2015 S&CC Test Data for 170.315 (b) (4) - CCDS Create

Ambulatory Setting

1. **Introduction**

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(4). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to create a summary care record formatted according to the Consolidated CDA (C-CDA) Release 2.1

1. Test of 45 CFR 170.315 (b) (4)

<Include text of 45 CFR 170.315 (b) (4) here for reference>

1. Summary of test data presented herein

To exemplify 170.315 (b) (4), the following clinical scenario will be employed.

**Document Narrative:**

Ms. Alice Newman is a 45 year old female with a history of Hypertension, Hypothyroidism, Iron deficiency and is a recipient of Renal Allograft visits Neighborhood Physicians Practice on 6/22/2015. The patient disclosed history of nausea, loose stools and weakness. After initial examination the patient was found to have fever, she was administered necessary medications and after examining the history of the patient and the lab results, the doctor suspected anemia. So the patient was referred to Community Health Hospitals an Inpatient facility to get appropriate treatment and was asked to watch for appropriate changes in body temperature, blood pressure and take nebulizer treatment as needed.

1. **Header Data**

The following data is part of the medical record header identifying the contextual information necessary when exchanging data.

1. Patient Demographics

|  |  |  |  |
| --- | --- | --- | --- |
| **CCDS Data Elements** | **Contextual Data Elements required for the Medical Record encoding to C-CDA IG** | **Details** | **Additional Information** |
| Patient Name |  | First Name: Alice  Last Name: Newman  Middle Name: Jones  Previous Name: Alicia  Suffix: jr |  |
| Sex |  | Female (F) |  |
| Date of Birth |  | 5/1/1970 |  |
| Race |  | White (2106-3) |  |
| More Granular Race Code |  | 1019-9 (White Mountain Apache) |  |
| Ethnicity |  | Not Hispanic or Latino (2186-5) |  |
| Preferred Language |  | English (eng) |  |
|  | Home Address | 1357, Amber Dr, Beaverton, OR-97006 |  |
|  | Telephone Number | Mobile: 555-777-1234  Home: 555-723-1544 |  |

1. Relevant Information regarding the Visit

|  |  |  |  |
| --- | --- | --- | --- |
| **CCDS Data Elements** | **Contextual Data Elements required for medical record encoding to C-CDA** | **Details** | **Additional Information** |
| Referring or Transitioning Providers Name |  | Full Name: Dr Albert Davis  First Name: Albert  Last Name: Davis |  |
| Office Contact Information |  | Full Name: Tracy Davis  First Name: Tracy  Last Name: Davis  Telephone: 555-555-1002  Address: 2472, Rocky place, Beaverton, OR-97006 |  |
|  | Author/Legal Authenticator/Authenticator of Electronic Medical Record | Dr Albert Davis  Time: 6/22/2015 |  |
|  | Data Enterer during visit | Tracy Davis |  |
|  | Informants | Matthew Newman (Spouse)  First Name: Matthew  Last Name: Newman |  |
|  | Electronic Medical Record Custodian | Neighborhood Physicians Practice |  |
|  | Information Recipient | Dr Albert Davis |  |
|  | Visit Date | 6/22/2015 |  |
|  | Care Team Members | Dr Albert Davis  Tracy Davis |  |
|  | Other Participants in event | Mr Rick Holler (Grand Parent)  First Name: Rick  Last Name: Holler  Mr Matthew Newman (Spouse)  First Name: Matthew  Last Name: Newman |  |
|  | Event Documentation Details or Documentation of Event | Dr Albert Davis  30 minute encounter  Event Code = Fever | Code for Fever Finding: 386661006 , Code System: SNOMED-CT |

1. **Body Data**

The following data is part of the medical record details identifying the relevant clinical data captured as part of the visit.

1. Medication Allergies

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Allergy Substance | Reaction | Severity | Date/Time | Concern Status | Notes |
| 7982 | RxNorm | Penicillin G benzathine | Hives (code- 247472004, SNOMED-CT) | Moderate | Start – 5/10/1980  End – Not applicable | Active |  |
| 81953 | RxNorm | Ampicillin Sodium | Hives (code- 247472004, SNOMED-CT) | Moderate | Start – 5/10/1980  End - Unknown | Active |  |
| 81982 | RxNorm | Clindamycin Hydrochloride |  |  |  | Completed | No Allergies to Clindamycin Hydrochloride |

1. Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Medication | Timing Information | Route | Frequency | Dose |
| 563973 | RxNorm | Ceftriaxone 250MG/ML | 6/22/2015 – Start Date | Injectable | BID | 250MG/ML |
| 209459 | RxNorm | Tylenol 500mg | For 10 days | Oral | As needed | 1 unit |
| 576586 | RxNorm | Darbepoetin Alfa 0.5 MG/ML | 6/22/2015 | Injectable | Once a week | 0.5 MG/ML |

1. Problems

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Problem Name | Timing Information | Concern Status | Notes |
| 59621000 | SNOMED-CT | Essential hypertension (Disorder, ) | 10/5/2011 | Active |  |
| 83986005 | SNOMED-CT | Severe Hypothyroidism (Disorder) | 31/12/2006 | Active |  |
| 236578006 | SNOMED-CT | Chronic rejection of renal transplant (disorder) | 31/12/2011 | Active |  |
| 386661006 | SNOMED-CT | Fever (finding) | 6/22/2015 | Active |  |
| 238131007 | SNOMED-CT | Overweight (finding) | 31/12/2006 – Start Date  6/1/2007 – End Date | Completed |  |
| 44054006 | SNOMED-CT | Diabetes Mellitus Type 2 (Disorder) |  | Completed | No history of diabetes mellitus type 2. |

1. Encounter Diagnoses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | CodeSystem | Description | Start Date | Service Delivery Location |
| 386661006 | SNOMED-CT | Fever – Finding | 6/22/2015 | Neighborhood Physicians Practice  Address: 2472, Rocky place, Beaverton, OR-97006 |

1. Immunizations

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine Code | CodeSystem | Vaccine Name | Date | Status | Lot Number | Manufacturer Name | Additional Notes |
| 88 | CVX | Influenza Virus Vaccine | 5/10/2014 | Completed | 1 | Immuno Inc. |  |
| 103 | CVX | Tetanus and diphtheria toxoids | 1/4/2012 | Completed | 2 | Immuno Inc. |  |
| 166 | CVX | influenza, intradermal, quadrivalent, preservative free | 6/22/2015 | Cancelled | 1 | Immuno Inc. | Immunization was not given - Patient rejected immunization |

1. Vital Signs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | Code System | Vitals | Date | Value |
| 8302-2 | LOINC | Height | 6/22/2015 | 177 cm |
| 3141-9 | LOINC | Weight | 6/22/2015 | 88 kg |
| 8462-4 (Diastolic)  8480-6 (Systolic) | LOINC | Blood Pressure | 6/22/2015 | 145/88 mmHg |

1. Smoking Status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element Description** | **Description** | **Start Date** | **End Date** | **Code** | **Code System** |
| Smoking Status | Heavy tobacco smoker | 5/1/2005 | 2/27/2011 | 428071000124103 | SNOMED-CT |
| Smoking Status | Current every day smoker | 2/27/2011 | - | 449868002 | SNOMED-CT |
| Current Smoking Status | Current every day | 6/22/2015 11:30am | - | 449868002 | SNOMED-CT |

1. Procedures

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| --- | --- | --- | --- | --- | --- |
| **Code** | **Procedure Name** | **Date** | **Target Site** | **Status** | **Performer** |
| (56251003) – SNOMED-CT | Nebulizer Therapy | 6/22/2015 | 82094008-Lower Respiratory Tract Structure, Code System – SNOMED-CT | Completed | Neighborhood Physicians Practice  Telephone: 555-555-1002  Address: 2472, Rocky place, Beaverton, OR-97006 |
| 175135009 (SNOMED-CT) | Introduction of cardiac pacemaker system via vein | 10/5/2011 | 9454009 – Structure of subclavian vein, Code System - SNOMED-CT | Completed | Community Health Hospitals.  Telephone: 555-555-1003  Address: 3525, Newberry Avenue, Beaverton, OR-97006. |

1. Laboratory Tests

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Code** | **Code System** | **Name** | **Date** |
| 24357-6 | LOINC | Urinanalysis macro (dipstick) panel | 6/22/2015 |

1. Laboratory Values/Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test Code** | **Code System** | **Name** | **Actual Result** | **Date** | **Reference** |
| 5778-6 | LOINC | Color of Urine | YELLOW | 6/22/2015 | YELLOW |
| 5767-9 | LOINC | Appearance of Urine | CLEAR | 6/22/2015 | CLEAR |
| 5811-5 | LOINC | Specific gravity of Urine by Test strip | 1.015 | 6/22/2015 | 1.005 – 1.030 |
| 5803-2 | LOINC | pH of Urine by Test strip | 5.0 pH | 6/22/2015 | 5.0-8.0 |
| 5792-7 | LOINC | Glucose [Mass/volume] in urine by test strip | 50mg/dl | 6/22/2015 | Neg |
| 5797-6 | LOINC | Ketones [Mass/Volume] in urine by test strip | Negative | 6/22/2015 | Negative |
| 5804-0 | LOINC | Protein[Mass/Volume] in urine by test strip | 100mg/dl | 6/22/2015 | negative |

1. UDI:

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| --- | --- | --- | --- |
| **UDI** | **Assigning Authority** | **Device Code** | **Scoping Entity** |
| 00643169007222 | FDA | 704708004 - Cardiac resynchronization therapy implantable pacemaker, CodeSystem – SNOMED-CT | FDA |

1. Assessment and Plan of Treatment:
   1. **Assessment (Visual Inspection)**
      1. The patient was found to have fever and Dr Davis is suspecting Anemia based on the patient history. So Dr Davis asked the patient to closely monitor the temperature and blood pressure and get admitted to Community Health Hospitals if the fever does not subside within a day.
   2. **Plan of Treatment** 
      1. Plan for EKG (LOINC code - 34534-8, Date – 6/23/2015 10am)
      2. Plan for Chest X-ray. (SNOMED-CT code: 168731009, Date: 6/23/2015, Target site: Lower Respiratory Tract Structure, SNOMED-CT code 82094008)
      3. Plan for Clindamycin 300mg , RxNorm code – 748747, TID, if pain does not subside by the end of the day.
      4. Plan to get admitted to Community Health Hospitals Inpatient facility if fever does not subside within a day. (Date: 6/23/2015)
      5. After treatment, schedule visit with Neighborhood Physicians Practice on 7/1/2015.
2. Goals
   1. Get rid of intermittent fever that is occurring every few weeks. (**Visual Inspection)**
   2. Need to gain more energy to do regular activities.(**Visual Inspection)**
   3. Negotiated Goal for Body Temperature (LOINC code - 8310-5, 98-99 degrees Fahrenheit, Date-6/23/2015, Related problem reference is as follows

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 386661006 | SNOMED-CT | Fever (finding) | 6/22/2015 | Active |

1. HealthConcerns
   1. Health Status – 161901003, SNOMED-CT
   2. HealthCare Concerns refer to underlying clinical facts
      1. HyperTension problem concern
      2. HypoThyroidism problem concern
      3. Vital Sign Weight Observation
2. Reason For Referral: **(Visual Inspection)**
   1. Ms Alice Newman is being referred to Community Health Hospitals Inpatient facility because of the high fever noticed and suspected Anemia.
3. CEHRT’s are expected to represent data elements which are part of the CCDS with no information in this document using HL7 best practices for no information.