2015 S&CC Test Data for 170.315 (b) (9) – Care Plan Documentation

Ambulatory Setting

1. **Introduction**

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(9). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be create care plan documentation formatted according to the Consolidated CDA (C-CDA) Release 2.1

1. Test of 45 CFR 170.315 (b) (9)

<Include text of 45 CFR 170.315 (b) (9) here for reference>

1. Summary of test data presented herein

To exemplify 170.315 (b) (9), 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 and administering necessary medications, the patient was referred to Community Health Hospitals an Inpatient facility to get appropriate treatment.

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 |  |
| Sex |  | Female |  |
| Date of Birth |  | 5/1/1970 |  |
| Race |  | White |  |
| Ethnicity |  | Not Hispanic or Latino |  |
| Preferred Language |  | English |  |
|  | Home Address | 1357, Amber Dr, Beaverton, OR-97006 |  |

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 |  | Dr Albert Davis |  |
| Office Contact Information |  | Tracy Davis  Telephone: 555-555-1002 |  |
|  | 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) |  |
|  | 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)  Mr Matthew Newman (Spouse) |  |
|  | 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 | Status |
| 7982 | RxNorm | Penicillin G benzathine | Hives | Moderate | Active |
| 81953 | RxNorm | Ampicillin Sodium | Hives | Moderate | Active |

1. Medications Administered during stay (These medications were administered during the stay at the hospital)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Medication | Start Date | Route | Frequency | Dose |
| 563973 | RxNorm | Ceftriaxone 250MG/ML | 6/22/2015 | Injectable | BID | 250MG/ML |
| 209459 | RxNorm | Tylenol 500mg | 6/22/2015 | Oral | As needed | 500 mg |
| 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 | Start Date | Status |
| 59621000 | SNOMED-CT | Essential hypertension (Disorder, ) | 10/5/2015 | 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 |

1. Functional Status and Cognitive Status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Functional Condition | Code | Code System | Date | Status |
| Dependence on Cane | 105504002 | SNOMED-CT | 6/22/2014 | Active |
| Memory Impairment | 386807006 | SNOMED-CT | 6/22/2014 | Active |
| Amnesia (Cognitive Status) | 48167000 | SNOMED-CT | 6/22/2014 | Active |

1. Immunizations or Immunizations Administered during visit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccine Code | CodeSystem | Vaccine Name | Date | Status |
| 88 | CVX | Influenza Virus Vaccine | 5/10/2014 | Completed |
| 103 | CVX | Tetanus and diphtheria toxoids | 1/4/2012 | Completed |

1. Vital Signs

|  |  |  |
| --- | --- | --- |
| Vitals | Date | Value |
| Height | 6/22/2015 | 177 cm or 69 inches |
| Weight | 6/22/2015 | 88 kg or 194 lbs |
| Blood Pressure | 6/22/2015 | 145/88 mmHg |

1. Smoking Status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element Description** | **Description** | **Start Date** | **End Date** | **Code** | **Code System** |
| Smoking Status | Former Smoker | 5/1/2005 | 2/27/2011 | 8517006 | SNOMED-CT |
| Cigarette Smoking | Current every day | 2/27/2011 | - | 449868002 | SNOMED-CT |

1. UDI List

|  |  |
| --- | --- |
| **Device Id** | **Purpose** |
| 1233444 | CRT |

1. Reason For Referral:
   1. Ms Alice Newman is being referred to Community Health Hospitals Inpatient facility because of the high fever noticed and suspected Anemia.
2. Assessment and Plan of Treatment
   1. Get admitted to Community Health Hospitals immediately.
   2. After treatment, schedule visit with Neighborhood Physicians Practice.
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.