



Department of Veterans Affairs Patient Care Encounter (PCE)

User Manual

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Version 1.0

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1.0 Introduction

Patient Care Encounter (PCE) helps sites collect, manage, and display outpatient encounter data (including providers, procedure codes, and diagnostic codes) in compliance with the 10/1/96 Ambulatory Care Data Capture mandate from the Undersecretary of Health.

PCE also helps sites document patient education, examinations, treatments, skin tests, and immunizations, as well as collect and manage other clinically significant data, such as defining Health Factors and Health Maintenance Reminders.

PCE data may come from several sources, including external data acquisition devices (such as mark sense scanners), provider interaction (through workstations or portable computers), or clerical data entry. PCE allows new types of data (such as immunizations and purpose of visit) to be entered and stored, which can be retrieved by patient, ward, or clinic. Information entered through PCE can be viewed on Health Summaries or other reports.

1.1. Purpose and Benefits of PCE

The Veterans Health Administration has determined that it must have adequate, accurate, and timely information about each ambulatory care encounter/service provided in order to enhance patient care and to manage our health care resources into the future. Effective October 1, 1996, VHA facilities are required to report each ambulatory encounter and/or ancillary service. Provider, procedure, and diagnosis information is included in the minimum data set that will be reported to the National Patient Care Data Base (NPCDB). The Ambulatory Data Capture Project was formed to coordinate the many software packages and their developers who support this effort.

1.1.1. Goals of Ambulatory Data Capture Project

- Capture purpose of visit/problem, diagnoses, procedures, and providers
- Develop a fast, accurate method for getting ambulatory care data into VistA
- Return clinically relevant data back to the Clinician
- Make data available for workload reporting, DSS, research, MCCR, and other ongoing VHA needs

1.2. Software Necessary to Support ADCP

- Automated Information Collection System (AICS) and other capture solutions
- Patient Care Encounter

- Problem List
- Patient Information Management System
- National Patient Care Data Base

Patient Care Encounter (PCE) ensures that every encounter has an associated provider(s), procedure code(s), and diagnostic code(s), in accordance with this mandate.

PCE also helps fill a gap in current VISTA patient information by capturing other clinical data such as exams, health factors, immunizations, skin tests, treatments, and patient education, which can then be viewed on Health Summaries and other clinical reports, and can be used to produce clinical reminders on Health Summaries.

1.3. Functionality of PCE

Version 1.0 of PCE provides options that allow:

- Collection and management of outpatient encounter data.
- Presentation of outpatient encounter data through Health Summary components and Clinical Reports. Outpatient encounter data is captured through interactive and non-interactive interfaces.

1.3.1. Interactive Interfaces

Online data capture using a user interface developed with List Manager tools.

Online data capture in which Scheduling integrates with PCE to collect checkout information.

1.3.2. Non-interactive Interfaces

PCE Device Interface, which supports the collection of encounter form data from scanners such as PANDAS, Pen-based Teleform, and Automated Information Collection System (AICS). The interface also supports workstation collection of outpatient encounter data.

PCE application programming interface (API) which supports the collection of outpatient encounter data from ancillary packages such as Laboratory, Radiology, Text Integration Utility (TIU), and Computerized Patient Record System (CPRS).

1.4. Definitions

Outpatient Visit: The visit of an outpatient to one or more units or facilities located in or directed by the provider maintaining the outpatient health care services (clinic, physician's office, hospital/medical center) within one calendar day.

Encounter: A contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment. A patient may have multiple encounters per visit. Outpatient encounters include scheduled appointments and walk-in unscheduled visits. A clinician's telephone communications with a patient may be represented by a separate visit entry. If the patient is seen in an outpatient clinic while an inpatient, this is treated as a separate encounter.

Episode of Care: Many encounters for the same problem can constitute an episode of care. An outpatient episode of care may be a single encounter or can encompass multiple encounters over a long period of time. The definition of an episode of care may be interpreted differently by different professional services even for the same problem. Therefore, the duration of an episode of care is dependent on the viewpoints of individuals delivering or reviewing the care provided.

Ancillary Service/Occasion of Service: A specified instance of an act of service involved in the care of a patient or consumer which is not an encounter. These occasions of service may be the result of an encounter; for example, tests or procedures ordered as part of an encounter. A patient may have multiple occasions of service per encounter or per visit.

Provider: The entity which furnishes health care to a consumer. This definition includes an individual or defined group of individuals who provide a defined unit of health care services (defined = codable) to one or more individuals at a single session.

1.5. Potential PCE Workflow

1. A provider has a patient encounter (appointment, walk-in, telephone call, mail conversation, etc.).

Materials available to provider:

- Health Summary with new components summarizing previous encounters, and a health reminders component based on clinical repository data
- Encounter Form (hard copy or workstation) with pre-defined terminology for the provider's clinic/service type
- PCE Clinical Reports, Action Profile, Daily Order Summary, Lab Interim report, and other VISTA reports.

2. The provider documents the encounter (on hard copy or online).

Types of data collected and stored in PCE:

- Providers
- Diagnoses
- CPT procedures provided

- Immunizations (CPT-mappable)
 - Skin tests (CPT-mappable)
 - Patient education
 - Exams (non-CPT-mappable)
 - Treatments (non-CPT-mappable)
3. Information from a hard copy encounter form is entered into VISTA by a data entry clerk or scanned via an interface utility.
 4. Encounter form data that isn't scanned or is scanned incorrectly can be entered or edited through the PCE data entry program described in this manual.
 5. Providers can enter immunizations, patient education, or other pieces of clinical information through PCE.
 6. Providers can view items entered into PCE on a Health Summary or customized report. If any of these items have been set up for clinical reminders, these reminders will appear on the patient's health summary.

1.6. Sources of Data

PCE data can be entered through many mechanisms, including:

- Scheduling (PIMS) check-out process
- AICS Encounter Forms
- PANDAS™ scanning system
- TELEFORM scanning system
- Imaging workstation
- Clinical Workstation

1.7. Designing Encounter Forms

To use AICS Encounter Forms with scanners or for direct data entry (either clinician or data entry clerk), you can design encounter forms for your hospital or clinic with the AICS Encounter Form generator. See the AICS User Manual for instructions about creating Encounter Forms.

1.8. XU*8*27 - New Person File Patch

As part of the October 1, 1996 mandate, VAMCs must collect provider information. The provider information reported is the "Person Class" defined for all providers associated with ambulatory care delivery.

To comply with this requirement, all VAMC providers must be assigned a Profession/Occupation code (Person Class) so that a Person Class can be associated with each ambulatory patient encounter by October 1.

Patch XU*8*27 has been developed to provide functionality that will enable you to assign Person Class information.

2.0 Orientation

2.1. Screen Display

PCE uses the List Manager Utility, which allows PCE to display a list of items in a screen format, with possible actions (add, edit, print) listed below. If the list is longer than one screen, the header and action portions of the screen remain stable, while the center display scrolls. So if there are too many patient encounters to fit within the scrolling portion of the screen, when you press the return key, that portion of the screen scrolls while the top and bottom stay unchanged.

```
PCE Appointment List  May 12, 1995 12:53:07  Page: 1 of 3
PCEPATIENT,ONE      000-45-6789              Clinic: All
Date range: 03/13/95 to 05/26/95

      Clinic                Appt Date/Time        Status
1    Xyz                   Mar 27, 1995 08:00    Cancelled
By Patient
2    Xyz                   Mar 27, 1995 09:00    No-show
3    Xyz                   Mar 27, 1995 09:30    Cancelled
By Patient
4    Xyz                   Mar 27, 1995 10:00    No-show
5    Xyz                   Mar 28, 1995 08:30    Checked Out
6    Xyz                   Mar 28, 1995 08:50    No-show
+          + Next Screen  - Prev Screen  ?? More Actions
UE Update Encounter  SP Select New Patient  VC View by
Clinic
LI List by Encounter  CD Change Date Range  DD Display
Detail
AD Add Standalone Enc.                EP Expand
Appointment
AL Appointment Lists  IN Check Out Interview  QU Quit
Select Action: Quit// AD  Add New Encounter
```

Without leaving the option, you can:

- Browse through the list
- Select items that need action
- Take action on those items
- Select other actions

You select an action by typing the name or abbreviation at the Select Action prompt.

Actions may be preselected by typing the action abbreviation, then the number of the encounter on the list. For example, UE=1 will process entry 1 for Update Encounter

2.1.1. Other (Hidden) Actions

If you enter two question marks (??) at the Select Item(s) prompt, you will see a list of other actions that you can use with PCE.

```
Select Item(s): Quit// ??
The following actions are also available:
+ Next Screen      FS   First Screen      SL   Search List
- Previous Screen  LS   Last Screen      ADPL Auto
Display(On/Off)
UP   Up a Line           GO   Go to Page
DN   Down a Line         RD   Re Display Screen  SP
Leave Update and
>   Shift View to Right PS   Print Screen
Select New Patient
<   Shift View to Left  PL   Print List
Press RETURN to continue or '^' to exit:
```

2.2. Review Screens

PCE provides several different perspectives for viewing encounter data. You can change to any of these views whenever you're at a Select Action: prompt.

- List by Appointment
- List by Encounter
- Select New Patient
- View by Clinic/Ward
- Change Date Range

- Display Detail
- Expand Appointment
- Appointment Lists

2.2.1. List by Appointment

Most encounters are associated with an appointment (the exceptions are Standalone Encounters, which are usually walk-ins, and Historical Encounters, which usually took place at another location). Therefore, you need to identify an appointment to associate encounter information with before you enter this information. You can change your view to List by Encounter if you wish to enter standalone or historical encounters. You can also change your default view (whether you see the Appointment List or the Encounter List when you enter PCE) through the option, PCE Parameters Add/Edit.

PCE Appointment List Jul 26, 1996 08:07:20 Page: 1 of 1			
PCEPATIENT,ONE 000-45-6789		Clinic: All	
Date range: 07/16/96 to 07/30/96		Total Appointment Profile	
	Clinic	Appt Date/Time	Status
1	Diabetes Clinic	May 18, 1996 16:48	Action
Req/Checked Out			
2	Cardiology	May 22, 1996 09:00	Checked
Out			
3	Diabetes Clinic	Jun 22, 1996 11:00	Checked
Out			
4	Cardiology	Jun 23, 1996 09:00	No Action
Taken			
5	Diabetes Clinic	Jun 23, 1996 09:30	Checked
Out			
6	Diabetes Clinic	Jul 23, 1996 10:00	No Action
Taken			
7	Cardiology	Jul 25, 1996 09:00	Checked
Out			
+ Next Screen - Prev Screen ?? More Actions			
UE	Update Encounter	SP	Select New Patient
by Clinic		VC	View
LI	List by Encounter	CD	Change Date Range
Display Detail		DD	

AD	Add Standalone Enc.		EP
	Expand Appointment		
AL	Appointment Lists	IN	Check Out Interview
		QU	Quit
Select Action: Quit//			

2.2.2. List by Encounter

PCE Encounter List		Jul 26, 1996 08:14:24	
Page: 1 of 2			
PCEPATIENT,ONE	000-45-6789	Clinic:	All
Date range: 07/16/96 to 07/30/96			
Encounter		Clinic	
Clinic Stop			
1	07/26/96 07:56	DIABETES CLINIC	306
DIABETES			
2	07/25/96 09:00	CARDIOLOGY	303
CARDIOLOGY			
3	07/23/96 16:28	HAND	409
ORTHOPEDICS			
4	06/22/96 09:00	CARDIOLOGY	303
CARDIOLOGY			
5	06/22/96 11:00	DIABETES CLINIC	306
DIABETES			
6	05/22/96 16:19	DIABETES CLINIC	306
DIABETES			
+ + Next Screen - Prev Screen ?? More Actions			
UE	Update Encounter	SP	Select New Patient
View by Clinic		VC	
LI	List by Appointment	CD	Change Date Range
Display Detail		DD	
AD	Add Standalone Enc.	CC	Change Clinic
HI	Make Historical Enc.	IN	Check Out Interview
Quit		QU	
Select Action: Next Screen//			

List by Encounters includes ancillary encounters only if the process starts either through PCE Encounter Data Entry Supervisor or PXCE Encounter Viewer.

2.3. Select New Patient, View by Clinic, Change Date Range

You can change to another patient, another Clinic, or to a different date range and start all over just by selecting one of these actions at any Select Action prompt.

Display Detail

```
PCE Encounter List          Jul 26, 1996 08:14:24
Page:  1 of  2

PCEPATIENT,ONE      000-45-6789          Clinic:  All
Date range:  07/16/96 to 07/30/96

      Encounter          Clinic
Clinic Stop
      1 07/26/96  07:56    DIABETES CLINIC          306
DIABETES
      2 07/25/96  09:00    CARDIOLOGY              303
CARDIOLOGY
      3 07/23/96  16:28    HAND                  409
ORTHOPEDICS
      4 06/22/96  09:00    CARDIOLOGY              303
CARDIOLOGY
      5 06/22/96  11:00    DIABETES CLINIC        306
DIABETES
      6 05/22/96  16:19    DIABETES CLINIC        306
DIABETES

+          + Next Screen    - Prev Screen    ?? More Actions
UE  Update Encounter        SP  Select New Patient    VC
View by Clinic
LI  List by Appointment     CD  Change Date Range    DD
Display Detail
AD  Add Standalone Enc.    CC  Change Clinic
HI  Make Historical Enc.    IN  Check Out Interview    QU
Quit

Select Action: Next Screen//dd    Display Detail
Select Encounter (1-22): 1
```

```
Encounter Profile          Jul 26, 1996 08:42:06
Page:  1 of  1
```

```
PCEPATIENT,ONE      000-45-6789      Clinic:  DIABETES
CLINIC
Encounter Date  07/26/96  07:56      Clinic Stop:  306
DIABETES
```

```
1 Encounter Date and Time:  JUL 26, 1996@07:56:37
```

```
Patient Name:  PCEPATIENT,ONE
```

```
Hospital Location:  DIABETES CLINIC
```

```
Clinic Stop:  306  DIABETES
```

```
Service Connected:  NO
```

```
Combat Veteran:  NO
```

```
Agent Orange Exposure:  NO
```

```
Ionizing Radiation Exposure:  NO
```

```
SW Asia Conditions:  NO
```

```
Military Sexual Trauma: NO
```

```
Head and/or Neck Cancer: NO
```

```
+ Next Screen      - Prev Screen      ?? More Actions
```

```
EP  Expand Entry
```

```
Select Action:Quit// ep  Expand Entry
```

2.3.1. Expand Appointment

This action lets you see an Expanded Profile for a selected patient appointment. Note that the top line says Page: 1 of 5, indicating that you should press ENTER after each screen display to see the entire expanded profile. To scroll back, press the minus (-) key.

```
Expanded Profile      Jul 26, 1996 08:48:51
Page:   1 of   5
Patient: PCEPATIENT,ONE (6789)
Outpatient
Appointment #: 1      Clinic:
DIABETES CLINIC
```

```
*** Appointment Demographics ***
```


Name: PCEPATIENT,ONE Clinic:
 DIABETES CLINIC
 ID: 000-45-6789 Date/Time: JUL
 18, 1996@16:48
 Status: ACTION REQ/CHECKED OUT
 Purpose of Vst.: UNSCHEDULED
 Length of Appt: 30 Appt Type:
 REGULAR
 Lab: Elig of Appt: SC
 LESS THAN 50%
 X-ray: Overbook: NO
 EKG: Collateral Appt: NO
 Other Info:
 Enrolled in this clinic: YES OPT or AC:
 OPT
 Enrollment Date/Time: JUN 04, 1995
 + Enter ?? for more actions
 Select Action: Next Screen// [ENTER]

Expanded Profile Jul 26, 1996 08:52:10 Page: 2 of 5
 Patient: PCEPATIENT,ONE (6789)
 Outpatient
 Appointment #: 1 Clinic: DIABETES CLINIC
 +
 *** Appointment Event Log ***

Event	Date	User
-----	----	----
Appt Made	JUL 18, 1996	
PCEUSER,ONE		
Check In		
Check Out	JUL 18, 1996@16:48	
PCEUSER,ONE		
Check Out Entered	JUL 18, 1996@16:49:05	
No-Show/Cancel		

Checked Out:
Cancel Reason:
Cancel Remark:
Rebooked Date:
+ Enter ?? for more actions

Select Action: Next Screen// [ENTER]

Expanded Profile Jul 26, 1996 08:52:10 Page: 3 of 5
Patient: PCEPATIENT,ONE (6789)
Outpatient
Appointment #: 1 Clinic:
DIABETES CLINIC

*** Patient Information ***
Date of Birth: APR 01, 1944 ID: 000-45-6789
Sex: FEMALE Marital Status: SINGLE
Religious Pref.:
UNKNOWN/NO PREFERENC

Primary Elig.: SC, LESS THAN 50% POS:
VIETNAM ERA
Address: Phone:
321 S 3400 E
SALT LAKE CITY, UTAH 84105
Radiation Exposure: YES Status:
NO INPT./LOD. ACT.
Prisoner of War: NO Last Admit/Lodger Date:
AO Exposure: YES Last Disch./Lodger Date:
+ Enter ?? for more actions

Select Action: Next Screen// [ENTER]

```

Expanded Profile      Jul 26, 1996 08:52:10      Page:  4 of  5
Patient: PCEPATIENT,ONE (6789)
Outpatient
Appointment #: 1                      Clinic:
DIABETES CLINIC

*** Check Out ***

CLASSIFICATION      [Required]
1      Treatment for SC Condition: NO
2      Combat Veteran: NO
3      Agent Orange Exposure: YES
4      Ionizing Radiation Exposure: NO
5      SW Asia Conditions: NO
6      Military Sexual Trauma: NO
7      Head and/or Neck Cancer: NO

PROVIDER      [Required]      DIAGNOSIS      [Required]
1  PCEPROVIDER,ONE+

Enter ?? for more actions

Select Action: Next Screen// [ENTER]

```

```

Expanded Profile      Jul 26, 1996 08:52:10      Page:
5 of      5
Patient: PCEPATIENT,ONE (6789)      Outpatient
Appointment #: 1                      Clinic:
DIABETES CLINIC
+

STOP CODES      [Not Required]

Enter ?? for more actions

Select Action: Quit// [ENTER]

```

2.3.2. Appointment

This action gives you a list of possible appointment statuses and lets you change the appointments that will appear on the list, based on their statuses.

```
PCE Appointment  Jul 26, 1996 09:04:16      Page:  1 of  1
PCEPATIENT,ONE      000-45-6789      Clinic:  All
Date range:  07/16/96 to 07/30/96      Total Appointment
Profile
```

	Clinic	Appt Date/Time	Status
1	Diabetes Clinic	Jul 18, 1996 16:48	Action
Req/Checked Out			
3	Cardiology	Jul 22, 1996 09:00	Checked
Out			
4	Cardiology	Jul 22, 1996 10:00	Checked
Out			
5	Diabetes Clinic	Jun 22, 1996 11:00	Checked
Out			
7	Cardiology	Jun 23, 1996 09:00	No
Action Taken			
11	Cardiology	May 25, 1996 09:00	Checked
Out			

```
          + Next Screen    - Prev Screen    ?? More Actions
UE  Update Encounter      SP  Select New Patient  VC  View
by Clinic
LI  List by Encounter      CD  Change Date Range  DD
Display Detail
AD  Add Standalone Enc.          EP
Expand Appointment
AL  Appointment Lists      IN  Check Out Interview  QU  Quit
Select Action: Quit// AL  Appointment Lists
```

```
Select List:Total Appt Profile// ?
```

CA	Cancelled Taken	NA	No Action
CI	Checked In Appointments	NC	Non Count
CO	Checked Out	NS	No Shows
FU	Future Appointments Profile	TA	Total Appt
IP	Inpatient Appointments		

Enter selection(s) by typing the name(s), number(s), or abbreviation(s).

Select List:Total Appt Profile// CO

PCE Appointment List Jul 26, 1996 09:11:39 Page: 1 of 1
 PCEPATIENT,ONE 000-45-6789 Clinic: All
 Date range: 07/16/96 to 07/30/96 Checked Out
 Appointments

	Clinic	Appt Date/Time	Status
2	Cardiology	Jul 22, 1996 09:00	
Checked Out			
4	Diabetes Clinic	Jul 22, 1996 11:00	
Checked Out			
7	Diabetes Clinic	Jun 24, 1996 09:00	
Checked Out			
8	Cardiology	Jun 25, 1996 09:00	
Checked Out			

+ Next Screen - Prev Screen ?? More Actions

UE Update Encounter SP Select New Patient VC View
by Clinic

LI List by Encounter CD Change Date Range DD
Display Detail

AD Add Standalone Enc. EP Expand
Appointment

AL Appointment Lists IN Check Out Interview QU Quit Select Action: Quit// [ENTER]
--

3.0 Using PCE

Health Care Providers and data entry clerks primarily use PCE to enter or edit encounter data, to create clinical reminders to be viewed on Health Summaries, and to view or print clinical reports summarizing various information about patients in a clinic. This section describes how to perform these functions.

3.1. PCE Data Entry Options

Patient Care Encounter lets you add information, edit information, or add a new encounter to a patient's database. When you enter the program through the PCE User Interface described in this manual, you first view a list of encounters for a patient (by appointment). Appointments are provided to the PCE program by the Checkout process of the Scheduling package.

After you select a particular view and the appointments or encounters are displayed on your screen, you can add or edit information.

PCE has four options for adding or editing encounter information.

3.1.1. PCE Encounter Data Entry - Supervisor

This option is for users who can document a clinical encounter in PCE, and can also delete any encounter entries, even though they are not the creator of the entries. This option is intended for the Coordinator for PCE and/or supervisor of the encounter data entry staff.

3.1.2. PCE Encounter Data Entry

This option is for users who can document a clinical encounter in PCE, but can only delete entries they have created. The data entered via this option includes visit information (where and when), and clinical data related to the visit: providers of care, problems treated, procedures and treatments done, and immunizations, skin tests, and patient education given

3.1.3. PCE Encounter Data Entry and Delete

This option is for users who can document a clinical encounter in PCE, and can also delete any encounter entries, even though they are not the creator of the entries. This option is on the Clinician menu.

3.1.4. PCE Encounter Data Entry without Delete

This option is for users who can document a clinical encounter in the PCE, but should not be able to delete any entries, including ones that they have created.

3.2. PCE Actions

"Actions" are the choices listed at the bottom of the PCE screens (following the shaded bar) which you can select, either to edit or add to the appointments or encounter shown in the top part of the screen, or to see a different view of that information.

UE	Update Encounter	SP	Select New Patient	VC	View by Clinic
LI	List by Encounter	CD	Change Date Range	DD	Display Detail
AD	Add Standalone Enc.	EP	Expand Appointment		
AL	Appointment Lists	IN	Check Out Interview	QU	Quit

The following actions can be used at the Appointment List or Encounter List screens.

ADD STANDALONE ENC – This action lets you add a new encounter not associated with a credit stop.

APPOINTMENT LISTS – This action allows you to change which appointments will be displayed based on their status. For example, you may change the display to list cancelled, checked in, checked out, future appointments, inpatient appointments, appointment where no action has been taken, non-count appointments, no show appointments, or all appointments.

CHANGE CLINIC – This action lets you change the display list of encounters based on hospital location. If the list includes encounters for all locations, you can select a new location and the list will be redisplayed with only encounters that relate to that location.

CHANGE DATE RANGE – This action allows you to change the date range used for displaying encounters or appointments. You may change the beginning and/or ending date.

CHECKOUT INTERVIEW – This action allows you to go through the interview questions for an encounter that is associated with an appointment. You may also edit additional information such as provider, diagnosis, and procedure. You may also edit an encounter that is associated with an appointment by entering the number associated with the item at the "Select Action" prompt or using the Update Encounter.

DISPLAY DETAIL – This action displays all available information related to one encounter for a selected appointment.

EXPAND APPOINTMENT – This action allows you to display all the patient demographics and appointment event log items that have been entered for a

selected patient appointment. Expand Appointment displays information from the Scheduling package and not from PCE.

LIST BY ENCOUNTER – This action allows you to change the display from a list of appointments for this patient or clinic to a list of encounters for the same patient or clinic. There may be several encounters for one appointment.

LIST BY APPOINTMENT – This action allows you to change the display from a list of encounters for this patient or clinic to a list of appointments for the same patient or clinic. Not every appointment may have an encounter associated with it, so you can add encounters from this view.

MAKE HISTORICAL ENC – This action lets you add encounter information for an old encounter or one that took place at another hospital or clinic (VA or non-VA). Although you can't get workload credit for this kind of encounter, it can be used to help compute clinical reminders.

SELECT NEW PATIENT – This action allows you to change the display of encounters based on the patient. If you select a new patient, the display will include encounters or appointments for the selected patient.

UPDATE ENCOUNTER – This action lets you edit an encounter that is associated with an appointment. You may edit information such as provider, diagnosis, procedure, treatment, immunization, skin test, patient education, exams, and treatments, as well as date, service connection, and demographic data.

VIEW BY CLINIC – This action allows you to change the display of appointments or encounters based on a Clinic. For example, if your current list includes all appointments for a specified date range for the selected patient, and you want to display all appointments for a specific clinic, you may use this action to change the display to include appointments or encounters for the desired clinic.

QUIT – This action allows you to exit PCE and return to your menu.

Note: You can add Health Summary, Problem List, and Progress Notes as actions to the PCE screens, to enable you to go directly to these programs. See the PCE Installation Guide for instructions.

3.3. Adding and Editing Patient Care Encounters

Follow the steps in the next few pages to add, delete, or edit encounters.

3.3.1. Adding New Encounters

Use the Add Standalone Enc. action to enter a new encounter which may or may not have an appointment associated with it.

1. Select the PCE Encounter Data Entry option and a patient or clinic.

Select PCE Clinician Menu Option: ENC PCE Encounter
Data Entry and Delete
Select Patient or Clinic name: PCEPATIENT,ONE

2. Select Add Standalone Enc at the Select Action prompt.

```

PCE Encounter List          Jul 26, 1996 07:46:56
Page:  1 of  2
PCEPATIENT,ONE      000-45-6789          Clinic:  All
Date range:  07/16/96 to 07/30/96

      Encounter          Clinic
Clinic Stop
      1 07/25/96  08:00    DIABETES CLINIC
306 DIABETES
      2 07/25/96  09:00    CARDIOLOGY
303 CARDIOLOGY
      3 07/23/96  16:28    HAND
409 ORTHOPEDICS
      4 06/22/96  09:00    CARDIOLOGY
303 CARDIOLOGY
      5 06/22/96  11:00    DIABETES CLINIC
306 DIABETES
      6 05/19/96  15:07    CARDIOLOGY
303 CARDIOLOGY
+          + Next Screen  - Prev Screen  ?? More
Actions
UE  Update Encounter      SP  Select New Patient  VC
View by Clinic
LI  List by Appointment  CD  Change Date Range  DD
Display Detail
AD  Add Standalone Enc.  CC  Change Clinic
HI  Make Historical Enc.  IN  Check Out Interview  QU
Quit
Select Action: Next Screen// AD  Add Standalone Enc.

```

3. Enter the Encounter Date and Time and the Hospital Location where the encounter took place.

Encounter Date and Time: N (7/1/96 - 7/26/96):N
(JUL 26, 1996@07:47:51)

Hospital Location: DIABETES CLINIC
PCEPROVIDER,ONE
APPOINTMENT TYPE: REGULAR// [ENTER]

4. Respond to the following classification prompts:

--- Classification --- [Required]

Was treatment for SC Condition? NO
Was treatment related to Combat? NO
Was treatment related to Agent Orange Exposure? NO
Was treatment related to Ionizing Radiation Exposure?
NO
Was treatment related to SW Asia Conditions? NO
Was treatment related to Military Sexual Trauma? NO
Was treatment related to Head and/or Neck Cancer? NO

5. The screen displays the encounter data.

PCE Update Encounter Jul 26, 1996 07:56:59
Page: 1 of 1
PCEPATIENT,ONE 000-45-6789 Clinic:
DIABETES CLINIC
Encounter Date 07/26/96 07:56 Clinic Stop:
306 DIABETES

1 Encounter Date and Time: JUL 26, 1996@07:56:37

+ Next Screen - Prev Screen ?? More
Actions
ED Edit an Item TR Treatment DD
Display Detail
DE Delete an Item IM Immunization DB
Display Brief
EN Encounter PE Patient Ed IN
Check Out Interview

PR Provider	ST Skin Test	QU
Quit		
DX Diagnosis (ICD)	XA Exam	
CP CPT (Procedure)	HF Health Factors	
Select Action: Quit// [ENTER]		

3.4. Make a Historical Encounter

You can create encounters for patient visits that occurred at some time in the past (exact time may be unknown) or at some other location (possibly non-VA). Although these are not used for workload credit, they can be used for setting up the reminder maintenance system.

Note: If month or day are not known, historical encounters will appear on encounter screens or reports with zeroes for the missing dates; for example, 01/00/95 or 00/00/94.

Steps to use this action:

1. Change to View by Encounters if you are in the Appointment View.
2. Select the Make Historical Enc action at the Select Action prompt.

PCE Encounter List		Jul 26, 1996 07:46:56	
Page: 1 of 2			
PCEPATIENT,ONE		000-45-6789	Clinic: All
Date range: 07/16/96 to 07/30/96			
Encounter		Clinic	
Clinic Stop			
1	07/25/96 08:00	DIABETES CLINIC	
306	DIABETES		
2	07/25/96 09:00	CARDIOLOGY	
303	CARDIOLOGY		
3	07/23/96 16:28	HAND	
409	ORTHOPEDICS		
4	06/22/96 09:00	CARDIOLOGY	
303	CARDIOLOGY		
5	06/22/96 11:00	DIABETES CLINIC	
306	DIABETES		
6	05/19/96 15:07	CARDIOLOGY	
303	CARDIOLOGY		
+ + Next Screen - Prev Screen ?? More			
Actions			

UE	Update Encounter	SP	Select New Patient
VC	View by Clinic		
LI	List by Appointment	CD	Change Date Range
DD	Display Detail		
AD	Add Standalone Enc.	CC	Change Clinic
HI	Make Historical Enc.	IN	Check Out Interview
QU	Quit		

Select Action: Next Screen// HI

This will create a historical encounter for documenting a clinical encounter only and will not be used by Scheduling, Billing or Workload credit.

Enter RETURN to continue or '^' to exit: [ENTER]

3. Enter the date of the encounter and the time, if known.
4. Enter the location where the encounter took place. If it happened at a non-VA hospital or clinic, type that name. Otherwise enter the name or number of the VA Medical Center or other facility.

Encounter Date and (optional) Time:	12/95 (DEC 1995)
Is this a VA location?	N// [ENTER]
Non VA Location of Encounter:	University Clinic
Comments:	

5. Enter any comments that are needed to clarify the encounter (optional).

3.5. Update Encounter

With the Update Encounter action you can add or edit encounter information, either through the Edit an Item or Delete an Item actions, or by choosing one of the following:

- CPT (Procedure) Diagnosis (ICD)
- Encounter Exam
- Health Factors Immunization
- Patient Ed Provider
- Skin test
- Treatment

Note: IRM or a Clinical Coordinator can change the items or categories available to choose from for many of these actions (Treatment, Patient Ed, Immunization, etc.) through the PCE Table Maintenance Menu. If you wish to define these items, check with your Coordinator.

Follow the steps below to use Update Encounter.

1. Type the name of the patient or the clinic whose encounters you want to edit.
2. Select Patient or Clinic Name: PCEPATIENT,ONE.

A screen like this appears. Type UE at the Select Action prompt.

```
PCE Encounter List      Jul 25, 1996 07:41:25      Page: 1
of 1
PCEPATIENT,ONE        000-45-6789          Clinic: All
Date range:  07/15/96 to 07/29/96
      Encounter          Clinic
Clinic Stop
      1 07/22/96  11:08    CARDIOLOGY
303 CARDIOLOGY

      + Next Screen    - Prev Screen    ?? More
Actions
UE  Update Encounter    SP  Select New Patient    VC
View by Clinic
LI  List by Appointment  CD  Change Date Range    DD
Display Detail
AD  Add Standalone Enc.  CC  Change Clinic
HI  Make Historical Enc.  IN  Check Out Interview    QU
Quit
Select Action: Quit// UE
```

3. Select the appointment you want to add items to or to edit.
4. Select the number of the item to be edited or an action that will let you add or edit encounter information.

```
PCE Update Encounter      Jul 25, 1996 07:45:02
Page:  1 of      1
PCEPATIENT,ONE        000-45-6789          Clinic:
CARDIOLOGY
```

Encounter Date 07/22/96 11:08 Clinic Stop:
303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEPROVIDER,ONE PRIMARY

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES

CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

	+ Next Screen	- Prev Screen	?? More
Actions			
ED Edit an Item	TR Treatment		DD
Display Detail			
DE Delete an Item	IM Immunization		DB
Display Brief			
EN Encounter	PE Patient Ed		IN
Check Out Interview			
PR Provider	ST Skin Test		QU
Quit			
DX Diagnosis (ICD)	XA Exam		
CP CPT (Procedure)	HF Health Factors		
Select Action: Quit// 4			

3.5.1. Quick Tricks

After Diagnosis has been entered, if the Provider Narrative is an exact match, you can enter = and the diagnosis will be duplicated here.

The equals sign (=) can also be used as a shortcut when selecting an action plus encounters or appointments from a list in a single response (e.g., Select Action: ED=2).

UE=1 will process entry 1 for Update Encounter

3.6. Edit an Item

When you choose the action Edit an Item, you will be prompted item-by-item to enter information about a selected encounter.

Steps to Edit an Item:

1. Select UE from the PCE Encounter List screen.

PCE Encounter List		Jul 25, 1996 07:41:25	
Page: 1 of 1			
PCEPATIENT,ONE	000-45-6789	Clinic: All	
Date range: 07/15/96 to 07/29/96			
Encounter	Clinic		
Clinic Stop			
1	07/22/96 11:08	CARDIOLOGY	
303	CARDIOLOGY		
<div style="text-align: right;"> + Next Screen - Prev Screen ?? More </div>			
Actions			
UE	Update Encounter	SP	Select New Patient VC
View by Clinic			
LI	List by Appointment	CD	Change Date Range DD
Display Detail			
AD	Add Standalone Enc.	CC	Change Clinic
HI	Make Historical Enc.	IN	Check Out Interview QU
Quit			
Select Action: Quit// UE			

2. Select the encounter you wish to edit.
3. Select ED from the PCE Update Encounter screen.

PCE Update Encounter	Jul 25, 1996 07:45:02
Page: 1 of 1	

PCEPATIENT,ONE 000-45-6789 Clinic:
 CARDIOLOGY
 Encounter Date 07/22/96 11:08 Clinic Stop:
 303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEPROVIDER,ONE PRIMARY

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
 ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
 EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES

CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

	+ Next Screen	- Prev Screen	?? More
Actions			
ED Edit an Item	TR Treatment	DD	
Display Detail			
DE Delete an Item	IM Immunization	DB	
Display Brief			
EN Encounter	PE Patient Ed	IN	
Check Out Interview			
PR Provider	ST Skin Test	QU	
Quit			
DX Diagnosis (ICD)	XA Exam		
CP CPT (Procedure)	HF Health Factors		
Select Action: Quit// ED			

4. Respond to each of the following prompts, as appropriate.

Select Entry(s) (1-5): 1-5


```

Provider:  PCEPROVIDER,ONE// PCEPROVIDER,TWO
Is this Provider Primary:  YES// [ENTER]
Is this Provider Attending:  NO// y  YES
  ICD9 Code or Diagnosis:  V70.3// [ENTER]    V70.3
MED EXAM NEC-ADMIN PURP
      ...OK? Yes// [ENTER]  (Yes)
Provider Narrative:  OTHER GENERAL MEDICAL
EXAMINATION FOR ADMINISTRATIVE PURPOSES  Replace
[ENTER]
OTHER GENERAL MEDICAL EXAMINATION FOR ADMINISTRATIVE
PURPOSES
Is this Diagnosis Primary:  YES// [ENTER]
Modifier: [ENTER]
Encounter Provider:  PCEPROVIDER,TWO
Comments: [ENTER]

CPT Code:  25066// [ENTER]  BIOPSY FOREARM SOFT
TISSUES
Select CPT MODIFIER: 22// [ENTER]
Provider Narrative:  BIOPSY FOREARM SOFT TISSUES
Replace SUSPICIOUS LUMP
Quantity:  1// [ENTER]
Diagnosis:  MALIGNANT TUMOR
Principal Procedure: [ENTER]
Encounter Provider:  PCEPROVIDER,ONE//
PCEPROVIDER,TWO
Comments: [ENTER]

Education Topic:  VA-TOBACCO USE SCREENING  Replace
[ENTER]
Level of Understanding:  GOOD// GOOD
Encounter Provider:  PCEPROVIDER,ONE//
PCEPROVIDER,TWO
Comments: [ENTER]

```

5. The edited screen is then displayed.

```

PCE Update Encounter      Jul 25, 1996 08:09:16
Page:  1 of  1

PCEPATIENT,ONE      000-45-6789      Clinic:
CARDIOLOGY

Encounter Date  07/22/96  11:08      Clinic Stop:
303  CARDIOLOGY

1 Encounter Date and Time:  JUL 22, 1996@11:08:14

2 Provider:  PCEPROVIDER,ONE      PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis:  V70.3      MED EXAM NEC-
ADMIN PURP

Provider Narrative:  OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis:  PRIMARY

4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
CPT Modifier: 22      UNUSUAL PROCEDURAL SERVICES

5 Education Topic:  VA-TOBACCO USE SCREENING

+ Next Screen  - Prev Screen  ?? More Actions
ED  Edit an Item      TR  Treatment      DD
Display Detail

DE  Delete an Item      IM  Immunization      DB
Display Brief

EN  Encounter      PE  Patient Ed      IN
Check Out Interview

PR  Provider      ST  Skin Test      QU
Quit

DX  Diagnosis (ICD)      XA  Exam
CP  CPT (Procedure)      HF  Health Factors

Select Action: Quit// [ENTER]

```

3.7. Delete an Item

Steps to Delete an Item:

1. Select UE from the PCE Encounter List screen.
2. Select the encounter you wish to edit.
3. Select DE from the PCE Update Encounter screen.

PCE Update Encounter		Jul 25, 1996 08:14:43	
Page: 1 of 1			
PCEPATIENT,ONE		000-45-6789	Clinic:
CARDIOLOGY			
Encounter Date		07/22/96 11:08	Clinic Stop:
303 CARDIOLOGY			
1 Encounter Date and Time: JUL 22, 1996@11:08:14			
2 Provider: PCEPROVIDER,ONE PRIMARY ATTENDING			
3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-ADMIN PURP			
Provider Narrative: OTHER GENERAL MEDICAL EXAMINATION FOR			
ADMINISTRATIVE PURPOSES			
Primary/Secondary Diagnosis: PRIMARY			
4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES			
CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES			
5 Education Topic: VA-TOBACCO USE SCREENING			
<div> + Next Screen - Prev Screen ?? More </div>			
Actions			
ED	Edit an Item	TR	Treatment DD
Display Detail			
DE	Delete an Item	IM	Immunization DB
Display Brief			
EN	Encounter	PE	Patient Ed IN
Check Out Interview			
PR	Provider	ST	Skin Test QU
Quit			
DX	Diagnosis (ICD)	XA	Exam

```
CP  CPT (Procedure)          HF  Health Factors
Select Action: Quit// de    Delete an Item
Select Entry(s) (1-5): 1-5
```

4. Answer the following prompts to indicate which items you will delete.

```
Deleting Provider PCEPROVIDER,ONE    PRIMARY
ATTENDING
Are you sure you want to remove this entry? NO//
[ENTER]

Deleting Diagnosis V70.3            MED EXAM NEC-ADMIN PURP
Are you sure you want to remove this entry? NO//
[ENTER]

Deleting CPT 25066                BIOPSY FOREARM SOFT TISSUES
Are you sure you want to remove this entry? NO//
[ENTER]

Deleting Patient Education VA-TOBACCO USE SCREENING
Are you sure you want to remove this entry? NO// YES

Deleting Encounter JUL 22, 1996@11:08:14    CARDIOLOGY
CARDIOLOGY
Are you sure you want to remove this entry? NO//
[ENTER]
```

5. The edited screen is then displayed.

```
PCE Update Encounter                Jul 25, 1996 08:16:02
Page:  1 of  1

PCEPATIENT,ONE    000-45-6789                Clinic:
CARDIOLOGY

Encounter Date  07/22/96  11:08                Clinic Stop:
303  CARDIOLOGY

1 Encounter Date and Time:  JUL 22, 1996@11:08:14
```

```

2 Provider:  PCEPROVIDER,ONE      PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis:  V70.3      MED EXAM NEC-
ADMIN PURP

Provider Narrative:  OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis:  PRIMARY

4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
CPT Modifier: 22      UNUSUAL PROCEDURAL SERVICES

+ Next Screen  - Prev Screen  ?? More
Actions
ED  Edit an Item      TR  Treatment      DD
Display Detail
DE  Delete an Item    IM  Immunization    DB
Display Brief
EN  Encounter         PE  Patient Ed      IN
Check Out Interview
PR  Provider          ST  Skin Test       QU
Quit
DX  Diagnosis (ICD)   XA  Exam
CP  CPT (Procedure)  HF  Health Factors
Select Action: Quit// [ENTER]

```

3.8. How to Add or Edit an Encounter

You can add an encounter for an appointment that doesn't have an encounter associated with it, or edit an existing encounter.

Steps to edit an Encounter:

1. Select UE from the PCE Appointment List screen.
2. Select EN from the PCE Update Encounter screen.

```

PCE Update Encounter      Jul 25, 1996 08:24:21
Page:  1 of  1

PCEPATIENT,ONE      000-45-6789      Clinic:
CARDIOLOGY

```

Encounter Date 07/22/96 11:08 Clinic Stop:
303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEPROVIDER,ONE PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES

CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

+ Next Screen - Prev Screen ?? More
Actions
ED Edit an Item TR Treatment DD
Display Detail
DE Delete an Item IM Immunization DB
Display Brief
EN Encounter PE Patient Ed IN
Check Out Interview
PR Provider ST Skin Test QU
Quit
DX Diagnosis (ICD) XA Exam
CP CPT (Procedure) HF Health Factors
Select Action: Quit// EN Encounter

3. Respond to the following prompts for the encounter, as appropriate.

Check out date and time: JUN 17,1996@09:00//
[ENTER](JUN 17, 1996@09:00)

--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]

4. If you answer NO to the last prompt above, you get additional prompts as shown below.

```
Check out date and time:  MAY
23,1996@15:17//[ENTER](MAY 23, 1996@15:17)

--- Classification --- [Required]

Was treatment for SC Condition? YES// n  NO
Was treatment related to Combat? n  NO
Was treatment related to Agent Orange Exposure? n  NO
Was treatment related to Ionizing Radiation Exposure?
n  NO
Was treatment related to SW Asia Conditions? n  NO
Was treatment related to Military Sexual Trauma? n
NO
Was treatment related to Head and/or Neck Cancer? n
NO
```

3.9. How to Add or Edit a Provider

When you enter or edit a provider for an encounter, you will be prompted to enter whether the provider is Primary and/or Attending. The default provider entered at checkout is the primary provider.

Steps to add or edit a Provider

1. Select UE, from the PCE Appointment List screen.
2. Select the appointment and encounter you wish to edit.
3. Select PR from the PCE Update Encounter screen.

```
PCE Update Encounter          Jul 25, 1996 08:24:21
Page:  1 of  1

PCEPATIENT,ONE      000-45-6789          Clinic:
CARDIOLOGY

Encounter Date  07/22/96  11:08          Clinic Stop:
303  CARDIOLOGY

1 Encounter Date and Time:  JUL 22, 1996@11:08:14
```

```

2 Provider:  PCEPROVIDER,ONE      PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis:  V70.3      MED EXAM NEC-
ADMIN PURP

Provider Narrative:  OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis:  PRIMARY

4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
CPT Modifier: 22      UNUSUAL PROCEDURAL SERVICES

5 Education Topic:  VA-TOBACCO USE SCREENING

```

```

+ Next Screen  - Prev Screen  ?? More
Actions
ED  Edit an Item          TR  Treatment          DD
Display Detail
DE  Delete an Item       IM  Immunization       DB
Display Brief
EN  Encounter            PE  Patient Ed          IN
Check Out Interview
PR  Provider             ST  Skin Test          QU
Quit
DX  Diagnosis (ICD)      XA  Exam
CP  CPT (Procedure)     HF  Health Factors
Select Action: Quit// PR  Provider

```

4. Choose whether you want to edit or add and respond to the other prompts, as appropriate.

```

--- Provider ---

1  PCEPROVIDER,ONE      PRIMARY      ATTENDING
Enter 1-1 to Edit, or 'A' to Add: 1

Provider:  PCEPROVIDER,ONE// [ENTER] PCEPROVIDER,ONE
Is this Provider Primary:  YES// [ENTER]

```


Is this Provider Attending: YES// NO

5. The edited screen is then displayed.

3.10. How to Add or Edit Diagnoses (ICD9)

You can enter a diagnosis and/or an ICD-9 code for a patient's encounter. You will be prompted to designate the diagnosis as primary or secondary. CIDC (Clinical Indicator Data Capture) has added functionality that displays patient Service Connected and Rated Disabilities for those SC patients. In addition, an optional Ordering/Resulting Diagnosis prompt asks "Is this Diagnosis Ordering, Resulting, or Both." See NOTE in Step 3.

With functionality put in place by the Code Set Versioning project, only ICD Codes that are active for the encounter date and time will be available.

Steps to add a Diagnosis:

1. Select UE from the PCE Appointment List screen.
2. Select DX from the PCE Update Encounter screen.

The sample below is from PCE Data Entry, also note that these prompts are seen in the Appointment Management Check-Out option.

PCE Update Encounter	Aug 21, 2003@15:57:33
Page: 1 of 1	
PCEpatient,one 000-00-0001P	Clinic:
GENERAL MEDICINE AT ALBANY	
Encounter Date 6/25/2003 10:00	Clinic Stop:
301 GENERAL INTERNAL MEDI	
1 Encounter Date and Time: JUN 25, 2003@10:00	
+ Next Screen - Prev Screen ?? More	
Actions	
ED Edit an Item	TR Treatment
DD Display Detail	
DE Delete an Item	IM Immunization
DB Display Brief	
EN Encounter	PE Patient Ed
IN Check Out Interview	
PR Provider	ST Skin Test
QU Quit	
DX Diagnosis (ICD)	XA Exam
CP CPT (Procedure)	HF Health Factors
Select Action: Quit// DX	Diagnosis (ICD 9) [ENTER]

Patient's Service Connection and Rated Disabilities:

SC Percent: 100%

Rated Disabilities: TRAUMATIC ARTHRITIS (10%-SC)

DIABETES MELLITUS (0%-SC)

--- Diagnosis ---

1 891.0 OPEN WND KNEE/LEG/ANKLE

2 200.01 RETICULOSARCOMA HEAD

Enter 1-2 to Edit, or 'A' to Add: A [ENTER]

3. Respond to the following prompts for the diagnosis, as appropriate.

Patient's Service Connection and Rated Disabilities:

SC Percent: 100%

Rated Disabilities: TRAUMATIC ARTHRITIS (10%-SC)

DIABETES MELLITUS (0%-SC)

ICD9 Code or Diagnosis: 891.0// 891.0 891.0 OPEN
WND KNEE/LEG/ANKLE

...OK? Yes// (Yes) [ENTER]

Provider Narrative: OPEN WOUND OF KNEE, LEG (EXCEPT
THIGH), AND ANKLE, WITHOUT

MENTION OF COMPLICATION

Replace [ENTER]

OPEN WOUND OF KNEE, LEG (EXCEPT THIGH), AND ANKLE,
WITHOUT MENTION OF COMPLICATI

ON [ENTER]

Is this Diagnosis Primary for the Encounter: YES//
[ENTER]

Is this Diagnosis Ordering, Resulting, or Both:
RESULTING [ENTER] (See NOTE)

Injury Date and (optional) Time: [ENTER]

Modifier: FOLLOW UP [ENTER]

```

Encounter Provider:      PCEprovider,one      BM
DOC [ENTER]

[ Provider Narrative Category:] [ENTER]
Comments:  SEVERE HEADACHE [ENTER]

--- Classification --- [Required]

Was treatment for SC Condition? NO// [ENTER]
Was treatment related to Combat? NO// [ENTER]
Was treatment related to Agent Orange Exposure? NO//
[ENTER]
Was treatment related to Ionizing Radiation Exposure?
NO// [ENTER]
Was treatment related to SW Asia Conditions? NO//
[ENTER]
Was treatment related to Military Sexual Trauma? NO//
[ENTER]
Was treatment related to Head and/or Neck Cancer?
NO// [ENTER]

```

Note: The Ordering/Resulting Diagnosis prompt is available for some application encounters (i.e., Surgery), that choose to distinguish between the ordering diagnosis and resulting diagnosis. This prompt is optional.

If user chooses:	Integrated Billing (IB) can generate:
Ordering	Institutional claim UB92.
Resulting	Professional claim HCFA 1500.
Both	Institutional and Professional claims UB92 and HCFA 1500.

When Ordering/Resulting Diagnosis is not entered, IB personnel must research the Provider's documentation for Ordering and Resulting diagnosis information.

4. The edited screen is then displayed.

3.11. How to Add or Edit a CPT (Procedure)

When you choose CPT (Procedure) under Update Encounter, you will also be prompted to enter the Provider Narrative, Quantity, Diagnosis, Principal Procedure, Encounter Provider, and comments. With functionality put in place by the Code Set Versioning project, only CPT Codes that are active for the encounter date and time will be available.

One Primary diagnosis and up to seven Secondary diagnoses may be associated with a procedure as clinical indicators. The example below shows the association as it appears on the PCE Encounter Profile screen.

CPT Code:	76003	NEEDLE LOCALIZATION BY X-RAY
Order Reference:	13559999	
Provider Narrative:	RENAL CYST ABLATION	
Quantity:	1	
Ordering Provider:	RNMprovider,one	
Encounter Provider:	RNMprovider,two	
Primary Diagnosis:	246.2	CYST OF THYROID
1st Secondary Diagnosis:	362.54	MACULAR CYST OR HOLE
2nd Secondary Diagnosis:	364.63	PRIMARY CYST PARS PLANA
3rd Secondary Diagnosis:	364.64	EXUDAT CYST PARS PLANA
4th Secondary Diagnosis:	383.31	POSTMASTOID MUCOSAL CYST
5th Secondary Diagnosis:	478.26	CYST PHARYNX/NASOPHARYNX
6th Secondary Diagnosis:	522.8	RADICULAR CYST
7th Secondary Diagnosis:	577.2	PANCREAT CYST/PSEUDOCYST

Steps to edit a CPT:

1. Select UE from the PCE Appointment List screen.
2. Select CP from the PCE Update Encounter screen.

PCE Update Encounter	Jul 02, 1999 08:24:21
Page: 1 of 1	
PCEoutpatient,two	000-00-0002
CARDIOLOGY	Clinic:

Encounter Date 07/99/96 11:08 Clinic Stop:
303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEprovider,one PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES

CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

	+ Next Screen	- Prev Screen	?? More
Actions			
ED Edit an Item	TR Treatment		DD
Display Detail			
DE Delete an Item	IM Immunization		DB
Display Brief			
EN Encounter	PE Patient Ed		IN
Check Out Interview			
PR Provider	ST Skin Test		QU
Quit			
DX Diagnosis (ICD 9)	XA Exam		
CP CPT (Procedure)	HF Health Factors		

Select Action: Quit// cp [ENTER] CPT (PROCEDURE)

Patient's Service Connection and Rated Disabilities:

SC Percent: 40%

Rated Disabilities: KNEE CONDITION (20%-SC)

KNEE CONDITION (10%-SC)

3. Respond to the following prompts for the Procedure, as appropriate.

```
--- CPT ---
```

```
1    K0104    Cylinder tank carrier
```

```
Enter 1-1 to Edit, or 'A' to Add: A [ENTER]
```

```
Patient's Service Connection and Rated Disabilities:
```

```
SC Percent: 40%
```

```
Rated Disabilities: KNEE CONDITION (20%-SC)
```

```
KNEE CONDITION (10%-SC)
```

```
DEGENERATIVE ARTHRITIS (10%-SC)
```

```
CPT Code: 82075 [ENTER]    ASSAY OF BREATH ETHANOL
```

```
Select CPT MODIFIER: [ENTER]
```

```
Provider Narrative: BREATH TEST [ENTER]
```

```
Quantity: 1// 1 [ENTER]
```

```
Principal Procedure: YES
```

```
Ordering Provider: PCEprovider,one (RESIDENT)
```

```
MFL 000A
```

```
Encounter Provider: PCEprovider,two (RESIDENT)
```

```
MFL 000A
```

```
Provider Narrative Category: [ENTER]
```

```
Comments: TESTING CIDC [ENTER]
```

```
Primary Diagnosis:303.01 [ENTER] AC ALCOHOL INTOX-  
CONTIN (w C/C)
```

```
Diagnosis is Primary? P// PRIMARY [ENTER]
```

```
Provider Narrative: [ENTER]
```

```
ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM,  
CONTINUOUS DRINKING BEHAVIOR
```

```
Diagnosis Modifier: [ENTER]
```

--- Classification --- [Required]

Was treatment for SC Condition? y YES [ENTER]

Was treatment related to Combat? y YES [ENTER]

Was treatment related to Agent Orange Exposure? y
YES [ENTER]

Was treatment related to Ionizing Radiation Exposure?
y YES [ENTER]

Was treatment related to SW Asia Conditions? y YES
[ENTER]

Was treatment related to Military Sexual Trauma? y
YES [ENTER]

Was treatment related to Head and/or Neck Cancer?
NO// y YES [ENTER]

1st Secondary Diagnosis: [ENTER]

Patient's Service Connection and Rated Disabilities:

SC Percent: 40%

Rated Disabilities: KNEE CONDITION (20%-SC)

KNEE CONDITION (10%-SC)

DEGENERATIVE ARTHRITIS (10%-SC)

CPT Code:

4. The edited screen is then displayed.

PCE Update Encounter Jul 02, 1999 08:24:21

Page: 1 of 1

PCEoutpatient,two 000-00-0002 Clinic:
TELEPHONE-PROSTHETICS

Encounter Date 10/00/2004 00:00 Clinic Stop:
999 TELEPHONE/PROSTHETICS

1 Encounter Date and Time: OCT 00, 2004@00:00:00

2 Provider: PCEprovider,one PRIMARY
Physician/Physician/Osteopath/

3 ICD9 Code or Diagnosis: 303.01 AC ALCOHOL
INTOX-CONTIN

Provider Narrative: ACUTE ALCOHOLIC INTOXICATION
IN ALCOHOLISM, CONTINUOUS

DRINKING BEHAVIOR

Primary/Secondary Diagnosis for the Encounter:
PRIMARY

4 ICD9 Code or Diagnosis: 716.26 ALLERG
ARTHRITIS-L/LEG

Provider Narrative: ALLERGIC ARTHRITIS INVOLVING
LOWER LEG

5 CPT Code: K0999 Cylinder tank carrier

Primary Diagnosis: 428.0 CONGEST HEART FAIL
UNSPESIFIED

6 CPT Code: 82075 ASSAY OF BREATH ETHANOL

Provider Narrative: BREATH TEST

Primary Diagnosis: 303.01 AC ALCOHOL INTOX-
CONTIN

1st Secondary Diagnosis: 716.26 ALLERG
ARTHRITIS-L/LEG

+ Next Screen - Prev Screen ?? More

Actions

ED Edit an Item

TR Treatment

DD Display Detail

DE Delete an Item

IM Immunization

DB Display Brief

EN Encounter

PE Patient Ed

IN Check Out Interview

PR Provider

ST Skin Test

QU Quit

DX Diagnosis (ICD)

XA Exam

3M 3M Coding System

CP CPT (Procedure)

HF Health Factors[J

Select Action: Quit//

3.12. How to Add or edit Treatments

When you choose Treatment under Update Encounter, you will also be prompted to enter the Provider Narrative, How Many, Encounter Provider, and comments.

Note: A Clinical Coordinator can change the items or categories available to choose from for Treatment through the PCE Table Maintenance Menu. If you wish to help define the Treatment list, check with your Coordinator.

Steps to edit Treatment:

1. Select UE from the PCE Appointment List screen.
2. Select TR from the PCE Update Encounter screen.

PCE Update Encounter Jul 25, 1996 08:24:21
Page: 1 of 1

PCEPATIENT,ONE 000-45-6789 Clinic:
CARDIOLOGY

Encounter Date 07/22/96 11:08 Clinic Stop:
303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEPROVIDER,ONE PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES
CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

+ Next Screen - Prev Screen ?? More

Actions

ED Edit an Item TR Treatment DD
Display Detail

DE Delete an Item	IM Immunization	DB
Display Brief		
EN Encounter	PE Patient Ed	IN
Check Out Interview		
PR Provider	ST Skin Test	QU
Quit		
DX Diagnosis (ICD)	XA Exam	
CP CPT (Procedure)	HF Health Factors	
Select Action: Quit// TR		

3. Respond to the following prompts for the Treatment, as appropriate.

```
Treatment: Exercise
Provider Narrative: Circulatory Problems
How Many: 1// [ENTER]
Encounter Provider: PCEPROVIDER,FOUR// [ENTER]
PCEPROVIDER,FOUR
Comments:[ENTER]
```

4. The edited screen is then displayed.

3.13. How to Add or Edit an Immunization

When you choose Immunization under Update Encounter, you will also be prompted to enter the Provider, Series, Reaction, Repeat Contraindicated, ordering and administered times, and comments.

Immunizations are mapped to CPT codes. When an Immunization is entered, the user will be prompted for diagnoses which are associated with the mapped CPT code. If the diagnoses have not already appeared in the encounter, the user will be prompted for additional information to qualify the diagnosis such as modifiers, comments and SC/EI classifications.

Steps to add an Immunization:

1. Select UE from the PCE Appointment List screen.
2. Select IM from the PCE Update Encounter screen.

```
PCE Update Encounter          Jul 25, 1996 08:24:21
Page: 1 of 1
PCEoutpatient,two          000-00-0002          Clinic:
CARDIOLOGY
```

Encounter Date 07/22/96 11:08 Clinic Stop:
303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEprovider,one PRIMARY
ATTENDING

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES

CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

+ Next Screen - Prev Screen ?? More

Actions

ED Edit an Item TR Treatment DD
Display Detail

DE Delete an Item IM Immunization DB
Display Brief

EN Encounter PE Patient Ed IN
Check Out Interview

PR Provider ST Skin Test QU
Quit

DX Diagnosis (ICD) XA Exam

CP CPT (Procedure) HF Health Factors

Select Action: Quit//im Immunization [ENTER]

--- Immunization ---

Patient's Service Connection and Rated Disabilities:

SC Percent: 100%

Rated Disabilities: TRAUMATIC ARTHRITIS (10%-SC)

DIABETES MELLITUS (0%-SC)

3. Respond to the following prompts for the immunization, as appropriate.

```
Immunization:  TETANUS DIPHTHERIA (TD-ADULT) [ENTER]
Encounter Provider:  PCEprovider,one //      ST.PETE
(PHYSICIAN)      PO      045A      [ENTER]
Series:  BOOSTER// BOOSTER [ENTER]
Reaction:  FEVER// FEVER [ENTER]
Repeat Contraindicated:  NO//[ENTER] NO (OK TO USE IN
THE FUTURE)
Administered Date and (optional) Time:  (8/18/2004 -
10/17/2004): 09172004 [ENTER] (SEP
17, 2004)
Comments:  TESTING CIDC [ENTER]
Diagnosis: 276.6 [ENTER] FLUID OVERLOAD (w C/C)
Provider Narrative: [ENTER]
FLUID OVERLOAD DISORDER
Diagnosis Modifier: [ENTER]

--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]
Was treatment related to Combat? YES// [ENTER]
Was treatment related to Agent Orange Exposure? NO//
[ENTER]
Was treatment related to Ionizing Radiation Exposure?
NO// [ENTER]
Was treatment related to SW Asia Conditions?
NO//[ENTER]
Was treatment related to Military Sexual Trauma? NO//
[ENTER]
Was treatment related to Head and/or Neck Cancer?
YES// [ENTER]
Immunization:
```

4. The edited screen is then displayed.

Note: To record a secondary diagnosis, edit the immunization and enter the secondary diagnosis at the ICD-9 Other Diagnosis prompt or ICD-10 Other Diagnosis prompt, as appropriate.

3.14. How to Add or Edit a Patient Ed

When you choose Patient Ed under Update Encounter, you will be prompted to enter the Education Topic, Level of Understanding, Encounter Provider, and Comments.

Note: A Clinical Coordinator can change the items or categories available to choose from for Patient Ed through the PCE Table Maintenance Menu. If you wish to help define the Patient Education list, check with your Coordinator.

Steps to add Patient Ed:

1. Select UE from the PCE Appointment List screen.
2. Select PE from the PCE Update Encounter screen.

```
PCE Update Encounter          Jul 25, 1996 08:24:21
Page:  1 of  1

PCEPATIENT,ONE      000-45-6789      Clinic:
CARDIOLOGY

Encounter Date  07/22/96  11:08      Clinic Stop:
303  CARDIOLOGY

    1 Encounter Date and Time:  JUL 22, 1996@11:08:14

    2 Provider:  PCEPROVIDER,ONE      PRIMARY
ATTENDING

    3 ICD9 Code or Diagnosis:  V70.3      MED EXAM NEC-
ADMIN PURP

    Provider Narrative:  OTHER GENERAL MEDICAL
EXAMINATION FOR

                                ADMINISTRATIVE PURPOSES

    Primary/Secondary Diagnosis:  PRIMARY

    4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
    CPT Modifier:  22      UNUSUAL PROCEDURAL SERVICES

    5 Education Topic:  VA-TOBACCO USE SCREENING

        + Next Screen      - Prev Screen      ?? More
Actions
```

ED Edit an Item Display Detail	TR Treatment	DD
DE Delete an Item Display Brief	IM Immunization	DB
EN Encounter Check Out Interview	PE Patient Ed	IN
PR Provider Quit	ST Skin Test	QU
DX Diagnosis (ICD)	XA Exam	
CP CPT (Procedure)	HF Health Factors	
Select Action: Quit// PE Patient Ed		

3. Respond to the following prompts for Patient Education.

```

Education Topic: Followup
Level of Understanding: 3 GOOD
Encounter Provider: PCEPROVIDER,ONE// [ENTER]
Comments: [ENTER]

```

4. The edited screen is then displayed.

3.15. How to Add or Edit a Skin Test

When you choose Skin Test under Update Encounter, you will also be prompted to enter the Topic, Level of Understanding, and Encounter Provider.

When a Skin Test is entered, the user will be prompted for diagnoses which are associated with the mapped CPT code. If the diagnoses have not already appeared in the encounter, the user will be prompted for additional information to qualify the diagnosis such as modifiers, comments, and SC/EI classifications.

Steps to add a Skin Test:

1. Select UE from the PCE Appointment List screen.
2. Select ST from the PCE Update Encounter screen.

```

PCE Update Encounter Jul 25, 1996 08:99:21 Page: 1
of 1
PCEoutpatient,two 000-00-0002 Clinic:
CARDIOLOGY
Encounter Date 07/22/96 11:08 Clinic Stop:
303 CARDIOLOGY
1 Encounter Date and Time: JUL 22, 1996@11:08:14

```

```

2 Provider: PCEprovider,one PRIMARY
ATTENDING
3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
ADMIN PURP
Provider Narrative: OTHER GENERAL MEDICAL
EXAMINATION FOR
ADMINISTRATIVE PURPOSES
Primary/Secondary Diagnosis: PRIMARY
4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES
CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES
5 Education Topic: VA-TOBACCO USE SCREENING
+ Next Screen - Prev Screen ?? More
Actions
ED Edit an Item TR Treatment DD
Display Detail
DE Delete an Item IM Immunization DB
Display Brief
EN Encounter PE Patient Ed IN
Check Out Interview
PR Provider ST Skin Test QU
Quit
DX Diagnosis (ICD) XA Exam
CP CPT (Procedure) HF Health Factors
Select Action: Quit// ST Skin Test [ENTER]

```

3. Respond to the following prompts for Skin Tests, as appropriate.

```

--- Skin Test ---

1 CANDIDA
Enter 1-1 to Edit, or 'A' to Add: A [ENTER]

Patient's Service Connection and Rated Disabilities:

SC Percent: 100%
Rated Disabilities: TRAUMATIC ARTHRITIS (10%-SC)

```

```

DIABETES MELLITUS (0%-SC)
Skin Test: PPD [ENTER]
Reading in mm: N [ENTER]
Results: NEGATIVE [ENTER]
Administered Date and (optional) Time: (8/18/2004 -
10/17/2004): 09172004 [ENTER] (SEP
17, 2004)
Reading Date and (optional) Time: (8/18/2004 -
11/16/2004): 11162004 [ENTER] (NOV 16,
2004)
Reader: PCEprovider,one [ENTER] ST.PETE
(PHYSICIAN) PO 099A
Comments: Enter comments [ENTER]
Diagnosis: SKIN [ENTER]
1 SKIN 102.2 EARLY SKIN YAWS NEC
2 SKIN 112.3 CUTANEOUS CANDIDIASIS
3 SKIN 172.1 MALIG MELANOMA EYELID
4 SKIN 172.2 MALIG MELANOMA EAR
5 SKIN 172.3 MAL MELANOM FACE NEC/NOS
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 [ENTER] 102.2 EARLY SKIN YAWS NEC
Provider Narrative: [ENTER]
OTHER EARLY SKIN LESIONS OF YAWS
Diagnosis Modifier: [ENTER]

--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]
Was treatment related to Combat? YES// [ENTER]
Was treatment related to Agent Orange Exposure? NO//
[ENTER]
Was treatment related to Ionizing Radiation Exposure?
NO// [ENTER]
Was treatment related to SW Asia Conditions?
NO//[ENTER]

```



```
Was treatment related to Military Sexual Trauma? NO//  
[ENTER]  
Was treatment related to Head and/or Neck Cancer?  
YES// [ENTER]  
Diagnosis 2:
```

3.16. How to Add or Edit an Exam

When you choose Exam under Update Encounter, you will also be prompted to enter the Topic, Level of Understanding, and Encounter Provider.

Note: A Clinical Coordinator can change the items or categories available to choose from for Exams through the PCE Table Maintenance Menu. To help define the Exam list, check with your Coordinator.

Steps to add an Exam:

1. Select UE, from the PCE Appointment List screen.
2. Select XA from the PCE Update Encounter screen.

```
PCE Update Encounter          Jul 25, 1996 08:24:21  
Page:  1 of  1  
  
PCEPATIENT,ONE      000-45-6789      Clinic:  
CARDIOLOGY  
  
Encounter Date  07/22/96  11:08      Clinic Stop:  
303  CARDIOLOGY  
  
  1 Encounter Date and Time:  JUL 22, 1996@11:08:14  
  
  
  2 Provider:  PCEPROVIDER,ONE      PRIMARY  
ATTENDING  
  
  3 ICD9 Code or Diagnosis:  V70.3      MED EXAM NEC-  
ADMIN PURP  
  
  Provider Narrative:  OTHER GENERAL MEDICAL  
EXAMINATION FOR  
  
                        ADMINISTRATIVE PURPOSES  
  
  Primary/Secondary Diagnosis:  PRIMARY  
  
  4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES  
  CPT Modifier:  22      UNUSUAL PROCEDURAL SERVICES  
  
  5 Education Topic:  VA-TOBACCO USE SCREENING
```

	+ Next Screen	- Prev Screen	?? More
Actions			
ED Edit an Item Display Detail	TR	Treatment	DD
DE Delete an Item Display Brief	IM	Immunization	DB
EN Encounter Check Out Interview	PE	Patient Ed	IN
PR Provider Quit	ST	Skin Test	QU
DX Diagnosis (ICD)	XA	Exam	
CP CPT (Procedure)	HF	Health Factors	
Select Action: Quit// XA Exam			

3. Respond to the following prompts for Exams, as appropriate.

```

Exam:  GENERAL EXAM
Results:  ?
Choose from:
A          ABNORMAL
N          NORMAL
Results:  NORMAL
Encounter Provider:  PCEPROVIDER,TEN//[ENTER]
PCEPROVIDER,TEN          TP
Comments:  [ENTER]
Exam:  [ENTER]

```

4. The edited screen is then displayed.

3.17. How to Add or Edit Health Factors

When you choose Health Factors under Update Encounter, you will also be prompted to enter the Level/Severity and comments.

Note: A Clinical Coordinator can change the items to choose from for Health Factors through the PCE Table Maintenance Menu. If you wish to help define the Health Factor list, check with your Coordinator.

Steps to add a Health Factor:

1. Select UE from the PCE Appointment List screen.
2. Select HF from the PCE Update Encounter screen.

PCE Update Encounter Jul 25, 1996 08:24:21
 Page: 1 of 1
 PCEPATIENT,ONE 000-45-6789 Clinic:
 CARDIOLOGY
 Encounter Date 07/22/96 11:08 Clinic Stop:
 303 CARDIOLOGY

1 Encounter Date and Time: JUL 22, 1996@11:08:14

2 Provider: PCEPROVIDER,ONE PRIMARY
 ATTENDING

3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-
 ADMIN PURP

Provider Narrative: OTHER GENERAL MEDICAL
 EXAMINATION FOR

ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis: PRIMARY

4 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES

CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES

5 Education Topic: VA-TOBACCO USE SCREENING

	+ Next Screen	- Prev Screen	?? More
Actions			
ED Edit an Item	TR Treatment		DD
Display Detail			
DE Delete an Item	IM Immunization		DB
Display Brief			
EN Encounter	PE Patient Ed		IN
Check Out Interview			
PR Provider	ST Skin Test		QU
Quit			
DX Diagnosis (ICD)	XA Exam		
CP CPT (Procedure)	HF Health Factors		
Select Action: Quit// HF Health Factors			

3. Respond to the following prompts for the Health Factor, as appropriate.

```

Health Factor:  current smoker
Level/Severity:  ?
Choose from:
M             MINIMAL
MO            MODERATE
H             HEAVY/SEVERE
Level/Severity:  HEAVY/SEVERE
Comments:  Trying to quit
Health Factor:  [ENTER]

```

4. The edited screen is then displayed.

3.18. How to Add or Edit the Checkout Interview

The "Checkout Interview" which is done for all outpatients through the Scheduling package, can now also be done through PCE. You are prompted to enter Provider (and to designate if Primary Provider), Service-connection status, CPT codes, Diagnosis, etc. You may also designate if the Diagnosis should be added to the patient's Problem List.

REMEMBER: Entering one or two question marks will provide help (including lists of acceptable CPT codes, Diagnoses) on how to respond to prompts. With functionality put in place by the Code Set Versioning project, only ICD and CPT Codes that are active for the encounter date and time will be available.

Steps to add a Checkout Interview:

1. Select Checkout Interview from the Encounter or Appointment List screen or from the Update Encounter screen.

```

PCE Update Encounter          Jul 25, 1996 09:22:42
Page:  1 of      1

PCEPATIENT,ONE      000-45-6789          Clinic:
CARDIOLOGY

Encounter Date  07/22/96  11:08          Clinic Stop:
303  CARDIOLOGY

      1 Encounter Date and Time:  JUL 22, 1996@11:08:14

      2 Provider:  PCEPROVIDER,ONE      PRIMARY

      3 ICD9 Code or Diagnosis:  V70.3      MED EXAM NEC-
ADMIN PURP

```

```

Provider Narrative:  OTHER GENERAL MEDICAL
EXAMINATION FOR

                        ADMINISTRATIVE PURPOSES

Primary/Secondary Diagnosis:  PRIMARY

4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
CPT Modifier: 22      UNUSUAL PROCEDURAL SERVICES

5 Education Topic:  VA-TOBACCO USE SCREENING

```

```

          + Next Screen    - Prev Screen    ?? More
Actions
ED  Edit an Item          TR  Treatment          DD
Display Detail
DE  Delete an Item        IM  Immunization        DB
Display Brief
EN  Encounter             PE  Patient Ed          IN
Check Out Interview
PR  Provider              ST  Skin Test           QU
Quit
DX  Diagnosis (ICD)        XA  Exam
CP  CPT (Procedure)        HF  Health Factors
Select Action: Quit// IN  Check Out Interview

```

2. Confirm or edit the checkout date and service-connection status.

```

--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]

```

3. Enter the provider associated with the procedure performed during this encounter. (You can enter more than one provider and more than one procedure for each provider.)

```

PAT/APPT/CLINIC:  PCEPATIENT,ONE      JUL 22,
1996@11:08:14      CARDIOLOGY

          - - ENCOUNTER PROVIDER
S - -
No. PROVIDER

                        No PROVIDERS for this
Encounter.

```

Enter PROVIDER: PCEPROVIDER,ONE

Is this the PRIMARY provider for this ENCOUNTER?

YES// [ENTER]

PAT/APPT/CLINIC: PCEPATIENT,ONE JUL 22,
1996@11:08:14 CARDIOLOGY

PROVIDER: ...There is 1 PROVIDER associated with this encounter.

Previous Entry: PCEPROVIDER,ONE

- - E N C O U N T E R P R O V I D E R
S - -

No. PROVIDER

1 PCEPROVIDER,ONE* PRIMARY

Enter PROVIDER: [ENTER]

4. Enter the ICD code or Diagnosis and whether you want it added to the Problem List.

PAT/APPT/CLINIC: PCEPATIENT,ONE JUL 22,
1996@11:08:14 CARDIOLOGY

ICD CODE: V70.3 --MED EXAM NEC-ADMIN PURP
PRIMARY - - E N C O U N T E R D I A G N O S I S
(ICD9 CODES) - -

No. ICD DESCRIPTION
PROBLEM LIST

No DIAGNOSIS for this
Encounter.

Enter Diagnosis : V70.3--MED EXAM NEC-ADMIN PURP

ONE primary diagnosis must be established for each encounter!

Is this the PRIMARY DIAGNOSIS for this ENCOUNTER?
YES// [ENTER]

PAT/APPT/CLINIC: PCEPATIENT,ONE JUL 22,
1996@11:08:14 CARDIOLOGY

ICD CODE: ...There is 1 PROVIDER associated with this encounter.

Previous Entry: V70.3

- - E N C O U N T E R D I A G N O S I S
(ICD9 CODES) - -

No. ICD DESCRIPTION
PROBLEM LIST

1	V70.3*	MED EXAM NEC-ADMIN PURP	PRIMARY
---	--------	-------------------------	---------

Enter NEXT Diagnosis : 210

PAT/APPT/CLINIC: PCEPATIENT,ONE JUL 22,
1996@11:08:14 CARDIOLOGY

ICD CODE: ...There is 1 PROVIDER associated with this encounter.r.

Previous Entry: V70.3

ITEM	CODE	DESCRIPTION	10 MATCHES
1	210.0	BENIGN NEOPLASM OF LIP	
2	210.1	BENIGN NEOPLASM OF TONGUE	
3	210.2	BENIGN NEOPLASM OF MAJOR SALIVARY GLANDS	
4	210.3	BENIGN NEOPLASM OF FLOOR OF MOUTH	
5	210.4	BENIGN NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH	
6	210.5	BENIGN NEOPLASM OF TONSIL	

7	210.6	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX
8	210.7	BENIGN NEOPLASM OF NASOPHARYNX
9	210.8	BENIGN NEOPLASM OF HYPOPHARYNX
10	210.9	BENIGN NEOPLASM OF PHARYNX, UNSPECIFIED

Select a single 'ITEM NUMBER' or 'RETURN' to exit: 6
 ONE primary diagnosis must be established for each encounter!

Is this the PRIMARY DIAGNOSIS for this ENCOUNTER?
 YES// NO

PAT/APPT/CLINIC: PCEPATIENT,ONE JUL 22,
 1996@11:08:14 CARDIOLOGY

ICD CODE: ...There is 1 PROVIDER associated with this encounter.r.

Previous Entry: 210.5

- - E N C O U N T E R D I A G N O S I S
 (ICD9 CODES) - -

No. ICD DESCRIPTION
 PROBLEM LIST

1	210.5*	BENIGN NEOPLASM TONSIL
2	V70.3*	MED EXAM NEC-ADMIN PURP

YES

Enter NEXT Diagnosis: [ENTER]

Would you like to add any Diagnoses to the Problem List? NO// YES

Select 1 or several Diagnoses (eg 1,3,4,7,3-6,2-5):
 1,2

Enter PROVIDER associated with PROBLEM:
 PCEPROVIDER,ONE // [ENTER]

5. Enter the Procedure (CPT code or procedure name).

You can enter the CPT code or CPT Category or description. A '*' next to a procedure indicates that it was either added or edited during this session. You can also remove an existing CPT code for this encounter by entering 0 or @.

```
PAT/APPT/CLINIC:  PCEPATIENT,ONE      JUL 22,
1996@11:08:14      CARDIOLOGY

      - - E N C O U N T E R   P R O C E D U R E S
(CPT CODES) - -

No. CPT CODE  QUANTITY  DESCRIPTION
PROVIDER

                                No CPT CODES for this
Encounter.

Enter PROCEDURE (CPT CODE): 25066      BIOPSY FOREARM
SOFT TISSUES
```

6. Enter the modifiers and the number of times the procedure was administered.

```
Select CPT MODIFIER: 22  UNUSUAL PROCEDURAL SERVICES
How many times was this procedure performed: 1//
[ENTER]

Enter PROVIDER associated with PROCEDURE:
PCEPROVIDER,ONE // [ENTER]

The prompts will then recycle through PROCEDURE and
PROVIDER to allow you to enter more, if necessary.
Press ENTER to bypass these prompts when you don't
wish to add more.

PAT/APPT/CLINIC:  PCEPATIENT,ONE      JUL 22,
1996@11:08:14      CARDIOLOGY

PROVIDER: ...Enter the provider associated with the
CPT'S.....

      CPT: ...There is 1 PROCEDURE associated with
this encounter.

      - - E N C O U N T E R   P R O C E D U R E S
(CPT CODES) - -
```

No.	CPT CODE	QUANTITY	DESCRIPTION
PROVIDER			
1	25066*	1	BIOPSY FOREARM SOFT TISSUES
PCEPROVIDER,ONE			
	CPT Modifier: 22		UNUSUAL PROCEDURAL SERVICES
Enter NEXT PROCEDURE (CPT CODE): [ENTER]			

7. The Update Encounter screen is then redisplayed with the Checkout Interview information.

PCE Update Encounter	Jul 25, 1996 10:06:59
Page: 1 of 1	
PCEPATIENT,ONE	000-45-6789
CARDIOLOGY	Clinic:
Encounter Date 07/22/96 11:08	Clinic Stop:
303 CARDIOLOGY	
1 Encounter Date and Time: JUL 22, 1996@11:08:14	
2 Provider: PCEPROVIDER,ONE PRIMARY	
3 ICD9 Code or Diagnosis: V70.3 MED EXAM NEC-ADMIN PURP	
Provider Narrative: OTHER GENERAL MEDICAL EXAMINATION FOR	
ADMINISTRATIVE PURPOSES	
4 ICD9 Code or Diagnosis: 210.5 BENIGN NEOPLASM TONSIL	
Provider Narrative: BENIGN NEOPLASM OF TONSIL	
Primary/Secondary Diagnosis: PRIMARY	
5 CPT Code: 25066 BIOPSY FOREARM SOFT TISSUES	
CPT Modifier: 22 UNUSUAL PROCEDURAL SERVICES	
6 Education Topic: VA-TOBACCO USE SCREENING	
+ Next Screen - Prev Screen ?? More	
Actions	
ED Edit an Item	TR Treatment DD
Display Detail	

DE Delete an Item	IM Immunization	DB
Display Brief		
EN Encounter	PE Patient Ed	IN
Check Out Interview		
PR Provider	ST Skin Test	QU
Quit		
DX Diagnosis (ICD)	XA Exam	
CP CPT (Procedure)	HF Health Factors	
Select Action: Quit// [ENTER]		

3.19. Adding or Editing Directions to Patient's Home

The Directions to Patient's Home Add/Edit option lets you enter directions to a patient's home, which can then be displayed on a Health Summary.

This feature is especially useful for Hospital-Based Home Care staff.

Steps to add directions to patient's home:

1. Choose HOME from the main PCE menu.
2. Select a patient name.
3. If no directions have already been entered, type in free text at the prompt.

Note: The screen editor you use in all your work will determine how you enter text.

Select PCE Coordinator Menu Option: home Directions
to Patient's Home Add/Edit

Select PATIENT NAME: PCEPATIENT

1 PCEPATIENT,ONE 06-04-08 000456789
NON-VETERAN (OTHER)

2 PCEPATIENT,TWO 02-16-33 666000000
NSC VETERAN

CHOOSE 1-2: 1 PCEPATIENT,ONE 06-04-08 000456789
NON-VETERAN (OTHER)

LOCATION OF HOME:

1>On the dock.

```
2>
EDIT Option:[ENTER]

Select PATIENT NAME:[ENTER]
```

4. To edit directions that were previously entered, select the edit option and proceed to edit according to the screen editor process you normally use.

```
Select PCE Coordinator Menu Option: home  Directions
to Patient's Home Add/Edit

Select PATIENT NAME: PCEPATIENT,EIGHT
PCEPATIENT,EIGHT  09-12-44  666777888 SC VETERAN
LOCATION OF HOME:. . .

  6> WIER STREET. TURN LEFT ON WEIR STREET AND GO TO
  END.

  7> TO THE LEFT OF THE DEADEND IS A DIRT PATH.

  8> FOLLOW THIS PATH 1/4 MILES UNTIL YOU REACH A
  WHITE HOUSE.

EDIT Option: 8
REPLACE: WHITE      WITH:  GREEN      REPLACE: [ENTER]
EDIT Option: [ENTER]

Select PATIENT NAME: [ENTER]
```

3.20. Key Concepts

- Clinicians can add individual types of data (immunizations, patient education) through the PCE user interface.
- Clerks can add encounter form data that was incorrectly scanned or was missing.
- The equals sign (=) can be used as a shortcut when selecting an action plus encounters or appointments from a list (e.g., Select Action: ED=2).
- Information added to PCE can be viewed on the Health Summary or on PCE Clinical Reports.
- Information added to PCE can be used to generate clinical reminders that will appear on a patient's Health Summary.
- Each site can modify the choices available in PCE files for health factors, patient education, etc.

- You can enter encounter information for an inexact time in the past or from another site through Make Historical Enc.
- Information entered through the Checkout Interview goes into the Scheduling package. The Checkout Interview information can also be entered directly through the Scheduling package. The dialogues, screens and resulting data are identical between the two packages.

4.0 PCE and Health Summary

Information such as Patient Education, Health Factors, and Immunizations, as well as clinical reminders about when these things are due, can be displayed on Health Summaries. Health Summary has special components designed to include these elements. See PCE Clinical Reports in this manual for setting up Clinical Reminders to appear on Health Summaries. An example of Health Summary with PCE components appears below.

```

08/06/96 14:38
*****      CONFIDENTIAL PCE COMPONENTS SUMMARY
*****

PCEPATIENT,ONE      000-45-6789
DOB: 04/01/44

----- BDEM - Brief Demographics -----

                Address: 321 S 3400 E
Phone:
                                SALT LAKE CITY, UTAH  84105
                Eligibility: SC LESS THAN 50%
Age: 52

Sex: FEMALE

----- CR - Clinical Reminders -----

                                --NEXT--  --LAST--
Patient Education - Smoking      DUE NOW   unknown
Mammogram                      DUE NOW    8/94

----- OE - Outpatient Encounter -----

```

02/31/96	SALT LAKE	CARDIOLOGY	SC
LESS THAN 50%			
Provider: PCEPROVIDER,ONE (P)			
Diagnosis: 334.0-FRIEDREICH'S ATAXIA			
Procedure: 33200-INSERTION OF HEART PACEMAKER			

----- IM - Immunizations -----

PNEUMO-VAC B	06/10/96	SALT LAKE	FEVER; DO NOT REPEAT
SABIN/OPV 1	04/22/96	SALT LAKE	

----- EDL - Education Latest (max 1 year) -----

08/01/96	SALT LAKE	VA-SUBSTANCE ABUSE - REFUSED
06/10/96	SALT LAKE	VA-DIABETES MEDICATIONS - GOOD UNDERSTANDING

----- EXAM - Exams Latest (max 1 year) -----

ABDOMEN EXAM	06/10/96	ABNORMAL	SALT
LAKE			
GENERAL EXAM	08/01/96	NORMAL	SALT
LAKE			

```

ORTHO EXAM                                05/13/96  ABNORMAL  SALT
LAKE

---- HF - Health Factors (max 1 occurrence or 1 year) ----

TOBACCO

  TOBACCO USER (HEAVY/SEVERE)                08/01/96

* END *

Press <RET> to continue, ^ to exit, or select component:

```

4.1. PCE Clinical Reports

The PCE Clinical Reports options provide clinicians and managers with summary data about their patients, workload activity, and encounter counts. The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.

Clinical Reports Menu:

PA	Patient Activity by Clinic
CP	Caseload Profile by Clinic
WL	Workload by Clinic
DX	Diagnosis Ranked by Frequency
LE	Location Encounter Counts
PE	Provider Encounter Counts

The Caseload Profile by Clinic and Patient Activity by Clinic reports track Critical Lab Values and Emergency Room Visits (among other things). The PCE Report Parameter Edit option on the PCE HS/RPT Parameter menu allows your site to specify which clinics in the Hospital Location file (#44) represent "Emergency Room" clinics and what tests from the Laboratory Test file (#60) should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. (This is necessary since the Laboratory Test File is not standardized and each site may have customized it differently.)

Note: If month or day are not known, historical encounters will appear on encounter screens or reports with zeroes for the missing dates; for example, 01/00/95 or 00/00/94.

4.2. Caseload Profile by Clinic

This report generates a profile of the patients in a clinic's caseload for a selected date range. One or more clinics or a stop code may be selected to represent the caseload. If stop code is selected, a report is generated for each clinic within that stop code. The percentage and overall mean are calculated based on the patient data for all of the clinics selected. Where only one clinic is selected, these values are not applicable.

Note: There must be at least one PCE encounter within the selected date range for this report, even though there may be lab, radiology, and outpatient pharmacy occasions of service with the other timeframes (6 & 12 months).

This report combines PCE encounter, Lab, Radiology, Outpatient Pharmacy, and Admissions data. It provides a profile of the patients making up a clinic's caseload, over a representative period of time. Clinical staff will decide the appropriate date range. Report areas are demographics of clinic caseload, preventive medicine, quality of care markers, and utilization. Patient age, diagnosis, gender, Lab assay, RX, and procedure are all used to generate the patient profile.

```
Select PCE Clinical Reports Option: CP  Caseload Profile
by Clinic
```

Caseload Profile by Clinic

The overall mean values for this report will be for the clinic(s) selected which had encounters during the selected date range.

```
Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP
CODE: S CLINIC STOP CODE
```

```
Select the CLINIC STOP code: DIABETES
```

```
Enter ENCOUNTER BEGINNING DATE: T-30  (JUN 29, 1996)
```

```
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL
29, 1996)
```

```
DEVICE: HOME//  VAX  RIGHT MARGIN: 80// [ENTER]
```


29, 1996@11:21

Jul

Caseload Profile by Clinic

Clinic: DIABETES CLINIC

Compared to the mean of: DIABETES Clinic Stop

for 1 of 1 clinics with data

CASELOAD DEMOGRAPHICS for Encounter date range			
Clinic	Overall		
Jun 29, 1996 to Jul 29, 1996			#
%	Mean %		

Number of patient encounters	40	-	-
Number of clinic sessions	17	-	-
Number of patients per clinic session	2.4	-	-
Median patient age in years	46	-	-
Patients with: Coronary Artery Disease	0	0.0	0.0
Diabetes	0	0.0	0.0
Hypertension	0	0.0	0.0
Hyperlipidemia	0	0.0	0.0
Diabetes and Hypertension	0	0.0	0.0

PREVENTIVE MEDICINE (12 mos. prior to Jul 29, 1996)			
Clinic	Overall		
Jul 30, 1995 to Jul 29, 1996			#
%	Mean %		

Patients who smoke.			0
0.0	0.0		
Females >50 who had a mammogram in the last year			0
0.0	0.0		
(There were 1 females >50 years of age).			

QUALITY OF CARE MARKERS (6 mos. prior to Jul 29, 1996)			
Clinic Overall			
Jan 31, 1996 to Jul 29, 1996		#	Mean #

Average HBA1C of your patients with Diabetes		N/A	N/A
Patients with HBA1C> 7%		0	0.0
Patients w/ Coronary Artery Disease who smoke		0	0.0
Ave. LDL for patients with Coronary Artery Disease		N/A	N/A
(0 of 0 pats. with CAD had no LDL results.)			
Number of patients with: Glucose >240		0	0.0
Cholesterol >200		0	0.0
Either a Systolic bp >160			
Diastolic bp > 90		0.0	0.0
Unscheduled encounters per patient.		0.0	0.0
Emergency Room encounters per patient.		0.0	0.0
Hospitalizations per patient.		0.2	0.2

UTILIZATION DATA (12 months prior to Jul 29, 1996			
Number Overall			
Jul 30, 1995 to Jul 29, 1996		#	Mean #

Number of male patients		9	-
Number of female patients		4	-
Average number of encounters per patient		6.8	6.8
Average number of active output. medications per patient		0.0	0.0
Average pharmacy cost per patient		\$ 0.0	0.0
Press RETURN to continue...[ENTER]			

4.3. Workload by Clinic

This report provides a summary of clinic workload based on the evaluation and management codes associated with encounters occurring within a selected date range. The report will have the most complete information if it is run for a

date range where clinic activities have been documented online. The representative period of time for the selected date range may be determined by clinical staff.

This report may be run for one or more clinics or for a stop code. Individual clinic totals are presented as line items on a 132 column report. For each clinic, the number of encounters reported is based on the following Patient Care Encounter (PCE) data:

- A breakdown of Evaluation and Management Codes (CPT Codes): Scheduled New Patients, Scheduled Established Patients, and Consult Patients.
- Procedures exist (CPT codes) for the encounter, which do not include Evaluation and Management code procedures.
- No Procedures (CPT codes) exist for the encounter.
- Total outpatient encounters documented in PCE.
- Scheduling encounter data:
 - No Show encounters
 - Cancelled encounters
 - Walk-In encounters
 - Total outpatient encounters documented in Scheduling
 - Overbooks and Inpatient clinic appointments

```
Select PCE Clinical Reports Option: W
This report requires a 132-COLUMN PRINTER.
DO YOU WISH TO CONTINUE? (Y/N)? YES// [ENTER]

                                Workload by Clinic

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP
CODE: HOSPITAL LOCATION

Select HOSPITAL LOCATION name: CARDIOLOGY
PCEPROVIDER,ONE

Another HOSPITAL LOCATION name: DIABETES CLINIC
PCEPROVIDER,ONE

Another HOSPITAL LOCATION name: [ENTER]
```

Enter ENCOUNTER BEGINNING DATE: T-30 (JUN 29, 1996)
 Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER] (JUL 29, 1996)
 DEVICE: HOME// [ENTER] VAX RIGHT MARGIN: 80// [ENTER]

Note: This report is in 132-column format.

11:30
 Workload by Clinic

Encounter Date Range: Jun 29, 1996 through Jul 29, 1996

		-----PCE ENCOUNTERS DOCUMENTED-----				
		-----SCHEDULING DATA-----				
		-----E&M PATIENT CATEGORIES-----				
NO	TOTAL	WALK-INS	NO-SHOW	CANCELLED	NON	
CLINIC NAME		NEW	ESTABLISHED	CONSULT	OTHER	E&M
CPT ENCTRS		APPTS	APPTS			
=====						
CARDIOLOGY	1	5		0	0	38
18 62		7		0	3	
DIABETES CLINIC	0	6		0	0	12
21 39		6		0	6	
=====						
TOTAL NUMBER OF CLINIC(S):					2	
AVERAGE NUMBER OF PCE ENCOUNTERS PER CLINIC =					50.5	

This report presents a distribution of Clinic Encounters based on CPT procedures associated with encounters. CPT Evaluation and Management (E&M) procedures are categorized to provide encounters by patient type, with non E&M and no CPT procedures making up the remaining encounters.

4.4. Diagnoses Ranked by Frequency

This report lists the most frequent diagnostic codes (ICD) and the most frequent diagnostic categories that were entered for PCE outpatient encounters in your facility. These are presented in inverted frequency sequence (most frequent on top).

You can modify this report to show very selective views by choosing the elements to be included. These selection criteria include:

- The maximum number of diagnosis entries to be displayed (e.g., top 50). If this is blank, then all of the diagnoses satisfying the selection criteria will be ranked.
- Primary diagnosis or all diagnoses related to outpatient encounters.
- A date range when the PCE outpatient encounters occurred.
- Service Category (A -Ambulatory, H- Hospitalization, I -In Hospital, T- Telecommunications, E- Event (Historical), D- Daily Hospitalization Data, X-Ancillary Package Daily Data)
- Clinic Stop Code
- Provider
- Age of Patient
- Sex of Patient

```
Select PCE Clinical Reports Option: dx  Diagnosis Ranked
by Frequency

Select FACILITY: SALT LAKE CITY          UT          660
Select another FACILITY: 660aa  SALT LAKE DOM UT      VAMC
660AA

Select another FACILITY: [ENTER]

Select PRIMARY DIAGNOSIS ONLY (P) or ALL DIAGNOSES (A):
P// All  Diagnoses (Primary and Secondary)

Enter ENCOUNTER BEGINNING DATE:  t-300  (JUL 27, 1995)

Enter ENCOUNTER ENDING DATE: May 22, 1996//[ENTER](MAY 22,
1996)

This report will include all VA clinic encounters for all
patients

unless you modify the criteria.  Do you want to modify the
criteria?

Enter Y (YES) or N (NO) N// y  YES

Encounters may be selected by any combination of the
following attributes:
```

```

1   Service Category
2   Clinic Stop Code
3   Provider
4   Age of Patient
5   Sex of Patient
6   All Encounters

Enter encounter selection attribute number(s) :   (1-6):
1,2

Select SERVICE CATEGORIES: AI// AHIT
Select CLINIC STOP: CARDIOLOGY
Select another CLINIC STOP: DIABETES
Select another CLINIC STOP: [ENTER]

Enter the maximum NUMBER OF DIAGNOSES to display in the
report: 10// [ENTER]

DEVICE: HOME// [ENTER]  VAX      RIGHT MARGIN: 80//[ENTER]
                                         May 22, 1996 11:20:38 am
Page 1

                PCE Diagnosis Ranked by Frequency
Criteria for Frequency of Diagnoses Report
    Encounter diagnoses:                All Diagnoses (Primary and
Sec.)
    Encounter date range:                Jul 27, 1995 through May
22, 1996
    Patient date of birth:              ALL
    Patient sex:                        ALL
    Selected clinics:                   YES
    Service categories:                 AHIT
    Maximum number of diagnoses to be displayed: 10

Facility: SALT LAKE CITY  660
Clinic Stop: CARDIOLOGY (143)

```

Total number of Encounters meeting the selection criteria:
71

Total number of Diagnoses for these Encounters: 45

Diagnoses/Encounter ratio:
0.63

PCE Diagnosis Ranked by Frequency

10 Most Frequent ICD9 Diagnoses:

Code	Description	Frequency
-----	-----	-----
100.0	LEPTOSPIROS ICTEROHEM	6
401.1	BENIGN HYPERTENSION	6
100.81	LEPTOSPIRAL MENINGITIS	3
342.01	FLAC HEMIPLEG & HEMIPAR, DOM.	2
501.	ASBESTOSIS	2
142.0	MALIG NEO PAROTID	2
429.3	CARDIOMEGALY	2
100.89	LEPTOSPIRAL INFECT NEC	2
701.0	CIRCUMSCRIBE SCLERODERMA	1
500.	COAL WORKERS' PNEUMOCON	1

10 Most Frequent ICD9 Diagnostic Categories:

Diagnostic Category	Count
-----	-----
CIRCULATORY SYSTEM	10
INFECTIOUS & PARASITIC	8
NERVOUS SYSTEM	8
MENTAL DISEASES & DISORDERS	4
SKIN,BREAST,SUBCUTANEOUS T	3
RESPIRATORY SYSTEM	3
MYELOPROLIFERATIVE,NEOPLASIA	2
DIGESTIVE SYSTEM	2

EAR, NOSE, MOUTH & THROAT	2
INJURY, POISONING, DRUG TOXICITY	1

Facility: SALT LAKE CITY 660

Clinic Stop: DIABETES (146)

Total number of Encounters meeting the selection criteria:
26

Total number of Diagnoses for these Encounters: 17

Diagnoses/Encounter ratio:
0.65

PCE Diagnosis Ranked by Frequency

10 Most Frequent ICD9 Diagnoses:

	Code	Description	Count
	-----	-----	-----
1.	100.0	LEPTOSPIROS ICTEROHEM	2
2.	401.1	BENIGN HYPERTENSION	2
3.	309.81	PROLONG POSTTRAUM STRESS	2
4.	250.01	DIABETES MELLI W/0 COMP TYP I	2
5.	123.2	TAENIA SAGINATA INFECT	2
6.	342.01	FLAC HEMIPLEG & HEMIPAR, DOM.	1
7.	345.01	GEN NONCNV EP W INTR EP	1
8.	367.0	HYPERMETROPIA	1
9.	398.99	RHEUMATIC HEART DIS NEC	1
10.	371.53	GRANULAR CORNEA DYSTRPHY	1

10 Most Frequent ICD9 Diagnostic Categories:

Diagnostic Category	Count
-----	-----

1.	CIRCULATORY SYSTEM	3
2.	EYE	3
3.	NERVOUS SYSTEM	3
4.	MENTAL DISEASES & DISORDERS	2
5.	INFECTIOUS & PARASITIC	2
6.	ENDOCRINE,NUTRIT,METABOLIC	2
7.	DIGESTIVE SYSTEM	2

The following selected Facilities had no encounters that met the selection criteria.

SALT LAKE DOM 6001

End of the report.

8 Most Frequent ICD10 Diagnoses:

Code	Description	Freq.
-----	-----	-----
A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae	3
E08.649	Diabetes due to underlying condition w hypoglycemia w/o coma	2
W54.0XXA	Bitten by dog, initial encounter	1
I11.0	Hypertensive heart disease with heart failure	1
I10.	Essential (primary) hypertension	1
H21.253	Iridoschisis, bilateral	1
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	1
A01.00	Typhoid fever, unspecified	

4.5. Location Encounter Counts

This report counts PCE outpatient encounters in a date range by location. The location selection can be based on facility, hospital location(s), or clinic stop(s). The report can be run for all hospital locations or clinic stops in a facility or selected hospital locations, or clinic stops.

Select PCE Clinical Reports Option: LE Location Encounter
Counts

Select FACILITY: SALT LAKE CITY UT 660

Select another FACILITY: [ENTER]

Select SERVICE CATEGORIES: AI//[ENTER]

Enter ENCOUNTER BEGINNING DATE: T-150 (DEC 26, 1995)

Enter ENCOUNTER ENDING DATE: May 24, 1996// [ENTER] (MAY
24, 1996)

Select one of the following:

HA	All Hospital Locations
HS	Selected Hospital Locations
CA	All Clinic Stops
CS	Selected Clinic Stops

Determine encounter counts for: HA// HS Selected Hospital
Locations

Select HOSPITAL LOCATION: CARDIOLOGY
PCEPROVIDER,ONE

Select another HOSPITAL LOCATION: DIABETES CLINIC
PCEPROVIDER,ONE

Select another HOSPITAL LOCATION: ENDOCRINOLOGY
PCEPROVIDER,TEN

Select another HOSPITAL LOCATION:[ENTER]

DEVICE: HOME// [ENTER] VAX RIGHT MARGIN: 80//[ENTER]

May 24, 1996

2:28:30 pm Page 1

PCE Location Encounter Counts

```

Criteria for Hospital Location Encounter Count Report
  Location selection criteria: Selected Hospital
Locations
  Encounter date range:          Dec 26, 1995 through May
24, 1996
  Service categories:           AI
    A - AMBULATORY
    I - IN HOSPITAL

Facility: SALT LAKE CITY  660

      Hospital Location (Stop Code)          No. of
Encounters
      -----
--
      CARDIOLOGY          (303)              72
      DIABETES CLINIC (306)              28
      ENDOCRINOLOGY      (305)              23
                                   -----
                                Total facility encounters 123

                                Total encounters 123

End of the report.

```

4.6. Provider Encounter Counts

This report lists provider counts related to PCE outpatient encounters. The selection criteria include facility, service category, encounter provided, and date range.

Person Class selection is based on the PERSON CLASS file, used to support Ambulatory Care Reporting. Person Class entries are composed of three pieces:

- Occupation (required in class definition)
- Specialty (optional)
- Sub-specialty (optional)

```
Select PCE Clinical Reports Option: PE    Provider Encounter
Counts

Select FACILITY: SALT LAKE CITY          UT          660
Select another FACILITY: [ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-100   (FEB 14, 1996)
Enter ENCOUNTER ENDING DATE:  May 24, 1996//[ENTER]    (MAY
24, 1996)

Select SERVICE CATEGORIES: AI//[ENTER]

      Select one of the following:

          A          All Providers
          P          Primary Providers
          S          Selected Providers
          C          Selected Provider Classes

Select ENCOUNTER PROVIDER CRITERIA: A// Selected Providers

Select PROVIDER:      WIGGIE,MARIE
Select another PROVIDER: ADELA,TOM
Select another PROVIDER:[ENTER]

      Select one of the following:

          S          Summary
          D          Detail by clinic and date
```

Which type of report: S// [ENTER] Summary

DEVICE: HOME// [ENTER] VAX RIGHT MARGIN: 80//[ENTER]

Sorting encounters done

May 24, 1996

2:18:09 pm Page 1

PCE Provider Encounter Counts

Criteria for Provider Encounter Summary Report

Provider selection criteria: Selected Providers

Report date range: Feb 14, 1996 through May 24, 1996

Service categories: AI

A - AMBULATORY

I - IN HOSPITAL

Facility: SALT LAKE CITY 660

(Person Class)

Provider (Occupation+Specialty+Subspecialty)
Encounters

PCEPROVIDER,ONE (Nursing Service+Nursing Administrato..) 3

PCEPROVIDER,TWO (Pharmacy Services) 6

PCEPROVIDER,SIX (Unknown) 15

PCEPROVIDER,NINE (Pharmacy Services) 10

PCEPROVIDER,TEN (Medical Servcies) 92

PCEPROVIDER,FOUR (Eye and Vision Services+Ophthalmic Med) 27

PCEPROVIDER,FIVE (Physician Assistant+Medical) 4

PCEPROVIDER,EIGHT(Physician) 7

Total facility encounters

164

164

Total encounters

End of the report.

4.7. Selected Person Classes

This Selected Person Classes option lets you compile a report of selected Person Classes based on occupation, specialty, and/or sub-specialty. A wild card (*) may be entered as a response for any of the Person Class pieces. For example, if you want a report on every provider from a specific specialty, occupation would be "*", specialty would be the specific specialty, and sub-specialty would be "*."

Select PCE Clinical Reports Option: PE Provider Encounter Counts

Select FACILITY: SALT LAKE CITY// <Enter> UT 660

Select another FACILITY:

Enter ENCOUNTER BEGINNING DATE: T-300 (APR 13, 1996)

Enter ENCOUNTER ENDING DATE: Feb 07, 1997//<Enter> (FEB 07, 1997)

Select SERVICE CATEGORIES: AI//<Enter>

Select one of the following:

A All Providers (with encounters)

P Primary Providers (with encounters)

S Selected Providers

C Selected Person Classes

Select ENCOUNTER PROVIDER CRITERIA: S// C Selected Person Classes

Select PERSON CLASS (OCCUPATION, SPECIALTY, SUBSPECIALTY)

Select OCCUPATION (enter * for all, return to end selection): *

```
The currently selected OCCUPATION is: *
Select SPECIALTY (enter * for all, return to change
OCCUPATION): PHYSICAL
THERAPIST
Select SUBSPECIALTY (enter * for all): *

Your Person Class Selection was:
OCCUPATION: *
SPECIALTY: Physical Therapist
SUBSPECIALTY: *
Is this selection correct? YES

The currently selected OCCUPATION is: *
  Select SPECIALTY (enter * for all, return to change
OCCUPATION): <Enter>

Select another PERSON CLASS OCCUPATION

  Select OCCUPATION (enter * for all, return to end
selection): <Enter>

  Select one of the following:
    S Summary
    D Detail by clinic and date

Which type of report: S// <Enter> Summary
DEVICE: HOME// <Enter> VAX RIGHT MARGIN: 70//<Enter>

Sorting encounters done

Feb 07, 1997

8:21:03 am Page 1
PCE Provider Encounter Counts
Criteria for Provider Encounter Summary Report
```

Provider selection criteria: Selected Person Classes
 Report date range: Apr 13, 1996 through Feb 07, 1997
 Service categories: AI
 A - AMBULATORY
 I - IN HOSPITAL
 Selected Person Classes:
 Occupation: *
 Specialty: Physical Therapist
 Subspecialty: *

Facility: SALT LAKE CITY 660

Provider	Person Class (Occupation+Specialty+Subspecialty)	Encounters
PCEPROVIDER,ONE	(Respiratory, Rehabil...+Physical Therapist+Clinical Electrophys...)	25
PCEPROVIDER,TWO	(Respiratory, Rehabil...+Physical Therapist+Clinical Electrophys...)	5

encounters 30	Total facility
---------------	----------------

encounters 30	Total
---------------	-------

End of the report.

4.8. Patient Activity by Location

This report may be set up for hospital location or stop code. The report format is a summary of all selected locations. For each location, scheduling data is

used to identify patients whose appointments were either scheduled, unscheduled, cancelled, or are no-shows during the patient appointment date range. VISTA data for these patients is then examined for possible patient activities for admissions/discharges, emergency room encounters, and critical lab values during the patient activity date range. If any of these activities has occurred, data specific to the activity is reported along with the patient's address, phone, and future appointments that fall in the future appointment date range.

This report was developed as a measure of continuity of care. If a provider of record has his or her care-giving interrupted through clinical rotation, leave, reassignment, or for any other reason, this report may be used to get an update on patient activities in his/her caseload.

This report is also useful when care is not interrupted. Clinical staff may wish to review patient activity by clinic for events, which they might be unaware of.

Patient activities that are included in this report are:

4.8.1. Admission/Discharge Activities

All admissions and discharges within the selected date range are reported. If corresponding discharges exist for admissions, the discharges are shown, and vice versa; corresponding admissions are shown for discharges.

4.8.2. Emergency Room Clinic Activities

All Emergency Room stops within the selected date range are reported. Emergency Room visit date and time are displayed for all encounters with an identified Emergency Room stop. Emergency rooms are identified through the PCE PARAMETERS file. This data is entered by the clinical coordinator or IRM staff through the PCE Report Parameter Setup option.

4.8.3. Critical Lab Values

All critical lab values reported within the selected date range are presented, along with a column to identify whether the value is critically high or critically low.

Select PCE Clinical Reports Option: Patient Activity Report

Select FACILITY: SALT LAKE CITY SALT LAKE CITY UT 660

Select another FACILITY: <Enter>

Select one of the following:

HA All Hospital Locations (with encounters)
HS Selected Hospital Locations
CA All Clinic Stops (with encounters)
CS Selected Clinic Stops

Determine patient activity for: HS// HA All Hospital
Locations (with
encounters)

Want to start each location on a new page: Y// NO

Enter PATIENT APPOINTMENT BEGINNING DATE: 9/1/96 (SEP 01,
1996)

Enter PATIENT APPOINTMENT ENDING DATE: 9/30/96 (SEP 30,
1996)

Enter PATIENT ACTIVITY BEGINNING DATE: 9/1/96 (SEP 01,
1996)

Enter PATIENT ACTIVITY ENDING DATE: Apr 29, 1997// 9/30/96
(SEP 30, 1996)

Enter FUTURE APPOINTMENT BEGINNING DATE: Apr 29, 1997//
<Enter> (APR 29,
1997)

Enter FUTURE APPOINTMENT ENDING DATE: 12/30/97 (DEC 30,
1997)

DEVICE: HOME// <Enter> ANYWHERE RIGHT MARGIN: 80// <Enter>

Sorting appointments done

Sorting patient information done

Apr 29, 1997

3:03:05 pm Page 1

Criteria for Patient Activity Report

Location selection criteria: All Hospital Locations
(with encounters)

Patient appointment date range: Sep 01, 1996 through Sep
30, 1996

Patient activity date range: Sep 01, 1996 through Sep
30, 1996

Future appointment date range: Apr 29, 1997 through Dec
30, 1997

Facility: SALT LAKE CITY 660

Location: ADMITTING AND SCREENING

PCEPATIENT,ONE 000-45-6789

352 SW KENTWOOD RD SALT LAKE CITY UTAH 33452

Appointment criteria met:

9/30/96 14:30 ADMITTING AND SCREENING
SCHEDULED VISIT

----- Inpatient Stays -----

7/31/89 - present 4 WEST LOS: 2829

Last Tr. Specialty: PSYCHIATRY Last Prov:

Admitting Diagnosis: Disoriented

Facility: SALT LAKE CITY 660

Location: ADMITTING AND SCREENING

PCEPATIENT,TEN 666-45-6789 412 555-5555

555 ENDLESS ST. PITTSBURGH PENNSYLVANIA 15206

Appointment criteria met:

9/23/96 09:00 ADMITTING AND SCREENING
SCHEDULED VISIT

----- Emergency Room Visits -----

9/25/96 11:30 DIABETES CLINIC

PCEPATIENT,THREE 00-00-6788

22 3RD AVENUE SALT LAKE CITY UTAH 84112

Appointment criteria met:

9/ 2/96 09:00 ADMITTING AND SCREENING
SCHEDULED VISIT

----- Critical Lab Values -----

9/30/96 GLUCOSE 500
mg/dl

9/30/96 UREA NITROGEN 500
mg/dL

Facility: SALT LAKE CITY 660

Location: CARDIOLOGY

PCEPATIENT,FOUR 666-99-2222

2237 E 1894 S Salt Lake City UTAH 84105

Appointment criteria met:

9/30/96 10:00 CARDIOLOGY
SCHEDULED VISIT

----- Emergency Room Visits -----

9/30/96 09:00 CARDIOLOGY CLINIC

Enter RETURN to continue or '^' to exit:

Apr 29, 1997

3:03:05 pm Page 2

Facility: SALT LAKE CITY 660

Location: DIABETES CLINIC

PCEPATIENT,SEVEN 000-88-9989

470 RANDOLPH ROAD SALT LAKE CITY UTAH 33595

Appointment criteria met:

9/24/96 09:00 DIABETES CLINIC
SCHEDULED VISIT

```

----- Critical Lab Values -----
9/30/96          GLUCOSE          500
mg/dl
9/30/96          UREA NITROGEN     500
mg/dL

-----
Facility: SALT LAKE CITY 660
Location: EYE CLINIC

-----
PCEPATIENT,EIGHT 666-12-1223
2122 S 5TH EAST SALT LAKE CITY UTAH 84108
Appointment criteria met:
    9/18/96 13:00 EYE CLINIC SCHEDULED VISIT

Enter RETURN to continue or '^' to exit:

```

4.9. Key Concepts

- You can produce reports for Caseload Profile by Clinic, Workload by Clinic, Frequency of Diagnoses, Location Encounter Counts, Provider Encounter Counts, and Patient Activity by Clinic.
- All reports can be customized to show only specified date ranges, clinics, providers, types of encounters (cancelled, walk-ins, etc.), etc.
- The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.
- Patient Activity by Caseload provides a measure of continuity of care. If a provider of record has his or her care-giving interrupted through clinical rotation, leave, reassignment, or for any other reason, this report may be used to get an update on patient activities in his/her caseload.
- Workload by Clinic provides a summary of clinic workload based on the evaluation and management codes associated with encounters.

5.0 Managing PCE

IRM staff and Clinical Coordinators manage PCE by assigning menus, setting site parameters, defining clinical reminders, setting up clinical reports, and modifying local tables containing patient education, health factors, and other items through the Table Maintenance options.

5.1. PCE Menus and Options

The following menus and options are exported with PCE:

PCE IRM Main Menu:

SP	PCE Site Parameters Menu ...
TBL	PCE Table Maintenance ...
INFO	PCE Information Only ...
RM	PCE Reminder Maintenance Menu ...
CR	PCE Clinical Reports ...
HOME	Directions to Patient's Home Add/Edit
CO	PCE Coordinator Menu ...
CL	PCE Clinician Menu

- Assign the IRM Main Menu or at least the first four options/menus to IRM staff or coordinators who will be responsible for setting up PCE, maintaining the entries in the PCE tables (such as Patient Education, Treatments, etc.), and defining the clinical reminders/maintenance system for your site.
- Assign the PCE Coordinator Menu to the Application Coordinator who will use all of the PCE options.
- Assign the PCE Clinician Menu to clinicians who will be entering or editing data, who will use clinical reports, who need the PCE Information Only menu to see the basis for reminders, and who might add or edit directions to a patient's home for appearance on a health summary.
- Assign Directions to Patient's Home Add/Edit to anyone who needs to enter directions to a patient's home. This is especially useful for Hospital-Based Home Care staff (directions can be viewed on Health Summaries).

5.2. PCE Coordinator Menu

The PCE Coordinator Menu includes all of the user interface options as well as the options for file maintenance.

SUP	PCE Encounter Data Entry - Supervisor
PCE	PCE Encounter Data Entry
DEL	PCE Encounter Data Entry and Delete
NOD	PCE Encounter Data Entry without Delete
TBL	PCE Table Maintenance ...
INFO	PCE Information Only ...

	ACT	Activate/Inactivate Table Items ...
	CED	Education Topic Copy
DEWO	PCE	Delete Encounters W/O Visit
	ED	Education Topic Add/Edit
	EX	Examinations Add/Edit
	HF	Health Factors Add/Edit
	IM	Immunizations Add/Edit
		**> Out of order: Do not use! Placed out of order by PX*1*201
	SK	Skin Tests Add/Edit
		**> Out of order: Do not use! Placed out of order by PX*1*206
	TR	Treatments Add/Edit
INFO	PCE	Information Only ...
	EDA	Active Educ. Topic List - Detailed
	EDL	Education Topic List
	EDI	Education Topic Inquiry
	EX	Exam List
	HF	Health Factor List
	IM	Immunization List
	SK	Skin Test List
	TR	Treatment List
REPT	PCE	Clinical Reports ...
HOME		Directions to Patient's Home Add/Edit
PARM	PCE	HS/RPT Parameter Menu ...
DIE	PCE	Device Interface Error Report
DISP	PCE	Edit Disposition Clinics

Assign PCE Encounter Data Entry - Supervisor to users who can document a clinical encounter and can also delete any encounter entries, even though they are not the creator of the entries. This option also allows, contrary to all other PXCE Encounter Data Entry, users to display, and even modify ancillary encounters so it should be assigned with caution.

Assign PCE Encounter Data Entry to data entry staff who can document a clinical encounter and who can delete their own entries.

Assign PCE Encounter Date Entry and Delete to users who can document a clinical encounter and can also delete any encounter entries, even though they are not the creator of the entries.

Assign PCE Encounter Data Entry without Delete to users who can document a clinical encounter, but should not be able to delete any entries, including ones that they have created.

5.3. Key Concepts

- PCE menus and options are designed for two main types of users: 1) end users (clinicians and clerks) and 2) managers and coordinators.
- The end user options included data entry options and clinical reports.
- The manager and coordinator options include the maintenance menus and the site parameters set-up option.

5.4. PCE Site Parameters

The PCE Site Parameters Menu on the PCE IRM Main Menu contains the PCE HS/RPT Parameter menu, PCE Edit Disposition Clinics, and PCE Site Parameters Edit.

5.4.1. PCE Site Parameters Menu

SITE	PCE Site Parameters Edit
RPT	PCE HS/RPT Parameter Menu ...
PRNT	PCE HS/RPT Parameters Print
HS	PCE HS Disclaimer Edit
RPT	PCE Report Parameter Edit
DISP	PCE Edit Disposition Clinics

5.4.2. Option Descriptions

PCE Site Parameters Edit

This option is used to edit entries in the PCE PARAMETERS file. The parameters that are set are used as the default controls for the user interface when it starts up. You can set your default view as Appointment or Encounter, and a range of dates.

PCE HS Disclaimer Edit

This option is used to specify a Site Reminder Disclaimer to be used by the Health Summary package whenever the Health Summary "Clinical

Maintenance" and "Clinical Reminder" components are displayed in a Health Summary.

PCE HS/RPT Parameters Print

This option prints the current PCE Parameter definitions that are used by Health Summary and some of the PCE Reports.

PCE Report Parameter Edit

This option is used to define parameters that will be used by the PCE Report Module. The report edit option allows your site to specify which clinics in file 44 represent "Emergency Room" clinics, and what Lab tests from file 60 should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. These fields are used by the reports Caseload Profile by Clinic, and Patient Activity by Clinic. To get a printout of current definitions in the PCE Parameters fields for these fields, use the PCE HS/RPT Parameters Print.

PCE Edit Disposition Clinics

This option is used to define which clinics are used as Administrative Disposition Clinics.

5.4.3. PCE HS/RPT Parameter Menu

The PCE HS/RPT Parameter menu contains print and edit options for PCE fields related to the Health Summary package and PCE Reports module.

Use the print option to see what the current definition is for these fields.

PCE exports a disclaimer to appear on Health Summaries: Default Reminder Disclaimer:

The following disease screening, immunization, and patient education recommendations are offered as guidelines to assist in your practice.

These are only recommendations, not practice standards. The appropriate utilization of these for your individual patients must be based on clinical judgment and the patient's current status.

If your site prefers to use a site-defined reminder disclaimer instead of the disclaimer distributed by PCE, use the HS Disclaimer Edit option to define your site's disclaimer text. This disclaimer will appear on the top of each display of Health Summary "Clinical Maintenance" and "Clinical Reminder" components.

Two PCE Clinical Reports—Caseload Profile by Clinic and Patient Activity by Clinic—track Critical Lab Values and Emergency Room Visits. The PCE Report Parameter Edit option allows your site to specify which clinics in Hospital Location file (#44) represent "Emergency Room" clinics and what tests from the Laboratory Test file (#60) should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. (This is

necessary since the Laboratory Test File is not standardized and each site may have customized it differently.)

5.4.4. PCE Site Parameters Edit Example

The parameters that are set through this option are used as the default controls for the user interface when it starts up.

```
SITE    PCE Site Parameters Edit
RPT     PCE HS/RPT Parameter Menu ...

Select PCE Site Parameter Menu Option: site    PCE Site
Parameters Edit

Select PCE PARAMETERS ONE: 1
STARTUP VIEW: APPOINTMENT// ??

    This is the default list that PCE Encounter Data
    Entry starts in for all
    users.
    Choose from:
        V          VISIT/ENCOUNTER
        A          APPOINTMENT
STARTUP VIEW: APPOINTMENT// v  VISIT/ENCOUNTER
BEGINNING PATIENT DATE OFFSET: -30// [ENTER]
ENDING PATIENT DATE OFFSET: 2// [ENTER]
BEGINNING HOS LOC DATE OFFSET: -14// -30
ENDING HOS LOC DATE OFFSET: 2// [ENTER]
RETURN WARNINGS: YES// ?

    Enter YES if you want the Device Interface to return
    warnings if there
    are no diagnoses or procedures passed.
    Choose from:
        0          NO
        1          YES
RETURN WARNINGS: YES// [ENTER]
```

```
Select PCE PARAMETERS ONE: [ENTER]
```

5.4.5. PCE Edit Disposition Clinics

This option is used to define which clinics are used as Administrative Disposition Clinics.

```
Select PCE Site Parameter Menu Option: PCE Edit
Disposition Clinics

Select PCE PARAMETERS ONE: 1

Select DISPOSITION HOSPITAL LOCATIONS: 3A

Are you adding '3A' as

    a new DISPOSITION HOSPITAL LOCATIONS (the 1ST for this
PCE PARAMETERS)? Y Select DISPOSITION HOSPITAL LOCATIONS:
[ENTER]

Select PCE PARAMETERS ONE: [ENTER]
```

5.4.6. Key Concepts

- Coordinators can set the parameters that are used as the default controls for the user interface when it starts up. You can set your default view as Appointment or Encounter, and also a range of dates.
- Coordinators can specify which clinics in file 44 represent "Emergency Room" clinics, and what Lab tests from file 60 should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol, and HBA1C lab results.
- PCE exports a disclaimer to appear on Health Summaries, stating that clinicians may use their professional discretion as to how they respond to clinical reminders. Each site may create a site-defined reminder disclaimer, using the HS Disclaimer Edit option. This disclaimer will appear on the top of each display of Health Summary Clinical Maintenance and Clinical Reminder components.

6.0 Table Maintenance

The Table Maintenance options let sites add or edit the items in the tables for Health Factors, Patient Education, Skin Tests, etc.

6.1. PCE Table Maintenance Menu

```
INFO    PCE Information Only ...
ACT     Activate/Inactivate Table Items ...
```

CED	Education Topic Copy
DEWO	PCE Delete Encounters W/O Visit
ED	Education Topic Add/Edit
EX	Examinations Add/Edit
HF	Health Factors Add/Edit
IMM	Immunizations Add/Edit **> Out of order: Do not use! Placed out of order by PX*1*201
SK	Skin Tests Add/Edit **> Out of order: Do not use! Placed out of order by PX*1*206
TR	Treatments Add/Edit

Once these tables have been defined, the table entries will be selectable for encounter data entry (directly into PCE) or for encounter form definitions (AICS package). The patient information collected can be viewed on Health Summaries.

Use the "Inactive Flag" field to make an entry "INACTIVE" for selection in the encounter form definition process and the PCE encounter data entry process. If entries are to be included on the clinic's encounter form, the entries must first be defined in the appropriate file using this option. Canning encounter forms with the AICS package will provide PCE with information stored in the V files.

These options may be used in conjunction with the "PCE Information Only" menu options to manage the contents of the files or tables supporting the Patient Care Encounter (PCE) package.

6.1.1. Option Descriptions

PCE Information Only

This is a menu of options that lists entries in the files/tables for patient education, immunizations, skin tests, health factors and treatments.

Activate/Inactivate Table Items

This option is the main menu option that allows you to activate or inactivate the entries in the supporting tables. (e.g., Education Topics, Health Factors, Treatments).

Education Topic Copy

This option allows the user to copy an existing education topic into a new education topic entry in the Education Topics file (#9999999.09). The original education topic to be copied is selected first. If the topic is prefixed with "VA-", the "VA-" will be stripped off the name automatically. The new name must be

unique. If the name is not unique, the user must enter a unique name for the new education topic.

PCE Delete Encounters W/O Visit

This option provides a tool for IRM to correct Encounters that have missing Visits. The missing Visits can cause a problem where the Encounters cannot be checked out. Under this menu option, there are 4 sub options described in detail in the text of patch PX*1*153:

- BUILD will find the missing encounters based on date range entries
- REPORT will print the problem encounters per build
- FIX ALL will fix all the encounters that are indicated by the build
- FIX INDIVIDUAL will fix encounters for one patient

Education Topic Add/Edit

This option lets you create a new Education Topic or edit an Education Topic that was originally created at your site. Education topics distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once an education topic is defined in this table, it should not be deleted if there are any encounter form definitions which are referencing the education topic, or if there is any patient encounter data which is referencing this education topic historically.

Examinations Add/Edit

This option allows you to create a new name to represent an examination type or edit an examination type that was originally created at your site. The examination types originally distributed by PCE are a breakdown of potential categories of exams within a Physical Exam. The exams distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once exam names are defined in this table, they should not be deleted if there are any encounter form definitions referencing the exam name, or if there is any patient encounter data which may be referencing this exam historically.

Health Factors Add/Edit

This option allows the user to create a new Health Factor or edit a Health Factor that was originally created at your site. Health factors that are distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once a health factor is defined in this table, it should not be deleted if there are any encounter form definitions which may be using the term, or if there is any patient encounter data which may be referencing this term historically.

Immunizations Add/Edit

This option has been placed out of order. The IMMUNIZATION file will be maintained by the Master File Server.

Skin Tests Add/Edit'

This option has been placed out of order. The SKIN TEST file will be maintained by the Master File Server.

Treatments Add/Edit

This option allows a user to create a new Treatment or edit a Treatment that was originally created at your site. Treatments that are distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once a treatment is defined in this table, it should not be deleted if there are any encounter form definitions which may be referencing the treatment, or if there is any patient encounter data which may be referencing the treatment historically. .

6.2. Editing the Education Topic File

```
Select PCE Table Maintenance Option: PE  Education Topic
Add/Edit
```

```
Select Patient Education Option: ?
```

```
      A      Activate or Deactivate Topics
```

```
      E      Edit ONLY Active Topics
```

```
Enter ?? for more options, ??? for brief descriptions,
?OPTION for help text.
```

```
Select Patient Education Option: E  Edit ONLY Active
Topics
```

```
Select EDUCATION TOPICS NAME: SAMPLE 1 - LIFESTYLE
ADAPTATIONS
```

```
NAME: SAMPLE 1 - LIFESTYLE ADAPTATIONS  Replace
```

```
MNEMONIC: ??
```

```
      answer must be 1-9 characters in length and must
contain a "-" (ie
```

```
      VA-DIET).
```

```
MNEMONIC: VA-DI
```

```
INACTIVE: ?
```

```
      Choose from:
```

```

1          INACTIVE

INACTIVE:
PRINT NAME: A/S Lifestyle Adaptations  Replace [ENTER]
Select ITEM: ?

  Answer with ITEM

      You may enter a new ITEM, if you wish Select an item
which
      represents a component of the education topic.

  Answer with EDUCATION TOPICS NAME, or MNEMONIC

```

6.3. Key Concepts

Coordinators add or edit the items in the tables for Health Factors, Patient Education, Skin Tests, etc.

Entries in these tables can be selected when clinicians or clerks enter encounter data such as health factors or patient education.

When coordinators or MCCR personnel create encounter forms through the AICS package, they can use entries from these tables as items to be checked off.

The patient information collected based on these table definitions can be seen on Health Summaries.

This menu also includes options to edit the Clinical Reminder/ Health Maintenance definitions, based on your site's clinical terminology in the tables. Once reminder criteria have been defined, they may be included in the Health Summary Type definitions for the "Clinical Reminder" and "Health Maintenance" Components.

7.0 PCE Information Only

This is a menu of options that lists entries in the files/tables for patient education, immunizations, skin tests, health factors, and treatments.

7.1. PCE Information Only Menu

```

PCE Information Only Menu

    EDA    Active Educ. Topic List - Detailed
    EDL    Education Topic List
    EDI    Education Topic Inquiry

```

EX	Exam List
HF	Health Factor List
IM	Immunization List
SK	Skin Test List
TR	Treatment List
CM	PCE Code Mapping List

These entries determine what clinical data will be collectable for these classes of clinical data.

PCE distributes immunizations and skin test table entries that also have a related CPT code. The relationship of an immunization or skin test to a CPT code is defined in the PCE Code Mapping file. The PCE Code Mapping file determines whether two entries should be made from one clinical data item entered. For example, if an immunization is entered into the V Immunization file, a CPT code is generated in the V CPT file for billing and workload. The mapping definition of the CPT relationship with the Immunization type is viewable from the PCE Code Mapping list option.

7.2. Option Descriptions

7.2.1. Active Educ. Topic List – Detailed

This lists the current detailed definition of the goals and standards defined for the active education topics.

7.2.2. Education Topic List

This option prints a brief list of ALL Education Topics using only two fields: Inactive Flag status and Topic Name.

7.2.3. Education Topic Inquiry

This option can be used to print the definition of a specific Education Topic definition.

7.2.4. Exam List

This option lists all of the exam names, with their Active Status, that are defined in the Exam file for use with PCE.

7.2.5. Health Factor List

This option lists the Health Factors by Category, with their Active Status, that have been defined in the Health Factor file for use with PCE.

7.2.6. Immunization List

This option lists all immunizations, with their Active Status, which have been defined in the Immunization file for use with PCE. NOTE: To see what CPT codes may be related to the immunization entries, print the PCE Code Mapping List.

7.2.7. Skin Test List

This option lists all skin tests, with their Active Status, that have been defined in the Skin Test file for use with PCE.

7.2.8. Treatment List

This option lists all treatments, with their active status, that have been defined in the Treatment file for use with PCE

7.2.9. PCE Code Mapping List

This option allows the user to see the mapping between CPT codes and a related entry in a PCE supporting file. For example, the CPT code 90732 is related to the Immunization file entry PNEUMOCOCCAL. PCE uses the code mapping relationships to populate multiple files from one data entry step. For example, an entry of PNEUMO-CCOCAL in the V Immunization file will also create a CPT entry, 90732 in the V CPT file which will then be passed to PIMS for use by IB, Workload, and DSS.

7.3. PCE Code Mapping List

PCE CODE MAPPING LIST				MAY 24,1996
13:15	PAGE 1			
ON/OFF				
FROM	FILE ENTRY	TO	RELATED SUPPORTING FILE	
ENTRY	FLAG			

CPT	86485	SK	CANDIDA	ON
CPT	86490	SK	COCCI	ON
CPT	86510	SK	HISTOPLAS	ON
CPT	86580	SK	PPD	ON
CPT	86585	SK	TINE	ON
CPT	90700	IMM	DIP-TET-a/PERT	ON
CPT	90701	IMM	DIP.,PERT.,TET. (DPT)	ON

CPT ON	90702	IMM	DIPHTHERIA-TETANUS (DT-PEDS)	
CPT	90703	IMM	TETANUS TOXOID	ON
CPT	90704	IMM	MUMPS	ON
CPT	90705	IMM	MEASLES	ON
CPT ON	90707	IMM	MASLES , MUMPS , RUBELLA	MMR)
CPT	90708	IMM	MEASLES , RUBELLA (MR)	ON
CPT	90709	IMM	RUBELLA , MUMPS	ON

7.4. Key Concepts

- Options on the Information Only menu list clinical terminology used in the PCE files/tables to represent patient education, immunizations, skin tests, health factors and treatments.
- The terminology in these tables determines what clinical data will be collectable for these classes of clinical data.
- The PCE Code Mapping List shows the mapping between CPT codes and related entries in other PCE supporting files. For example, if an immunization is entered into the V Immunization file, a CPT code is generated in the V CPT file for billing and workload.
- Options on this menu display definitions of PCE Reminders which may be selected for the PCE Clinical Reminder and PCE Clinical Maintenance components.

8.0 Clinical Reminders

This section describes how you can use clinical reminders, along with related tools and technology, to help clinicians provide better patient care. It reviews the following:

- Relationships between PCE, encounter forms, health summaries, and clinical reminders
- Encounters and encounter forms, along with the considerations you need to keep in mind when designing encounter forms
- Health summaries
- Clinical reminders set-up
- Clinical reminders benefits

8.1. Overview

Where Does the Data for Reminders Come From?

Clinical reminders depend upon patient clinical information collected from a variety of sources, using manual data entry, automated data capture tools, and/or ancillary service activities. The following table shows some of the sources of patient data for clinical reminders.

User Source	Type of Data	Package
Checkout Clerks	Encounter data on encounter form or Progress Note Historical information noted on the encounter form	AICS, PCE, Scheduling PCE
Practitioners	Encounter data on encounter form Historical information Vitals Text notes are not usable directly by the reminders, but clinical reminders can make use of coded data extracted and manually entered	AICS, PCE PCE Vitals Progress Notes, Discharge Summary or TIU
Ward Clerks	Encounter data from Inpatient Stay	PIMS - ADT summary in PTF File
MCCR personnel	Data entered to complete an encounter for billing and workload credit	Scheduling, PCE
Transcriptionists	Transcribed text is not usable directly by the reminders, but clinical reminders can make use of coded data extracted and manually entered	Progress Notes - PCE Radiology -PCE Discharge Summaries - PCE and ADT Cytopathology - PCE
Ancillary service practitioners	Record results from procedures and automatically update PCE upon verification of results.	Laboratory - PCE Radiology - PCE Surgery - PCE Event Capture - PCE

8.2. Manual Data Entry

Manual data entry is one way to record patient care encounters. The data entered provides the when, why, what, and who information related to a patient encounter:

- Encounter location and date/time
- Diagnoses treated
- Procedures performed
- Practitioner(s)

Historical information about encounters can be entered using the Encounter View action in PCE data entry options to make the patient record more complete. Data capture requirements for historical data are minimal. The historical encounter data is not used for billing and workload. No provider is required and entering only a diagnosis or procedure is okay. Immunizations, pap smears, mammograms, surgeries, etc., done elsewhere may now be recorded and used by the clinical reminders. This includes other VA Medical Centers and non-VA locations (Health Department, private office, etc.).

8.3. Automated Data Capture

Scanned encounter forms can be used to capture encounter data relevant to clinical reminders. If the reminders are to be accurate, the forms must capture the data they need.

It is a challenge to keep the forms as simple as possible while still meeting information capture requirements. This may be done by combining information such as immunizations and skin tests with other required preventive procedures and assigning appropriate CPT codes so they will be captured correctly.

There is no perfect encounter form. Everyone who uses these forms will have ideas about how to make them “perfect.” They need to be carefully designed to meet most of the users’ needs, while capturing information for workload and billing purposes. You can’t capture everything for everyone on one form.

8.4. Clinical Reminders and Health Summary Packages Data Use

Reminder items are added to health summary selection components for a given health summary type. When the health summary type is run, the Clinical Reminders software evaluates the patient’s data and returns the results to the health summary for display.

8.5. Health Summary Reminder Components

Clinical Reminder: An abbreviated component indicating only what is due now.

- Name of reminder
- Date last done
- Date next due

The clinical reminder displays on the health summary as follows:

Reminder	Next	Last	Done
Mammogram	10/1/98	10/1/96	
Pap Smear	Due Now	Unknown	
Diabetic Eye Exam	10/1/98	10/1/97	

Clinical Maintenance: this component provides:

- Details about what was found from searching the VISTA clinical data.
- Text related to the findings found or not found (as defined in the reminder). This includes taxonomies (ICD or CPT codes), health factors, and test results related to the reminder and computed findings (e.g., Body Mass Index).
- Final frequency and age range used for the reminder.

The advantage of clinical maintenance over clinical reminders is that it includes related test results, health factors, and logic related to that reminder.

Example of clinical maintenance as displayed on a health summary:

Reminder	Next	Last	Done
Hemoglobin A1C	11/1/97	11/1/96	
11/1/96 - Problem Diagnosis: 250-Diabetes			
HbA1C required yearly for diabetic patients			
11/1/96 Lab procedure: HbA1C; results 9.6%			
Final frequency and age range used: 1 year for diabetic patients			

Health summaries and reminder definitions can be tailored to suit clinicians' needs. Some health summaries are defined by users themselves and some are designed for generic use. Many kinds of information can be displayed on a health summary. The user can define a reminder that is very detailed so that it could be used in place of a paper chart. Most sites use the health summary to supplement the paper chart, based on the clinic and provider's preference for health summary content.

8.6. Clinician's Role in Clinical Reminders

The clinician plays an important role in Clinical Reminders. He/she will be asked to assist the Clinical Coordinator in selecting which reminders to implement and in defining the clinical aspects of the Clinical Reminder Definition Worksheets, including:

- Baseline Age Findings
- Reminder Frequency
- Minimum and Maximum Age
- Health Factors, Taxonomies
- Related Lab and Radiology Tests
- Computed Findings.

Clinicians may also have clinical reminders customized for their needs.

The clinician also plays a major role by appropriately marking the reminder health topics on the encounter forms. As exams, tests, immunizations, screening, and education are given, the boxes must be marked so that the information can be entered into the computer by the clinician or clerk, or picked up by scanners and passed on to PCE to satisfy the clinical reminders.

Historical encounters can be entered for patient visits that occurred sometime in the past (exact time may be unknown) or at some other location (possibly non-VA). They are used to satisfy reminders and determine next date due.

Most important, clinicians will make use of clinical reminders and clinical maintenance to enhance patient care, by assuring timely completion of appropriate tests, immunizations, exams, screenings, and education.

How does the Clinical Reminders software help to meet Clinical Guidelines, NCHP, performance indicators, and preventive medicine mandates?

Make the most of your clinical reminders!

The National Center for Health Promotion (NCHP) has defined a set of 15 reminders that represent the minimum that sites must report on yearly to comply with Congressional law. The Ambulatory Care Expert Panel has defined 22 reminders that they recommend. The NCHP reminders are prefixed with VA-* and the EP reminders with VA-. Any of these reminders that meet your site's requirements may be used as is. If your site requires a reminder that is not met by one of the distributed reminders, you can create your own. It is usually easiest to start by copying the existing reminder that is closest to what you want.

You may wish to review VHA Handbook 1101.8 Health Promotion and Disease Prevention Program (RCN 10-0666), VAMC Outpatient Performance

Indications, and Clinical Guidelines as resource materials when deciding what reminders you need.

Create a Preventive Medicine Health Summary or add reminder and maintenance items to existing health summaries. You can print health summaries and provide them to clinicians for all scheduled visits, or show them how to view them on their computer monitors. A clinician may use the ADHOC health summary to review individual maintenance or reminder information.

When reviewers visit your medical center, make these summaries available to them. Feedback from reviewers who have used these health summaries during their reviews has been very positive.

Note: Clinical reminders and clinical maintenance do not satisfy documentation requirements. Documentation supporting these reminders must still be made on progress notes, doctor's orders, etc.

8.7. Implementing Clinical Reminders

Tips on how to get started with clinical reminders and clinical maintenance from a Clinical Coordinator's perspective.

Clinical Reminders are created or modified by using a combination of PCE Table Maintenance options, Clinical Reminders Maintenance options, Taxonomy options, Health Summary Create/Modify Health Summary Type option, and AICS Encounter Form options.

Follow the steps below, as applicable, to implement Clinical Reminders.

1. Ask IRMS staff to assign you the PCE Table Maintenance Menu and the PCE Reminder Maintenance Menu.

If you are a technical user, you may want to ask IRMS to add the PCE Reminder Test option as a secondary menu option.

Refer to Appendix A of the PCE User Manual Appendices document for clinical reminders guidelines and worksheets.

2. Gather the following:
 - Appendix A-1, Start-up Process for Implementing Reminders
 - Appendix A-3, Clinical Reminder Definition Worksheet
 - Appendix A-4, PCE Clinical Integration Worksheet
 - Copy of VA Performance Indicators
 - Copy of VHA Handbook 1101.8

Use a list of PCE Reminders/Maintenance items, health factors, and taxonomies for referral as you are working. The distributed reminders and taxonomies are listed in Appendixes A-8 and A-9. (Options to print

these are located on the PCE Reminder Maintenance Menu, if you need more copies.)

3. Identify the reminders that your site wants to implement.
 - a. Review reminder definitions with appropriate clinical staff and determine any reminders that will need editing.
 - If you are going to use the distributed reminders without making any changes, you won't need to copy them. For example, immunizations, skin tests, and blood pressures can be used as exported. If you wish to make changes (e.g., frequency, age range, health factors), copy the exported reminder and edit it.
 - If no distributed reminder provides exactly what you require, you will need to create your own local reminder. It is usually easiest to start with the distributed reminder that is closest to your requirements. Copy it to a local reminder using the Copy Reminder Item option, and then edit the new reminder to meet your site's needs. An example of copying and editing a reminder is at the end of this chapter.

Note: The VA- prefix designates the nationally distributed set. (Sites are not allowed to use the VA- prefix in the names of locally defined reminders.) Reminders with the VA-* prefix represent the minimum requirements as defined by the National Center for Health Promotion (NCHP).

- You will always need to copy and edit the following reminders to add your specific laboratory or radiology test names:
 - VA-*: Breast Cancer Screen, *Cholesterol Screen (M) and (F)
 - VA-: Mammogram, PSA
 - VA-*: *Cervical Cancer Screen, *Colorectal Cancer Screen (FOBT), Colorectal Cancer Screen (Sig.), Hypertension Screen, Influenza, Immunization, Pneumococcal Vaccine, Tetanus Diphtheria Immunization, Weight and Nutrition Screen
 - VA-: *Pap Smear, *FOBT, Flexisigmoidoscopy, Blood Pressure check, Influenza Vaccine, Pneumovax, PPD, Weight
 - * The Pap Smear and FOBT-type reminders don't look at the laboratory test names at this time. However, a future lab patch is anticipated that will require you to enter the laboratory test name as you did for PSA and cholesterol reminders.
- The following screening and education reminders work "as is," but you must activate the topics under the PCE Reminder Maintenance Menu. The Table Maintenance item should match

one or more of the Target Result Findings items as listed in each reminder definition.

- VA-*: Fitness and Exercise Screen, Problem Drinking Screen, Seat
 - Belt and Accident Screen and Tobacco Use Screen
 - VA-: Exercise Education, Alcohol Abuse Education, Seat Belt
 - Education, Tobacco Education, Nutrition/Obesity Education
 - Advance Directives Education, Breast Exam, Breast Self-Exam
 - Education, Diabetic Eye Exam, Diabetic Foot Care Ed, Diabetic Foot
 - Exam, Digital Rectal (Prostate) Exam
- b. Run enough copies of “Clinical Reminder Definition Worksheets” (Appendix A-3 of the PCE User Manual Appendices document) for the reminders you wish to edit.
 - c. Complete a Clinical Definition Worksheet for each reminder you wish to change. This is where you define the reminder print name, description, type, target result finding file, timeframes, taxonomies, and health factors, etc.
 - d. Get approval from your Medical Staff Executive Committee for your reminder definitions.
4. (Optional) If a distributed taxonomy definition related to a reminder needs modification, do the following:
 - a. Copy the taxonomy and then edit it, using the Copy Taxonomy option.
 - b. Modify the reminder to reflect the newly created taxonomy, using the Reminder Edit option.
 5. Use options on the PCE Table Maintenance Menu to enter any locally created education, examinations, or health factors.
 6. Coordinate the use of encounter forms (through the AICS package) with the use of Health Summary Clinical Maintenance components.

Make sure the relevant encounter forms contain all appropriate list bubbles for PCE data: Health factors, exams, immunizations, diagnosis, patient education, procedures, and skin tests.
 7. Use the Health Summary package to activate clinical reminders and clinical maintenance components.
 - a. Enable components through the Health Summary Maintenance Menu (GMTS IRM/ADPAC Maintenance Menu).

- b. Inactivate reminder topics you will not be using.
 - c. Create a Preventive Medicine Health Summary to display reminders and health maintenance components, or add these components to existing health summaries. You can print copies and include them with the encounter form and chart for each visit, or your providers can view health summaries on their computers.
8. Inactivate reminders which will not be used, with the Activate/Inactive Reminders option.
9. Test your reminders.
- You can do this two ways:
- a. Run health summaries on patients you know have documented health factors or taxonomies.
 - b. Use the Reminder Test option, a standalone option which technical users can use to see a programmer's view of the results of a reminder for a patient. This option doesn't affect any data; it provides debugging information. Check with your IRMS staff for availability.
10. Meet with users and explain Clinical Reminders, the use of the Preventive Medicine Health Summary, and the need for their continued documentation of progress notes, doctor's orders, etc.
11. Meet with appropriate staff to arrange for data validation to assure that:
- a. Encounter forms are being completed correctly.
 - b. Clerks are entering information that is marked on the encounter form (if using manual entry).
 - c. Scanners are picking up information accurately (if scanning).
 - d. Information is being passed to health summaries correctly.
 - e. Documentation in the patient's medical record supports information displayed on the clinical reminders and clinical maintenance components.

8.8. Defining Clinical Terms with PCE Tables

The PCE package provides options for defining terminology, which your site can use to support capturing data for the reminders. The tables are categorized as follows:

- Education Topic Exam
- Health Factor
- Treatment

With the exception of the table of Treatments, all of the table items are supplied in an activated state. (Clinical reminders do not use Treatments). If there are

choices that you don't want your users to see and pick, you must deactivate them (with the PCE Table Maintenance Activate/Inactivate Table Items option).

8.9. PCE Reminder Maintenance Menu

8.9.1. Option Descriptions

List Reminder Definitions

Lists all of the Reminder/Maintenance item definitions.

Inquire About Reminder Item

Lists the definition of a selected reminder.

Add/Edit Reminder Item

Used to edit Reminder/Maintenance Item definitions.

Copy Reminder Item

Used to copy an existing reminder item definition into a new reminder item in the Reminder/Maintenance Item file (#811.9). Once the copy is completed, you will have the option of editing the new reminder.

Activate/Inactivate Reminders

Used to make reminders active or inactive with Health Summary.

List Reminder Types Logic

Lists the Reminder Types along with a summary of where the reminder's logic searches for data in VISTA to be used for the reminder type's target patient findings.

List Taxonomy Definitions

Lists the current definition of taxonomies defined in the Taxonomy file which defines the coded values from ICD Diagnosis, ICD Operation/Procedures, or CPT codes that are a part of a clinical category (taxonomy). These taxonomy low and high range definitions are used by the Clinical Reminders logic to determine if a patient has coded values in the clinical files that indicate the patient is part of the taxonomy

Inquire about Taxonomy Item

Lists the current definition of a single taxonomy, including the same information as the Taxonomy List option.

Edit Taxonomy Item

Used to edit Taxonomy Item definitions.

Copy Taxonomy Item

Used to copy an existing taxonomy definition into a new entry in the Taxonomy file (#811.2). Once the taxonomy has been copied, you have the option of editing it.

Activate/Inactivate Taxonomies

This option allows you to activate/inactivate taxonomies.

Reminder Test [PXRMR REMINDER TEST], a standalone option, provides the technical user with a tool that can facilitate the creation and debugging of reminder definitions. This option lets you run a reminder directly and see all the details. It is completely safe to use, and its impact on the system is no different than running a reminder through Health Summary. The use of this option is explained in detail in Appendix A-7 of the PCE User Manual Appendices document.

Depending on a site's preferences, IRMS can add this option to the Reminder Maintenance menu or to a particular user's secondary menus.

8.10. Copying and Editing a Reminder

Note: Use one up-arrow (^) or two up-arrows (^) to exit from the option. Two up-arrows (^) are necessary to exit from some prompts (ones that are indented).

```
RL List Reminder Definitions
RI Inquire about Reminder Item
RE Add/Edit Reminder Item
RC Copy Reminder Item
RA Activate/Inactivate Reminders
RT List Reminder Types Logic
TL List Taxonomy Definitions
TI Inquire about Taxonomy Item
TE Edit Taxonomy Item
TC Copy Taxonomy Item
TA Activate/Inactivate Taxonomies
```

```
Select PCE Reminder Maintenance Menu Option: RC Copy
Reminder Item
```

```
Select the reminder item to copy: FECAL OCCULT BLOOD TEST
PLEASE ENTER A UNIQUE NAME: LOCAL FECAL OCCULT BLOOD TEST
```

The original reminder FECAL OCCULT BLOOD TEST has been copied into LOCAL FECAL OCCULT BLOOD TEST.

Do you want to edit it now? YES

NAME: LOCAL FECAL OCCULT BLOOD TEST Replace <Enter>

REMINDER TYPE: LABORATORY TEST// <Enter>

PRINT NAME: Fecal Occult Blood Test Replace <Enter>

RELATED REMINDER GUIDELINE: VA-*COLORECTAL CANCER SCREEN (FOBT) // <Enter>

INACTIVE FLAG: ?

Enter "1" to inactivate the reminder item.

Choose from:

1 INACTIVE

INACTIVE FLAG: <Enter>

REMINDER DESCRIPTION:

Fecal occult blood test due every year for patients ages 50 and older with

no dx of colorectal cancer.

This reminder is based on guidelines provided by the Ambulatory Care Expert Panel. It also satisfies the "Colorectal Cancer Screen - FOBT" guidelines specified in the "Guidelines for Health Promotion and Disease Prevention", M-2, Part IV, Chapter 9.

EDIT? NO// <Enter>

TECHNICAL DESCRIPTION:. . .

. . .

Operation/Procedure file. If this taxonomy needs modification, copy the taxonomy to a new taxonomy for your site, and make the appropriate modifications.

Copy the reminder to a new reminder for your local site's modifications.

NOTE: The Laboratory data is not available use in the reminder. When the lab package begins passing CPT codes for fecal occult blood tests to PCE, this reminder is ready to make use of the information.

EDIT? NO// <Enter>

Target Groups

DO IN ADVANCE TIME FRAME: 1M//<Enter>

SEX SPECIFIC: <Enter>

IGNORE ON N/A: ??

This field allows the user to stop reminders from being printed in the

"Clinical Maintenance" component of Health Summary if the reminder is N/A. This is free text that can contain any combination of the following codes:

Code Description

A N/A due to not meeting age criteria.

S N/A due to the wrong sex. IGNORE ON N/A: <Enter>

Baseline frequency age range set

Select REMINDER FREQUENCY: 0Y//<Enter>

REMINDER FREQUENCY: 0Y//<Enter>

MINIMUM AGE: 0//<Enter>

MAXIMUM AGE: 49//40

AGE MATCH TEXT:

Fecal Occult Blood Test (FOBT) not indicated in patients under 50.

EDIT? NO// YES

REPLACE 50 WITH 40 REPLACE <Enter>

```

EDIT Option: <Enter>
    AGE NO MATCH TEXT:
No existing text
    Edit? NO//<Enter>
Select REMINDER FREQUENCY: <Enter>
Target Findings
Select TARGET RESULT FINDINGS FILE: LABORATORY
TEST//<Enter>
    TARGET RESULT FINDINGS FILE: LABORATORY TEST//<Enter>
    TARGET RESULT DESCRIPTION:
Identify all laboratory tests which represent Fecal Occult
Blood tests in
the Target Result Findings Item multiple.

FOBT's may also be identified by defining a taxonomy in
PCE Taxonomy that
identifies coded ranges of CPT or ICD Operation/Procedure
codes that
represent this test.
    EDIT? NO// <Enter>
    Select TARGET RESULT FINDINGS ITEM: OCCULT BLOOD
(STOOL)//<Enter>
    TARGET RESULT FOUND TEXT:
        No existing text
        Edit? NO//
    TARGET RESULT NOT FOUND TEXT:
        No existing text
        Edit? NO//
Taxonomy Findings
Select TAXONOMY: VA-COLORECTAL CA//<Enter>
    TAXONOMY: VA-COLORECTAL CA//<Enter>
    MINIMUM AGE: 30
    MAXIMUM AGE: <Enter>
    REMINDER FREQUENCY: 0Y//1Y

```

FOUND TEXT:

Patient known to have hx of colorectal cancer. Please verify appropriate

tx & f/u is ongoing.

NOT FOUND TEXT:

No hx of colorectal cancer on file - presumed no hx.

Edit? NO// <Enter>

RANK FREQUENCY: ??

This optional field is used to rank the frequency and age ranges that

are associated with this Taxonomy Finding.

This field is used for the situation 1) where more than one match is

found among Taxonomy Findings, and/or Health Factor Findings and/or

Computed Findings, and 2) where more than one of the Findings definitions

has its own age range and frequency. The rank is used to define a

priority or ranking that tells the reminder logic which age range and

frequency should take precedence when there are multiple results found.

The value which can be entered in the Rank field should be a number from

1 to 999, or blank. The highest ranking (priority) is number 1. When

there are multiple Findings found, the Finding with the highest rank will

be used to set the frequency and age range which are used to determine

when the reminder is due.

When the Rank field is blank (null) for this Taxonomy Finding, and also

blank for the Health Factor and Computed Findings definitions, the

reminder logic will use the frequency that will make the reminder occur

most often. For example, a Health Factor Finding has age range 25-50 with

a frequency of 6 months, and a Taxonomy Finding has age range 25-70 and a

frequency of 1 year. The Health Factor age and frequency would be used

for the reminder, since a 6 month interval is more frequent than 1 year

interval.

RANK FREQUENCY: <Enter>

USE IN DATE DUE CALC: ??

This optional field is used by the reminder logic to determine if the

date of a match on the Taxonomy Finding should be used to determine

the next date the reminder will be due. If there are multiple matches

among the Findings, and this Taxonomy Finding is the most recent

Finding, then the reminder date due will be calculated from the

encounter date of this Finding.

A blank in this field indicates the encounter date of the matched

Taxonomy Finding will NOT be used to determine the next date the

reminder will be due. The Taxonomy Finding encounter date and data WILL

however be displayed in the clinical maintenance component as

information.

This field is very useful for the situation when the Targeted Result

Findings AND this Taxonomy Finding should be used as valid patient

results satisfying the reminder.

Choose from:

1 YES

0 NO

USE IN DATE DUE CALC: <Enter>

USE IN APPLY LOGIC: ??

This optional field is used by the user to indicate that this Taxonomy

Finding should be included as part of the "Apply Logic". The Apply Logic

is used to determine whether or not a reminder should be applied (given)

to a patient. This is very useful for those situations where a reminder

should only be given to, or NOT given to patients with a particular

Taxonomy Finding, such as diabetes.

This "Use in Apply Logic" field can be defined with one of the following

coded values:

		EQUATES TO BOOLEAN
CODE	VALUE	OPERATOR LOGIC
----	-----	-----
	BLANK	not included in Apply Logic (Use @
to delete value)		
&	AND	&(Finding)
!	OR	!(Finding)
&'	AND NOT	&'(Finding)
!'	OR NOT	!'(Finding)

The code selected is used to create a default Boolean "Apply Logic"

string for this reminder. The Apply Logic string always initially

defaults to include (SEX)&(AGE), but will add &(Finding), !(Finding),

&'(Finding), or !'(Finding) to the string depending on the code in this

"Use in Apply Logic" field. If a more detailed definition of the Apply

Logic is required, then the "Apply Logic" field in the PCE REMINDER/

MAINTENANCE FILE (811.9) can be defined via FileMan. When the Apply

Logic is defined using FileMan, the "Use in Apply Logic" field will be

ignored by the reminder logic because the default "Apply Logic" is

overridden by the contents of the "Apply Logic" field. To reactivate the

default "Apply Logic", use FileMan to delete the contents of the "Apply

Logic" field.

Choose from:

- & AND
- ! OR
- &' AND NOT
- !' OR NOT

USE IN APPLY LOGIC: <Enter>

Select TAXONOMY: <Enter>

TAXON GENERAL FOUND TEXT:

No existing text

Edit? NO//

TAXON GENERAL NOT FOUND TEXT:

No existing text

Edit? NO//

Health Factor Findings

Select HEALTH FACTOR FINDINGS ITEM: ACTIVATE FOBT CANCER
SCREEN// <Enter>

HEALTH FACTOR FINDINGS ITEM: ACTIVATE FOBT CANCER SCREEN//
<Enter>

MINIMUM AGE: <Enter>

MAXIMUM AGE: <Enter>

REMINDER FREQUENCY:

FOUND TEXT:

No existing text

Edit? NO// <Enter>

NOT FOUND TEXT:

No existing text

Edit? NO// <Enter>

RANK FREQUENCY:

USE IN DATE DUE CALC: <Enter>

USE IN APPLY LOGIC: <Enter>

Select HEALTH FACTOR FINDINGS ITEM:

HF GENERAL FOUND TEXT:

No existing text

Edit? NO// <Enter>

HF GENERAL NOT FOUND TEXT:

No existing text

Edit? NO// <Enter>

Computed Findings

Select ROUTINE: <Enter>

APPLY LOGIC: <Enter>

Select the reminder item to copy: <Enter>

```

RL List Reminder Definitions
RI Inquire about Reminder Item
RE Add/Edit Reminder Item
RC Copy Reminder Item
RA Activate/Inactivate Reminders
RT List Reminder Types Logic
TL List Taxonomy Definitions
TI Inquire about Taxonomy Item
TE Edit Taxonomy Item
TC Copy Taxonomy Item
TA Activate/Inactivate Taxonomies

```

Select PCE Reminder Maintenance Menu Option: <Enter>

8.11. Health Summary Example

This example shows both clinical maintenance and clinical reminders components, so you can see the differences.

The clinical reminder component is an abbreviated component indicating only what is due now.

The clinical maintenance component provides:

- Details about what was found from searching the VISTA clinical data
- Test related to the findings found or not found (as defined in the reminder)
- Final frequency and age range used for this reminder.

02/13/97 13:35

***** CONFIDENTIAL TEST REMINDERS SUMMARY *****

PCEPATIENT,ONE 000-45-6789 DOB: 08/18/24

-----M - Clinical Maintenance -----

The following disease screening, immunization and patient education

recommendations are offered as guidelines to assist in your practice.

These are only recommendations, not practice standards. The

appropriate utilization of these for your individual patient must be

based on clinical judgment and the patient's current status.

--NEXT-- --LAST--

Cholesterol Screen (Male) N/A

Patient's age (72) is greater than reminder maximum age of 65.

LAB: Date of last cholesterol test unknown.

Date of last cholesterol taxonomy (CPT) unknown.

Fecal Occult Blood Test

07/02/97 07/02/96

2/5/97 Health Factor: ACTIVATE FOBT CANCER SCREEN

7/2/96 Encounter Procedure: 45330-SIGMOIDOSCOPY, DIAGNOSTIC

7/2/96 Encounter Procedure: 82270-TEST FECES FOR BLOOD

FOBT due 5 years after the last sigmoidoscopy.

Final Frequency and Age Range used: 1 year for ages 50 and older.

Flexisigmoidoscopy N/A

2/5/97 Health Factor: INACTIVATE SIGMOIDOSCOPY

7/2/96 Encounter Procedure: 45330-SIGMOIDOSCOPY, DIAGNOSTIC

7/2/96 Encounter Procedure: 82270-TEST FECES FOR BLOOD

Final Frequency and Age Range used: 0Y - Not Indicated for ages 50

and older.

Exercise Education DUE NOW unknown
Final Frequency and Age Range used: 1 year for all ages.

Hypertension Detection DUE NOW unknown

Vitals: Date of last Vitals BP Measurement unknown.

Date of last ICD or CPT coded hypertension screen
unknown.

Final Frequency and Age Range used: 2 years for all
ages.

Influenza Immunization 07/02/97 07/02/96

7/2/96 Encounter Procedure: 90724-INFLUENZA
IMMUNIZATION Influenza

vaccine due yearly in patients ages 65 and older.

Final Frequency and Age Range used: 1 year for ages
65 and older.

Pneumovax DONE 07/01/96

7/1/96 Encounter Procedure: 90732-PNEUMOCOCCAL
IMMUNIZATION

Pneumovax due once for patients 65 and over.

Final Frequency and Age Range used: 99Y - Once for
ages 65 and older.

Problem Drinking Screen DUE NOW unknown

Screen for alcohol problems yearly for all patients.

Final Frequency and Age Range used: 1 year for all
ages.

Seat Belt and Accident Screen DUE NOW unknown

Seat belt education due yearly for all patients.

Final Frequency and Age Range used: 1 year for all
ages.

Tobacco Use Screen DUE NOW unknown

Tobacco use screen due yearly for all ages.
No history of tobacco use screen on file. Please
evaluate tobacco
use and educate if currently in use.
Final Frequency and Age Range used: 1 year for all
ages.

Weight and Nutrition Screen DUE NOW unknown

Weight and Nutrition screen due yearly for all
patients.

Final Frequency and Age Range used: 1 year for all
ages.

-----R - Clinical Reminders -----

The following disease screening, immunization and patient
education

recommendations are offered as guidelines to assist in
your practice.

These are only recommendations, not practice standards.
The

appropriate utilization of these for your individual
patient must be

based on clinical judgment and the patient's current
status.

--NEXT-- --LAST--

Exercise Education DUE NOW unknown

Hypertension Detection DUE NOW unknown

Problem Drinking Screen DUE NOW unknown

Seat Belt and Accident Screen DUE NOW unknown

Tobacco Use Screen DUE NOW unknown

Weight and Nutrition Screen DUE NOW unknown

* END *

Press <RET> to continue, ^ to exit component, or select
component: ^

8.12. Key Concepts

- Clinical Reminders on Health Summaries furnish providers with timely information about their patients' health maintenance schedules.
- Providers can work with their local ADP coordinators to set up customized schedules based on local and national guidelines for patient education, immunizations, and other procedures.
- Options on the Clinical Reminder/Health Maintenance menu let you edit reminder and health maintenance definitions, based on your site's clinical terminology.
- A complete reminder definition includes associated components such as examinations, taxonomies, and health factors. Sites may define their own components to use in reminder definitions. A site may also create routines for computed findings where necessary. This makes reminders completely customizable by sites.
- Taxonomy entries define low and high range values from ICD Diagnosis, ICD Operation/Procedures, and CPT codes which are part of a clinical category (taxonomy).
- To alter a VA- prefixed reminder item, first copy it to a different name and then edit the reminder to reflect your site's requirements for the reminder.
- Once reminder criteria have been defined, they may be included in the Health Summary Type definitions for the Clinical Reminder and Health Maintenance components which will be displayed on Health Summaries.

9.0 PCE Clinical Reports

The PCE Clinical Reports options provide clinicians and managers with summary data about their patients, workload activity, and encounter counts. The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.

Note: If the month or day are not known for historical encounters, they will appear on encounter screens or reports with zeroes for the missing dates; for example, 01/00/95 or 00/00/94.

9.1. PCE Clinical Reports Menu

PA	Patient Activity by Clinic
CP	Caseload Profile by Clinic
WL	Workload by Clinic

DX	Diagnosis Ranked by Frequency
LE	Location Encounter Counts
PE	Provider Encounter Counts

9.2. Option Descriptions

9.2.1. Patient Activity by Clinic

This report provides a summary of patient data for one or more clinics as a measure of continuity of care.

9.2.2. Caseload Profile by Clinic

This report generates a profile of the patients in a clinic's caseload, given a selected date range. One or more clinics or a stop code may be selected to represent the caseload; it combines PCE encounter, Lab, Radiology, Outpatient Pharmacy, and Admissions data, with report areas of demographics, preventive medicine, quality of care markers, and utilization.

9.2.3. Workload by Clinic

This report provides a summary of clinic workload based on the evaluation and management codes associated with encounters occurring within a selected date range. The report will have the most complete information if it is run for a date range where clinic activities have been documented online. The representative period of time for the selected date range may be determined by clinical staff.

9.2.4. Diagnoses Ranked by Frequency

This report lists the most frequent diagnostic codes (ICD9 or ICD-10) and the most frequent diagnostic categories.

9.2.5. Location Encounter Counts

This report counts PCE outpatient encounters in a date range by location. The location selection can be based on facility, hospital location(s), or clinic stop(s). The report can be run for all hospital locations or clinic stops in a facility or selected hospital locations or clinic stops.

9.2.6. Provider Encounter Counts

This report lists provider counts related to PCE outpatient encounters (in detailed or summary reports). The selection criteria includes facility, service category, provider, and date range. The facility criteria allows for selection of

the facilities to be included on the report. The provider selection criteria allows for selection of all providers, primary providers, a list of individual providers, or the providers belonging to a list of provider classes. The date range specifies a time interval in which to look for encounters.

9.2.7. Patient Activity by Clinic

The Caseload Profile by Clinic and Patient Activity by Clinic reports track Critical Lab Values and Emergency Room Visits. The PCE Report Parameter Edit option on the PCE HS/RPT Parameter Menu allows your site to specify which clinics in Hospital Location file (#44) represent "Emergency Room" clinics and what tests from the Laboratory Test file (#60) should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. (This is necessary since the Laboratory Test File is not standardized and each site may have customized it differently.)

```
Select PCE Clinical Reports Option: PA  Patient Activity
by Clinic
```

```
Patient Activity by Clinic
```

```
Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP
CODE: HOSPITAL LOCATION
```

```
Select HOSPITAL LOCATION name: DIABETES CLINIC
PCEPROVIDER,ONE
```

```
Another HOSPITAL LOCATION name: [ENTER]
```

```
Enter ENCOUNTER BEGINNING DATE: T-10  (JUL 19, 1996)
```

```
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// T  (JUL 29,
1996)
```

```
DEVICE: HOME// [ENTER]  VAX      RIGHT MARGIN: 80//[ENTER]
```

```

Jul
29, 1996@11:17
```

```
Patient Activity by Clinic
```

```
Report Date Range: Jul 19, 1996 through Jul 29,
1996
```

```
Clinic(s): DIABETES CLINIC
```

CASELOAD ACTIVITY...patients' hospital
admissions/discharges, emergency

room visits and critical lab values
;address,phone,future appts

_____ADMISSIONS/DISCHARGES_____

Admission Discharge Patient
SSN Room-Bed

===== ===== =====
===== =====

Jun 12, 1996 Jul 24, 1996 PCEPATIENT,ONE
000456789 CD-2101

Addr: BOX 24 / HEBER UTAH 84155 / Ph: 801-222-3341

Future Appt. Dt: NONE

~~~~~

Jun 18, 1996 Jun 18, 1996      PCEPATIENT,TWO  
000876543      CD-2100

Addr: 320 SOUTH 1892 EAST / SALT LAKE CITY UTAH 84108  
/ Ph: No PHONE

Future Appt. Dt:      NONE

~~~~~

_____EMERGENCY ROOM

VISITS_____

o There were no ER VISITS for these patients during
this date range.

_____CRITICAL LAB

VALUES_____

o There were no CRITICAL LABS for these patients
during this date range.

9.2.8. Caseload Profile by Clinic

This report generates a profile of the patients in a clinic's caseload for a
selected date range. One or more clinics or a stop code may be selected to

represent the caseload. If stop code is selected, a report is generated for each clinic within that stop code. The percentage and overall mean are calculated based on the patient data for all of the clinics selected. Where only one clinic is selected, these values are not applicable.

Note: There must be at least one PCE encounter within the selected date range for this report, even though there may be lab, radiology, and outpatient pharmacy occasions of service with the other timeframes (6 & 12 months).

This report combines PCE encounter, Lab, Radiology, Outpatient Pharmacy, and Admissions data. It provides a profile of the patients making up a clinic's caseload, over a representative period of time. Clinical staff will decide the appropriate date range. Report areas are demographics of clinic caseload, preventive medicine, quality of care markers, and utilization. Patient age, diagnosis, gender, Lab assay, RX, and procedure are all used to generate the patient profile.

There are three separate timeframes for the report:

- SELECTED DATE RANGE
- THE SIX (6) MONTHS PREVIOUS TO BEGINNING DATE
- THE TWELVE (12) MONTHS PREVIOUS TO BEGINNING DATE

Search ranges are listed at the top of each report section.

DEMOGRAPHICS are based on the selected date range.

PREVENTIVE MEDICINE is based on 1) ICD codes recorded in PCE encounter diagnoses and 2) Radiology for the period 12 months previous to the beginning date.

QUALITY OF CARE MARKERS are based on Laboratory results, PCE encounter diagnoses, and scheduling data for the period six months previous to the beginning date.

UTILIZATION data is based on PCE encounters and outpatient pharmacy prescriptions for the period 12 months previous to the beginning date.

The six and twelve-month profiles probably won't change much month-to-month. How long the report takes to run varies according to the number of selected clinics, the number of encounters within that clinic, and the complexity of the patient data for any selected clinic.

9.2.9. Technical Description

This option executes the Scheduling Package Clinic Workload (SET^SDCWL3) routines to identify patients whose appointments were either scheduled, unscheduled, cancelled, or no-shows during the selected date range.

Admissions are found by a call to IN5^VADPT for each date within the selected date range. Temporary storage of this data, for report purposes is at the global node ^TMP(\$J,"ADM",DFN,ADMISSION DATE). This node is set to discharge date^room-bed^street address^address line 2^city^state^zipcode^phone number.

Emergency clinics must be defined in field 801 of the PCE PARAMETERS file, which is a multiple pointing to the HOSPITAL LOCATION file. The ER clinic names are stored permanently at the global location: ^PX(815,D0,RR1,D1,0). A call is made to SDA^VADPT for stops occurring within the selected date range for the array of clinics listed at the above global location.

Laboratory data assessed for critical values is based on the Subfile 63.04 of the Lab DATA file (63), which stores results from Chemistry, Hematology, Toxicology, RIA, Serology, and others. Critical values are identified through a pattern match of a numeric value followed by a "*". The global location read is ^LR(LRDFN,"CH",INVERSE LAB DATE, LAB TEST FIELD NUMBER). Piece one contains the result. Piece 2 indicates a critical value and if it is high or low (e.g. *H).

```
Select PCE Clinical Reports Option: CP  Caseload Profile
by Clinic
```

Caseload Profile by Clinic

The overall mean values for this report will be for the clinic(s) selected which had encounters during the selected date range.

```
Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP
CODE: CLINIC STOP CODE
```

```
Select the CLINIC STOP code: DIABETES
```

```
Enter ENCOUNTER BEGINNING DATE: T-30  (JUN 29, 1996)
```

```
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL
29, 1996)
```

```
DEVICE: HOME// [ENTER]  VAX  RIGHT MARGIN: 80//[ENTER]
```

```
Jul
29, 1996@11:21
```

Caseload Profile by Clinic

Clinic: DIABETES CLINIC

Compared to the mean of: DIABETES Clinic Stop

for 1 of 1 clinics with data

CASELOAD DEMOGRAPHICS for Encounter date range Clinic			
Overall			
Jun 29, 1996 to Jul 29, 1996			#
%	Mean %		

Number of patient encounters	40	-	-
Number of clinic sessions	17	-	-
Number of patients per clinic session	2.4	-	-
Median patient age in years	46	-	-
Patients with: Coronary Artery Disease			0
0.0	0.0		
	Diabetes		0
0.0	0.0		
	Hypertension		0
0.0	0.0		
	Hyperlipidemia		0
0.0	0.0		
	Diabetes and Hypertension		0
0.0	0.0		

PREVENTIVE MEDICINE (12 mos. prior to Jul 29, 1996)			
Clinic Overall			
Jul 30, 1995 to Jul 29, 1996			#
%	Mean %		

Patients who smoke.		0	0.0
0.0			
Females >50 who had a mammogram in the last year		0	0.0
0.0			

(There were 1 females >50 years of age).

QUALITY OF CARE MARKERS (6 mos. prior to Jul 29, 1996)		
Clinic Overall		
Jan 31, 1996 to Jul 29, 1996		
#	Mean #	

Average HBA1C of your patients with Diabetes		N/A
N/A		
Patients with HBA1C> 7%		0
0.0		
Patients w/ Coronary Artery Disease who smoke		0
0.0		
Ave. LDL for patients with Coronary Artery Disease		N/A
N/A		
(0 of 0 pats. with CAD had no LDL results.)		
Number of patients with: Glucose >240		0
0.0		
Cholesterol >200		0
0.0		
Either a Systolic bp >160 or		
Diastolic bp > 90		0
0.0		
Unscheduled encounters per patient.		0.0
0.0		
Emergency Room encounters per patient.		0.0
0.0		
Hospitalizations per patient.		0.2
0.2		

UTILIZATION DATA (12 monoths prior to Jul 29, 1996)		
Number Overall		
Jul 30, 1995 to Jul 29, 1996		
#	Mean #	

Number of male patients	9	-
Number of female patients	4	-
Average number of encounters per patient		6.8
6.8		
Average number of active output. medications per patient		
0.0	0.0	
Average pharmacy cost per patient		\$ 0.0
0.0		
Press RETURN to continue...		

9.2.10. Workload by Clinic

This report provides a summary of clinic workload based on the evaluation and management CPT codes associated with encounters occurring within a selected date range. The report will have the most complete information if it is run for a date range where clinic activities have been documented online. The representative period of time for the selected date range may be determined by clinical staff.

This report may be run for one or more clinics or for a stop code. Individual clinic totals are presented as line items on a 132 column report. For each clinic, the number of encounters reported is based on categorizing encounters by the types of procedures that have been associated with the encounter in PCE. It also summarizes data from the Scheduling package, which is not available in PCE.

PCE encounter procedure categories:

- Procedures exist with an Evaluation and Management CPT code, where the Evaluation and Management codes are categorized by new patients, established patients, consult patients, and other.
- Procedures exist which do not include Evaluation and Management code procedures.
- No Procedures (CPT codes) exist for the encounter.
- Total outpatient encounters documented in PCE.

Scheduling encounter data:

- No Show encounters
- Canceled encounters
- Walk-In encounters
- Total outpatient encounters documented in Scheduling. Overbooks and Inpatient clinic appointments are included

Select PCE Clinical Reports Option: W

This report requires a 132-COLUMN PRINTER.

DO YOU WISH TO CONTINUE? (Y/N)? YES// [ENTER]

Workload by Clinic

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP
CODE: H HOSPITAL LOCATION

Select HOSPITAL LOCATION name: CARDIOLOGY
WELBY,DR

Another HOSPITAL LOCATION name: DIABETES CLINIC
PCEPROVIDER,ONE

Another HOSPITAL LOCATION name:

Enter ENCOUNTER BEGINNING DATE: T-30 (JUN 29, 1996)

Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER] (JUL
29, 1996)

DEVICE: HOME// [ENTER] VAX RIGHT MARGIN: 80// [ENTER]

Note: This is a 132-column report.

29, 1996@11:30 Jul

Workload by Clinic

Encounter Date Range: Jun 29, 1996 through Jul 29, 1996

-----PCE ENCOUNTERS DOCUMENTED-----									
-----SCHEDULING DATA-----									
-----E&M PATIENT CATEGORIES-----									
NON									
WALK-INS NO-SHOW CANCELLED									
CLINIC NAME NEW ESTABLISHED CONSULT OTHER E&M CPT									
ENCTRS APPTS APPTS									
=====									

CARDIOLOGY	1	5	0	0	38	18
62	7	0	3			
DIABETES CLINIC	0	6	0	0	12	21
39	6	0	6			
=====						
TOTAL NUMBER OF CLINIC(S):					2	
AVERAGE NUMBER OF PCE ENCOUNTERS PER CLINIC =						
50.5						
This report presents a distribution of Clinic Encounters based on CPT procedures associated with encounters. CPT Evaluation and Management (E&M) procedures are categorized to provide encounters by patient type, with non E&M and no CPT procedures making up the remaining encounters.						

9.2.11.Diagnosis Ranked by Frequency

This report produces two lists: most frequent diagnoses (ICD9 or ICD10) and most frequent diagnostic categories. The list entries are ordered with the most frequent encounter diagnosis first. The most frequent diagnosis categories list is based on the ICD diagnostic category related to each diagnosis in the frequent diagnosis list.

The report can be generated using a number of different selection criteria:

- Facility – Select the facilities encounters to include in the report.
- Primary Diagnoses only or All Diagnoses – If primary is selected then only primary diagnosis associated with an encounter will be included in the report. All diagnosis will include Primary and secondary diagnoses associated with an encounter.
- Encounter Date Range – Only encounters that fall within the specified date range are used to generate the report.
- Number of most frequent diagnoses – This will determine how many diagnoses and diagnoses categories are listed on the report. For example, if 20 was input for this criteria, the report would list up to 20 of the most frequent diagnoses found associated with encounters. Diagnoses and diagnostic categories are ranked from most frequent to least frequent. If the encounters contained less than 20 different diagnoses, the report lists all the different diagnoses that were found.

The remaining criteria are optional for singling out diagnosis entries based on other encounter or patient data. You can accept the default "other"

encounter/patient criteria which is all VA Clinic encounters (Service Category of "A" or "I") for all patients.

Other encounter/patient report selection criteria:

- Service Category – Only encounters with the specified service category or categories are used to generate the report. This defaults to "AI" for Ambulatory encounters and encounters at a clinic where the patient had an inpatient status.
- Clinic Stop Code – Only encounters with the specified list of clinic stop codes are used to generate the report.
- Provider criteria can specify All Providers, Primary Providers, Selected Providers, or Selected Provider Classes.
- Providers – Only encounters, where one of the encounter providers is the same as one of the providers selected, are used to generate the report.
- Primary Providers – Only encounters, where one of the encounter providers is designated as a Primary provider, are used to generate the report.
- Provider class – Only encounters, where one of the encounter providers has the same provider class as one of the providers classes selected, will be used to generate the report.
- Patient Date of Birth Range – Only encounters, where the patient's date of birth falls in the specified range, will be used to generate the report.
- Patient Sex – Only encounters, where the patient's sex matches the specified sex, are used to generate the report.

To include all encounters, ignoring all defaults for the other criteria, specify "A" for All Encounters at the Other criteria prompt.

```
Select PCE Clinical Reports Option: DX  Diagnosis Ranked  
by Frequency  
  
Select FACILITY: SALT LAKE CITY// [ENTER]          UT          660  
Select another FACILITY: [ENTER]  
  
Select PRIMARY DIAGNOSIS ONLY (P) or ALL DIAGNOSES (A):  
P// P rimary Diagnosis Only  
  
Enter ENCOUNTER BEGINNING DATE:  T-30  (JUN 29, 1996)  
Enter ENCOUNTER ENDING DATE:  Jul 29, 1996// [ENTER]  (JUL  
29, 1996)
```

This report will include all VA clinic encounters for all patients

unless you modify the criteria. Do you want to modify the criteria?

Enter Y (YES) or N (NO) N// YES

Encounters may be selected by any combination of the following attributes:

- 1 Service Category
- 2 Clinic Stop Code
- 3 Provider
- 4 Age of Patient
- 5 Sex of Patient
- 6 All Encounters

Enter encounter selection attribute number(s) : (1-6): 1-3

Select SERVICE CATEGORIES: AI// ?

- A AMBULATORY
- H HOSPITALIZATION
- I IN HOSPITAL
- T TELECOMMUNICATIONS
- E EVENT (HISTORICAL)
- D DAILY HOSPITALIZATION DATA
- X ANCILLARY PACKAGE DAILY DATA

Select SERVICE CATEGORIES: AI// [ENTER]

Select CLINIC STOP: CARDIOLOGY

Select another CLINIC STOP: DIABETES

Select another CLINIC STOP: CARDIOLOGY

Select one of the following:

- A All Providers

P	Primary Providers
S	Selected Providers
C	Selected Provider Classes

Select ENCOUNTER PROVIDER CRITERIA: A// Primary Providers

Enter the maximum NUMBER OF DIAGNOSES to display in the report: 10// [ENTER]

DEVICE: HOME// [ENTER] VAX RIGHT MARGIN: 80// [ENTER]

Jul 29, 1996

12:22:30 pm Page 1

PCE Diagnosis Ranked by Frequency

Criteria for Frequency of Diagnoses Report

Encounter diagnoses:	Primary Diagnosis Only
Encounter date range:	Jun 29, 1996 through Jul 29, 1996
Selected Providers:	Primary Providers
Selected clinics:	YES
Patient age range:	ALL
Patient sex:	ALL
Service categories:	AI
A - AMBULATORY	
I - IN HOSPITAL	

Maximum number of diagnoses to be displayed: 10

Facility: SALT LAKE CITY 660

Clinic Stop: CARDIOLOGY (143)

Total number of Encounters meeting the selection criteria:
54

Total number of Primary Diagnoses for these Encounters:
43

Diagnoses/Encounter ratio: 0.80

10 Most Frequent ICD9 Diagnoses:

Code	Description	Frequency
401.1	BENIGN HYPERTENSION	10
100.0	LEPTOSPIROS ICTEROHEM	6
V70.3	MED EXAM NEC-ADMIN PURP	4
440.20	ATHEROSCL, NAT ART EXTR, UNSP	3
321.0	CRYPTOCOCCAL MENINGITIS	3
223.0	BENIGN NEOPLASM KIDNEY	3
200.02	RETICULOSARCOMA THORAX	2
550.10	UNILAT ING HERNIA W OBST	1

Enter RETURN to continue or '^' to exit:

Jul 29, 1996

12:22:41 pm Page 3

PCE Diagnosis Ranked by Frequency

10 Most Frequent ICD9 Diagnoses:

Code	Description	Frequency
402.00	MAL HYPERTEN HRT DIS NOS	1
224.0	BENIGN NEOPLASM EYEBALL	1

10 Most Frequent ICD9 Diagnostic Categories:

Diagnostic Category	Frequency
CIRCULATORY SYSTEM	14
NERVOUS SYSTEM	7

INFECTIOUS & PARASITIC	6
HEALTH STATUS FACTORS	4
KIDNEY & URINARY TRACT	4
MYELOPROLIFERATIVE,NEOPLASIA	2
DIGESTIVE SYSTEM	2
MENTAL DISEASES & DISORDERS	1
FEMALE REPRODUCTIVE SYSTEM	1
EAR, NOSE, MOUTH & THROAT	1

Facility: SALT LAKE CITY 660

Clinic Stop: DIABETES (146)

Total number of Encounters meeting the selection criteria:
21

Total number of Primary Diagnoses for these Encounters:
16

Diagnoses/Encounter ratio: 0.76

10 Most Frequent ICD9 Diagnoses:

Code	Description	Frequency

250.01	DIABETES MELLI W/O COMP TYP I	7
100.0	LEPTOSPIROS ICTEROHEM	2
333.0	DEGEN BASAL GANGLIA NEC	1
321.0	CRYPTOCOCCAL MENINGITIS	1
223.0	BENIGN NEOPLASM KIDNEY	1
333.1	TREMOR NEC	1
229.9	BENIGN NEOPLASM NOS	1
221.2	BENIGN NEOPLASM VULVA	1
100.81	LEPTOSPIRAL MENINGITIS	1

10 Most Frequent ICD9 Diagnostic Categories:

Diagnostic Category	Frequency
---------------------	-----------

ENDOCRINE ,NUTRIT ,METABOLIC	7
NERVOUS SYSTEM	4
INFECTIOUS & PARASITIC	2
MYELOPROLIFERATIVE ,NEOPLASIA	1
FEMALE REPRODUCTIVE SYSTEM	1
KIDNEY & URINARY TRACT	1
End of the report.	

9.2.12.Provider Encounter Counts

This report provides the number of PCE outpatient encounters within an encounter date range, by provider. The user specifies report selection criteria and then chooses either a summary report or detailed report.

The report can be generated using a number of different selection criteria:

Facility – enter the names or numbers of the facilities whose encounters will be included in the report.

Encounter Date Range – only encounters that fall within the specified date range are used to generate the report.

Service Category – only encounters with the specified service category or categories are used to generate the report. This defaults to "AI" for Ambulatory encounters and clinic encounters where the patient had an inpatient status.

Provider Criteria – Can specify All Providers with encounters, Primary Providers with encounters, Selected Providers, or Selected Person Classes.

Providers – only encounters where one of the encounter providers is the same as one of the providers selected are used to generate the report.

Primary Providers – only encounters where one of the encounter providers is designated as a Primary provider are used to generate the report.

Person class - only encounters where one of the encounter providers has the same person class as one of the person classes selected are used to generate the report.

Person Class Selection – Is based on the PERSON CLASS file, used to support Ambulatory Care Reporting. Person Class entries are composed of three pieces:

- Occupation (required in class definition)
- Specialty (optional)
- Sub-specialty (optional)

The legend for the service categories is included on the top of the report. For example, if on a particular day the provider had three ambulatory encounters and two telecommunications encounters, the string would be "AT" and the number of encounters would be five.

The summary report lists the total number of encounters for each provider.

```
Select PCE Clinical Reports Option:  Provider Encounter
Counts
Select FACILITY: SALT LAKE CITY// [ENTER]    UT    660
Select another FACILITY: [ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL
29, 1996)

Select SERVICE CATEGORIES: AI// [ENTER]
    Select one of the following:
        A          All Providers
        P          Primary Providers
        S          Selected Providers
        C          Selected Provider Classes

Select ENCOUNTER PROVIDER CRITERIA: A// Primary Providers

Select PROVIDER: PCEPROVIDER,FOUR
Select another PROVIDER: PCEPROVIDER,FIVE
Select another PROVIDER:

    Select one of the following:
        S          Summary
        D          Detail by clinic and date

Which type of report: S// [ENTER] Summary

DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80// [ENTER]
```

Sorting encounters done

Jul 29, 1996

12:25:47 pm Page 1

PCE Provider Encounter Counts

Criteria for Provider Encounter Summary Report

Provider selection criteria: Selected Providers

Report date range: Jun 29, 1996 through Jul 29, 1996

Service categories: AI

A - AMBULATORY

I - IN HOSPITAL

Facility: SALT LAKE CITY 660

(Person Class)

Provider (Occupation+Specialty+Subspecialty)
Encounters

PCEPROVIDER,ONE (Nursing Service+Nursing Administrato..) 3

PCEPROVIDER,TWO (Pharmacy Services) 6

PCEPROVIDER,SIX (Unknown) 15

PCEPROVIDER,NINE (Pharmacy Services) 10

PCEPROVIDER,TEN (Medical Services) 92

PCEPROVIDER,FOUR (Eye and Vision Services+Ophthalmic Med) 27

PCEPROVIDER,FIVE (Physician Assistant+Medical) 4

PCEPROVIDER,EIGHT(Physician) 7

Total facility encounters 164

Total encounters 164

End of the report

9.2.13. Selected Person Classes

This "Selected Person Classes" option lets you compile a report of selected Person Classes based on occupation, specialty, and/or sub-specialty. A wild card (*) may be entered as a response for any of the Person Class pieces. For example, if you want a report on every provider from a specific specialty, occupation would be "*", specialty would be the specific specialty, and sub-specialty would be "*."

Select PCE Clinical Reports Option: PE Provider Encounter Counts

Select FACILITY: SALT LAKE CITY// <Enter> UT 660

Select another FACILITY:

Enter ENCOUNTER BEGINNING DATE: T-300 (APR 13, 1996)

Enter ENCOUNTER ENDING DATE: Feb 07, 1997//<Enter> (FEB 07, 1997)

Select SERVICE CATEGORIES: AI//<Enter>

Select one of the following:

A All Providers (with encounters)

P Primary Providers (with encounters)

S Selected Providers

C Selected Person Classes

Select ENCOUNTER PROVIDER CRITERIA: S// C Selected Person Classes

Select PERSON CLASS (OCCUPATION, SPECIALTY, SUBSPECIALTY)

Select OCCUPATION (enter * for all, return to end selection): *

The currently selected OCCUPATION is: *

Select SPECIALTY (enter * for all, return to change OCCUPATION): PHYSICAL

THERAPIST

Select SUBSPECIALTY (enter * for all): *

Your Person Class Selection was:

OCCUPATION: *

SPECIALTY: Physical Therapist

SUBSPECIALTY: *

Is this selection correct? YES

The currently selected OCCUPATION is: *

Select SPECIALTY (enter * for all, return to change
OCCUPATION): <Enter>

Select another PERSON CLASS OCCUPATION

Select OCCUPATION (enter * for all, return to end
selection): <Enter>

Select one of the following:

S Summary

D Detail by clinic and date

Which type of report: S// <Enter> Summary

DEVICE: HOME// <Enter> VAX RIGHT MARGIN: 70//<Enter>

Sorting encounters done

Feb 07, 1997 8:21:03 am Page 1

PCE Provider Encounter Counts

Criteria for Provider Encounter Summary Report

Provider selection criteria: Selected Person Classes

Report date range: Apr 13, 1996 through Feb
07, 1997

Service categories: AI

```

      A - AMBULATORY
      I - IN HOSPITAL
Selected Person Classes:
  Occupation: *
  Specialty: Physical Therapist
  Subspecialty: *

-----

Facility: SALT LAKE CITY 660

                                Person Class
Provider (Occupation+Specialty+Subspecialty) Encounters
-----
PCEPROVIDER,TEN    (Respiratory, Rehabil...+Physical 25
                    Therapist+Clinical Electrophys...)
PCEPROVIDER,SIX    (Respiratory, Rehabil...+Physical  5
                    Therapist+Clinical Electrophys...)
Total facility encounters 30
Total encounters 30

End of the report.

```

9.2.14.Location Encounter Counts

This report provides the number of PCE outpatient encounters within an encounter date range, by location.

The location report selection criteria can be based on facility, hospital location(s), or clinic stop(s). The selection criteria are:

Facility – Select the facilities whose encounters are to be included in the report.

Service Category – Only encounters with the specified service category or categories are used to generate the report. This defaults to "AI" for Ambulatory encounters and clinic encounters where the patient had an inpatient status.

Encounter Date Range – Only encounters that fall within the specified date range are used to generate the report.

Location Criteria – Can specify All Hospital Locations, Selected Hospital Locations, All Clinic Stops, or Selected Clinic Stops.

Hospital Locations – Only encounters where the encounter's hospital location is the same as one of the selected hospital locations are used to generate the report.

Clinic Stops – Only encounters where the encounter's clinic stop is the same as one of the selected clinic stops are used to generate the report.

The report lists the number of encounters alphabetically by the location criteria selected.

```
Select PCE Clinical Reports Option: LE   Location Encounter
Counts

Select FACILITY: SALT LAKE CITY// [ENTER]   UT           660
Select another FACILITY: [ENTER]

Select SERVICE CATEGORIES: AI// [ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-30   (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE:  Jul 29, 1996// [ENTER] (JUL
29, 1996)

      Select one of the following:

          HA           All Hospital Locations
          HS           Selected Hospital Locations
          CA           All Clinic Stops
          CS           Selected Clinic Stops

Determine encounter counts for: HA// CA   All Clinic Stops

DEVICE: HOME// [ENTER] VAX           RIGHT MARGIN: 80//[ENTER]
                                           Jul 29, 1996
12:24:33 pm   Page 1

                                           PCE Location Encounter Counts
```

Criteria for Clinic Encounter Count Report

Location selection criteria: All Clinic Stops

Encounter date range: Jun 29, 1996 through Jul 29, 1996

Service categories: AI

A - AMBULATORY

I - IN HOSPITAL

Facility: SALT LAKE CITY 660

Clinic Stop (Stop Code)	No. of
Encounters	

ADMITTING/SCREENING (102)	3
CARDIOLOGY (303)	64
DIABETES (306)	48
GASTROENTEROLOGY (307)	1
GENERAL INTERNAL MEDICINE (301)	2
ORTHOPEDICS (409)	4

Total facility encounters	122
Total encounters	122

End of the report.

9.2.15.Key Concepts

- You can produce reports for Caseload Profile by Clinic, Workload by Clinic, Frequency of Diagnoses, Location Encounter Counts, Provider Encounter Counts, and Patient Activity by Clinic.
- All reports can be customized to show only specified date ranges, clinics, providers, types of encounters (cancelled, walk-ins, etc.), etc.

- The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.
- Caseload Profile by Clinic provides a measure of continuity of care. If a provider of record has his or her care-giving interrupted through clinical rotation, leave, reassignment, or for any other reason, this report may be used to get an update on patient activities in his/her caseload.
- Workload by Clinic provides a summary of clinic workload based on the evaluation and management codes associated with encounters.

9.3. Missing Data Report

The Missing Data Report (MDR) option is available from the PCE Coordinator menu. The MDR identifies CIBC data elements missing from PCE.

Who can use this report?

This report provides the HIMS (Health Information Management Systems) staff the ability to sort encounters missing CIBC data using a variety of specific data items. It allows the printing of two formats, statistics versus detail, in order to perform trending for possible follow-up with providers for education/training purposes.

Note: The MDR must be printed to a 132 column device in order to view the entire data set.

See Appendix for a sample MDR Report sorted by Data Source.

10.0 Supplementary Material

10.1. Helpful Hints

The Automated Information Collection System (AICS) package includes a Print Manager that allows sites to define reports that should print along with the encounter forms. This can save considerable time preparing and collating reports for appointments. See the Automated Information Collection System User Manual for instructions.

You can add Health Summary, Problem List, and Progress Notes as actions to PCE, to allow quick access to these programs. When you press the [RETURN] key at the quit prompts (or up-arrow out), you are automatically returned to PCE.

Since problems can occur if you delete patients (the internal entry number of the file can be reassigned, causing discrepancies in the data), we recommend that you NOT delete any patients.

If clinical reminders aren't showing up correctly on Health Summaries, see Appendix A-7 of the PCE User Manual Appendices document for troubleshooting information. (PXRMDDEV is a routine that can be used to aid in the development and customization of reminders.)

If you see zeroes instead of numbers on encounter dates (e.g., 00/00/95 or 01/00/96)—on reports or encounter displays—they are for Historical Encounters where the exact date is not known.

Shortcuts

After Diagnosis has been entered, if the Provider Narrative is an exact match, you can enter = and the diagnosis is duplicated.

The equals sign (=) can also be used as a shortcut when selecting an action plus encounters or appointments from a list in a single response (e.g., Select Action: ED=2).

To quickly add or edit encounter information, select an appointment number at the first appointment screen.

10.2. Frequently Asked Questions

Q: What is the 10/1/96 mandate and how does PCE fit into it?

A: The Veterans Health Administration has determined that it must have adequate, accurate, and timely information about each ambulatory care encounter/service provided in order to enhance patient care and to manage our health care resources into the future. Effective October 1, 1996, VHA facilities are required to report each ambulatory encounter and/or ancillary service. Provider, procedure, and diagnosis information is included in the minimum data set that will be reported to the National Patient Care Data Base (NPCDB). The Ambulatory Data Capture Project (ADCP) was formed to coordinate the various VISTA packages involved in meeting this mandate.

Patient Care Encounter (PCE) ensures that every encounter has an associated provider(s), procedure code(s), and diagnostic code(s), in accordance with this mandate.

Software necessary to support ADCP:

- Automated Information Collection System (AICS) and other capture solutions
- Patient Care Encounter (including):
 - Visit Tracking v.2.0
 - Patch SD*5.3*27
 - Patch GMT*2.7*8
- Problem List

- Patient Information Management System
- National Patient Care Data Base.

Other Patches involved in the 10/1/96 mandate:

Patch	Description
XU*8*27	Person Class File and Utilities
IB*2*60	Collects Type of Insurance, Passes active Ambulatory Surgery Procedure codes to PCE Enables entry of providers and diagnoses interactively into PCE
RA*4.5*4	Interfaces with PCE to pass provider and procedure data for ambulatory Radiology/Nuclear Medicine encounters
LR*5.2*127	Interfaces with PCE to pass provider and procedure data for ambulatory Laboratory encounters
IBD*2.1*2	AICS Manual Data Entry functionality
GMRV*3*3	Measurement Data collected via AICS passed through PCE Device Interface to Vitals/Measurement Pkg
SD*5.3*44	Ambulatory Care Reporting Patch

Q. How does PCE collect and report on diagnosis and procedures that are checked off on the DIAGNOSIS and CPT PROCEDURE tool kit boxes on Encounter Forms?

A: Items that are checked off in the above mentioned tool kit boxes are validated and stored by PCE into PCE files and then shared with other subscribing packages such as Scheduling.

Two PCE Health Summary Components, Outpatient Diagnosis and Outpatient Encounter, display diagnosis and procedure information:

- The Outpatient Diagnosis Component displays the date of the encounter, the facility, the hospital location, the encounter eligibility, the provider(s), the diagnoses, ICD9 or ICD10 code, ICD9 or ICD10 text and Provider Narrative.
- The Outpatient Encounter component displays all the information included in the Outpatient Diagnosis component plus the procedure(s), CPT code, short description and Provider Narrative.

If an immunization or skin test is collected by PCE through any of the four data collection interfaces PCE supports, data is stored in the procedure file and the Immunization or Skin Test file. Immunization or Skin Test information is included in the Outpatient Encounter component displays.

In addition, there are separate PCE Skin Test and Immunization components which only display information specific to Skin Tests and Immunizations. The Immunization component displays immunization, series, date, facility, and

reaction. The Skin Test component displays skin test, reading, results, reading date, facility.

If you want to display Patient Education, treatments, examinations, and health factor information using the PCE Health Summary components, check the specific EF tool kit boxes. Otherwise that information is to be entered manually either through AICS manual data entry or PCE manual data entry.

PCE also exports six clinical reports. Two of those reports display diagnosis data related to the numbers of patients associated with the identified diagnoses: Caseload Profile by Clinic and Diagnosis Ranked by Frequency.

- Q:** Explain how "Health Factors" in PCE and AICS are to be used and how this data may eventually be shared within a VISN. How are the level/severity modifiers (SEVERE, MOD and MIN) used in health factors when the health factors are not consistent with such quantification:
- A:** Here's a little background. The Indian Health Service used the Health Factors originally. The HEAVY, MODERATE, MINIMUM SEVERITY modifiers can be used with a health factor if clinicians wish to define their factors in a manner that makes these modifiers useful. They do not have to be used where they do not make sense.

AICS allows encounter form designers to include health factors on their encounter forms, with or without these modifiers. The health factors that are checked off by clinicians can be captured via scanning and stored in the V Health Factor file.

The initial set of health factor entries was defined by Indian Health Service. The SLC IRMFO added additional health factors based on feedback from a supporting clinical team, and the Ambulatory Care EP.

The Health Summary package has a Health Factor component which shows the latest health factors for each health factor category. If modifiers were collected for the health factors, they would be displayed in this component. The PCE clinical reminders do not use the health factor modifier, though they do use the existence of a patient's health factor to modify the reminder criteria.

The health factor information can be viewed as risk assessment or risk factor data which could provide useful information to guide the clinician as the care giver. For example, the PCE package includes a predefined clinical reminder for determining whether tobacco education needs to be given to the patient. The Health factors distributed with PCE include the Health factor category of TOBACCO and within that category of health factors is a factor for "LIFETIME NON-SMOKER." If a clinician had a patient who never has smoked or used any form of tobacco, the reminder will not come up for the patient if the health factor for "LIFETIME NON-SMOKER" has been captured off the encounter form.

We expect to learn a lot about what clinicians really would like to do with health factors as the clinicians begin using them with the reminders.

11.0 Device Interface Error Reports

The PCE Device Interface Error Report lets you look up PCE device interface errors by Error Number, Error Date and Time, Encounter Date and Time, or by Patient Name.

```
Select PCE Coordinator Menu Option: die PCE Device
Interface Error Report
```

```
Select one of the following:
```

ERN	Error Number
PDT	Processing Date and Time
EDT	Encounter Date and Time
PAT	Patient Name

```
Look up PCE device interface errors based on: ERN//
Error Number
```

```
Enter the beginning error number: (1-4): 1// [ENTER]
```

```
Enter the ending error number: (1-4): 4// [ENTER]
```

```
DEVICE: HOME// [ENTER] VAX RIGHT MARGIN: 80//
[ENTER]
```

```
May 24, 1996 4:10:05 pm
```

```
Page 1
```

PCE Device Interface Error Report

```
Report based on Error Numbers 1 through 4.
```

```
-----
Error Number: 1
```

```
Patient: PCEPATIENT,ONE 000-45-6789
```

```
Encounter date: May 06, 1996@14:53:17
```

```
Processing date: May 06, 1996@16:18:53
```

```
File: 9000010.07 (V POV) Field .04 (PROVIDER
NARRATIVE)
```

```
Error message: Missing Required Fields
```

```

Node: 0
  Original:
    Updated: 2016^1026^^244^^^^^^^S^^^^20

  File: 9000010.07 (V POV)  Field .04 (PROVIDER
NARRATIVE)
  Error message: Missing Required Fields
Node: 0
  Original:
    Updated: 2016^1026^^244^^^^^^^S^^^^20

Error Number: 2
  Patient: PCEPATIENT,ONE 000-45-6789
  Encounter date: May 06, 1996@14:53:17
  Processing date: May 06, 1996@16:38:59

  File: 9000010.07 (V POV)  IEN: 54  Field .04 (PROVIDER
NARRATIVE)
  Error message: Not Stored = 2X3
Node: 0  ETC.

```

12.0 Glossary

ADCP: Ambulatory Data Capture Project. ADCP was formed to coordinate the various VISTA packages involved in meeting this mandate. AICS Automated Information Collection System, formerly Integrated Billing, the program that makes Encounter Forms.

Action: A functional process that a clinician or clerk uses in the PCE computer program. For example, "Update Encounter" is an action that allows the user to pick an encounter and edit information that was previously entered (either through PCE or the PIMS Checkout process), or add new information (such as an immunization or patient education).

Appointment: A scheduled meeting with a provider or at a clinic; can include several encounters with other providers or clinics for tests, procedures, etc.

Checkout Process: Part of Medical Administration (the PIMS package), the checkout process can create appointments which are entered into the PCE component.

Clinic: An entry in the HOSPITAL LOCATION File #44 with a TYPE="C". Clinics must have stop codes in compliance with their restriction type. (See: Conforming Clinics; Non-conforming Clinics).

Clinician: A doctor or other provider in the medical center who is authorized to provide patient care.

Conforming Clinics: Clinics that have stop codes in compliance with their restriction types. Stop codes are used in accordance to their assigned restriction types. Stop codes with restriction type 'P' can only be used in the primary stop code position. Stop codes with restriction type 'S' can only be used in the secondary stop code position. Stop codes with restriction type 'E' can be used in either the primary or secondary stop code position.

CPRS: Computerized Patient Record System, a clinical record system which integrates many VISTA packages to provide a common entry and data retrieval point for clinicians and other hospital personnel.

CPT: Common Procedure Terminology; a method for coding procedures a performed on a patient, for billing purposes.

CSV: Code Set Versioning. This package is mandated under the Health Information Portability and Accountability Act (HIPAA). It contains routines, globals and data dictionary changes to recognize code sets for the International Classification of Diseases, Clinical Modification, Ninth Revision (ICD-9-CM), International Classification of Diseases, Clinical Modification, Tenth Revision (ICD-10-CM), Current Procedural Terminology (CPT) and Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS). When implemented, the applications below will allow users of these three code systems to select codes based upon a date that an event occurred with the Standards Development Organization (SDO)-established specific code that existed on that event date.

Encounter: Each patient meeting with a provider, during an appointment, by telephone, or as a walk-in. A patient can have multiple encounters for one appointment or during a single visit to a VAMC.

Encounter Form: A paper form used to display data pertaining to an outpatient visit and to collect additional data pertaining to that visit. The AICS package is automating encounter forms.

Episode of Care: Many encounters for the same problem can constitute an episode of care. An outpatient episode of care may be a single encounter or can encompass multiple encounters over a long period of time. The definition of an episode of care may be interpreted differently by different professional services even for the same problem. Therefore, the duration of an episode of care is dependent on the viewpoints of individuals delivering or reviewing the care provided.

Health Summary: A Health Summary is a clinically oriented, structured report that extracts many kinds of data from VISTA and displays it in a standard format. The individual patient is the focus of health summaries, but health

summaries can also be printed or displayed for groups of patients. The data displayed covers a wide range of health-related information such as demographic data, allergies, current active medical problems, laboratory results, etc.

Indian Health Service (IHS): IHS developed a computer program similar to VA's VISTA, which contains Patient Care Component (PCC) from which PCE and many of its components were derived.

Inpatient Visit: Inpatient encounters include the admission of a patient to a VAMC and any clinically significant change related to treatment of that patient. For example, a treating specialty change is clinically significant, whereas a bed switch is not. The clinically significant visits created throughout the inpatient stay would be related to the inpatient admission visit. If the patient is seen in an outpatient clinic while an Inpatient, this is treated as a separate encounter.

Integrated Billing (IB): A VISTA package responsible for identifying billable episodes of care, creating bills, and tracking the whole billing process through to the passing of charges to Accounts Receivable (AR). Includes the Encounter Form utility.

MCCR: Medical Care Cost Recovery, a VISTA entity which supports Integrated Billing and many data capture pilot projects related to PCE.

Non-conforming Clinics: Clinics with stop codes that do not comply with the assigned stop code restriction types of P=Primary, S=Secondary and E=Either.

NPCDB: National Patient Care Data Base, a database maintained in Austin which stores the minimum data set for all ambulatory care encounters.

Occasion of Service: A specified instance of an act of service involved in the care of a patient or consumer which is not an encounter. These occasions of service may be the result of an encounter; for example, tests or procedures ordered as part of an encounter. A patient may have multiple occasions of service per encounter or per visit.

Outpatient Visit: The visit of an outpatient to one or more units or facilities located in or directed by the provider maintaining the outpatient health care services (clinic, physician's office, hospital/medical center) within one calendar day. Outpatient encounters include scheduled appointments and walk-in unscheduled visits. A clinician's telephone communications with a patient may be represented by a separate visit entry.

Person Class: An enhancement to the New Person file, XU*8*27 NEW PERSON File Patch (8/5/96), which enables all VAMC providers to be assigned a Profession/ Occupation code (Person Class) so that a Person Class can be associated with each ambulatory patient encounter by October 1, 1996.

Procedure (CPT): A test or action done for or to a patient that can be coded with the CPT coding process.

Provider: A person who furnishes health care to a consumer; such as a professionally licensed practitioner who is authorized to operate a health care

delivery facility. This definition includes an individual or defined group of individuals who provides a defined unit of health care services (defined = codable) to one or more individuals at a single session.

Stop Code: A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.

Visit: Each encounter with a provider during a patient's appointment; can also be a telephone call or a walk-in.

Visit Tracking: A VISTA package which links patient-related information in a file structure that allows meaningful reporting and historically accurate categorization of patient events and episodes of care.

VISTA: Veterans Information System Technology Architecture

13.0 Appendix – Sample MDR Report

Report example sorted by Data Source

By Clinic, Provider, and Date

AUG 8,2004 through NOV 16,2004

Page 1

Patient	SSN	Date/Time
Enc. ID	Created by User	Defect

OUTPATIENT DIAG (BAY PINES)

Unknown

SORT VALUE: DATA SOURCE= RAD/NUC MED

NOV 03, 2004:

PCEpatient, One 000-00-0001 NOV 03, 2004@14:18 HMX8P-
BAY PCEprovider, One Procedure: 73110
missing assoc. DXs

Diagnosis: 171.6 missing Service Conn

Diagnosis: 171.2 missing SC/EI

TOTAL DEFECTS FOR HMX8P-BAY: 1

TOTAL DEFECTS FOR OCT 25, 2004: 1

TOTAL ENCOUNTERS FOR OCT 25, 2004: 1

TOTAL DEFECTS FOR SORT VALUE - RAD/NUC MED: 3

TOTAL ENCOUNTERS FOR SORT VALUE - RAD/NUC MED: 1

TOTAL DEFECTS FOR Unknown: 3

TOTAL ENCOUNTERS FOR Unknown: 1

TOTAL DEFECTS FOR OUTPATIENT DIAG (BAY PINES): 3

TOTAL ENCOUNTERS FOR OUTPATIENT DIAG (BAY PINES): 1