MU2 Test Data for 170.314 (b) (1) – Transitions of Care

1. **Introduction**

This document contains a sample of test data to be used as an illustration of 170.314 (b) (1). This section of the Code of Federal Regulations Title 45 documents the required EHR technology to be able to incorporate a summary care record formatted according to the Consolidated CDA.

1. Test of 45 CFR 170.314 (b) (1)

<Include text of 45 CFR 170.314 (b) (1) here for reference>

1. Summary of test data presented herein

To exemplify 170.314 (b) (1), the following clinical scenario will be employed. Ms. Isabella Jones is a 52 year old Aleut female with a history of Moderate Persistent Asthma controlled on Proventil for breakthrough. She presented to Dr. Henry Seven at the Local Community Hospital on August 6th 2012 for acute onset of shortness of breath with fevers, chills, and a cough productive of greenish sputum for the past 2 days. Ms. Jones was admitted by Dr. Seven for community acquired pneumonia with mild hypoxemia. She was treated at Local Community Hospital until August 13th 2012, when she was discharged home with outpatient follow-up in Dr. Seven’s clinic in one week’s time. The data presented in this test scenario constitutes what should be contained in the Transition of Care or Discharge Summary prepared by Local Community Hospital’s EHR for transmission to Dr. Seven’s outpatient EHR.

1. **Header Data**
2. Patient Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Sex | Date of Birth | Race | Ethnicity | Preferred Language | Home Address |
| Isabella Jones | F | 5/1/1960 | White | Not Hispanic or Latino | Spanish | 1357 Amber Dr.  Beaverton, OR 97867 |

1. Encounter Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Name | Provider Office Contact | Admission Date | Discharge Date | Date of Visit |
| Dr Henry Seven  (Allopathic and Osteopathic Physicians)  1002 Healthcare Dr. Portland, OR 99123 | Mary Jane  Tel: 555-555-1002 | 8/6/2012 | 8/13/2012 | 8/6/2012 |

|  |  |  |  |
| --- | --- | --- | --- |
| Admission Location | Discharge Location | Visit Location | Care Team Members |
| Community Health and Hospitals  1002 Healthcare Dr. Portland, OR 99123 | Community Health and Hospitals  1002 Healthcare Dr. Portland, OR 99123 | Community Health and Hospitals  1002 Healthcare Dr. Portland, OR 99123 | Grandfather – Ralph Jones |

1. **Body Data**
2. Medication Allergies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Allergy Substance | Reaction | Severity | Status |
| 314422 | RxNorm | Allergenic Extract, Penicillin | Nausea | Moderate to Severe | Inactive |
| 2670 | RxNorm | Codeine | Wheezing | Moderate | Active |
| 1191 | RxNorm | Aspirin | Hives | Mild to Moderate | Active |

1. Medications (These medications are those the patient was already prescribed before her presentation to Local Community Hospital for the visit in question)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Medication | Start Date | Route | Dose | Status | Fill Instructions |
| 573621 | RxNorm | Proventil 0.09 MG/ACTUAT inhalant solution | 1/3/2007 | Inhalant / Respiratory | 0.09 MG/ACTUAT inhalant solution, 2 puffs QID PRN wheezing | Active | Generic Substitution allowed |

1. Discharge Medications (n.b. these medications are those the patient was prescribed at the time of discharge from Local Community Hospital. It should be a ‘reconciled’ medication list – in other words all medications from III.B – Medications should be represented and either Active or Discontinued as the case may be)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Medication | | Start Date | Route | Dose | Status |
| 896001 | RxNorm | | 120 ACTUAT Fluticasone propionate 0.11 MG/ACTUAT Metered Dose Inhaler | 20120813 | Inhalant/REspiratory | 0.11 MG/ACTUAT Metered Dose Once Daily | Active |

1. Discharge Instructions (these are the instructions that were given to the patient at time of discharge from Local Community Hospital)

*Ms. Jones, you have been seen by Dr. Henry Seven at Local Community Hospital from August 8th until August 13th 2012. You are currently being discharged from Local Community Hospital. Dr. Seven has provided the following instructions to you at this time; should you have any questions please contact a member of your healthcare team prior to discharge. If you have left the hospital and have questions, please contact Dr. Seven at 555-555-1002.*

*Instructions:*

1. *Take all medications as prescribed.*
2. *Please monitor your peak flows. If your peak flows drop to 50% of normal, call my office immediately or return to the Emergency Room.*
3. *If you experience any of the following symptoms, call my office immediately or return to the Emergency Room:*
   1. *Shortness of Breath*
   2. *Dizziness or Light-headedness*
   3. *Fever, chills, or diffuse body aches*
   4. *Pain or redness at the site of any previous intravenous catheter*
   5. *Any other unusual problem*
4. *Please come to my office at 08:15am on Monday, August 20th 2012 for a follow-up visit. If you cannot make this appointment, please call my office to reschedule.*
5. Problems

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Problem Name | Start Date | End Date | Status |
| 233604007 | SNOMED-CT | Pneumonia | 08/06/2012 | 08/13/2012 | Resolved |
| 195967001 | SNOMED-CT | Asthma | 01/03/2007 | - | Active |

1. Encounter Diagnoses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Description | Start Date | Finding | Finding Code |
| 99222 | CPT | Inpatient Admission | 08/06/2012 | Pnuemonia | 233604007 – SNOMED-CT |

1. Reason for Referral (if present, this section would contain information on any referrals made at time of discharge)
2. *Dr. George Potomac, Pulmonology – for follow-up care of the patient’s moderate persistent asthma*
3. Procedures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Code | CodeSystem | Procedure Name | Target Site | Start Date | End Date |
| 168731009 | CPT | Chest X-Ray, PA and Lateral Views | 82094008  (Lower Respiratory Tract Structure) | 8/7/2012 | 8/7/2012 |

1. Functional Status and Cognitive Status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Functional Condition | Code | Code System | Date | Status |
| Dependence on Cane | 105504002 | SNOMED-CT | 11/1/2008 | Active |
| Memory Impairment | 386807006 | SNOMED-CT | 11/1/2008 | Active |

1. Immunizations or Immunizations Administered during visit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccine Code | CodeSystem | Vaccine Name | Date | Status |
| 88 | CVX | Influenza Virus Vaccine | 11/1/1978 | Completed |
| 88 | CVX | Influenza Virus Vaccine | 5/10/1999 | Completed |
| 103 | CVX | Tetanus and diphtheria toxoids | 1/4/2007 | Completed |

1. Vital Signs

|  |  |  |
| --- | --- | --- |
| Vitals | Date | Value |
| Height | 11/1/2008 | 177 cm |
| Weight | 11/1/2008 | 86 kg |
| Blood Pressure | 11/1/2008 | 132/86 mmHg |

|  |  |  |
| --- | --- | --- |
| Vitals | Date | Value |
| Height | 08/06/2012 | 177 cm |
| Weight | 08/06/2012 | 88 kg |
| Blood Pressure | 08/06/2012 | 145/88 mmHg |

1. Laboratory Values/Results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test Code** | **Code System** | **Name** | **Actual Result** | **Date** |
| 30313-1 | LOINC | HGB | 10.2 g/dl | 8/10/2012 |
| 33765-9 | LOINC | WBC | 12.3 (10+3/ul) | 8/10/2012 |
| 26515-7 | LOINC | PLT | 123 (10+3/ul) | 8/10/2012 |

1. Care Plan (this section applies to those tests/procedures scheduled for the future or that have been done and need to be followed-up by the outpatient physician)
   1. Laboratory Tests

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test Code** | **Code System** | **Name** | **Actual Result** | **Performed Date** |
| 30313-1 | LOINC | HGB |  | 8/20/2012 |

* 1. Diagnostic Tests Pending

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | CodeSystem | Procedure Name | Start Date | End Date |
| 168731009 | SNOMED-CT | Chest X-Ray | 8/26/2012 | 8/26/2012 |

* 1. Future Scheduled Procedures

|  |  |  |  |
| --- | --- | --- | --- |
| Code | CodeSystem | Procedure Name | Planned Date |
| Z12.11 | CPT | Colonoscopy at Community Health Hospital | 8/22/2012 |

* 1. Future Scheduled Encounters

1. *Dr. Henry Seven, 1002 Healthcare Dr, Portland OR 99213 at 0815 8/29/12.* 
   1. Referrals to Other Providers
2. *Dr. George Potomac, 222 Anymed Way, Portland OR 99213 on 8/20/2012*
3. Family History (Smoking Status)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element Description** | **Description** | **Start Date** | **End Date** | **Code** | **Code System** |
| Smoking Status | Former Smoker | 5/1/2005 | 2/27/2009 | 8517006 | SNOMED-CT |
| Cigarette Smoking | (1 pack per day) | 2/27/2009 | - | 230056004 | SNOMED-CT |