### 2015 S&CC Test Data for 170.315 (b) (6) - Data Export

### **In-Patient Setting**

#### I. INTRODUCTION

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(6). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to export a summary care record formatted according to the Consolidated CDA (C-CDA) Release 2.1

A) Test of 45 CFR 170.315 (b) (6)

<Include text of 45 CFR 170.315 (b) (6) here for reference>

B) Summary of test data presented herein

To exemplify 170.315 (b) (6), the following clinical scenario will be employed.

### **Document Narrative:**

Mr. John Wright is a 35 year old male who is healthy and visits Community Health Hospitals on 7/22/2015 6pm EST due to a skin burn. The doctor examines the burn, applies the needed dressing and discharges the person after a few hours.

#### 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: John	
		Last Name: Wright	
		Middle Initial: R	
		Previous Name:	
		Suffix: jr	
Sex		Male (M)	
Date of Birth		8/1/1980	
Race		Unknown	
More Granular		Unknown	
Race Code			

CCDS Data Elements	Contextual Data Elements required for the Medical Record encoding to C-CDA IG	Details	Additional Information
Ethnicity		Unknown	
Preferred		English (en)	
Language			
	Home Address	1357, Amber Dr,	
		Beaverton, OR-97006	
	Telephone Number	Mobile: 555-777-1234	
		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	Contextual Data	Details	Additional
Elements	Elements required		Information
	for medical record		
	encoding to C-CDA		
Providers Name		Dr Henry Seven	Dr Seven and his staff
		First Name: Henry	work for Community
		Last Name: Seven	Health and Hospitals
			1002, Healthcare Dr,
0.00			Portland, OR-97266
Office Contact		Mary McDonald	
Information		First Name: Mary	
		Last Name: McDonald	
		Telephone: 555-555-1002	
	Author/Legal	Dr Henry Seven	
	Authenticator/Authe		
	nticator of Electronic	Time: 7/22/2015	
	Medical Record		
	System that	Community Health and	
	generated the	Hospitals Practice EMR	
	document		
	Informants	Kathy Wright (Spouse)	
		First Name: Kathy	
		Last Name: Wright	
	Medical Record	Community Health and	
	Custodian	Hospitals	
	Information	Dr Henry Seven	
	Recipient		
	Admission Date	7/22/2015 6pm EST	

CCDS Data	Contextual Data	Details	Additional
Elements	Elements required		Information
	for medical record		
	encoding to C-CDA		
	Discharge Date	7/22/2015 11pm EST	
	Care Team Members	Dr Henry Seven	
		Mary McDonald	
	Other Participants in	Mr Mathew Wright	
	event	(Grand Parent)	
		First Name: Mathew	
		Last Name: Wright	
		Ms Kathy Wright (Spouse)	
		First Name: Kathy	
		Last Name: Wright.	
		(Same address	
		information as Mr John	
		Wright for both Mathew	
		and Kathy).	
	Event	Dr Henry Seven (PCP)	Code for Burn by Fire:
	Documentation	5 hour encounter	423123007, Code
	Details or	Event Code = Burn by Fire	System: SNOMED-CT
	Documentation of		
	Event		

## 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:
  - a. No known Allergies.
- B) Medications
  - a. None.
- C) Problems:
  - a. No known health problems
- D) Encounter Diagnoses

Code	CodeSystem	Description	Start Date	Service
				Delivery
				Location

Code	CodeSystem	Description	Start Date	Service Delivery Location
<u>T23.1</u>	ICD-10	Burn of first degree of wrist and hand	7/22/2015	Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266

## E) Procedures

**Note**: Target Site is provided for context, vendors may or may not choose to include this as part of the C-CDA entries.

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

# F) Immunizations or Immunizations Administered during visit

a. No Immunization history

### G) Vital Signs

Code	Code System	Vitals	Date	Value
8302-2	LOINC	Height	7/22/2015 6:10 pm EST	177 cm
3141-9	LOINC	Weight	7/22/2015 6:10 pm EST	88 kg
8462-4 (Diastolic) 8480-6 (Systolic)	LOINC	Blood Pressure	7/22/2015 6:15 pm EST	145/88 mmHg
8310-5	LOINC	Body Temperature	7/22/2015 6:20 pm EST	99 degree Farenheit

H) Laboratory Test: None needed.

) Laboratory Values/Results: No Lab Result data

J) Smoking Status and Tobacco Use

Element	Description	Start Date	End Date	Code	Code System
Description					
Current	Current	7/22/2015	-	449868002	SNOMED-CT
Smoking Status	every day				

K) UDI List: No implanted devices.

- 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 Mr John Wright was found to have first degree burns and Dr Seven and his staff treated Mr Wright by cleaning the burn and dressing the burn and observed for couple of hours before discharging Mr Wright.
  - 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)
    - Schedule an appointment with Dr Seven after 1 week for Follow up with Outpatient facility.
    - ii. In case of high fever, take Tylenol as needed.
- M) Goals: No goal information.
- N) HealthConcerns: No Health concerns Information
- O) Discharge Instructions (**Visual Inspection** ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)
  - a. Appointments: Schedule an appointment with Dr Seven after 1 week. Follow up with Outpatient facility.
  - b. In case of fever, take Tylenol as advised in plan of treatment.
- P) Functional Status: No information
- Q) Cognitive Status: No information