

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

### Ambulatory Setting

#### **I. INTRODUCTION**

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

##### A) Test of 45 CFR 170.315 (b) (1)

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

##### B) Summary of test data presented herein

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

#### **Document Narrative:**

Ms. Alice Newman is a 45 year old female with a history of Hypertension, Hypothyroidism, Iron deficiency and is a recipient of Renal Allograft visits Neighborhood Physicians Practice on 6/22/2015 at 10am EST. The patient disclosed history of nausea, loose stools and weakness. After initial examination the patient was found to have fever, she was administered necessary medications and after examining the history of the patient and the lab results, the doctor suspected anemia. So the patient was referred to Community Health Hospitals an Inpatient facility to get appropriate treatment and was asked to watch for appropriate changes in body temperature, blood pressure and take nebulizer treatment as needed.

#### **II. HEADER DATA**

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

##### A) Patient Demographics

| CCDS Data Elements      | Contextual Data Elements required for the Medical Record encoding to C-CDA IG | Details   | Additional Information |
|-------------------------|---|---|------------------------|
| Patient Name            |   | First Name: Alice<br>Last Name: Newman<br>Middle Name: Jones<br>Previous Name: Alicia<br>Suffix: jr |                        |
| Sex                     |   | Female (F)  |                        |
| Date of Birth           |   | 5/1/1970  |                        |
| Race                    |   | White (2106-3)  |                        |
| More Granular Race Code |   | 2108-9(White European)  |                        |
| Ethnicity               |   | Not Hispanic or Latino (2186-5)   |                        |
| Preferred Language      |   | English (eng)   |                        |
|                         | Home Address  | 1357, Amber Dr,<br>Beaverton, OR-97006  |                        |
|                         | Telephone Number  | Mobile: 555-777-1234<br>Home: 555-723-1544  |                        |

B) Relevant Information regarding the Visit

The information in this table is provided for context and to help populate the required elements in the C-CDA Header along with any 2015 S&CC data elements.

| CCDS Data Elements                        | Contextual Data Elements required for medical record encoding to C-CDA | Details   | Additional Information |
|---|--|---|------------------------|
| Referring or Transitioning Providers Name |  | Full Name: Dr Albert Davis<br>First Name: Albert<br>Last Name: Davis  |                        |
| Office Contact Information                |  | Full Name: Tracy Davis<br>First Name: Tracy<br>Last Name: Davis<br>Telephone: 555-555-1002<br>Address: 2472, Rocky place, Beaverton, OR-97006 |                        |

| CCDS Data Elements | Contextual Data Elements required for medical record encoding to C-CDA | Details  | Additional Information                                     |
|--------------------|--|--|--|
|                    | Author/Legal Authenticator/Authenticator of Electronic Medical Record  | Dr Albert Davis<br>Time: 6/22/2015   |  |
|                    | System that generated the document                                     | Neighborhood Physicians Practice EMR   |  |
|                    | Informants   | Matthew Newman (Spouse)<br>First Name: Matthew<br>Last Name: Newman  |  |
|                    | Medical Record Custodian   | Neighborhood Physicians Practice   |  |
|                    | Information Recipient  | Dr Albert Davis  |  |
|                    | Visit Date   | 6/22/2015  |  |
|                    | Care Team Members  | Dr Albert Davis<br>Tracy Davis   |  |
|                    | Other Participants in event  | Mr Rick Holler (Grand Parent)<br>First Name: Rick<br>Last Name: Holler<br>Mr Matthew Newman (Spouse)<br>First Name: Matthew<br>Last Name: Newman |  |
|                    | Event Documentation Details or Documentation of Event                  | Dr Albert Davis<br>30 minute encounter<br>Event Code = Fever   | Code for Fever Finding: 386661006 , Code System: SNOMED-CT |

### III. BODY DATA

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

#### A) Medication Allergies

| Code | CodeSystem | Allergy Substance | Reaction | Severity | Date/Time | Concern Status | Notes |
|------|------------|-------------------|----------|----------|-----------|----------------|-------|
|------|------------|-------------------|----------|----------|-----------|----------------|-------|

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

#### B) Medications

| Code   | CodeSystem | Medication                 | Timing Information                             | Route      | Frequency   | Dose      |
|--------|------------|----------------------------|--|------------|-------------|-----------|
| 309090 | RxNorm     | Ceftriaxone 100 MG/ML      | 6/22/2015 – Start Date<br>6/30/2015 – End Date | Injectable | BID         | 100MG/ML  |
| 209459 | RxNorm     | Tylenol 500mg              | For 10 days, starting from 6/22/2015           | Oral       | As needed   | 1 unit    |
| 576586 | RxNorm     | Darbepoetin Alfa 0.5 MG/ML | 6/22/2015 – Start Date (No End Date)           | Injectable | Once a week | 0.5 MG/ML |

#### C) Problems

| Code      | CodeSystem | Problem Name                                     | Timing Information                             | Concern Status | Notes |
|-----------|------------|--|--|----------------|-------|
| 59621000  | SNOMED-CT  | Essential hypertension (Disorder, )              | 10/5/2011                                      | Active         |       |
| 83986005  | SNOMED-CT  | Severe Hypothyroidism (Disorder)                 | 12/31/2006                                     | Active         |       |
| 236578006 | SNOMED-CT  | Chronic rejection of renal transplant (disorder) | 12/31/2011                                     | Active         |       |
| 386661006 | SNOMED-CT  | Fever (finding)                                  | 6/22/2015                                      | Active         |       |
| 238131007 | SNOMED-CT  | Overweight (finding)                             | 12/31/2006 – Start Date<br>6/1/2007 – End Date | Completed      |       |

| Code     | CodeSystem | Problem Name                        | Timing Information | Concern Status | Notes                                   |
|----------|------------|-------------------------------------|--------------------|----------------|---|
| 44054006 | SNOMED-CT  | Diabetes Mellitus Type 2 (Disorder) |                    | Completed      | No history of diabetes mellitus type 2. |

#### D) Encounter Diagnoses

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

#### E) Immunizations

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

#### F) Vital Signs

| Code                                    | Code System | Vitals         | Date                 | Value       |
|---|-------------|----------------|----------------------|-------------|
| 8302-2                                  | LOINC       | Height         | 6/22/2015, 10:05 EST | 177 cm      |
| 3141-9                                  | LOINC       | Weight         | 6/22/2015, 10:05 EST | 88 kg       |
| 8462-4 (Diastolic)<br>8480-6 (Systolic) | LOINC       | Blood Pressure | 6/22/2015, 10:08 EST | 145/88 mmHg |

| Code   | Code System | Vitals                | Date                   | Value         |
|--------|-------------|-----------------------|------------------------|---------------|
| 8867-4 | LOINC       | Heart Rate            | 6/22/2015<br>10:10 EST | 80 per minute |
| 2710-2 | LOINC       | O2 % BldC<br>Oximetry | 6/22/2015<br>10:12 EST | 95%           |

#### G) Smoking Status and Tobacco Use

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

#### H) Procedures

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

I) Laboratory Tests

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

J) Laboratory Values/Results

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

K) UDI:

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

L) Assessment and Plan of Treatment:

- a. **Assessment (Visual Inspection** – ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)
  - i. The patient was found to have fever and Dr Davis is suspecting Anemia based on the patient history. So Dr Davis asked the patient to closely

monitor the temperature and blood pressure and get admitted to Community Health Hospitals if the fever does not subside within a day.

- b. **Plan of Treatment (Visual Inspection**– ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)
- i. Get an EKG done on 6/23/2015.
  - ii. Get a Chest X-ray done on 6/23/2015 showing the Lower Respiratory Tract Structure.
  - iii. Take Clindamycin 300mg three times a day as needed if pain does not subside/
  - iv. Schedule follow on visit with Neighborhood Physicians Practice on 7/1/2015.

M) **Goals (Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

- a. Get rid of intermittent fever that is occurring every few weeks.
- b. Need to gain more energy to do regular activities

N) **HealthConcerns (Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

- a. Chronic Sickness exhibited by patient
- b. HealthCare Concerns refer to underlying clinical facts
  - i. Documented HyperTension problem
  - ii. Documented HypoThyroidism problem
  - iii. Watch Weight of patient

O) **Reason For Referral: (Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

Ms Alice Newman is being referred to Community Health Hospitals Inpatient facility because of the high fever noticed and suspected Anemia.

P) **Functional Status**

| Functional Condition | Code      | Code System | Date      |
|----------------------|-----------|-------------|-----------|
| Dependence on Cane   | 105504002 | SNOMED-CT   | 5/1/2005  |
| Memory Impairment    | 386807006 | SNOMED-CT   | 2/27/2011 |

Q) **Cognitive Status**

| Cognitive Status | Code     | Code System | Date     |
|------------------|----------|-------------|----------|
| Amnesia          | 48167000 | SNOMED-CT   | 5/1/2005 |