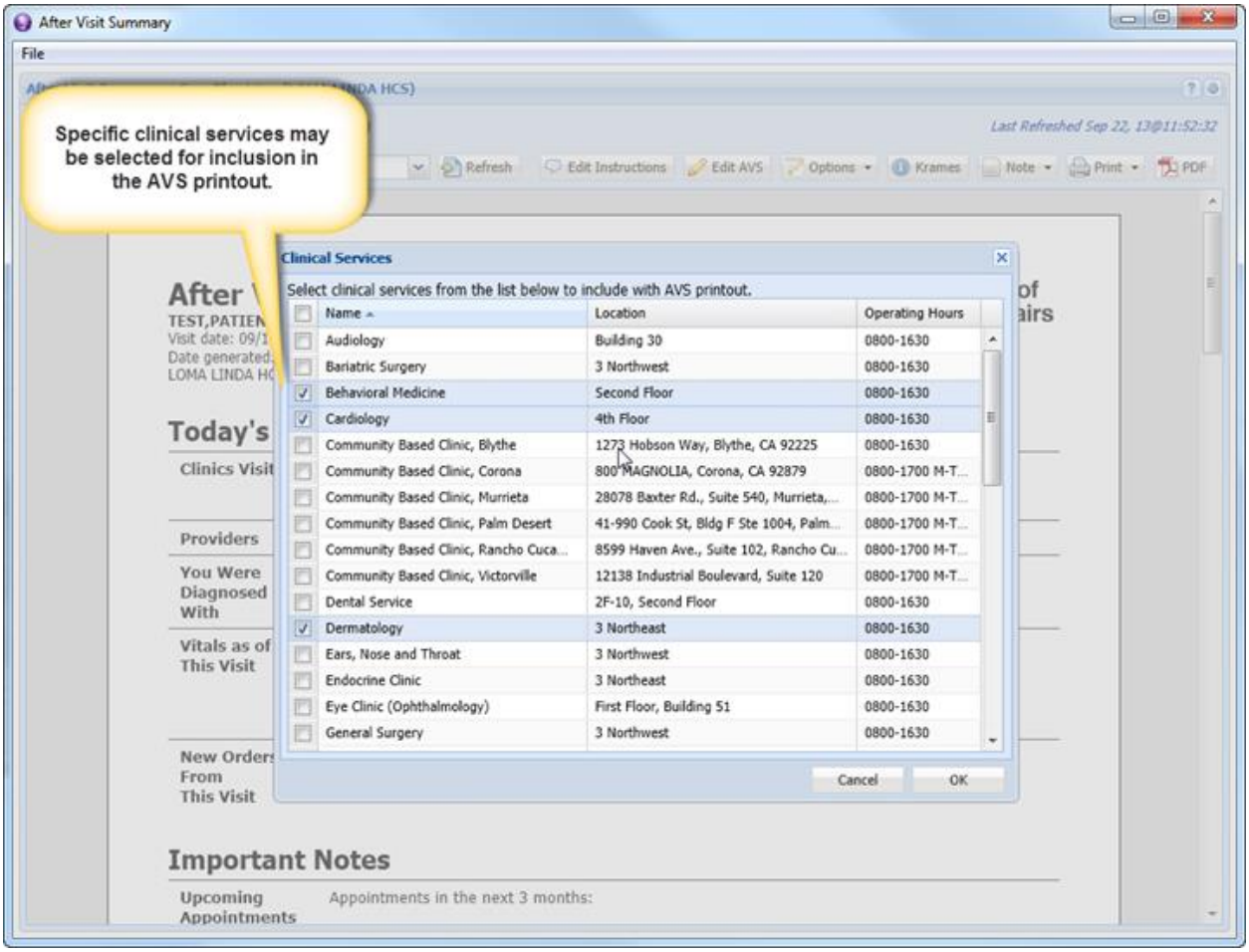


Figure 23 – Choosing Clinical Services

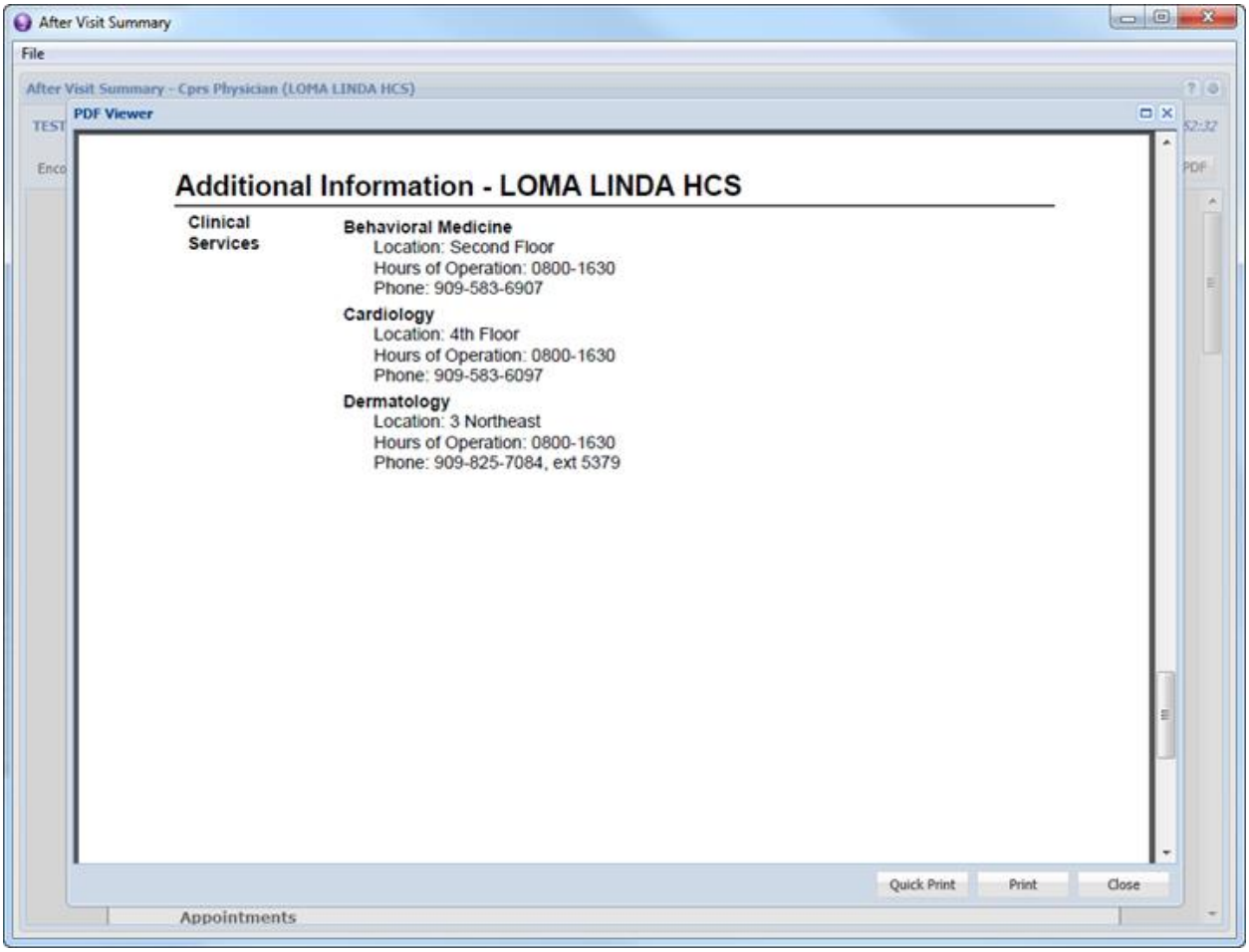


Figure 24 – Clinical Services Sample Printout

3.2.3.5 Krames-On-Demand

Select the "Krames" button from the AVS toolbar to open Krames-on-Demand patient education material, as shown in Figure 25.

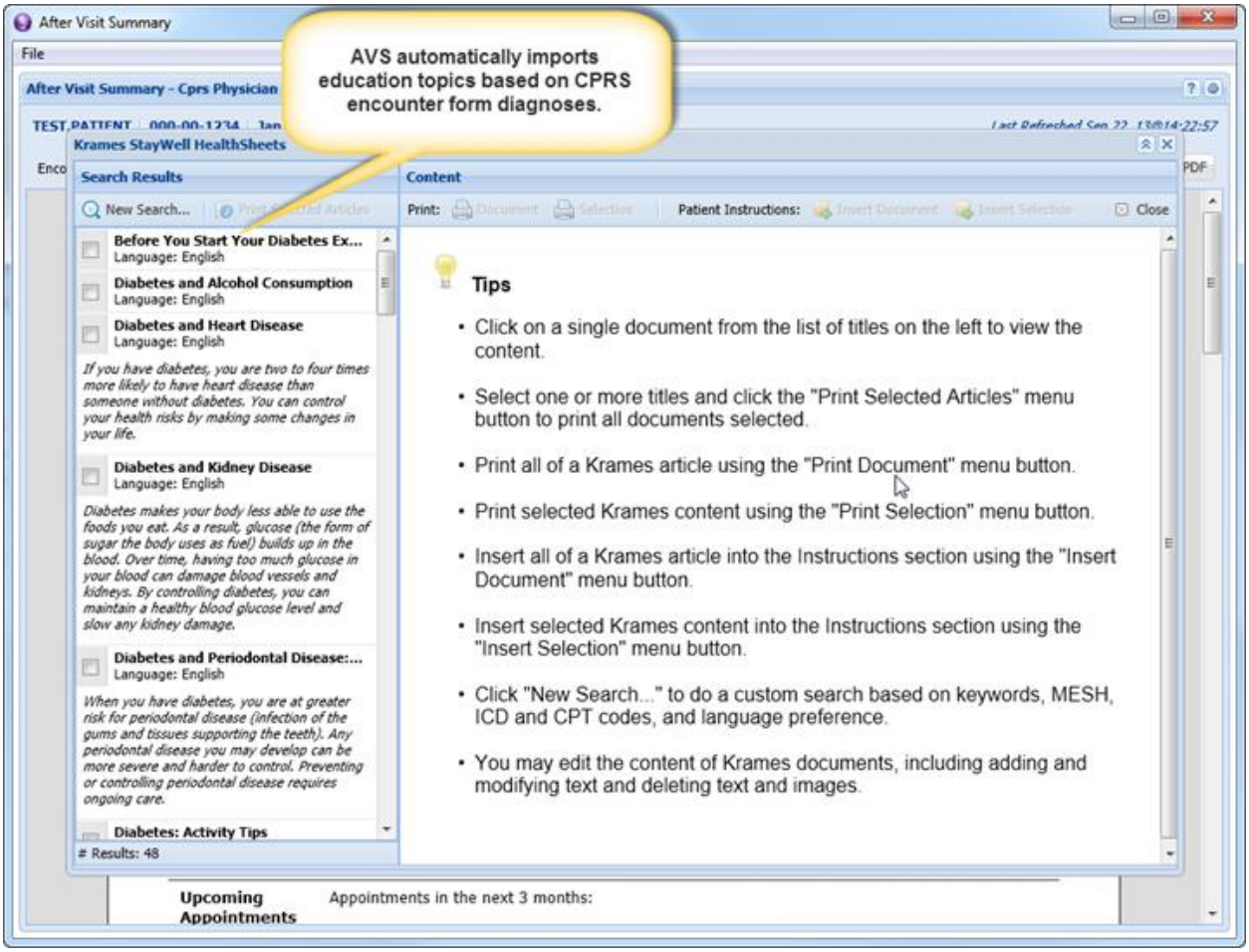


Figure 25 – Krames-On-Demand Patient Education Material

When it is first opened for a patient, the Krames interface will automatically search the Krames database for patient education content based upon the patient's diagnoses from the encounter form. The user may also perform a manual search that supports queries for Krames content based on keywords, MESH codes, ICD-9 codes, and CPT codes. The patient's preferred language may also be selected on the search form.

The user can select multiple documents from the Search Results displayed on the left side of the screen, as shown in Figure 26, and choose to import them all into the Patient Instructions section of the AVS or printed off as separate documents.

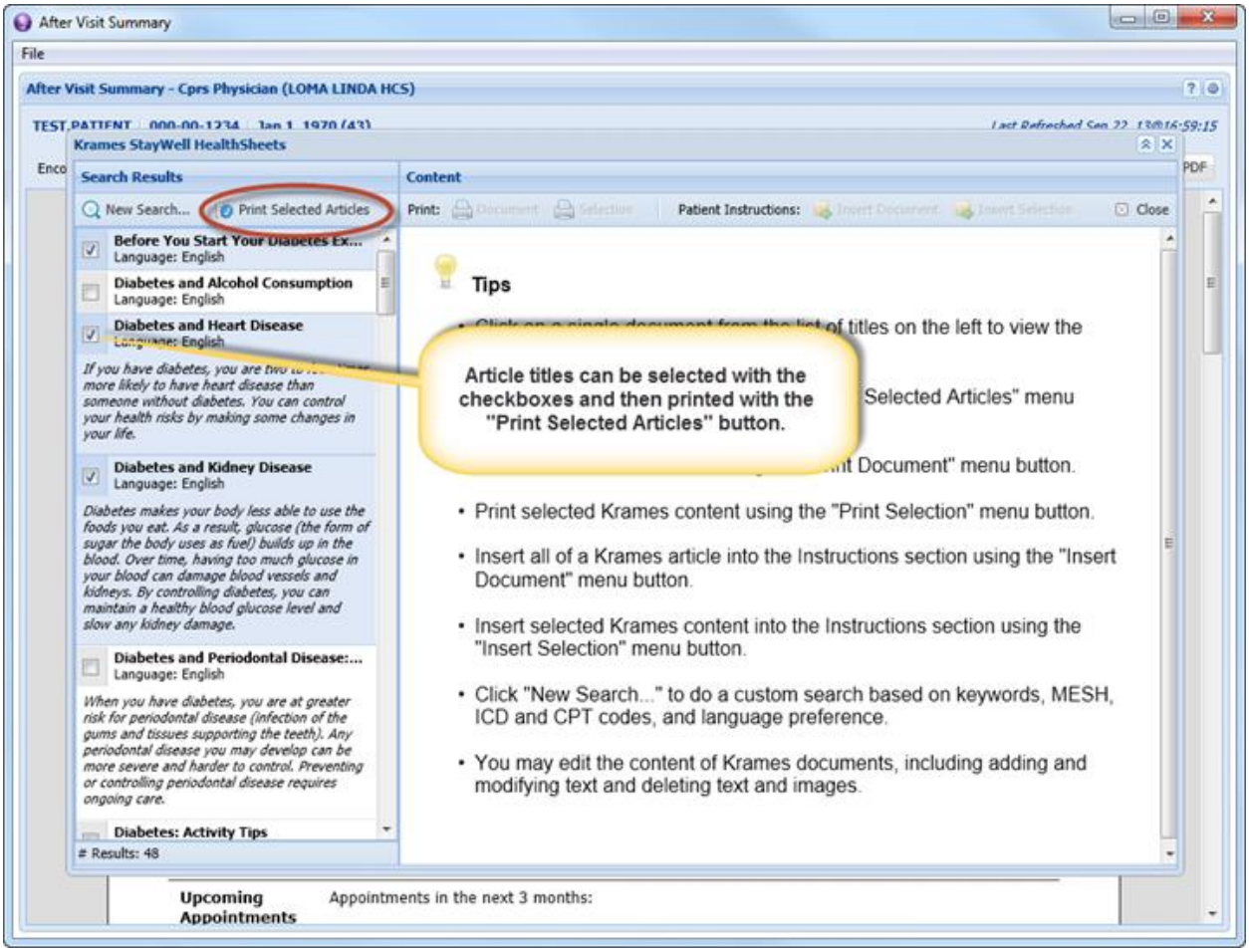


Figure 26 – Krames on Demand Patient Search Results

Parts of a Krames article may be selected and inserted into the AVS or printed separately, as shown in Figure 27.

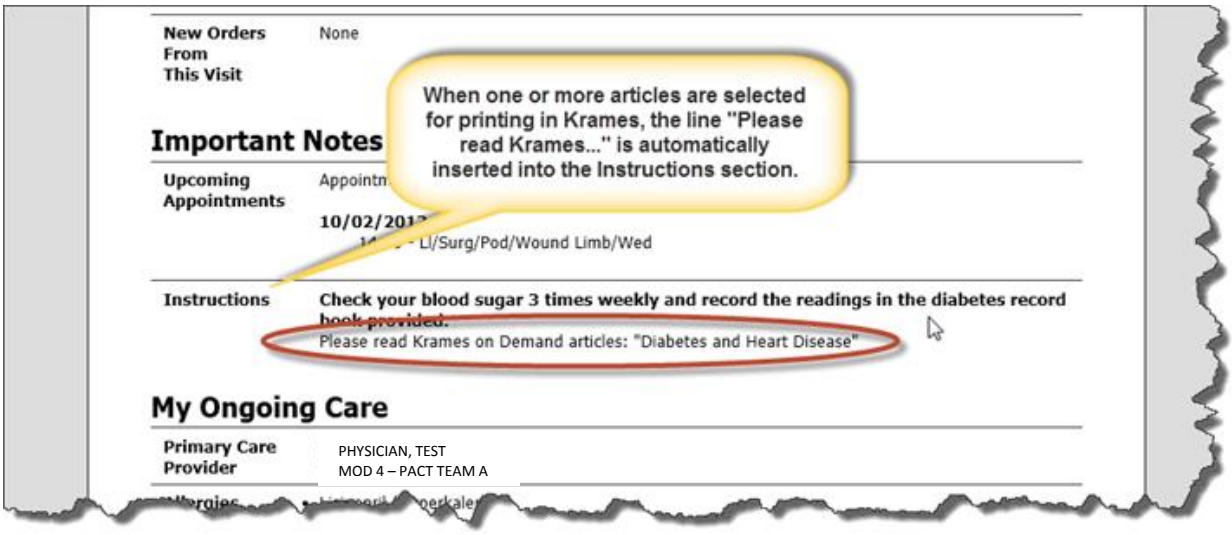


Figure 27 – Instructions Section Auto Population

Figure 28 shows a sample Krames-on-Demand Article that may either be read on screen, printed, or inserted in to the AVS Instructions section.

Figure 28 – Sample Krames-on-Demand Article

Figure 29 shows you how to highlight and either print selections of a Krames-on-Demand article or insert the selected text into the AVS Instructions section.

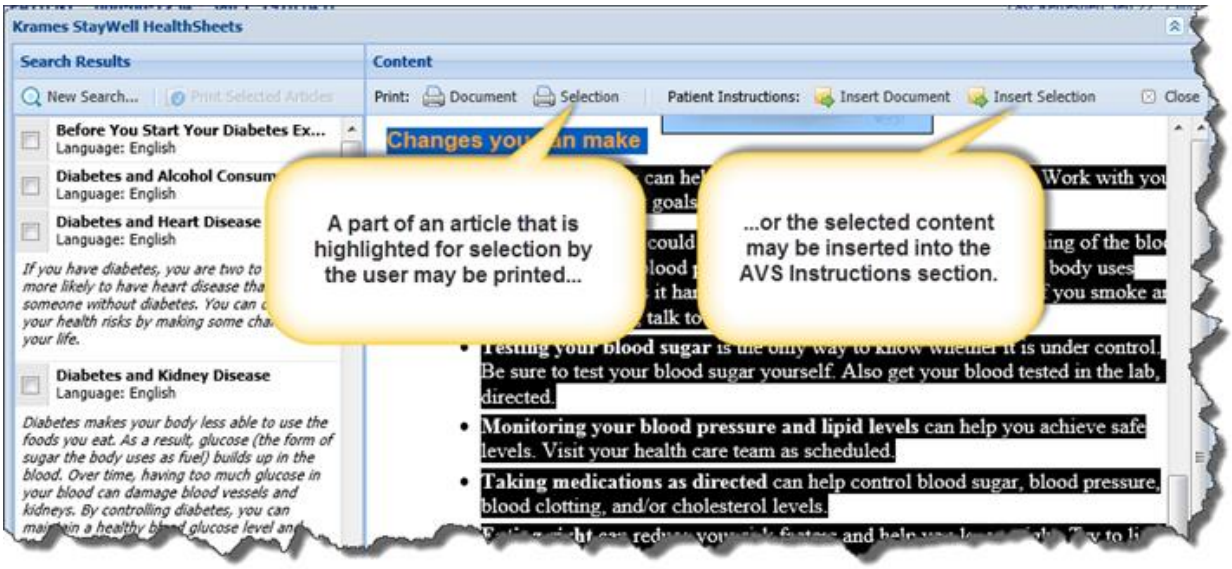


Figure 29 – Printing or Inserting Highlighted Text

You may also search the entire Krames-On-Demand library by using the Search option, as shown in Figure 30

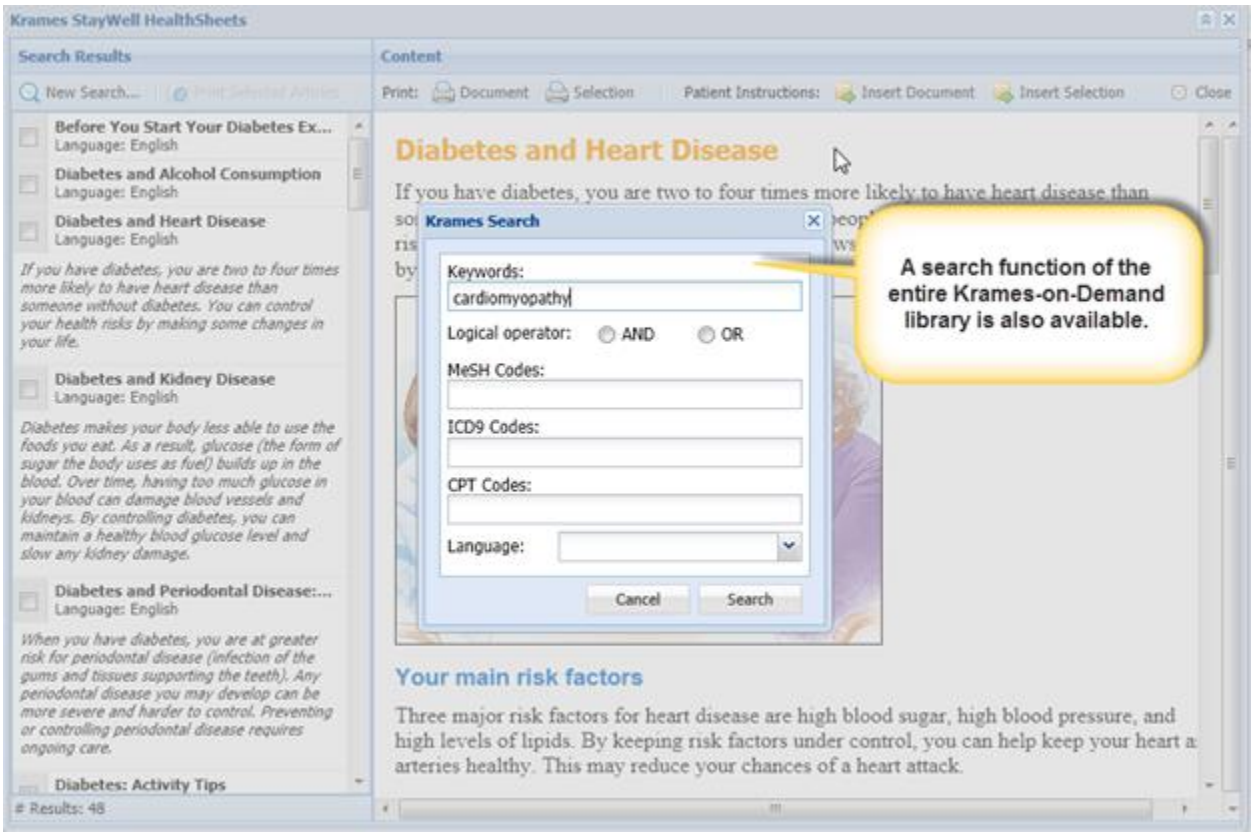


Figure 30 – Krames-On-Demand Library Search Option

3.2.3.6 Printing

The AVS supports printing to a Windows printer that is connected directly to your workstation as well as to a network printer.

Clicking on the Default Printer option in the Print menu, as shown in Figure 31, will either print directly to the default Windows printer, or to a network printer ("VistA Printer") that has been selected as the default printer in AVS.

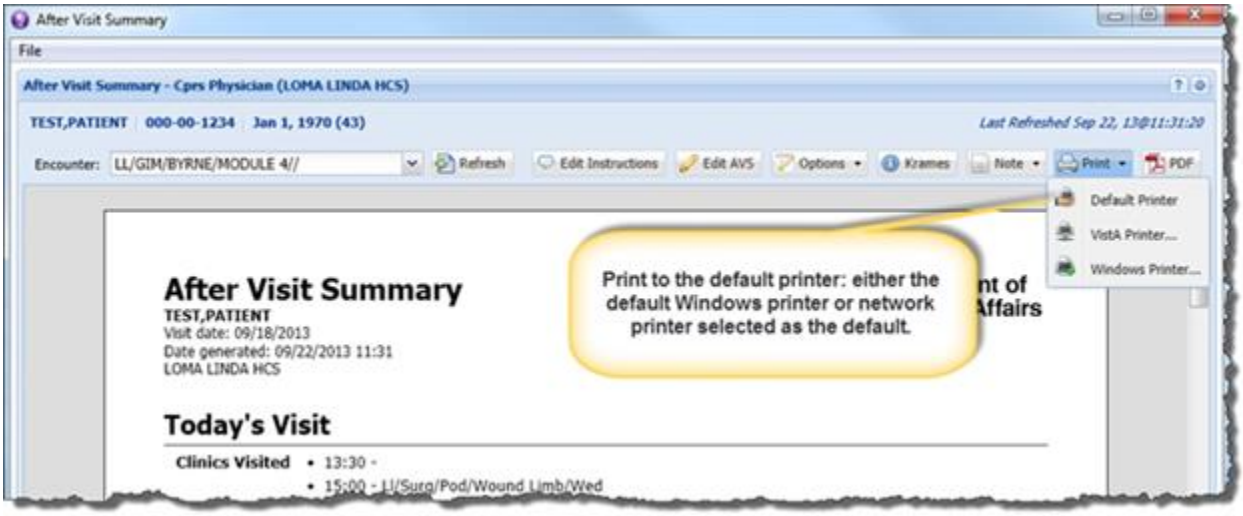


Figure 31 – Choosing a Default Printer for the AVS Report

Clicking on the VistA Printer option brings up a dialog, as shown in Figure 32, which allows you to select from and search a list of network printers that is obtained from VistA.

Figure 32 – Choosing a VistA Printer for the AVS Report

You may select a printer from this list as the default printer that AVS will automatically print to when you select the Default Printer menu option. See Figure 33 for a sample list of VistA printers.

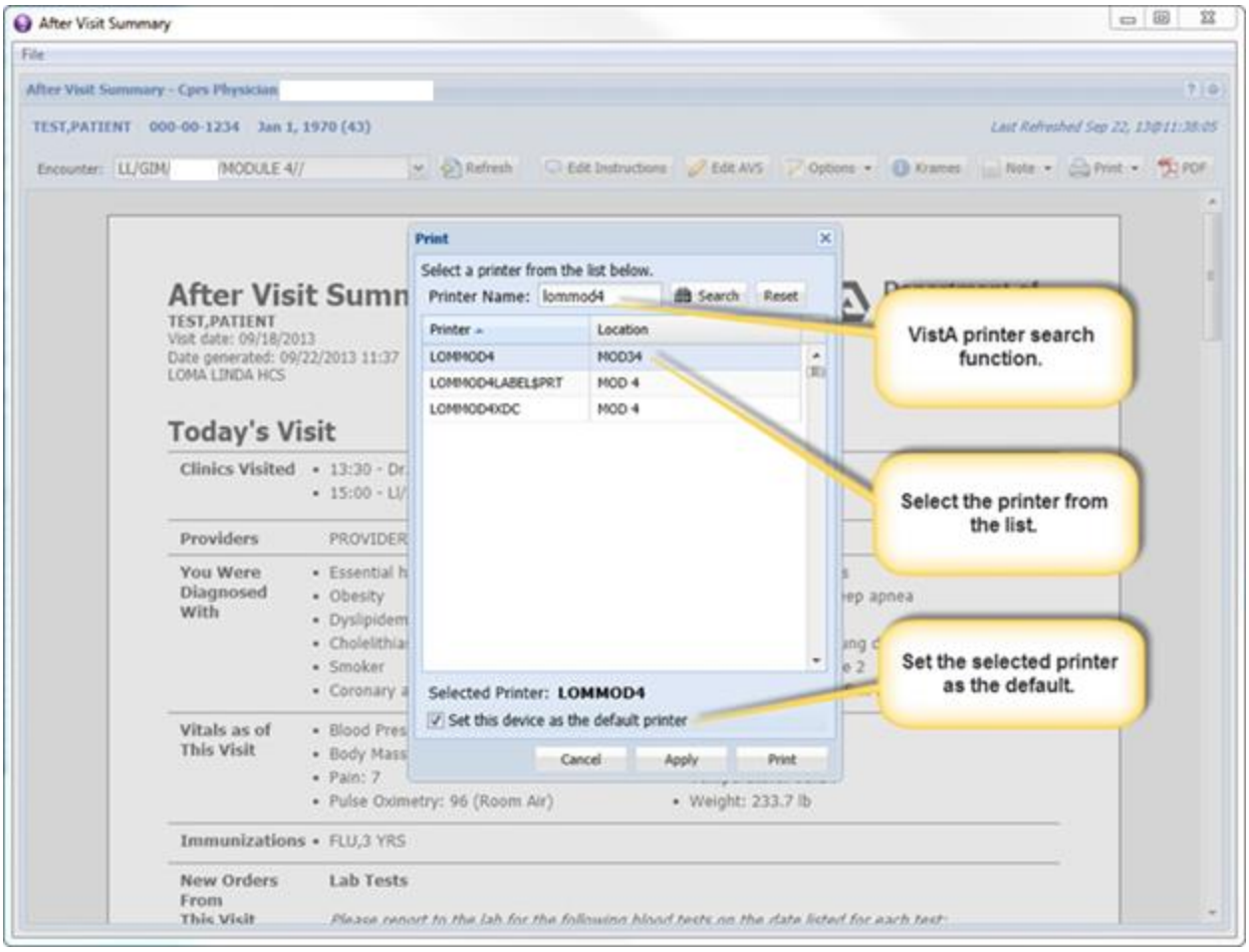


Figure 33 – List of VistA Printers

Click on the Windows Printer option, as shown in

Figure 34 to invoke the standard Windows print dialog (Figure 35) that allows you to print to the default Windows printer or to select from a list of printers installed on the your workstation.

Figure 34 – Choosing a Windows Printer Option

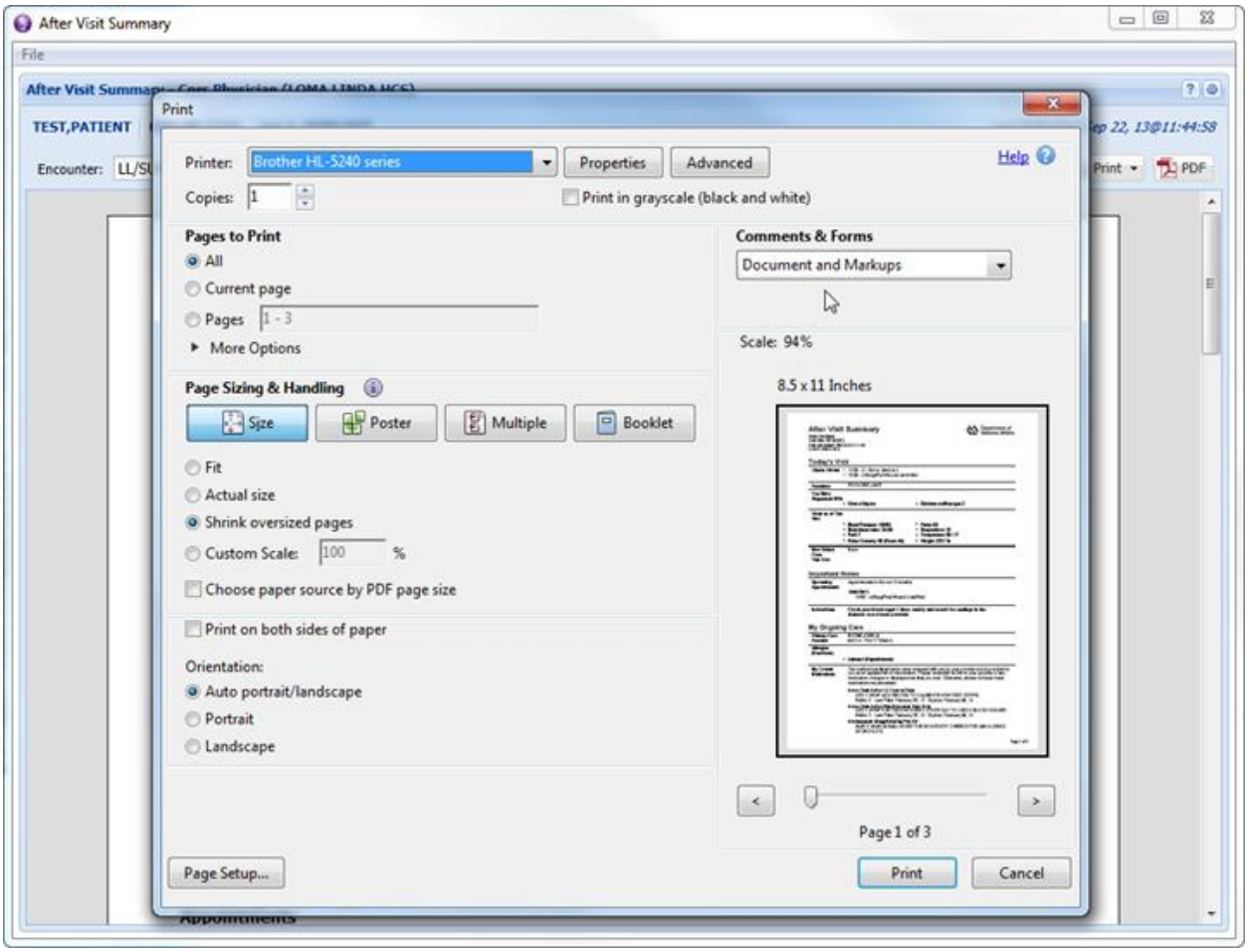


Figure 35 – Print Option

3.2.3.7 Stub Note and VistA Imaging

AVS can upload a PDF copy of a patient's AVS to VistA Imaging to be a part of the patient's permanent medical record. This feature works in conjunction with the note creation functionality. A stub note is created which is linked to the document that is saved in VistA Imaging. The VistA Imaging upload occurs automatically in response to the AVS being printed for the first time. Figure 36 shows a sample stub note indicating that the patient has been provided with an AVS.

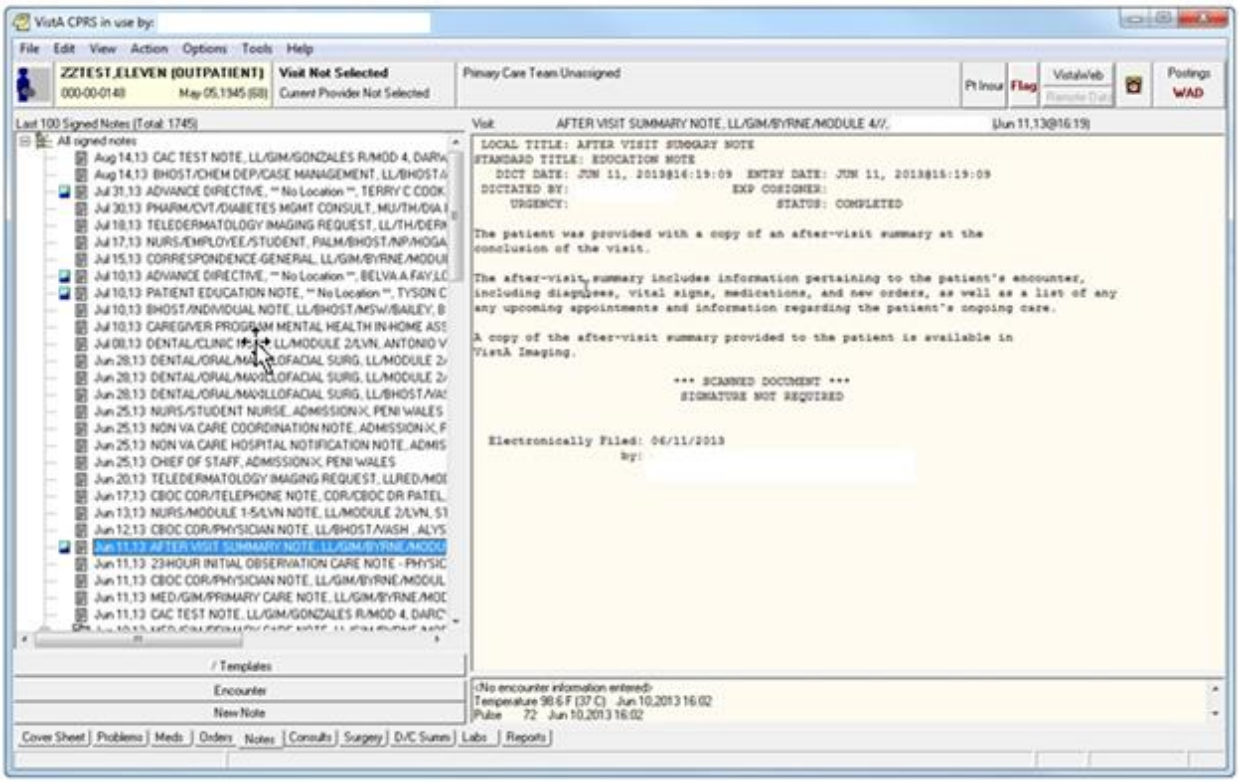


Figure 36 – VistA Imaging Sample Stub Note

Figure *37* shows the resulting AVS that can be printed.

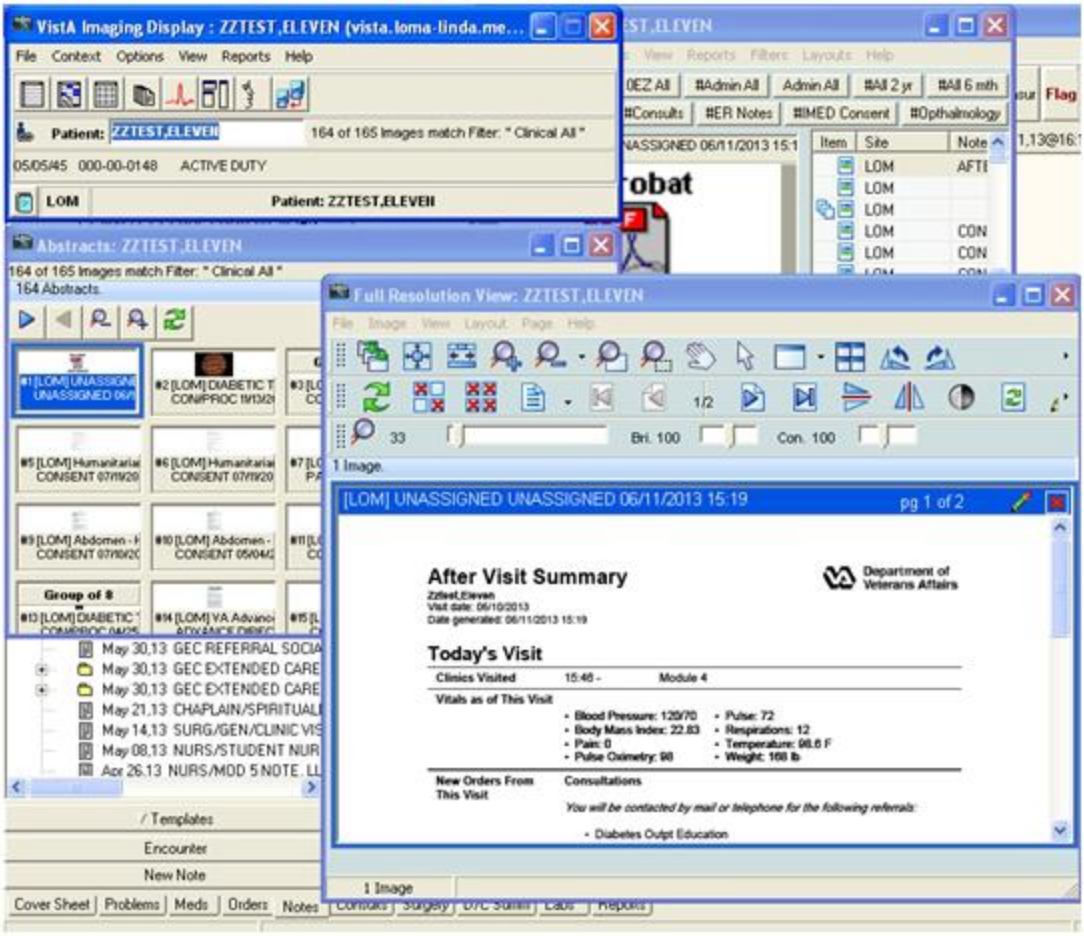


Figure 37 *– AVS Associated with Stub Note PDF*

You can generate and display a PDF copy of the AVS document within the AVS interface. Click the **PDF** button shown in Figure 38 to create the PDF version of the AVS.

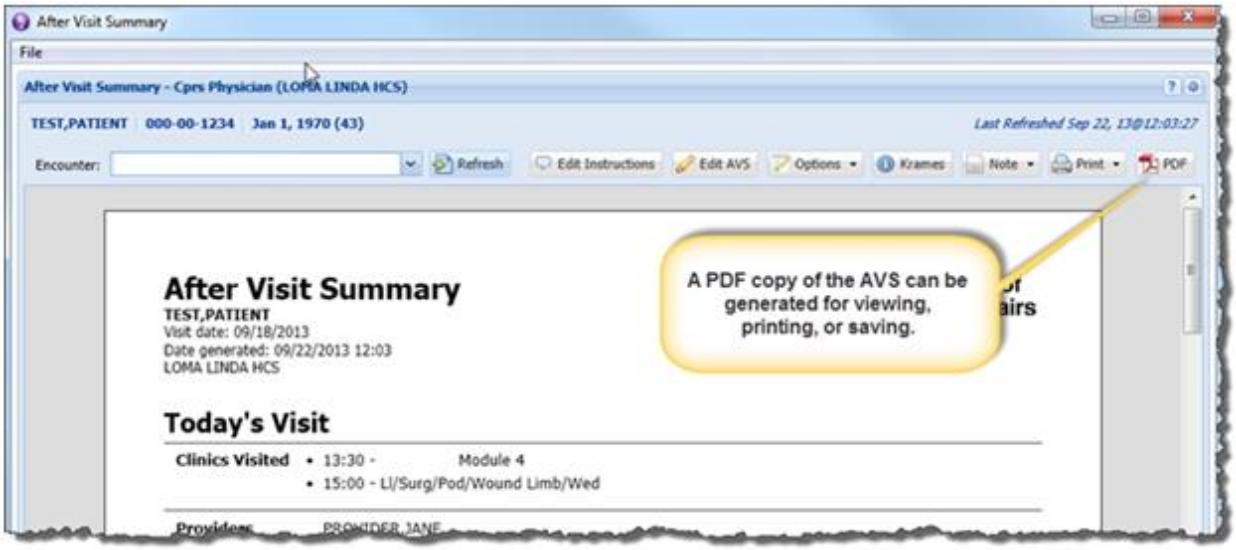


Figure 38 –AVS PDF Option

The AVS opens up in a PDF viewer screen. Use the **File** option to print or save the PDF, as shown in Figure 39.

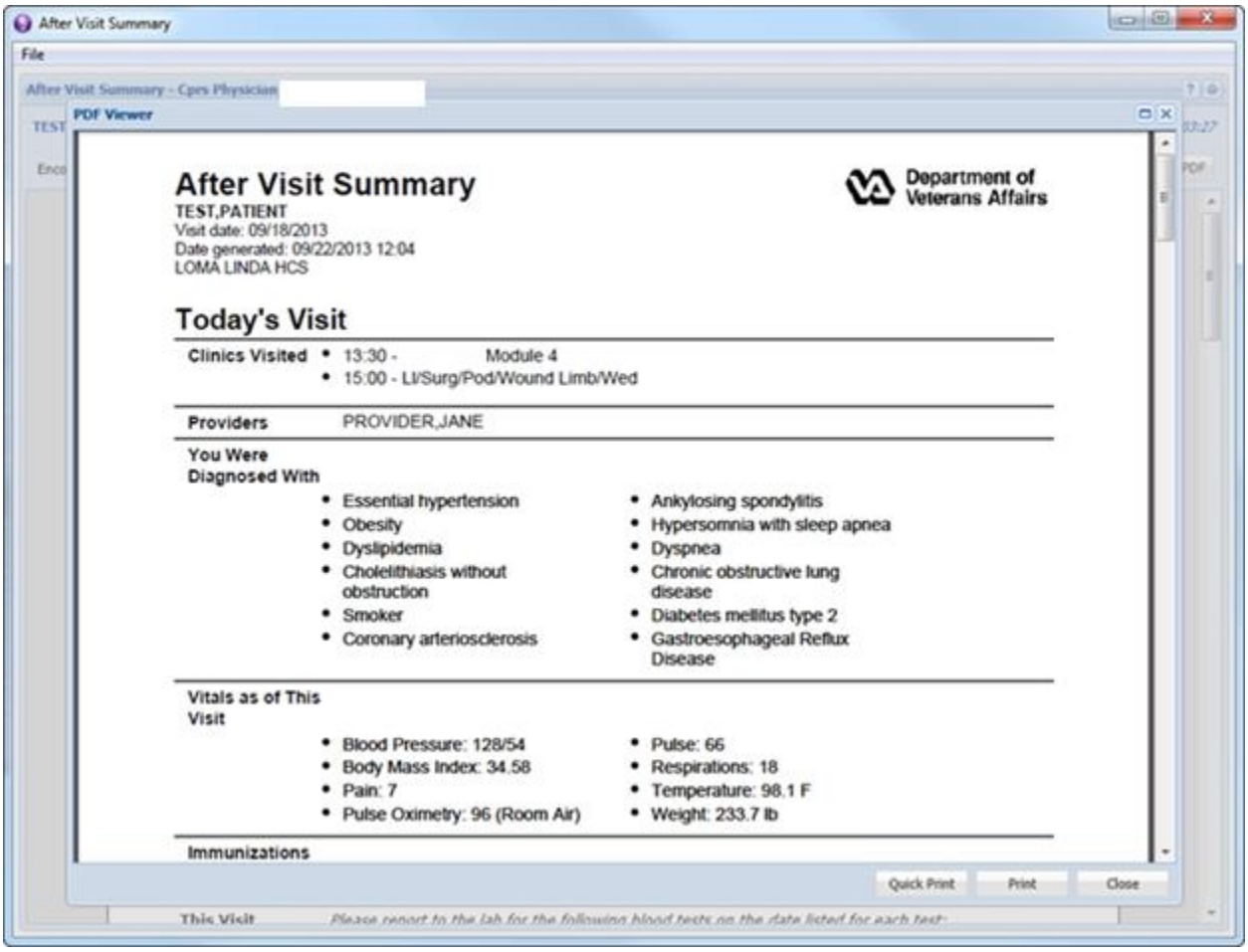


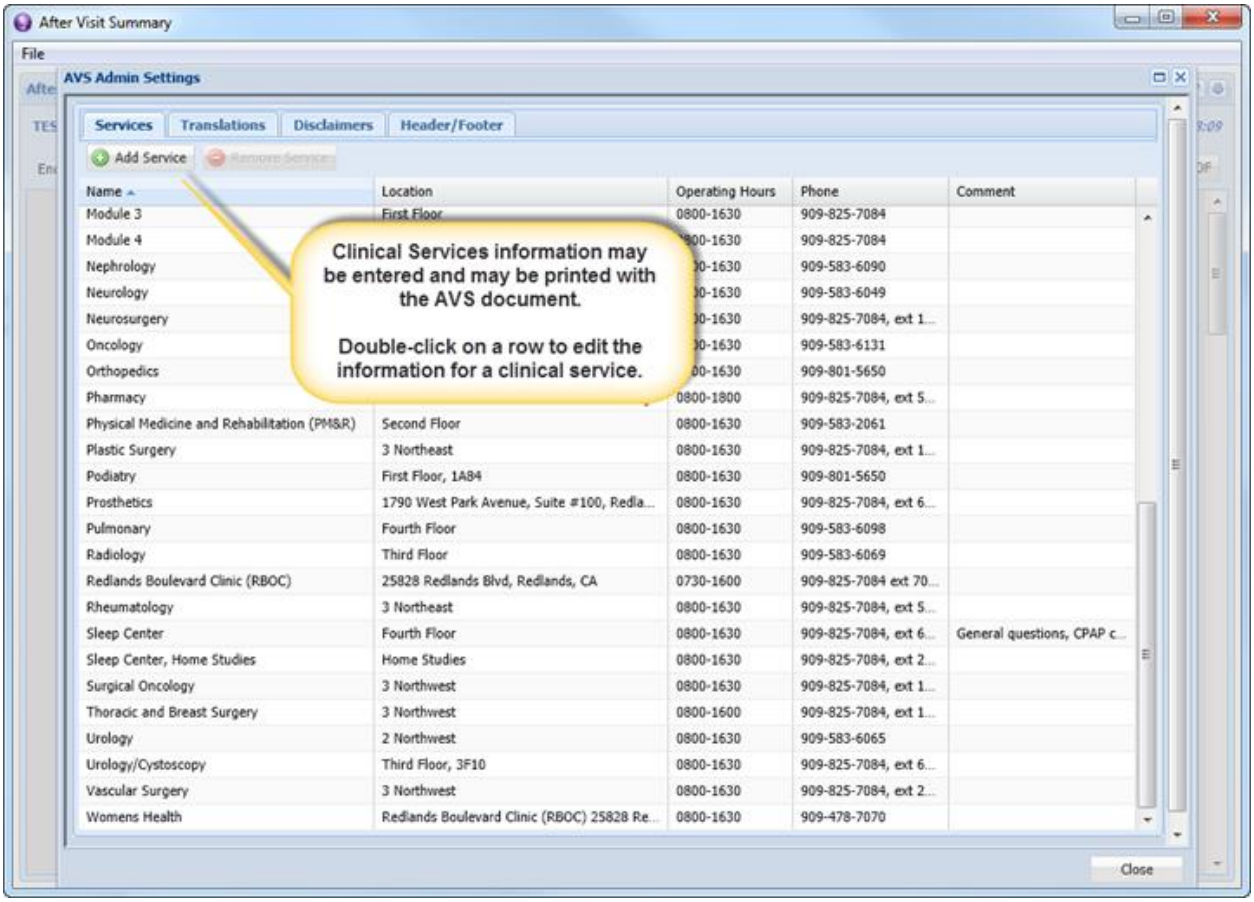
Figure 39 – AVS PDF Viewer

3.2.3.8 Admin Settings

You can use the AVS Admin Settings interface to customize the AVS by facility. Options are:

- List clinical service locations and contact information
- Translate medical terms/orders into patient-friendly text
- Add disclaimers
- Add header/footer information

Use the Admin Settings interface to edit the list of clinical services, shown in Figure 40, which you can print out with a patient's AVS.



Name	Location	Operating Hours	Phone	Comment
Module 3	First Floor	0800-1630	909-825-7084	
Module 4		800-1630	909-825-7084	
Nephrology		0-1630	909-583-6090	
Neurology		0-1630	909-583-6049	
Neurosurgery		0-1630	909-825-7084, ext 1...	
Oncology		0-1630	909-583-6131	
Orthopedics		00-1630	909-801-5650	
Pharmacy		0800-1800	909-825-7084, ext 5...	
Physical Medicine and Rehabilitation (PM&R)	Second Floor	0800-1630	909-583-2061	
Plastic Surgery	3 Northeast	0800-1630	909-825-7084, ext 1...	
Podiatry	First Floor, 1AB4	0800-1630	909-801-5650	
Prosthetics	1790 West Park Avenue, Suite #100, Redla...	0800-1630	909-825-7084, ext 6...	
Pulmonary	Fourth Floor	0800-1630	909-583-6098	
Radiology	Third Floor	0800-1630	909-583-6069	
Redlands Boulevard Clinic (RBOC)	25828 Redlands Blvd, Redlands, CA	0730-1600	909-825-7084 ext 70...	
Rheumatology	3 Northeast	0800-1630	909-825-7084, ext 5...	
Sleep Center	Fourth Floor	0800-1630	909-825-7084, ext 6...	General questions, CPAP c...
Sleep Center, Home Studies	Home Studies	0800-1630	909-825-7084, ext 2...	
Surgical Oncology	3 Northwest	0800-1630	909-825-7084, ext 1...	
Thoracic and Breast Surgery	3 Northwest	0800-1600	909-825-7084, ext 1...	
Urology	2 Northwest	0800-1630	909-583-6065	
Urology/Cystoscopy	Third Floor, 3F10	0800-1630	909-825-7084, ext 6...	
Vascular Surgery	3 Northwest	0800-1630	909-825-7084, ext 2...	
Womens Health	Redlands Boulevard Clinic (RBOC) 25828 Re...	0800-1630	909-478-7070	

Figure 40 – AVS Admin Settings Edit Mode

You can also use the admin interface to provide patient-friendly translations for various pieces of text, such as orders and locations that appear in the AVS. Figure 41 shows a sample patient-friendly text translation for “RTC 3 months”.

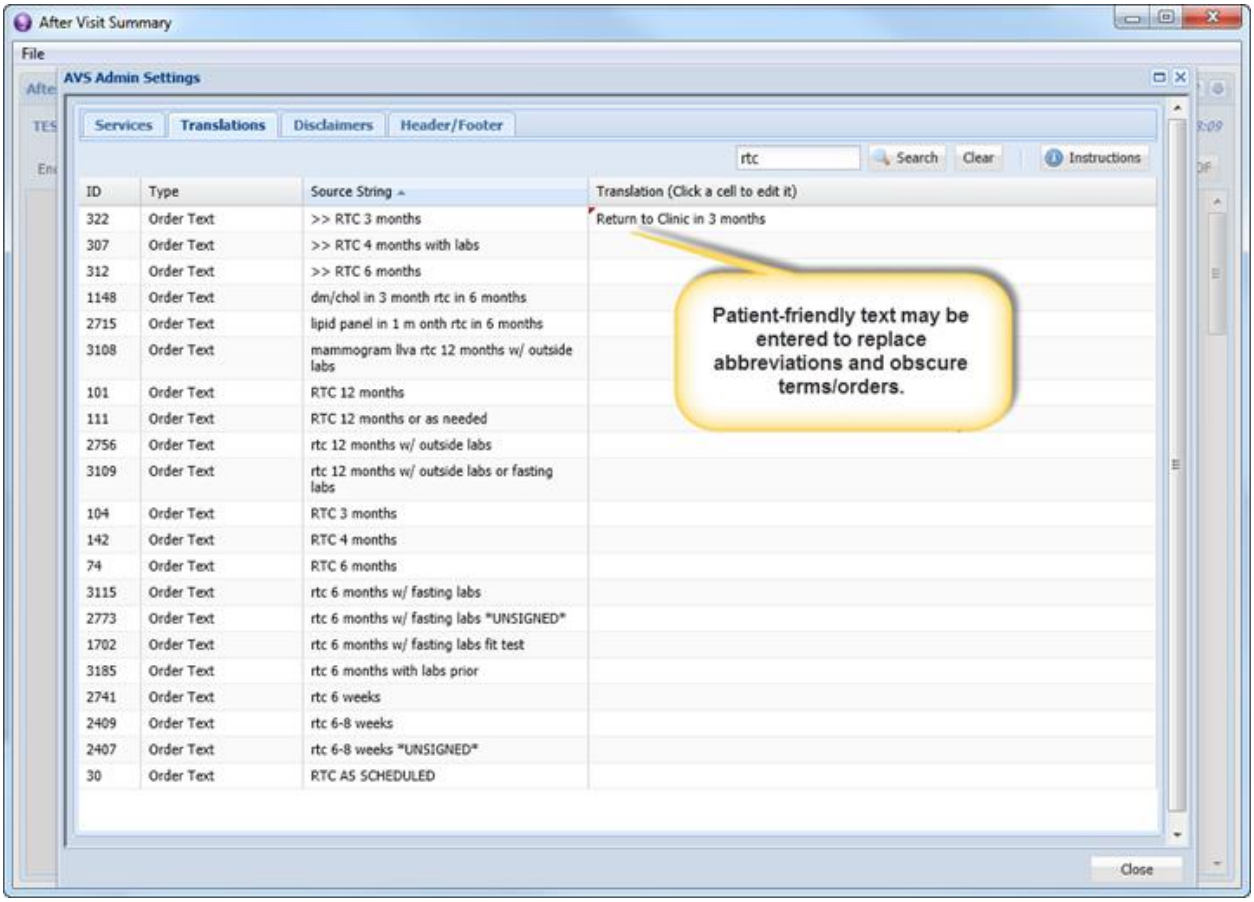


Figure 41 – Patient-Friendly Text Translation

You can add custom disclaimers for different users, clinics, and for the facility, as shown in Figure 42.

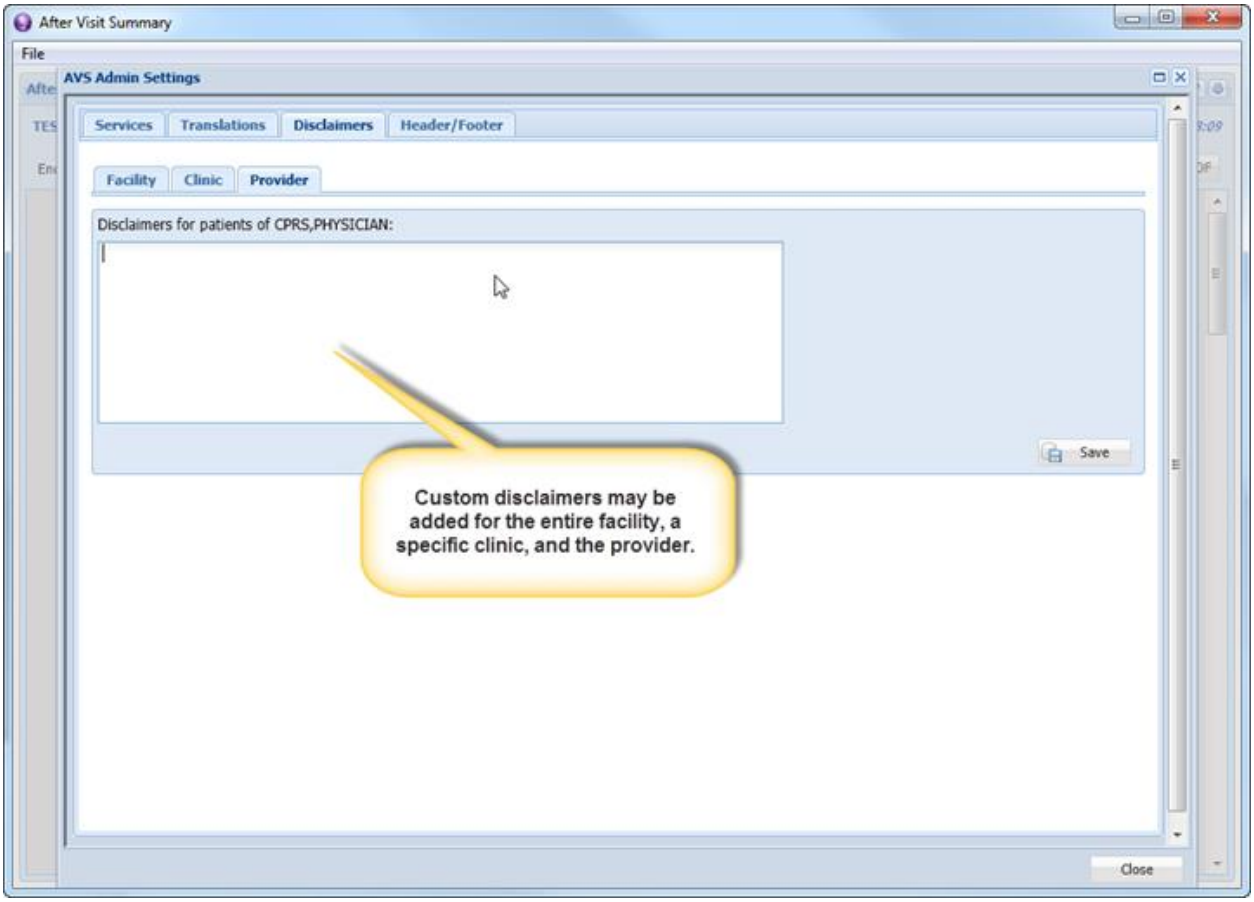


Figure 42 – AVS Custom Disclaimer

You can also configure the header and footer boilerplates of the AVS for the facility, as shown in Figure 43.

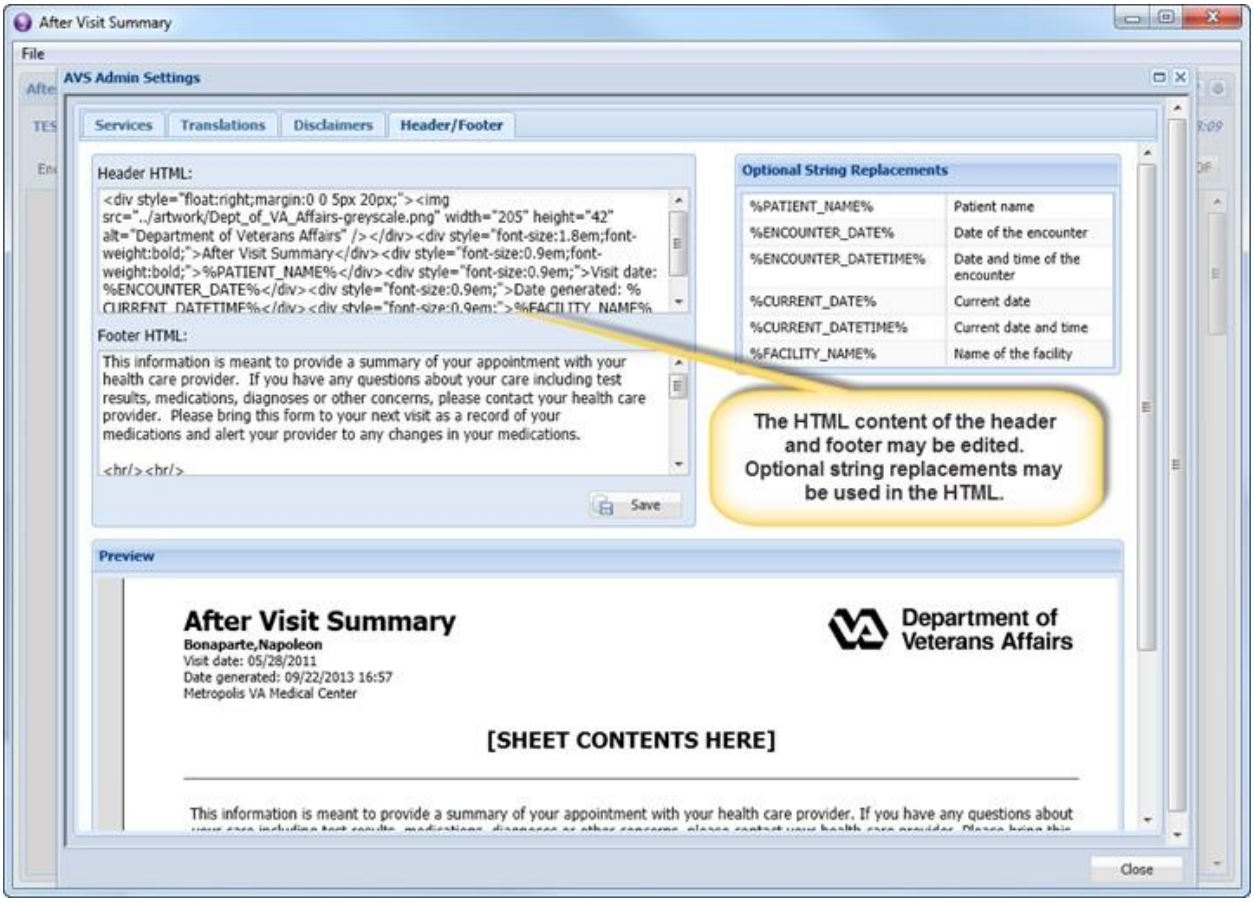


Figure 43 – AVS Header / Footer Edit Mode

3.3 Changing User ID and Password

This information will be available in the next version of this document.

3.4 Exit System

This information will be available in the next version of this document.

3.5 Special Instructions for Error Correction

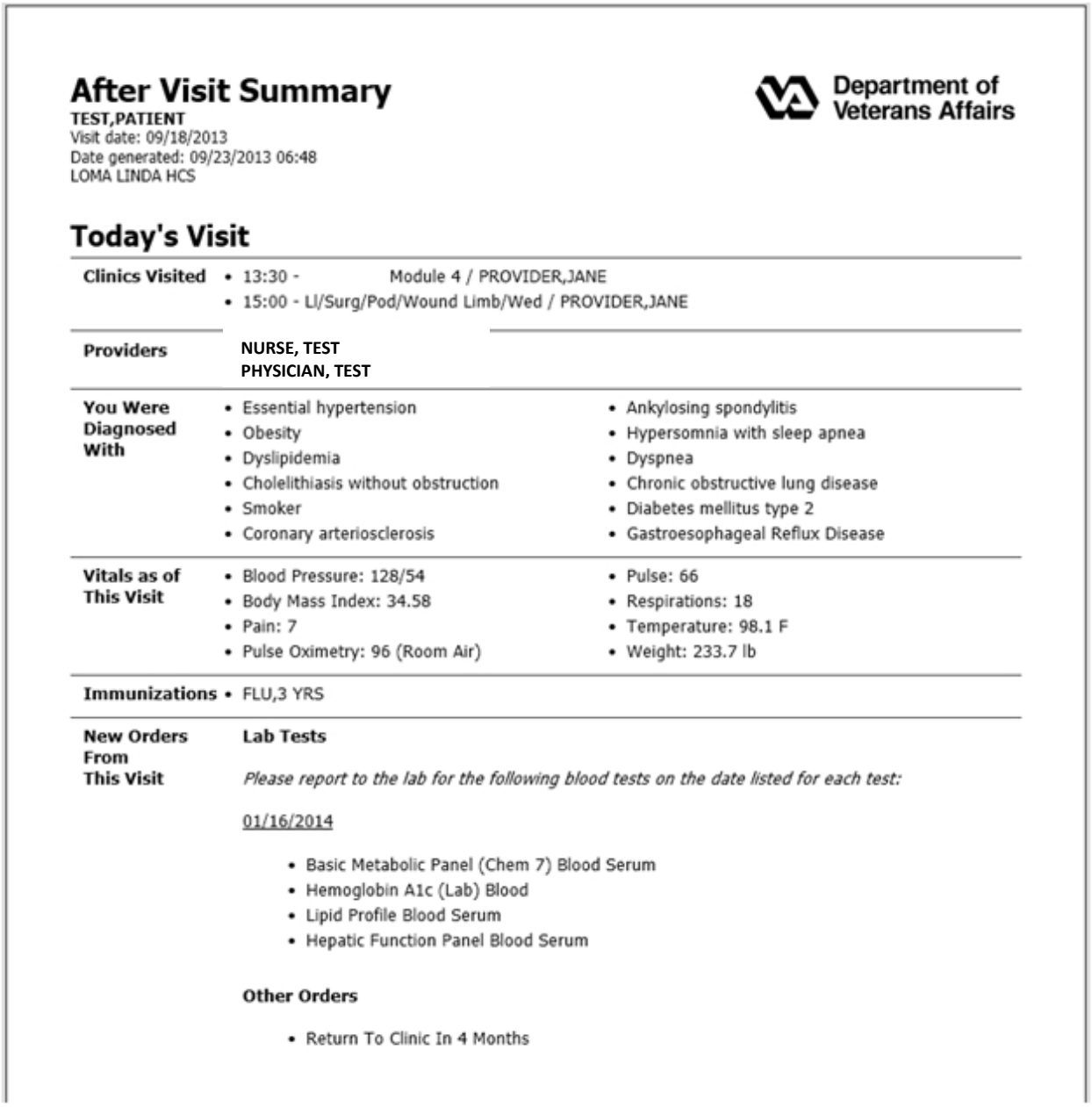
Describe all recovery and error correction procedures, including error conditions that may be generated and corrective actions that may need to be taken.

3.6 Caveats and Exceptions

If there are special actions the user must take to insure that data is properly saved or that some other function executes properly, describe those actions here. Include screen captures and descriptive narratives, if applicable.

4 Project-Specific Scenario

The following is an example AVS document complete with lab results and charts.



After Visit Summary

TEST,PATIENT
Visit date: 09/18/2013
Date generated: 09/23/2013 06:48
LOMA LINDA HCS

Department of Veterans Affairs

Today's Visit

Clinics Visited	• 13:30 - Module 4 / PROVIDER,JANE • 15:00 - LI/Surg/Pod/Wound Limb/Wed / PROVIDER,JANE
Providers	**NURSE, TEST** **PHYSICIAN, TEST**
You Were Diagnosed With	• Essential hypertension • Obesity • Dyslipidemia • Cholelithiasis without obstruction • Smoker • Coronary arteriosclerosis • Ankylosing spondylitis • Hypersomnia with sleep apnea • Dyspnea • Chronic obstructive lung disease • Diabetes mellitus type 2 • Gastroesophageal Reflux Disease
Vitals as of This Visit	• Blood Pressure: 128/54 • Body Mass Index: 34.58 • Pain: 7 • Pulse Oximetry: 96 (Room Air) • Pulse: 66 • Respirations: 18 • Temperature: 98.1 F • Weight: 233.7 lb
Immunizations	• FLU,3 YRS
New Orders From This Visit	**Lab Tests** *Please report to the lab for the following blood tests on the date listed for each test:* 01/16/2014 • Basic Metabolic Panel (Chem 7) Blood Serum • Hemoglobin A1c (Lab) Blood • Lipid Profile Blood Serum • Hepatic Function Panel Blood Serum **Other Orders** • Return To Clinic In 4 Months

Figure 44 – Sample AVS, with Lab Tests

Important Notes

Upcoming Appointments

Appointments in the next 3 months:

10/02/2013
14:00 - LI/Surg/Pod/Wound Limb/Wed

Instructions

Monitor your BP daily and keep a log.

My Ongoing Care

Primary Care Provider

MOD 4 - PACT TEAM A

Allergies (Reactions)

- Lisinopril (Hyperkalemia)

My Current Medications

The medications listed below were reviewed with you by your provider and is provided to you as an updated list of medications. Please remember to inform your provider of any medication changes or discrepancies that you note. Otherwise, please continue these medications as prescribed.

Accu-Chek Aviva 1-2 Control Soln
USE 1 DROP AS DIRECTED TO CALIBRATE NEW TEST STRIPS
Refills: 3 Last Filled: February 05, 13 Expires: February 06, 14

Accu-Chek Aviva Plus(Glucose) Test Strip
USE 1 STRIP FOR TESTING EVERY OTHER DAY TO CHECK BLOOD SUGARS
Refills: 3 Last Filled: February 05, 13 Expires: February 06, 14

Adalimumab 40mg/0.8ml Inj Pen Kit
INJECT 40MG (0.8ML) UNDER THE SKIN EVERY 2 WEEKS FOR ANKYLOSING SPONDYLITIS
Refills: 3 Last Filled: September 06, 13 Expires: August 30, 14

Albuterol 100/Ipratro 20mcg 120d Po Inhl
INHALE 1 PUFF BY MOUTH FOUR TIMES A DAY
Refills: 1 Last Filled: June 28, 13 Expires: June 29, 14

Amoxicillin 875/Clav K 125mg Tab
TAKE 1 TABLET BY MOUTH TWICE A DAY WITH MEALS FOR 14 DAYS FOR INFECTION
Refills: 0 Last Filled: September 04, 13 Expires: October 04, 13

Aspirin 81mg Ec Tab
81MG MOUTH Recommended by VA provider, but purchased at non VA location
Refills: 0

Bupropion Hcl 300mg 24hr Sa Tab
TAKE ONE TABLET BY MOUTH DAILY FOR DEPRESSION
Refills: 3 Last Filled: June 28, 13 Expires: June 28, 14

Clotrimazole 1% Top Cream
APPLY SMALL AMOUNT TOPICALLY DAILY APPLY TO BOTH FEET FOR FUNGUS DAILY
Refills: 2 Last Filled: March 18, 13 Expires: February 12, 14

Docusate Na 250mg Cap
TAKE ONE CAPSULE BY MOUTH DAILY AS STOOL SOFTENER
Refills: 3 Last Filled: July 19, 13 Expires: June 29, 14

Figure 45 – Sample AVS, Appointments, Current Medications

Dressing,Duoderm 4in X 4in C#1879-55
APPLY DRESSING(S) TOPICALLY EVERY OTHER DAY
Refills: 0 Last Filled: February 04, 13 Expires: December 13, 13

Gauze Pad 2in X 2in 12-Ply Nonsterile
USE GAUZE TOPICALLY AS DIRECTED
Refills: 3 Last Filled: June 10, 13 Expires: June 11, 14

Hydrochlorothiazide 25mg Tab
TAKE ONE-HALF TABLET BY MOUTH DAILY
Refills: 3 Last Filled: April 05, 13 Expires: January 03, 14

Hydrocortisone 1% Cream
APPLY SMALL AMOUNT TOPICALLY DAILY APPLY TO FEET
Refills: 0 Last Filled: June 27, 13 Expires: June 11, 14

Kling 4in Sterile
USE BANDAGE TOPICALLY AS DIRECTED - 1 PER DAY
Refills: 3 Last Filled: September 04, 13 Expires: September 05, 14

Lancet
USE LANCET AS DIRECTED
Refills: 3 Last Filled: February 05, 13 Expires: February 06, 14

Metformin Hcl 1000mg Tab
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY WITH MEALS
Refills: 3 Last Filled: July 31, 13 Expires: August 01, 14

Metoprolol Tartrate 25mg Tab
TAKE THREE TABLETS BY MOUTH TWICE A DAY FOR BLOOD PRESSURE AND HEART
Refills: 3 Last Filled: October 13, 13 Expires: September 19, 14

Morphine Sulf 30mg Cr Tab
TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN (TO LAST UNTIL 10/25/13)
Refills: 0 Last Filled: September 20, 13 Expires: October 09, 13

Multivitamin/Minerals Therapeut Cap/Tab
1 CAPSULE MOUTH DAILY OTC product Herbal/Nutritional supplement
Refills: 0 Expires: May 24, 11

Nicotine 21mg/24hr Patch
APPLY 21MG/24HRS PATCH TOPICALLY EVERY OTHER 12HRS FOR SMOKING CESSATION
Refills: 1 Last Filled: October 05, 13 Expires: September 19, 14

Nicotine Polacrilex 4mg Lozenge
TAKE 1 LOZENGE BY MOUTH EVERY 1 HOUR AS NEEDED FOR SMOKING CESSATION (NFDA)
Refills: 0 Last Filled: May 28, 13 Expires: March 19, 14

Omeprazole 20mg Ec Cap
TAKE ONE CAPSULE BY MOUTH TWICE A DAY 30 MINUTES BEFORE MEALS FOR STOMACH ACID
Refills: 2 Last Filled: July 30, 13 Expires: January 03, 14

Oxycodone 5mg Tab
TAKE 1 TO 2 TABLET(S) BY MOUTH EVERY 4 HOURS FOR PAIN. TO LAST UNTIL 10/25/13
Refills: 0 Last Filled: September 20, 13 Expires: October 09, 13

Pyridoxine Hcl 50mg Tab
TAKE TWO TABLETS BY MOUTH DAILY
Refills: 0 Last Filled: July 12, 13 Expires: December 15, 13

Figure 46 – Sample AVS, Current Medications, Continued

Sennosides 8.6mg Tab
TAKE TWO TABLETS BY MOUTH AT BEDTIME FOR CONSTIPATION
Refills: 1 Last Filled: June 12, 13 Expires: January 30, 14

Simvastatin 80mg Tab
TAKE ONE-HALF TABLET (=40MG) BY MOUTH AT BEDTIME FOR CHOLESTEROL **NOTE THE STRENGTH CHANGED
Refills: 2 Last Filled: October 13, 13 Expires: September 19, 14

Sulindac 200mg Tab
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD
Refills: 1 Last Filled: August 29, 13 Expires: March 01, 14

Tape,Micropore 1in 3m #1530-1
USE TAPE AS DIRECTED
Refills: 3 Last Filled: September 04, 13 Expires: September 05, 14

Urea 20% Crm 90gm
APPLY SMALL AMOUNT TOPICALLY AS DIRECTED -- APPLY TO CALLUS ON RIGHT FOOT TWICE A DAY
Refills: 1 Last Filled: April 27, 13 Expires: January 08, 14

Clinical Graphs

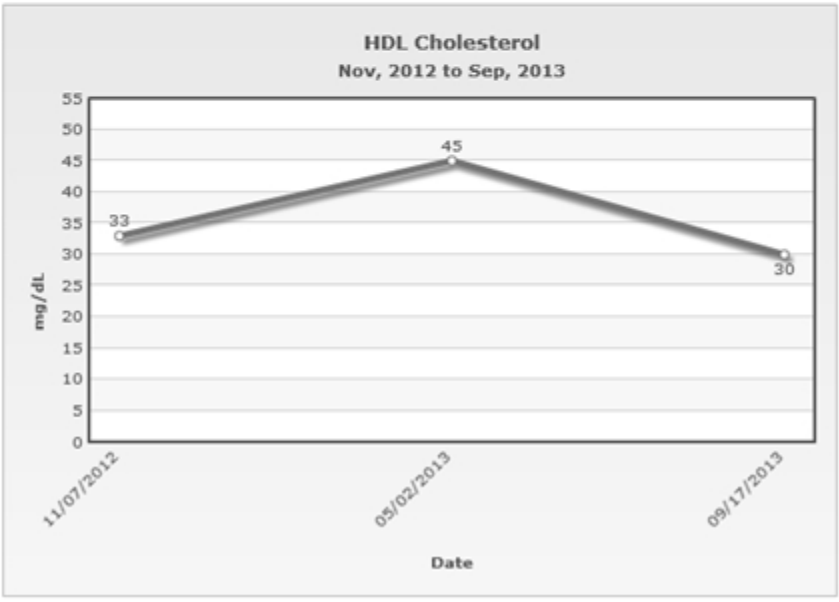


Figure 47 – Sample AVS, Clinical Graphs

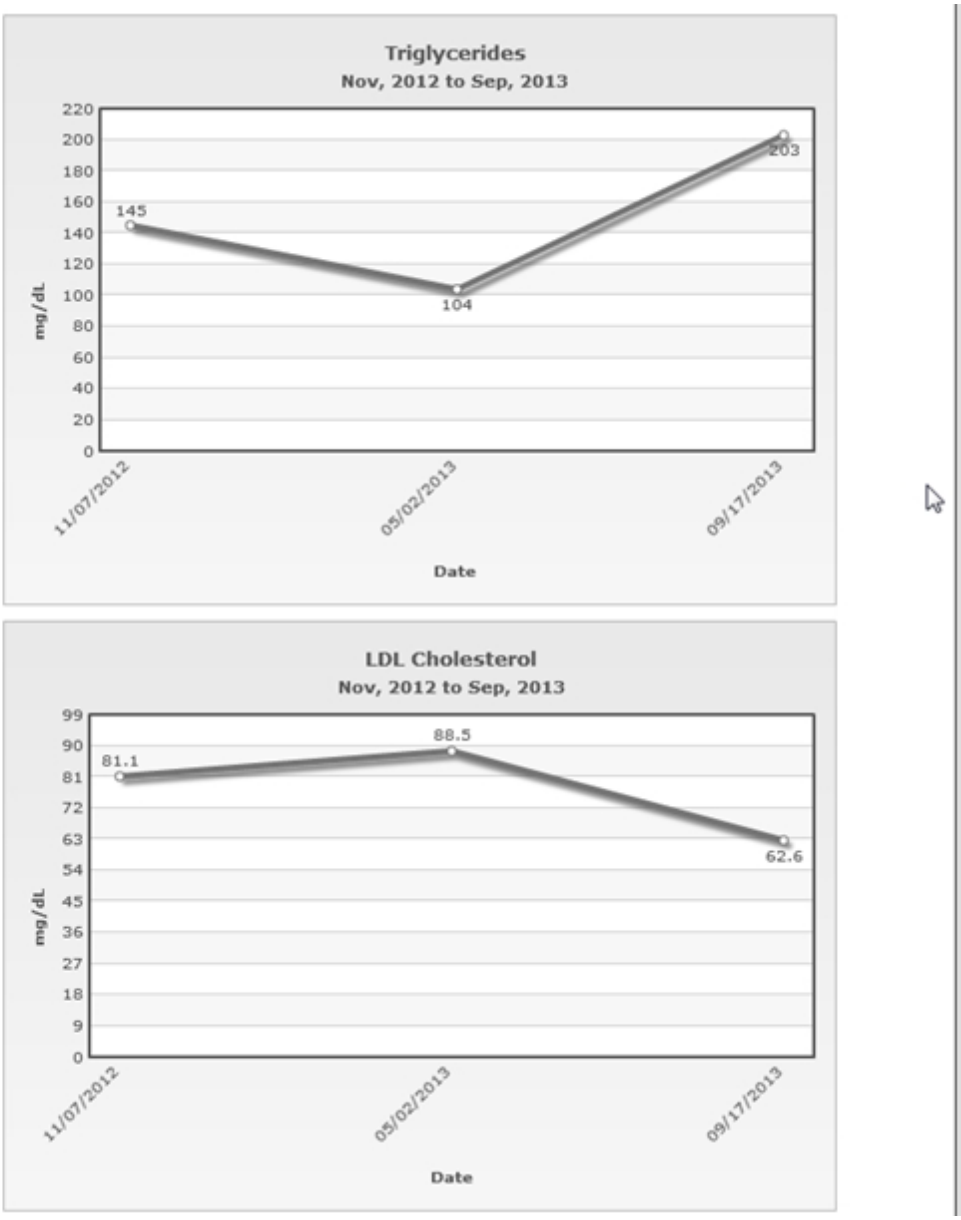
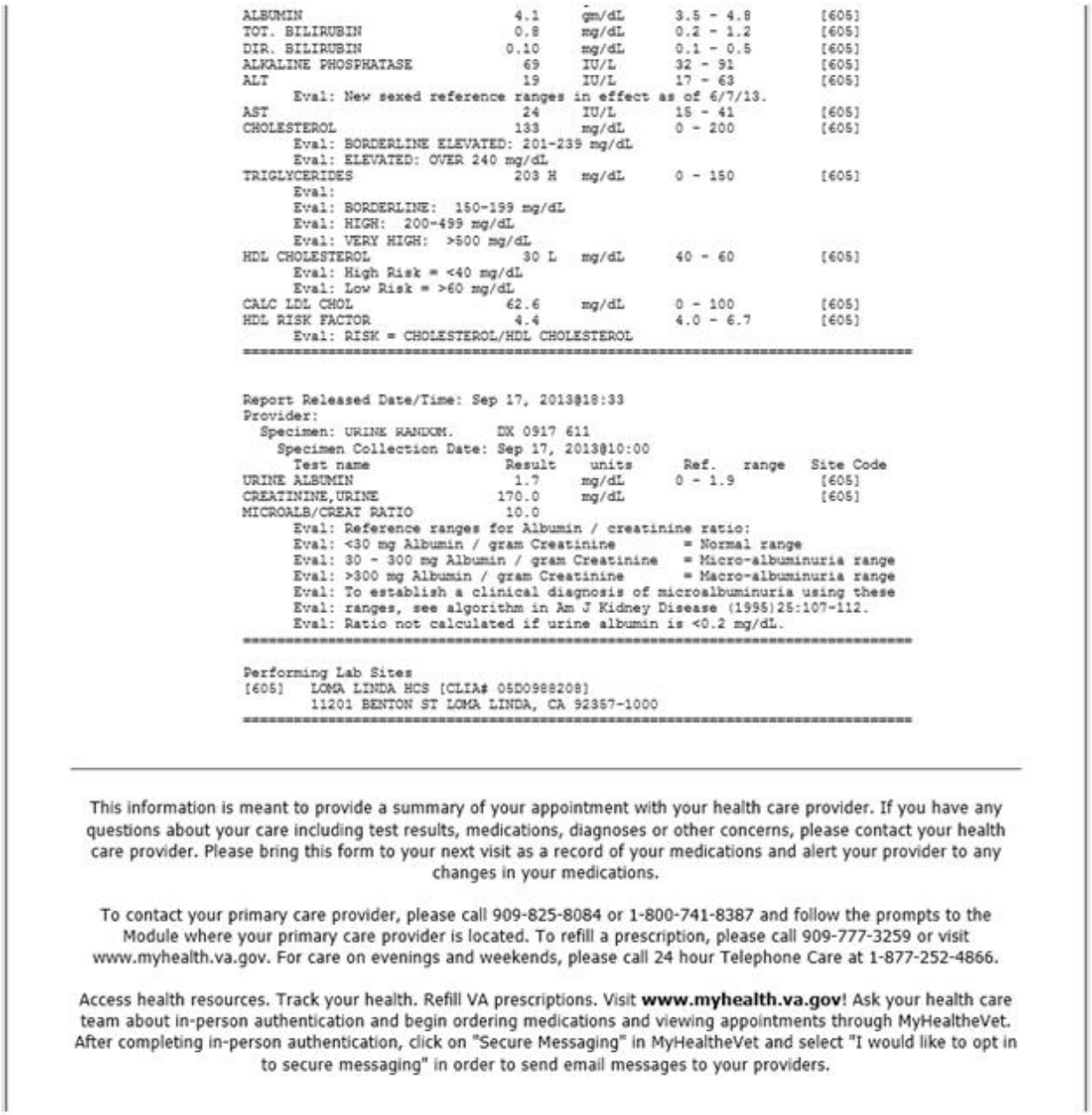


Figure 48 – Sample AVS, Clinical Graphs, Continued



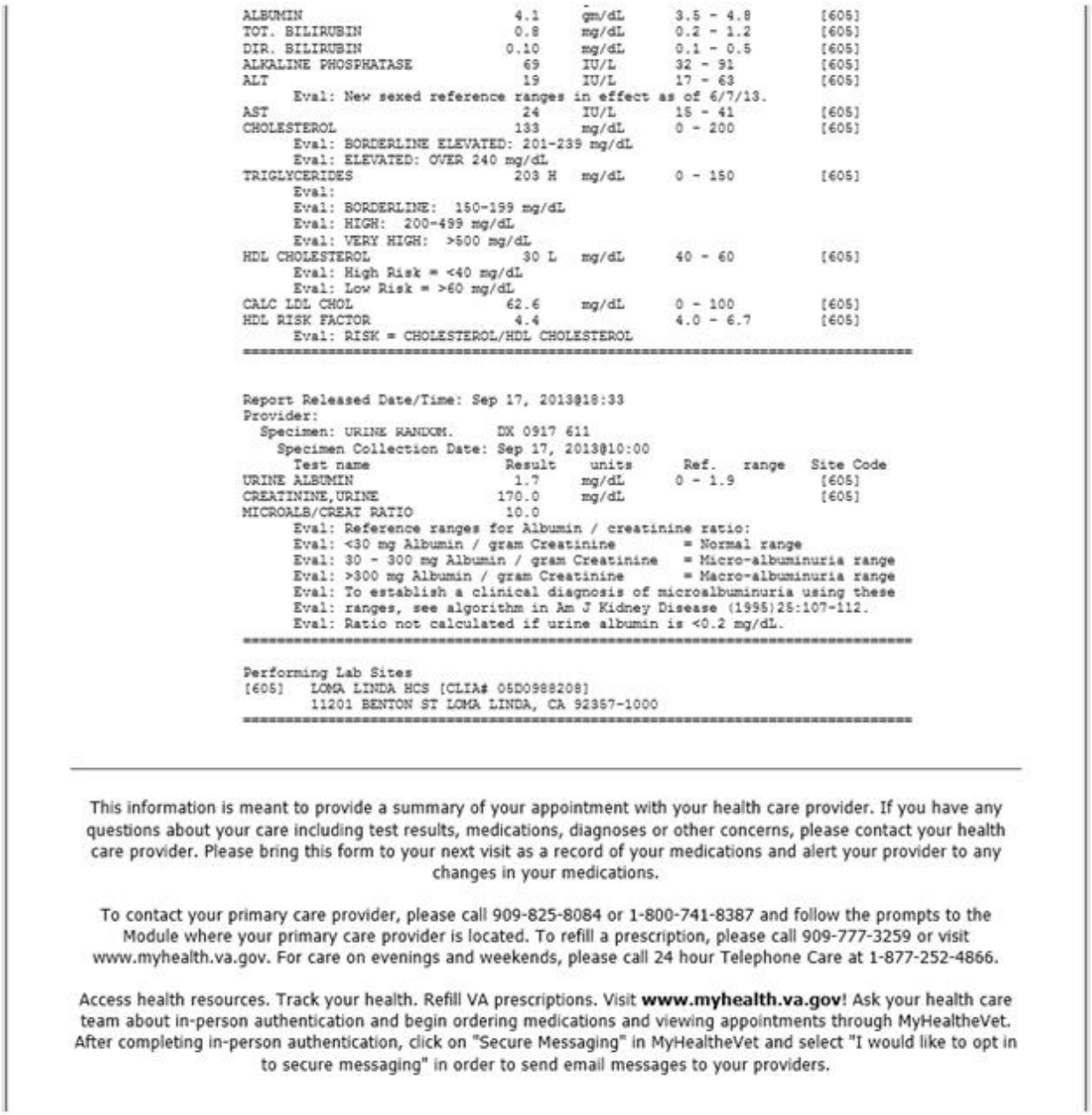
```
ALBUMIN                          4.1     gm/dL      3.5 - 4.8         [605]
TOT. BILIRUBIN                   0.8     mg/dL      0.2 - 1.2         [605]
DIR. BILIRUBIN                  0.10     mg/dL      0.1 - 0.5         [605]
ALKALINE PHOSPHATASE              69     IU/L       32 - 91           [605]
ALT                               19     IU/L       17 - 63           [605]
      Eval: New sexed reference ranges in effect as of 6/7/13.
AST                               24     IU/L       15 - 41           [605]
CHOLESTEROL                      133     mg/dL      0 - 200           [605]
      Eval: BORDERLINE ELEVATED: 201-239 mg/dL
      Eval: ELEVATED: OVER 240 mg/dL
TRIGLYCERIDES                    203 H   mg/dL      0 - 150           [605]
      Eval:
      Eval: BORDERLINE:  150-199 mg/dL
      Eval: HIGH:  200-499 mg/dL
      Eval: VERY HIGH:  >500 mg/dL
HDL CHOLESTEROL                   30 L   mg/dL      40 - 60           [605]
      Eval: High Risk = <40 mg/dL
      Eval: Low Risk = >60 mg/dL
CALC LDL CHOL                    62.6     mg/dL      0 - 100           [605]
HDL RISK FACTOR                   4.4                4.0 - 6.7         [605]
      Eval: RISK = CHOLESTEROL/HDL CHOLESTEROL
================================================================================


Report Released Date/Time: Sep 17, 2013@18:33
Provider:
  Specimen: URINE RANDOM.     DX 0917 611
    Specimen Collection Date: Sep 17, 2013@10:00
      Test name                Result    units      Ref.   range   Site Code
URINE ALBUMIN                   1.7     mg/dL      0 - 1.9           [605]
CREATININE,URINE              170.0     mg/dL                        [605]
MICROALB/CREAT RATIO           10.0
      Eval: Reference ranges for Albumin / creatinine ratio:
      Eval: <30 mg Albumin / gram Creatinine        = Normal range
      Eval: 30 - 300 mg Albumin / gram Creatinine   = Micro-albuminuria range
      Eval: >300 mg Albumin / gram Creatinine       = Macro-albuminuria range
      Eval: To establish a clinical diagnosis of microalbuminuria using these
      Eval: ranges, see algorithm in Am J Kidney Disease (1995)25:107-112.
      Eval: Ratio not calculated if urine albumin is <0.2 mg/dL.
================================================================================

Performing Lab Sites
[605]    LOMA LINDA HCS [CLIA# 05D0988208]
         11201 BENTON ST LOMA LINDA, CA 92357-1000
================================================================================
```

This information is meant to provide a summary of your appointment with your health care provider. If you have any questions about your care including test results, medications, diagnoses or other concerns, please contact your health care provider. Please bring this form to your next visit as a record of your medications and alert your provider to any changes in your medications.

To contact your primary care provider, please call 909-825-8084 or 1-800-741-8387 and follow the prompts to the Module where your primary care provider is located. To refill a prescription, please call 909-777-3259 or visit www.myhealth.va.gov. For care on evenings and weekends, please call 24 hour Telephone Care at 1-877-252-4866.

Access health resources. Track your health. Refill VA prescriptions. Visit **www.myhealth.va.gov**! Ask your health care team about in-person authentication and begin ordering medications and viewing appointments through MyHealtheVet. After completing in-person authentication, click on "Secure Messaging" in MyHealtheVet and select "I would like to opt in to secure messaging" in order to send email messages to your providers.

Figure 49 – Sample AVS, Recent Lab Results



```
ALBUMIN                        4.1     gm/dL      3.5 - 4.8        [605]
TOT. BILIRUBIN                 0.8     mg/dL      0.2 - 1.2        [605]
DIR. BILIRUBIN                0.10     mg/dL      0.1 - 0.5        [605]
ALKALINE PHOSPHATASE            69     IU/L       32 - 91          [605]
ALT                             19     IU/L       17 - 63          [605]
     Eval: New sexed reference ranges in effect as of 6/7/13.
AST                             24     IU/L       15 - 41          [605]
CHOLESTEROL                    133     mg/dL      0 - 200          [605]
     Eval: BORDERLINE ELEVATED: 201-239 mg/dL
     Eval: ELEVATED: OVER 240 mg/dL
TRIGLYCERIDES                  203 H   mg/dL      0 - 150          [605]
     Eval:
     Eval: BORDERLINE:  150-199 mg/dL
     Eval: HIGH:  200-499 mg/dL
     Eval: VERY HIGH:  >500 mg/dL
HDL CHOLESTEROL                 30 L   mg/dL      40 - 60          [605]
     Eval: High Risk = <40 mg/dL
     Eval: Low Risk = >60 mg/dL
CALC LDL CHOL                  62.6     mg/dL      0 - 100          [605]
HDL RISK FACTOR                 4.4                4.0 - 6.7        [605]
     Eval: RISK = CHOLESTEROL/HDL CHOLESTEROL
================================================================================

Report Released Date/Time: Sep 17, 2013@18:33
Provider:
  Specimen: URINE RANDOM.     DX 0917 611
    Specimen Collection Date: Sep 17, 2013@10:00
      Test name                Result    units      Ref.   range   Site Code
URINE ALBUMIN                   1.7     mg/dL      0 - 1.9          [605]
CREATININE,URINE              170.0     mg/dL                       [605]
MICROALB/CREAT RATIO           10.0
     Eval: Reference ranges for Albumin / creatinine ratio:
     Eval: <30 mg Albumin / gram Creatinine        = Normal range
     Eval: 30 - 300 mg Albumin / gram Creatinine   = Micro-albuminuria range
     Eval: >300 mg Albumin / gram Creatinine       = Macro-albuminuria range
     Eval: To establish a clinical diagnosis of microalbuminuria using these
     Eval: ranges, see algorithm in Am J Kidney Disease (1995)25:107-112.
     Eval: Ratio not calculated if urine albumin is <0.2 mg/dL.
================================================================================

Performing Lab Sites
[605]   LOMA LINDA HCS [CLIA# 05D0988208]
        11201 BENTON ST LOMA LINDA, CA 92357-1000
================================================================================
```

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Figure 50 - Sample AVS, Recent Lab Results Continued

5 Troubleshooting

You can access AVS online help by clicking the help button, or question mark icon located in the upper-right corner of the AVS screen. A separate browser window opens up and displays the help contents.