2015 S&CC Test Data for 170.315 (b) (1) Transitions of Care

In-Patient Setting

1. **Introduction**

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(1). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to create, send and receive a summary care record or View, Download and Transmit formatted according to the Consolidated CDA (C-CDA) Release 1.1 and C-CDA Release 2.1

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

<Include text of 45 CFR 170.315 (b) (1)here for reference>

1. Summary of test data presented herein

To exemplify 170.315 (b) (1), the following clinical scenario will be employed.

**Document Narrative:**

Ms. Jeremy Bates is a 35 year old male who is healthy and visits Community Health Hospitals on 7/22/2015 due to a skin burn. The doctor examines the burn, applies the needed dressing and discharges the person after a few hours.

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: Jeremy  Last Name: Bates  Middle Name:  Previous Name:  Suffix: |  |
| Sex |  | Male (M) |  |
| Date of Birth |  | 8/1/1980 |  |
| Race |  | Unknown |  |
| More Granular Race Code |  | Unknown |  |
| Ethnicity |  | Unknown |  |
| 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** |
| Providers Name |  | Dr Henry Seven  First Name: Henry  Last Name: Seven | Dr Seven and his staff work for Community Health and Hospitals  1002, Healthcare Dr, Portland, OR-97266 |
| Office Contact Information |  | Mary McDonald  First Name: Mary  Last Name: McDonald  Telephone: 555-555-1002 |  |
|  | Author/Legal Authenticator/Authenticator of Electronic Medical Record | Dr Henry Seven  Time: 6/22/2015 |  |
|  | Data Enterer during visit | Mary McDonald |  |
|  | Informants | Kathy Bates (Spouse)  First Name: Kathy  Last Name: Bates |  |
|  | Electronic Medical Record Custodian | Community Health and Hospitals |  |
|  | Information Recipient | Dr Henry Seven |  |
|  | Admission Date | 7/22/2015 6pm EST |  |
|  | Discharge Date | 6/24/2015 11pm EST |  |
|  | Care Team Members | Dr Henry Seven  Mary McDonald |  |
|  | Other Participants in event | Mr Mathew Bates (Grand Parent)  First Name: Mathew  Last Name: Bates  Ms Kathy Bates (Spouse)  First Name: Kathy  Last Name: Bates. |  |
|  | Event Documentation Details or Documentation of Event | Dr Henry Seven (PCP)  5 hour encounter  Event Code = Burn by Fire | Code for Burn by Fire: 423123007, 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:
   1. No known Food Allergy (SNOMED-CT code =429625007)
   2. No known environmental allergy (SNOMED-CT code = 428607008)
   3. No known history of drug allergy (SNOMED-CT code = 409137002)
2. Medications Administered during stay (These medications were administered during the stay at the hospital)
   1. None.
3. Problems:
   1. No known health problems
4. Encounter Diagnoses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | CodeSystem | Description | Start Date | Service Delivery Location |
| [T23.1](http://www.icd10data.com/ICD10CM/Codes/S00-T88/T20-T25/T23/T23.1-) | ICD-10 | Burn of first degree of wrist and hand | 7/22/2015 | Community Health and Hospitals  1002, Healthcare Dr, Portland, OR-97266 |

1. Procedures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Procedure Name | Target Site | Start Date | End Date | Performer |
| 90660004 | SNOMED-CT | Application of Dressing for burn | 281737009 (Skin of part of forearm) – SNOMED CT code | 7/22/2015 | 7/22/2015 | Community Health and Hospitals  1002, Healthcare Dr, Portland, OR-97266 |

1. Immunizations or Immunizations Administered during visit
   1. No Immunization history
2. 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 |
| 8310-5 | LOINC | Body Temperature | 7/22/2015 | 99 degree Farenheit |

1. Laboratory Test: None needed.

1. Laboratory Values/Results: No Lab Result data
2. Smoking Status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element Description** | **Description** | **Start Date** | **End Date** | **Code** | **Code System** |
| Current Smoking Status | Current every day | 7/22/2015 6:30 pm EST | - | 449868002 | SNOMED-CT |

1. UDI List: No implanted devices.
2. Assessment and Plan of Treatment:
   1. **Assessment (Visual Inspection)**
      1. The patient Mr Jeremy Bates was found to have first degree burns and Dr Seven and his staff Mr Bates by cleaning the burn and dressing the burn and observed for couple of hours before discharging Mr Bates.
   2. **Plan of Treatment** 
      1. Schedule an appointment with Dr Seven after 1 week for Follow up with Outpatient facility.
      2. In case of high fever, take Tylenol according to the following.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 209459 - Code | RxNorm | Tylenol 500mg | Oral - Route | As needed | 1 unit - Dose |

1. Goals
   1. No goal information.
2. HealthConcerns
   1. No Health concerns
3. Discharge Instructions
   1. Appointments: Schedule an appointment with Dr Seven after 1 week. Follow up with Outpatient facility.
   2. In case of fever, take Tylenol as advised in plan of treatment.
4. 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.