**Document Narrative:**

[ Mr. Richard Maur is a 35 year old male who is healthy and visits his PCP at Community Health Center 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. ]

**Note**: The test data provided in the document was captured during this encounter including historical data. The contextual data provided is to help the vendors create their C-CDA documents using appropriate data. Vendors can ignore the contextual data if it is not required for C-CDA generation; however the generated C-CDA is expected to contain the data relevant to the criteria as specified in the regulation.

**II. HEADER DATA**

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

1. 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: Richard  Last Name: Maur  Middle Name:  Previous Name:  Suffix: jr |  |
| Sex |  | Male (M) |  |
| Date of Birth |  | 8/1/1980 |  |
| Race |  | Unknown |  |
| More Granular Race Code |  | Unknown |  |
| Ethnicity |  | Unknown |  |
| Preferred  Language |  | English (en) |  |
|  | Home Address | 1357, Amber Dr, Beaverton, OR-97006 |  |
|  | Telephone Number | Mobile: 555-777-1234 Home: 555-723-1544 |  |

1. Relevant Information regarding the Visit

**Note**: 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.

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| --- | --- | --- | --- |
| **CCDS Data Elements** | **Contextual Data Elements required for medical record encoding to C-CDA** | **Details** | **Additional  Information** |
| Providers Name |  | Dr Henry Seven  First Name: Henry  Last Name: Seven | [ Dr Seven and his staff work for Community Health Center 1002, Healthcare Dr, Portland, OR-97266 ] |
| Office Contact Information |  | Mary McDonald  First Name: Mary  Last Name: McDonald  Telephone: 555-555-1002 |  |
|  | [ Author/Legal Authenticator/Authe nticator of Electronic Medical Record ] | [ Dr Henry Seven  Date: 7/22/2015 ] |  |
|  | [ System that generated the document ] | [ Community Health Center Practice EMR ] |  |
|  | [ Informants ] | [ Caroline Maur (Spouse) First Name: Caroline Last Name: Maur ] |  |
|  | [ Medical Record Custodian ] | [ Community Health Center ] |  |
|  | [ Information  Recipient ] | [ Dr Henry Seven ] |  |
|  | Admission Date | 7/22/2015 6pm EST |  |
|  | Discharge Date | 7/22/2015 11pm EST |  |
| Care Team Members | Care Team Members | Dr Henry Seven  Mary McDonald |  |
|  | [ Other Participants in event ] | [ Mr Issac Maur (Grand  Parent)  First Name: Issac  Last Name: Maur  Ms Caroline Maur  (Spouse)  First Name: Caroline  Last Name: Maur.  (Same address  information as Mr Richard  Maur for both Issac and  Caroline). ] |  |

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| --- | --- | --- | --- |
| **CCDS Data** | **Contextual Data** | **Details** | **Additional** |
| **Elements** | **Elements required  for medical record  encoding to C-CDA** |  | **Information** |
|  | [ Event | [ Dr Henry Seven (PCP) | [ Code for Burn by Fire: |
|  | Documentation | 1 hour encounter | 423123007, Code |
|  | Details or | Event Code = Burn by Fire | System: SNOMED-CT ] |
|  | Documentation of | ] |  |
|  | Event ] |  |  |

**III. BODY DATA**

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

1. Medication Allergies:   
   a. No known Allergies.

**Note**: Medication Allergies are to be represented using the Allergies and Intolerances Section.

1. Medications

a. No Known Medications.

1. Problems:

a. No known problems

1. Encounter Diagnoses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **CodeSystem** | **[ Description ]** | **Start Date** | **[ Service  Delivery  Location ]** |
| [T23.1](http://www.icd10data.com/ICD10CM/Codes/S00-T88/T20-T25/T23/T23.1-) | ICD-10 | Burn of first degree of wrist and hand | 7/22/2015 | Community Health Center 1002, Healthcare Dr, Portland, OR-97266 |
|  |

1. Procedures

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**Note**: Target Site is provided for context, vendors may or may not choose to include this as part of the C-CDA entries. Date is to be represented using the effectiveTime data element in the Procedure Activity Procedure entry.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **CodeSystem** | **[ Procedure Name ]** | **[ Target Site ]** | **[Date]** | **[ Service  Delivery  Location ]** |
| 90660004 | SNOMED- CT | Application of Dressing for burn | 281737009 (Skin of part of forearm) – SNOMED CT code | 7/22/2015 | Community Health Center 1002, Healthcare Dr, Portland, OR-97266 |

1. Immunizations

a. No Immunization history

1. Vital Signs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Code System** | **[ Vitals Name ]** | **Date** | **Value and Units** |
| 8462-4  (Diastolic) | LOINC | Blood Pressure- Diastolic | 7/22/2015  [ 6:15 pm  EST ] | Value=88 units=mm[Hg] |
| 8480-6 (Systolic) | LOINC | Blood Pressure- Systolic | 7/22/2015  [ 6:15 pm  EST ] | Value=145 units=mm[Hg] |
| 8310-5 | LOINC | Body  Temperature | 7/22/2015 6:20 pm EST | Value=99 Units=[degF] |

1. Laboratory Test: No Lab Tests Information.
2. Laboratory Values/Results: No Lab Results Information
3. Smoking Status and Tobacco Use

**Note**: The C-CDA IG specifies how Smoking Status has to be represented using a combination of Tobacco Use and Smoking Status templates. Vendors are expected to follow the C-CDA IG to encode these data elements appropriately

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element** | **[** | **Start Date** | **End Date** | **Code** | **Code System** |
| **Description** | **Description** |  |  |  |  |
|  | **]** |  |  |  |  |

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

F) UDI List: No implanted devices.

G) Assessment and Plan of Treatment:

1. **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 Richard Maur was found to have first degree burns and Dr Seven and his staff Mr Maur by cleaning the burn and dressing the burn and observed for couple of hours before discharging Mr Maur.
2. **Plan of Treatment (Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content**)**
3. Schedule an appointment with Dr Seven after 1 week for Follow up with Outpatient facility.
4. In case of high fever, take Tylenol as needed.

H) Goals: No information.

I) HealthConcerns: No Information

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

1. Appointments: Schedule an appointment with Dr Seven after 1 week. Follow up with Outpatient facility.
2. In case of fever, take Tylenol as advised in plan of treatment.

K) Functional Status: No information

L) Cognitive Status: No information

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