<u>2015 S&CC Test Data for 170.315 (b) (4) - CCDS Create</u>

<u>Ambulatory Setting</u>

I.   INTRODUCTION

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(4). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to create a summary care record formatted according to the Consolidated CDA (C-CDA) Release 2.1

A)   Test of 45 CFR 170.315 (b) (4)

<Include text of 45 CFR 170.315 (b) (4) here for reference>

B)   Summary of test data presented herein

To exemplify 170.315 (b) (4), 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 Last Name: Newman Middle Name: Jones Previous Name: Alicia Suffix:	
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 (en)	
	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 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 First Name: Albert Last Name: Davis	
Office Contact Information		Full Name: Tracy Davis First Name: Tracy Last Name: Davis Telephone: 555-555-1002 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 Time: 6/22/2015	
	System that generated the document	Neighborhood Physicians Practice EMR	
	Informants	Matthew Newman (Spouse) First Name: Matthew 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 Tracy Davis	
	Other Participants in event	Mr Rick Holler (Grand Parent) First Name: Rick Last Name: Holler Mr Matthew Newman (Spouse) First Name: Matthew Last Name: Newman (Mr Rick and Mr Matthew have the same address information as Ms Alice.)	
	Event Documentation Details or Documentation of Event	Dr Albert Davis 30 minute encounter 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
7982	RxNorm	Penicillin G benzathine	Hives (code-247472004, SNOMED-CT)	Moderate	Start Date – 5/10/1980,	Active	
81953	RxNorm	Ampicillin Sodium	Hives (code-247472004, SNOMED-CT)	Moderate	Start Date – 5/10/1980,	Active	

B) Medications

Code	CodeSystem	Medication	Timing Information	Route	Frequency	Dose
309090	RxNorm	Ceftriaxone 100 MG/ML	6/22/2015 – Start Date 6/30/2015 – End Date	Injectable	BID	1 unit
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	1 unit

C) Problems

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

D) Encounter Diagnoses

Code	CodeSystem	Description	Date Recorded	Service Delivery Location
386661006	SNOMED-CT	Fever – Finding	6/22/2015	Neighborhood Physicians Practice Address: 2472, Rocky place, 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.	
106	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) 8480-6 (Systolic)	LOINC	Blood Pressure	6/22/2015, 10:08 EST	145/88 mmHg
8867-4	LOINC	Heart Rate	6/22/2015 10:10 EST	80 beats per minute
2710-2	LOINC	O2 % BldC Oximetry	6/22/2015 10:12 EST	95%
8310-5	LOINC	Body Temperature	6/22/2015 10:15 EST	38 degree Celsius
9279-1	LOINC	Respiratory Rate	6/22/2015 10:15 EST	18 breaths per minute

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
Current Smoking Status	Current every day	6/22/2015	-	449868002	SNOMED-CT

H) 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	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 Telephone: 555-555-1002 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. Telephone: 555-555-1003 Address: 3525, Newberry Avenue, Beaverton, OR-97006.

I) Laboratory Tests

Test Code	Code System	Name	Date
24357-6	LOINC	Urinanalysis 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:

Note: Device Code is provided for context, vendors may or may not choose to include this as part of the C-CDA entries. Also the implantable device identified below was introduced as part of the procedure documented in the procedure section namely "Introduction of cardiac pacemaker system via vein".

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

Q) Cognitive Status

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