



Clinical Reminders

**Version 2.0
Patch PXR*2*6**

User Manual

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Revision History

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Feb 2006	60	Added FAQs	Gloria Smith	JoAnn Green
Sept 2005	5	Changes to GEC Referral, made in PXRm*2.0*4	Gloria Smith	JoAnn Green

*NOTE: This manual has been revised extensively for PXRm*2*6, to focus on Mental Health-related reminders and dialogs. Chapters and appendices have been removed and new appendices have been added. For example, the chapter on the use of the IHD reminders and the appendix on GEC Reports were removed. If you need to refer to these, please look at earlier versions of the User Manual (Clinician Guide) in the VistA Document Library (VDL)

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Clinical Reminders V. 2.0

Purpose of This Guide

This Clinician Guide is designed to help the clinical practitioner understand Clinical Reminders and to use the functionality to improve patient care and clinical processes. This guide will also give you an overview of national VA reminders/dialogs and components:

Target Audience

We have developed this guide for the following types of users:

- Clinicians
- Nurses
- Clinical Application Coordinators (CAC)
- Clinical Reminders Managers

Other Sources of Information

Related Documentation

The following manuals are available from the VistA Documentation Library (VDL) <http://www.va.gov/vdl>.

- Clinical Reminders V2.6 Release Notes (PXRМ_2_6_RN.PDF)
- Clinical Reminders V2.6 Install and Setup Guide (PXRМ_2_6_IG.PDF)
- Clinical Reminders Technical Manual (PXRМ_2_4_TM.PDF)
- Clinical Reminders Manager Manual (PXRМ_2_6_MM.PDF)

Other relevant information is also available on the Clinical Reminders website:

<http://vista.med.va.gov/reminders/>

Introduction

Benefits of Clinical Reminders

From Harvard Innovations award:

The involvement of front-line providers, use of performance measures and universal use of electronic health records have enabled VA to set the national benchmark in quality of care. VistA's computerized system enables key decisions by checking links to automated drug distribution, leading to a significant reduction in the error rate.

VistA is innovative because of its unique linkage with standardized, consistent performance measurement. VA's electronic health records provide patient-specific, comprehensive clinical decision support that results in a performance measurement system that encourages driven evidence-based practice.

Clinical Reminders Overview

The Clinical Reminder system helps caregivers deliver higher quality care to patients for both preventive health care and management of chronic conditions, and helps ensure that timely clinical interventions are initiated.

Reminders assist clinical decision-making and also improve documentation and follow-up, by allowing providers to easily view when certain tests or evaluations were performed and to track and document when care has been delivered. They can direct providers to perform certain tests or other evaluations that will enhance the quality of care for specific conditions. The clinicians can then respond to the reminders by placing relevant orders or recording clinical activities on patients' progress notes.

Clinical Reminders may be used for both clinical and administrative purposes. However, the primary goal is to provide relevant information to providers at the point of care, for improving care for veterans. The package benefits clinicians by providing pertinent data for clinical decision-making, reducing duplicate documenting activities, assisting in targeting patients with particular diagnoses and procedures or site-defined criteria, and assisting in compliance with VHA performance measures and with Health Promotion and Disease Prevention guidelines.

Clinical Practice Guidelines

The Veterans Health Administration (VHA), in collaboration with the Department of Defense (DoD) and other leading professional organizations, has been developing clinical practice guidelines since the early 1990s. Guidelines for the Rehabilitation of Stroke and Amputation and the Care Guide for Ischemic Heart Disease were among the first distributed throughout VHA in 1996 and 1997. Since that time, numerous other guidelines, including guidelines on Diabetes Mellitus, COPD, Major Depressive Disorder, Psychoses, Tobacco Use Cessation, Hypertension, have been developed and distributed for implementation throughout the system.

VHA defines clinical practice guidelines as recommendations for the performance or exclusion of specific procedures or services for specific disease entities. These recommendations are derived through a rigorous methodological approach that includes a systematic review of the evidence to outline recommended practice. Clinical guidelines are seen by many as a potential solution to inefficiency and inappropriate variation in care.

Introduction

Benefits of Clinical Reminders

Clinical Practice Guidelines

Purpose of Guidelines

- Assure that the appropriate amount of care is provided (addressing both under & over-utilization)
- Reduce errors and promote patient safety
- Ensure predictable and consistent quality
- Promote learning and research
- Facilitate patient and family education

Clinical Reminders, Performance Measures, and Clinical Practice Guidelines

Each Veterans Integrated Service Networks (VISN) must comply with performance measures that address Prevention Index/Chronic Disease Index (PI/CDI), as well as with the Health Promotion And Disease Prevention Program Handbook 1120.2, which states that each VHA facility shall have a program to educate veterans with respect to health promotion and disease prevention and to provide veterans with preventive medical care that includes screening and other clinical services.

The Clinical Reminders package offers tools to help clinicians comply with these performance measures and guidelines on a patient-by-patient basis. The use of these tools leads to improved patient care.

Providers can work with their local Clinical Application Coordinators to set up customized reminders based on local and national guidelines for patient education, immunizations, skin tests, measurements, exams, laboratory tests, mental health tests, radiology procedures, and other procedures.

The Office of Quality and Performance oversees the VA's performance measure plan. Each year the [Performance Measurement Workgroup](#) (PMWG), recommends the annual Network Performance Plan to the Under Secretary for Health. The Plan is formally signed as the Network Director's annual performance appraisal. The specific details of the plan are published annually on the OQP website.

<http://vawww.oqp.med.va.gov/default.htm>

Introduction

Patch 6 Updates to Clinical Reminders

NOTE: Most dialogs that use Mental Health tests won't exhibit many changes until CPRS GUI V27 is released.

Clinical Reminders Patch 6

Patch 6 contains modifications to integrate the Clinical Reminders package with the new version of the Mental Package called MHA3. The Clinical Reminders package will support use of new mental health surveys, instruments, and forms for clinical collection, reminder evaluation, patient list building and reporting. These modifications will be distributed at the same time as MHA3 (YS*5.01*85).

This functionality is needed so that Clinical Reminders can be used to help sites meet the Performance Measure requirements related to a standardized set of Mental Health Instruments that will be available in the YS*5.01*85 patch. The standardized instruments are AUDC, BDI2, PHQ-2, PHQ9, and PC-PTSD.

GMTS*2.7*77, bundled with PXR*2.0*6, provides two new Health Summary Components to view administered mental health tests and scores: MHAL - MHA Administration List and MHAS - MHA Score.

In order to use all of the dialog functionality available with MHA3 and PXR*2*6, Version 27 of the CPRS GUI will need to be installed. This version isn't scheduled for release until Spring 2008. In this manual, we'll show examples of dialog screens as they will appear when patch PXR*2*6 is released and sites are still using CPRS 26, as well as examples of how they'll appear with CPRS 27.

See Chapter 3 in this manual for descriptions and examples of the Mental Health dialogs.

Introduction

Patch 6 Updates to Clinical Reminders

Updates to National Reminders

Modified National Reminders

- Depression Screening
PHQ-2 & PHQ9 in the dialog
- Iraq & Afghan Post Deploy Screen
Converted to use MH tests (AUDC, PHQ-2, PC PTSD)
Added more detailed branching logic
- TBI Screening
Fixed selection problem; added done elsewhere
- MHV Influenza Vaccine
Updated date for FY08

New National Reminders

- PTSD Screen
Uses PC PTSD
- Alcohol (Audit-C) Screen
Uses AUDC for all alcohol screens
- Positive AUDIT-C Evaluation
Provides a standard tool for education and counseling
- Multiple branching logic reminders

II. Using Clinical Reminders

Chapter 1: Clinical Reminders and CPRS Overview

The cover sheet display of reminders can be customized for Site, System, Location, or User.

See Appendix C, for instructions on how to edit cover sheet reminders.

Using Clinical Reminders in CPRS

Clinician reminders are accessible in CPRS in four places:

- Cover Sheet
- Clock button (upper right-hand corner of each tab in CPRS)
- Notes tab
- Reports tab (Health Summaries)

Cover Sheet

Clinical reminders that are due are displayed on the cover sheet of CPRS. When you left-click on a reminder, patient-related details are presented in a pop-up window. By right-clicking on a reminder on the cover sheet, you can access the reminder definition and reference information.

More details about what's available from the Cover Sheet are provided in the following pages.

The screenshot displays the Vista CPRS interface for patient 'WHPATIENT.TWO'. The interface includes a menu bar (File, Edit, View, Tools, Help) and a toolbar with buttons for Flag, Remote Data, and No Postings. The main content area is divided into several sections: Active Problems (Diabetes Mellitus), Allergies / Adverse Reactions (No Allergy Assessment), Postings (No Patient Postings Found), Active Medications (listing various medications like Ginger Cap/Tab, Ginkgo Tab, Warfarin 5mg Tab, Aspirin 325mg Tab, Ibuprofen 400 Mg, Metaproterenol Aerosol, Codeine Phosphate 15mg Tab, Amoxicillin 500mg -Clav Acid 125mg Tablet, Allopurinol 100mg Tab, Verapamil 80mg Tab, Epoetin Alfa, Recombinant Inj, Soln, and Cimetidine Tab), Clinical Reminders (listing CHEST XRAY, Mammogram Screening, and PAP Smear Screening), Due Date (listing DUE NOW), Recent Lab Results (No Orders Found), Vitals (No data found), and Appointments/Visits/Admissions (Jun 07, 2004 11:39 2as, Inpatient Appointm). A red box highlights the 'Cover Sheet Reminders Box' which contains the Clinical Reminders and Due Date sections. The bottom of the interface features a tabbed navigation bar with tabs for Cover Sheet, Problems, Meds, Orders, Notes, Consults, Surgery, D/C Summ, Labs, and Reports.

Clinical Reminders	Due Date
CHEST XRAY	DUE NOW
Mammogram Screening	DUE NOW
PAP Smear Screening	DUE NOW

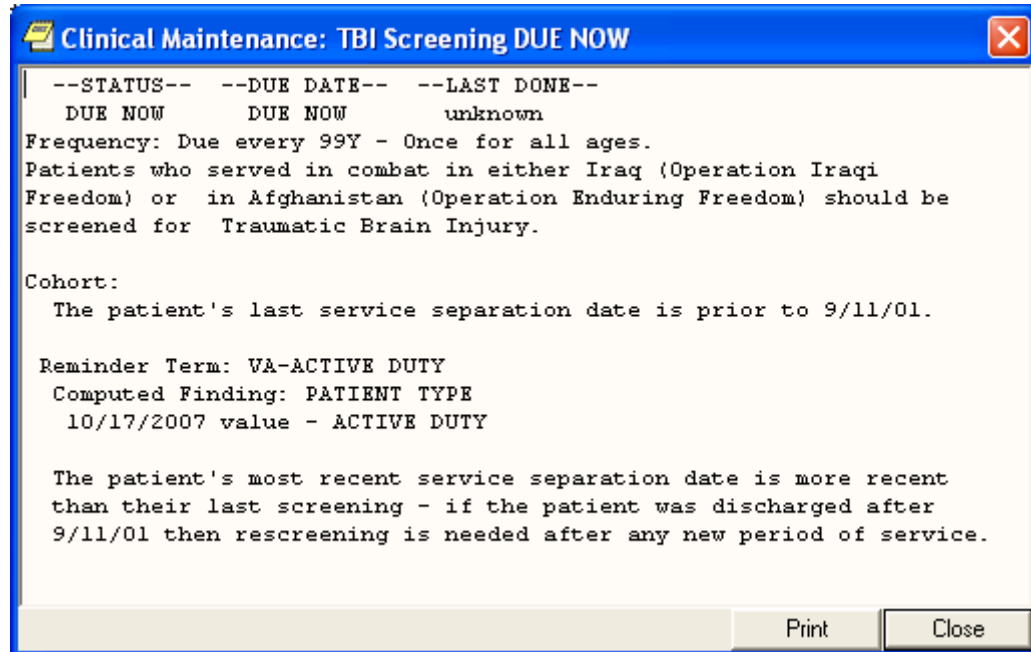
Cover Sheet Reminders Box

Using Clinical Reminders

Chapter 1: CPRS and Reminders Overview

Clinical Maintenance View

If you left-click on a particular reminder you will see the Clinical Maintenance output, which gives you the details of the reminder evaluation. It tells you the status, .

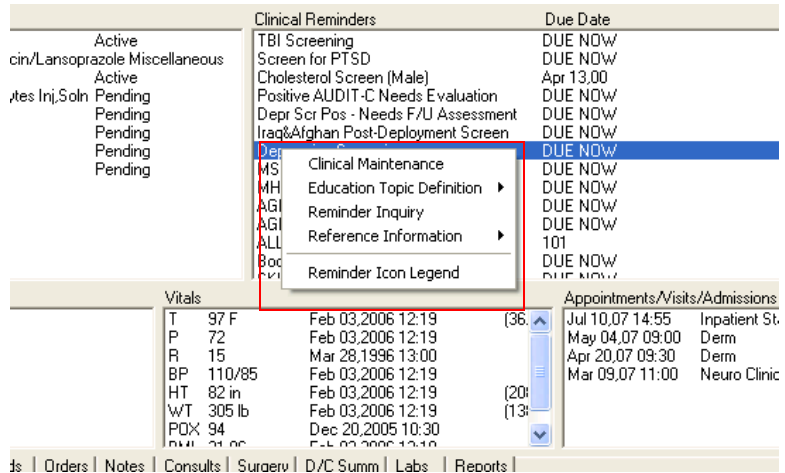


II. Using Clinical Reminders

Chapter 1: Clinical Reminders and CPRS Overview

Right-clicking on a Reminder

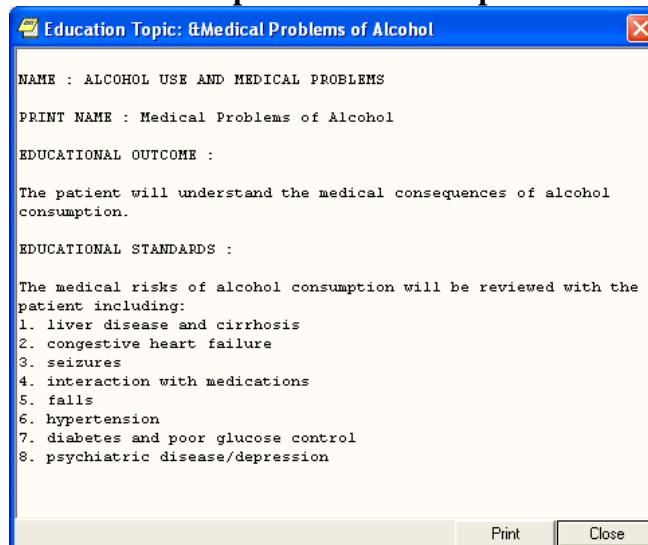
If you right-click on a reminder, you will see a popup menu that looks similar to this:



Clicking on Clinical Maintenance will show you the same Clinical Maintenance output you get by left-clicking.

If the reminder contains education topics, Education Topic Definition will be selectable and clicking on it will display the education topic definitions.

Example: Education Topic



Using Clinical Reminders

Chapter 1: CPRS and Reminders Overview

For detailed information on how reminders are defined, see the Clinical Reminders Manager Manual.

Reminder Inquiry

Clicking on reminder inquiry will produce a display of the reminder definition.

Reminder Inquiry: Positive AUDIT-C Needs Evaluation

VA-ALCOHOL AUDIT-C POSITIVE F/U EVAL
No. 925

Print Name: Positive AUDIT-C Needs Evaluation
Class: NATIONAL
Sponsor: Office of Patient Care Services
Review Date:
Rescission Date:
Usage: CPRS, DATA EXTRACT, REPORTS
Related VA-* Reminder:
Reminder Dialog: VA-ALCOHOL F/U POS AUDIT-C
Priority:

Reminder Description:
This reminder is due for patients who have a Positive Alcohol Use Screen. It becomes due with an AUDIT-C score of 5 or more.

This setting of AUDIT-C of 5 or higher is for the national performance measure. There are still patients who have lower scores who drink above the safe limit and these patients should also be counseled.

The dialog includes assessment tools and documentation of advice, counseling and referral

It resolves by documentation of direct alcohol related advice and

Print Close

If you click on Reference Information, you will get a list of web sites that have information related to the clinical reminder. Clicking on one of them will open your web browser at that site.

Clicking on Reminder Icon Legend will bring up a display that shows what the various reminder icons mean. These icons will appear on the CPRS header bar (referred to as the Clock button).

Reminders Icon Legend

Icon Legend

Templates Reminders Notes Consults Surgery

	Reminder Category
	Reminder is Due
	Reminder is not due, but is Applicable
	Reminder is Not Applicable
	Reminder status has not yet been evaluated
	Reminder has an associated Reminder Dialog
	Reminder's associated Reminder Dialog has been processed

Using Clinical Reminders

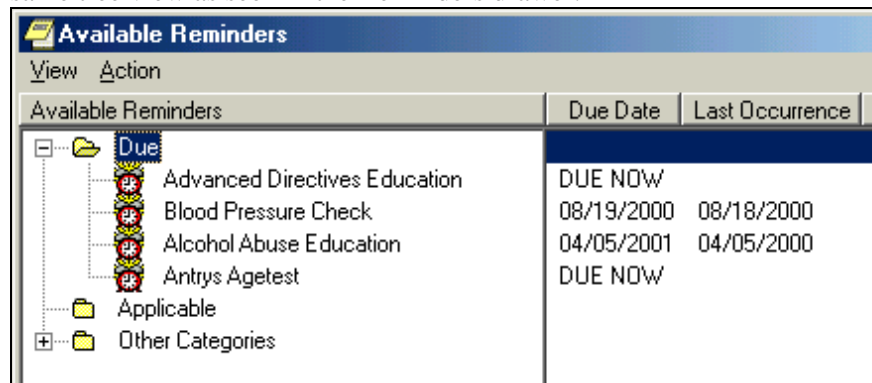
Chapter 1: CPRS and Reminders Overview

Clock Button

Another place you can interact with Clinical Reminders is by clicking on the reminders button in the upper right hand corner of the CPRS GUI. The reminders button looks like an alarm clock and corresponds to the status of the reminder, as indicated in the icon legend shown on the previous page.



This brings up the Available Reminders window, which shows the same tree view as seen in the Reminders drawer.



This window has two menus: View and Action.

View Menu

The View menu lets you determine which categories of reminders will be displayed in the tree view. Those with a checkmark to the left of this will be displayed. You can toggle the checkmark on or off by left clicking on the icon. Note: as soon as you click on an icon the View menu will disappear and the tree will be updated to match your current selection. To make another change, left-click on View.

The tree view you see here is identical to the one you see in the Reminders “drawer,” so whatever change you make here affects the tree you see in the Reminders drawer.

Using Clinical Reminders

Chapter 1: CPRS and Reminders Overview

Available Reminders form, cont'd

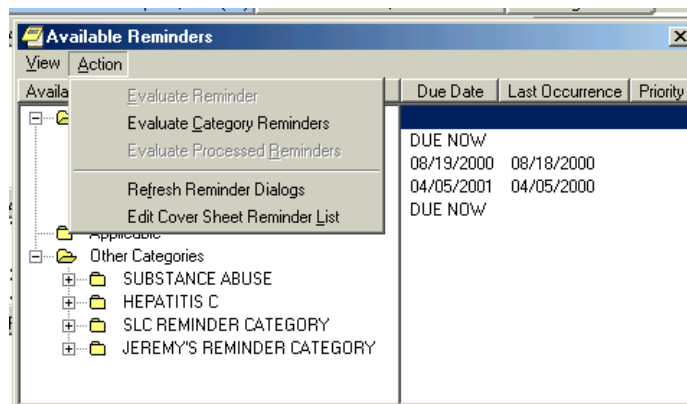
Action Menu

Evaluate Reminders

You can evaluate an individual reminder, all the reminders in a category, or a processed reminder. A processed reminder is one whose dialog has been processed by checking off items; a checkmark appears by the reminder icon. The option that is selectable out of these three options depends on what has been selected on the reminders tree. If it is an individual reminder, then Evaluate Reminder will be selectable, if it is a category, then Evaluate Category Reminders will be selectable, and if it is a processed reminder, then Evaluate Processed Reminder will be selectable.

The other two options, Refresh Reminder Dialogs and Edit Cover Sheet Reminder List, are for use by Reminder Managers.

Action Menu on Available Reminders



Using Clinical Reminders

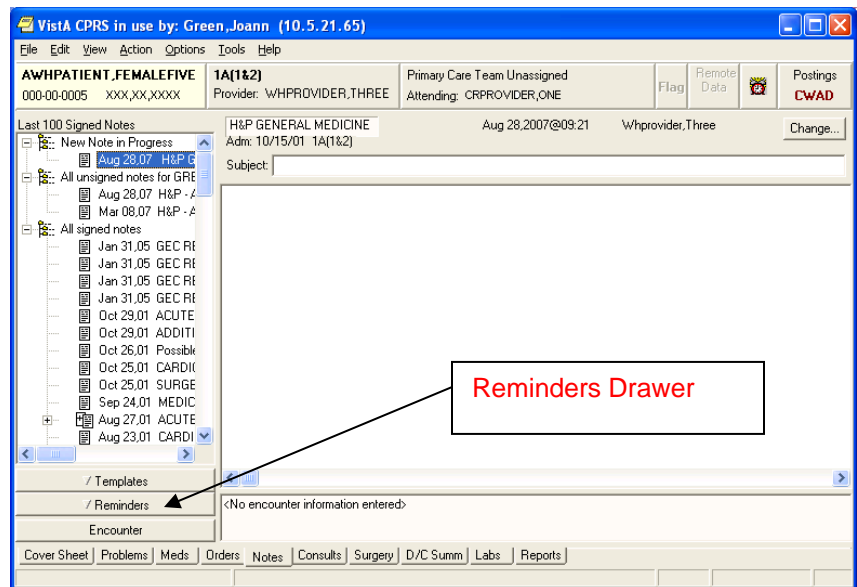
Chapter 1: CPRS and Reminders Overview

You or your site can determine the folder view, and whether the folders are open or closed when you first open the reminders tab (also called a drawer).

Using a dialog to resolve a clinical reminder is discussed in Chapter 2.

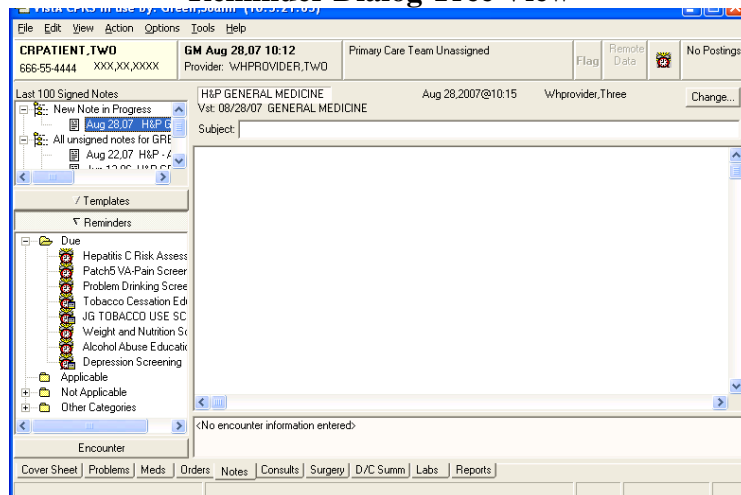
Notes Tab

Reminders processing takes place through the Notes tab. When you click on the Notes tab and open a new note, a Reminders tab appears.



When you click on the Reminders drawer, a list of reminders is displayed, categorized by Due, Applicable, Not Applicable, and Other Categories. Reminders that have an associated dialog have a special icon (see the previous Reminder Icons Legend). If you click on one of these reminders, a dialog box appears which lists possible actions or activities that may satisfy this reminder.

Reminder Dialog Tree View



Using Clinical Reminders

Chapter 1: CPRS and Reminders Overview

Reports Tab

Health Summaries containing Clinical Reminders can be viewed from the Reports tab in CPRS. See the Health Summary section later in this guide for more information.

The Ad hoc health summary can also be used to display selected clinical reminders using either an abbreviated display or the full clinical maintenance display. (See [Chapter 5: Health Summaries and Clinical Reminders](#))

Using Clinical Reminders

Chapter 2: Processing/ Resolving Clinical Reminders

NOTE:

Your site can determine the folder view – which reminders and categories/folders appear in the reminders drawer.

Summary of Steps to Process Reminders

These are the basic steps for processing reminders from the Notes tab in CPRS. These steps are described in more detail, as they relate to Mental Health, in Chapter 3.

- 1. Start a new progress note.** To process a reminder, start a new progress note. When you begin a new progress note, the reminders drawer appears.
- 2. Open the reminders drawer.** When you click on the reminders drawer, you see several folders containing reminders for this patient. Possible folders include Due, Applicable, Not Applicable, All Evaluated, and Other Categories. These folders may contain a hierarchy of folders and reminders within folders. The view of folders is customizable by you (see [Appendix C](#)). The folders and subfolders in the Reminders Drawer are sometimes called the “tree view.”
- 3. Choose a reminder.** Open a folder (if necessary) and click a reminder that you wish to process. At this point, you may be asked to provide the primary encounter provider, so that any PCE data entered from reminder dialog processing can be saved.

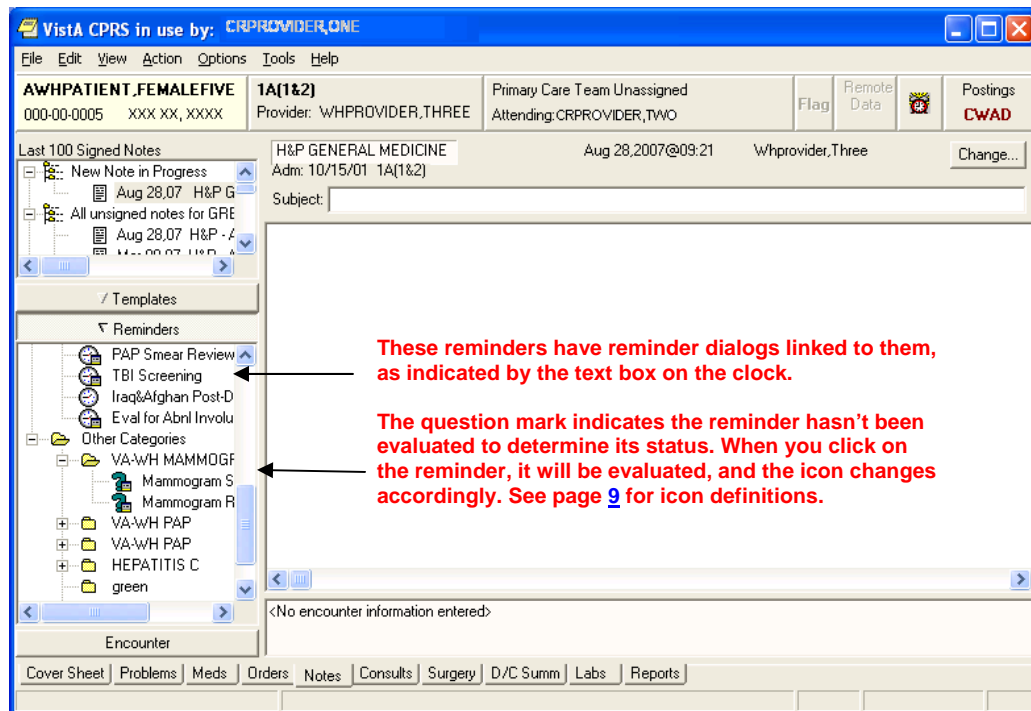
Using Clinical Reminders

Chapter 2: Processing/ Resolving Clinical Reminders

Summary of Steps to Process Reminders

4. (cont'd) If the reminder has an associated reminder dialog, a small dialog icon is shown in the bottom-right corner of the clock icon. If you click on one of these reminders, a dialog box appears, which lists possible actions or activities that may satisfy this reminder. If this is a National reminder, the dialog was created by national developers and/or members of the Office of Quality and Performance. Otherwise, the contents of this dialog were created at your site by your Clinical Application Coordinator (CAC) or a Clinical Reminders Manager. Clinicians should be involved with defining these dialogs.

If no dialog icon is displayed on a reminder, it means that your site hasn't created and/or linked a dialog to the reminder. Your CAC can provide information about this. Definitions of the reminders icons are available on the Action menu of the Available Reminders window (see page 9).



Using Clinical Reminders (cont'd)

Chapter 2: Resolving Clinical Reminders, cont'd

TIP:

Use the Next or Back buttons to take you to the dialog for the next or previous reminder due in the reminders drawer.

Summary of Steps to Process Reminders, cont'd

5. **Complete the dialog box.** The dialog box lists possible actions or interventions that may be taken to satisfy this reminder. As you make selections from the dialog box, you can see the text of the progress note in the bottom part of the screen (below the Clear, Back, and Next buttons). Below the progress note text area is the encounter information including orders and PCE, Mental Health, and Vital Sign data. The bold text in these areas applies to the specific reminder you are processing. You can process multiple reminders.

6. **Expanded dialog boxes.** Clicking a checkbox may bring up additional choices: an area for comments, a diagnosis to choose, or other information that may satisfy the reminder.

Dialog with orders. Reminder dialogs can include orders. If quick orders are included in the dialog, these are placed as soon as the reminder processing is finished and the orders are signed. If the order requires more information before releasing the order, an order dialog will appear after you click Finish, allowing you to complete the order.

Mental health tests. Reminder dialogs can include a pre-defined set of mental health tests. PXR*2*6 expands the number of MH tests that can be included in dialogs, and even more will be available when CPRS GUI v27 is released. Progress note text can be generated based on the mental health score.

7. **Finish processing the reminder and complete your note.** Click on the Finish button when you have checked all the appropriate checkboxes for each reminder you wish to process. You then go back to the Note window, where you can review and edit the reminder dialog progress note text added, to have a completed progress note for the encounter.

8. **(Optional) Evaluate processed reminders.** You can use the Action menu to select the Evaluate Processed Reminders menu item from the Reminders Available window, to ensure that the reminders are satisfied. This action will evaluate the reminders that you processed while you wait, and update the Reminders Available window and reminders drawer lists to reflect the new statuses.

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders

Old entries using the previous MH structure will still be recognized for historical reports

NOTE: The MH instrument BDI is being discontinued. The Beck Depression Inventory is an instrument in the Mental Health Assistant that has long been used for evaluating and monitoring depression. For several years, MHA carried both the original version (BDI) and a newer, enhanced version (BDI2). With the release of patch YS*5.01*85, the BDI will be inactivated, as the BDI2 is now the preferred version of this instrument.

Mental Health Reminders

Clinical Reminders Patch 6 contains modifications that will support use of new mental health surveys, instruments, and forms for clinical collection, reminders evaluation, patient list building and reporting.

These changes will help sites meet the Performance Measure requirements related to a standardized set of Mental Health Instruments: AUDIT-C, PHQ-2, PTSD, and PHQ9.

A Health Summary patch included with PXR*2*6 provides two new Health Summary Components, MHAL - MHA Administration List and MHAS - MHA Score, to view administered mental health tests and scores.

Features that will be available with CPRS GUI v27:

- MH tests that have more than one scale can be selected in reminder dialogs.
- Reminder dialog text can be generated for multiple scores for each unique combination of a MH test and MH scale using a new Result Group multiple.
- New score-driven informational pop-up text can appear to the CPRS V27 user when the user selects OK to complete an MHA3 test and the score meets criteria for the pop-up to display. For example, when a PHQ-2 test is performed, if the score is 3 or more, a pop-up box will appear telling you to perform the PHQ9 test.

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

Mental Health Reminder Processing

Depression Screening

Screening for Depression using a standard tool should be done on a yearly basis.

A PHQ-2 or a PHQ9 is required on all patients unless there is a recent diagnosis of depression entered for an outpatient visit. Patients with a diagnosis of depression need additional f/u and treatment.

This reminder requires entry of the PHQ-2 or PHQ9 into the Mental Health package after 1/1/08.

Health factors for refusal, acute illness and for chronic cognitive impairment are included in this reminder.

A PHQ9 should be done for any positive PHQ-2.

Any patient with one of the following must have an assessment of suicide risk and a disposition done by a provider within a day of the positive screen:

- a positive PHQ-2 (≥ 3) or
- a positive PHQ9 (≥ 10) or
- a response to question 9 of the PHQ9 other than 'Not at all'

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, *cont'd*

Depression Screening (cont'd)

When you select the Depression Screening dialog to process, the first window you see is shown below:

Example: Depression Screening dialog initial window

Reminder Resolution: Depression Screening

Screening for Depression using the PHQ-2 is recommended on all patients on a yearly basis.

PHQ-2

☐ Unable to Screen

Patients with a positive PHQ-2 (score of 3 or higher) should have a PHQ-9 performed and should be evaluated for risk of suicide.

PHQ-9

[VA/DOD CPG for Major Depressive Disorder](#)

[PHQ-9 Questionnaire](#)

<No encounter information entered>

* Indicates a Required Field

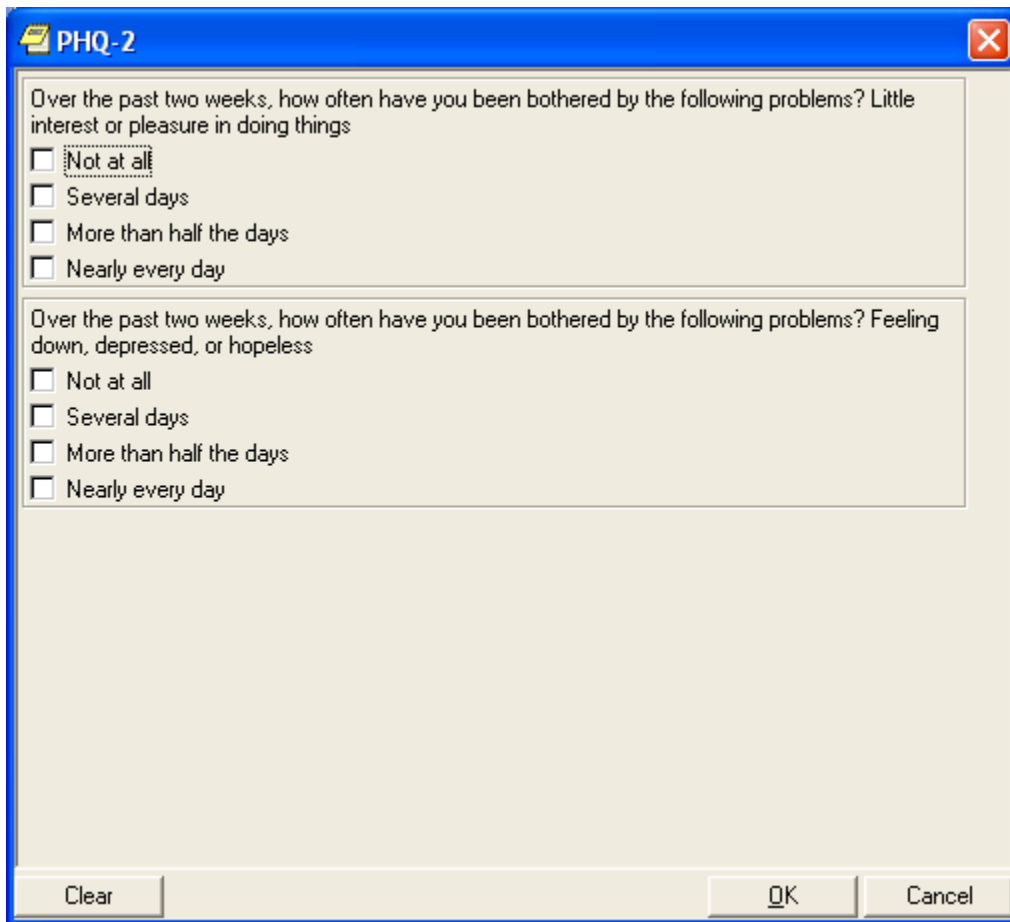
Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, *cont'd*

Depression Screening (cont'd)

When you click on the PHQ-2 or PHQ9 button, a window pops up that lets you perform the test. The results of the test go in the patient's record – in the progress note and in the Mental Health package.

PHQ-2 Example as it appears with PXR*2*6 and CPRS GUI V26



The screenshot shows a window titled "PHQ-2" with a blue header bar and a red close button. The window contains two sections of questions, each with four radio button options. The first section asks about being bothered by problems related to little interest or pleasure in doing things. The second section asks about being bothered by problems related to feeling down, depressed, or hopeless. The "Not at all" option for the first section is selected. At the bottom of the window are three buttons: "Clear", "OK", and "Cancel".

PHQ-2

Over the past two weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things

☒ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

Over the past two weeks, how often have you been bothered by the following problems? Feeling down, depressed, or hopeless

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

Clear OK Cancel

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, *cont'd*

Depression Screening (cont'd)

When you click on the PHQ9 button, the following window appears (if you're using CPRS GUI 26) that lets you perform the test.

Example: PHQ9 window in CPRS GUI 26

PHQ9

1. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please read each item carefully and give your best response. Little interest or pleasure in doing things

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

2. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please read each item carefully and give your best response. Feeling down, depressed, or hopeless

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

3. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please read each item carefully and give your best response. Trouble falling or staying asleep, or sleeping too much

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

4. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please read each item carefully and give your best response. Feeling

Clear OK Cancel

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, *cont'd*

Depression Screening (cont'd)

Once CPRS GUI V27 is installed, you'll see a window such as the following when you click on the PHQ-2 or PHQ9 button.

NOTE: The speed tab feature, if checked, lets you enter numbers from the keyboard to move more quickly through a longer form. For example, you could type 2, 3, 4, 3, 3, 4, 2, 4, 3, 3 (without the commas) to make entries in all ten categories of the PHQ9.

Example: PHQ9 test, as it will appear after CPRS GUI 27 is released

PHQ9: LU,LULU

Over the past 2 weeks, how often have you been bothered by any of the following problems? Please read each item carefully and give your best response.

1. Little interest or pleasure in doing things

☐ 1. Not at all
☐ 2. Several days
☐ 3. More than half the days
☐ 4. Nearly every day

2. Feeling down, depressed, or hopeless

☐ 1. Not at all
☐ 2. Several days
☐ 3. More than half the days
☐ 4. Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

☐ 1. Not at all
☐ 2. Several days
☐ 3. More than half the days
☐ 4. Nearly every day

4. Feeling tired or having little energy

☐ 1. Not at all
☐ 2. Several days
☐ 3. More than half the days
☐ 4. Nearly every day

5. Poor appetite or overeating

☐ 1. Not at all

☒ Use speed tab
Hint: Use the number key of the item to speed data entry.

First use instructions

For much faster data entry, use the number key that corresponds to the answer. The focus will move to the next question automatically.

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, *cont'd*

Depression Screening (cont'd)

As you scroll down the window, or move automatically via speed tab usage, you'll see the remainder of the PHQ9 questions.

Example: PHQ9 cont'd

PHQ9: LU, LULU

☐ 3. More than half the days
☐ 4. Nearly every day

5. Poor appetite or overeating
☐ 1. Not at all
☐ 2. Several days
☒ 3. More than half the days
☐ 4. Nearly every day

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
☐ 1. Not at all
☒ 2. Several days
☐ 3. More than half the days
☐ 4. Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television
☐ 1. Not at all
☐ 2. Several days
☒ 3. More than half the days
☐ 4. Nearly every day

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
☐ 1. Not at all
☒ 2. Several days
☐ 3. More than half the days
☐ 4. Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way
☐ 1. Not at all
☐ 2. Several days
☒ 3. More than half the days
☐ 4. Nearly every day

10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?
☐ 1. Not difficult at all
☒ 2. Somewhat difficult
☐ 3. Very difficult
☐ 4. Extremely difficult

☒ Use speed tab
Hint: Use the number key of the item to speed data entry.

This is a progress bar, indicating how much of the test has been completed.

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, *cont'd*

Depression Screening (cont'd)

The reminder is also resolved by the following:

- Unable to screen due to acute illness
- Unable to screen due to chronic, severe cognitive impairment
- Patient refuses to answer depression screening questions

Example: Unable to Screen button checked

Reminder Resolution: Depression Screening

Screening for Depression using the PHQ-2 is recommended on all patients on a yearly basis.

PHQ-2

Perform PHQ-2

☒ Unable to Screen

☐ Due to Acute Illness

☐ Due to Chronic, Severe Cognitive Impairment

☐ Refused depression screening

Patients with a positive PHQ-2 (score of 3 or higher) should have a PHQ-9 performed and should be evaluated for risk of suicide.

PHQ-9

Perform PHQ9

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

Iraq & Afghan Post-Deploy Reminder

See Appendix E for the complete reminder definition.

Revisions to this reminder include:

- Reminder term for chronic cognitive impairment is included and resolves the reminder.
- The reminder term for depression screening requires a PHQ-2 or PHQ9 after 12/1/06.
- The PC-PTSD, PHQ-2, and PHQ9 from the Mental Health package are included in the reminder terms.
- The dialog is extensively modified to allow entry of the Mental Health instruments: PHQ-2, AUDI-C and PCPTSD.
- The dialog branching logic is improved using reminder terms. Each reminder term contains a reminder that determines the appropriate branching.

Example: Iraq & Afghan Post-Deployment Screen Dialog Initial Window

Reminder Resolution: Iraq & Afghan Post-Deployment Screen

This template is designed to help identify health problems that are uniquely related to military service in Afghanistan and Iraq during recent hazardous combat operations. The questions target infectious diseases, mental health problems, and chronic symptoms, which may develop in some veterans of Operation Enduring Freedom and Operation Iraqi Freedom.

A paper version of these questions is available for the Veteran to complete, and the information can then be entered into the reminder dialog.

[Operation Iraqi Freedom/Operation Enduring Freedom Questionnaire](#)

Did the Veteran serve in Operation Iraqi Freedom (OIF) or in Operation Enduring Freedom (OEF), either on the ground, in nearby coastal waters, or in the air above, after September 11, 2001?
(Select one answer. Consider only the patient's most recent deployment.)

☐ No - No service in OEF or OIF

☐ Yes - Service in Operation Iraqi Freedom (OIF)
(Iraq, Kuwait, Saudi Arabia, Turkey, Other)

☐ Yes - Service in Operation Enduring Freedom (OEF)
(Afghanistan, Georgia, Kyrgyzstan, Pakistan, Tajikistan, Uzbekistan, the Philippines, Other)

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

Iraq & Afghan Post-Deployment Screen Dialog

Reminder Resolution: Iraq&Afghan Post-Deployment Screen

(Select one answer. Consider only the patient's most recent deployment.)

☐ No - No service in OEF or OIF

☒ Yes - Service in Operation Iraqi Freedom (OIF)
(Iraq, Kuwait, Saudi Arabia, Turkey, Other)

complete all open items

The location of the patient's most recent OIF service was

choose one

☐ Iraq

☐ Kuwait

☐ Saudi Arabia

☐ Turkey

☐ Other OIF Service

1. SCREEN FOR PTSD

PC PTSD

☐ Refused PTSD Screening

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Iraq&Afghan Post-Deployment Screen:
The patient reports service in Operation Iraqi Freedom.
The location of the patient's most recent OIF service was

Health Factors: IRAQ/AFGHAN SERVICE

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

Iraq & Afghan Post-Deployment Screen

Reminder Resolution: Iraq&Afghan Post-Deployment Screen

☐ 2. DEPRESSION SCREEN: NOT CURRENTLY DUE (click here to enter repeat)

☐ 3. SCREEN FOR ALCOHOL: NOT CURRENTLY DUE (click here to repeat now)

4. SCREEN FOR INFECTIOUS DISEASES AND CHRONIC SYMPTOMS

complete all open sections

☐ A. SCREEN FOR GI SYMPTOMS: NOT CURRENTLY DUE (click here to enter repeat)

☐ B. SCREEN FOR PERSISTENT FEVER: NOT CURRENTLY DUE (click here to enter repeat)

☐ C. SCREEN FOR SKIN RASH: NOT CURRENTLY DUE (click here to enter repeat)

☐ D. SCREEN FOR OTHER GENERAL SYMPTOMS: NOT CURRENTLY DUE (click here to enter repeat)

☐ Declines to answer some or all of the above 4 questions on infections and other symptoms

☐ Unable to Screen

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Iraq&Afghan Post-Deployment Screen:
The patient reports service in Operation Iraqi Freedom.
The location of the patient's most recent OIF service was

Health Factors: IRAQ/AFGHAN SERVICE

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

TBI Screening

This reminder is applicable once in a lifetime of all patients whose date of separation from the service is 9/11/01 or later and have had service in OEF/OIF. If Service Date of Separation is more recent than last TBI Screening, then reminder will be due again for patient.

The reminder is resolved by completing the screen.

Reminder creation requested by the Office of Patient Care Services.

Revisions June 2007:

1. Refusal can be entered
2. URLs added for information
3. Screening done at another VA option added.
4. Additional choices for head injury added.

Example: TBI Screening Initial Screen

Reminder Resolution: TBI Screening

Did the Veteran ever serve in Operation Iraqi Freedom (OIF) or in Operation Enduring Freedom (OEF), either on the ground, in nearby coastal waters, or in the air above, after September 11, 2001?

OIF - Iraq, Kuwait, Saudi Arabia, Turkey
OEF - Afghanistan, Georgia, Kyrgyzstan, Pakistan, Tajikistan, Uzbekistan, The Philippines

☒ No - No service in OEF or OIF
☐ Yes - Service in OEF or OIF in the past

Web Resources Available:

[Patient Handout on TBI](#)
[VA Physical Med & Rehab TBI](#)
[VA Polytrauma System of Care](#)
[VA Physical Med & Rehab Polytrauma](#)

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

TBI Screening

When you check Yes – Service in OEF or OIF, the screen expands to ask whether the veteran has been previously diagnosed with TBI or not.

TBI Screening Example: Yes checked

Reminder Resolution: TBI Screening

Did the Veteran ever serve in Operation Iraqi Freedom (OIF) or in Operation Enduring Freedom (OEF), either on the ground, in nearby coastal waters, or in the air above, after September 11, 2001?

OIF - Iraq, Kuwait, Saudi Arabia, Turkey
OEF - Afghanistan, Georgia, Kyrgyzstan, Pakistan, Tajikistan, Uzbekistan, The Philippines

☐ No - No service in OEF or OIF
☒ Yes - Service in OEF or OIF in the past

complete all open items

TRAUMATIC BRAIN INJURY SCREENING

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

☒ Yes
☐ No
☐ Patient declines to answer screening questions.
☐ Complete Screening for TBI completed at another VA

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

TBI Screening:
The patient reports service in Operation Iraqi Freedom or Operation Enduring Freedom.

Health Factors: IRAQ/AFGHAN SERVICE

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

TBI Screening

When you check No for the question “Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?” the following questions appear:

TBI Screening Questions

Reminder Resolution: TBI Screening

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

☐ Yes
☒ No

Section 1: During any of your OIF/OEF deployment(s) did you experience any of the following events?
(Check all that apply)

- ☐ Blast or Explosion (IED, RPG, Land Mine, Grenade, etc)
- ☐ Vehicular accident/crash (any vehicle, including aircraft)
- ☐ Fragment wound or bullet wound above the shoulders
- ☐ Fall
- ☐ Blow to head (head hit by falling/flying object, head hit by another person, head hit against something, etc.)
- ☐ Other injury to head

ALSO choose one of the responses below:

☐ No, none of the above (Negative Screen)
☐ Yes, one or more of the above.

☐ Patient declines to answer screening questions.

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

TBI Screening:
The patient reports service in Operation Iraqi Freedom or Operation Enduring Freedom.

* Indicates a Required Field

Reminder Resolution: TBI Screening

Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?

☐ Yes
☒ No

Section 1: During any of your OIF/OEF deployment(s) did you experience any of the following events?

(Check all that apply)

☐ Blast or Explosion (IED, RPG, Land Mine, Grenade, etc)
☐ Vehicular accident/crash (any vehicle, including aircraft)
☐ Fragment wound or bullet wound above the shoulders
☐ Fall
☐ Blow to head (head hit by falling/flying object, head hit by another person, head hit against something, etc.)
☐ Other injury to head

ALSO choose one of the responses below:

☐ No, none of the above (Negative Screen)
☐ Yes, one or more of the above.

☐ Patient declines to answer screening questions.

Clear

Clinical Maint

Visit Info

< Back

Next >

Finish

Cancel

TBI Screening:

The patient reports service in Operation Iraqi Freedom or Operation Enduring Freedom.

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

Alcohol Use Screen (AUDIT-C)

This reminder dialog uses the AUDIT-C Mental Health test. If you click on the “Perform AUDC” button, the test pops up, so that you can answer the questions, which are scored and go into the Mental Health package and the Progress Note.

New features:

- User may skip Q2 and 3 if response to Q1 is ‘Never’
- Score 5 or higher needs brief intervention
- Two Elements of Brief Intervention:
 - New option for question #2: ‘0 Drinks’
 - Explicit advice on drinking level
 - Feedback linking drinking to health
- Intervention reminder provides different options for
 - AUDIT-C score 5-7
 - AUDIT-C score 8 or higher

Example: Alcohol Use Screen (AUDIT-C)

Reminder Resolution: Alcohol Use Screen (AUDIT-C)

A standardized tool to screen for hazardous or problem drinking should be administered to all patients. The AUDIT-C is a sensitive tool for identifying those patients who may be at risk of problems due to drinking. The risk of being alcohol dependent and experiencing problems due to drinking increases as AUDIT-C scores increase.

AUD-C

☐ Unable to Screen

[AUDIT-C Questionnaire](#)

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

Alcohol Use Screen (AUDIT-C)

The following window appears when you click on the “Perform AUDC” button, the. The answers are scored and go into the Mental Health package and the Progress Note.

AUDC (as seen in CPRS GUI 26)

AUDC

Please read each item carefully and select the correct answer for you.

How often did you have a drink containing alcohol in the past year?

☐ Never

☐ Monthly or less

☐ Two to four times a month

☐ Two to three times per week

☐ Four or more times a week

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

☐ 1 or 2

☐ 3 or 4

☐ 5 or 6

☐ 7 to 9

☐ 10 or more

How often did you have six or more drinks on one occasion in the past year?

☐ Never

☐ Less than monthly

☐ Monthly

☐ Weekly

☐ Daily or almost daily

Clear OK Cancel

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

AUDIT-C

When CPRS GUI v27 is released, a streamlined version of the AUDC dialog will be available, as shown below.

AUDC as seen in CPRS GUI V27

AUDC: LU, LULU

Please read each item carefully and select the correct answer for you.

1. How often did you have a drink containing alcohol in the past year?

- ☒ 1. Never
- ☐ 2. Monthly or less
- ☐ 3. Two to four times a month
- ☐ 4. Two to three times per week
- ☐ 5. Four or more times a week

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- ☐ 1. 0 drinks
- ☐ 2. 1 or 2
- ☐ 3. 3 or 4
- ☐ 4. 5 or 6
- ☐ 5. 7 to 9
- ☐ 6. 10 or more

3. How often did you have six or more drinks on one occasion in the past year?

- ☐ 1. Never
- ☐ 2. Less than monthly
- ☐ 3. Monthly
- ☐ 4. Weekly
- ☐ 5. Daily or almost daily

☒ Use speed tab

Hint: Use the number key of the item to speed data entry.

Progress bar: 20 green segments, 10th segment highlighted.

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

PTSD Screening

This reminder dialog uses the PC PTSD Mental Health test. If you click on the “Perform PC PTSD” button, the test pops up, so that you can answer the questions, which are scored and go into the Mental Health package and the Progress Note.

The reminder is also resolved by acute illness, severe cognitive impairment, or refusal to take the test.

Reminder Resolution: Screen for PTSD

PTSD Screening

PC PTSD

Perform PC PTSD

☐ Unable to Screen

OPTIONAL: Patients with a positive PC-PTSD Screen could be further evaluated using a PCL-C.

PCL-C

Perform PCLC

[PCL-C Questionnaire](#)

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

AIMS

This reminder dialog uses the AIMS Mental Health test. If you click on the “Perform AIMS” button, the test pops up, so that you can answer the questions, which are scored and go into the Mental Health package and the Progress Note.

The reminder is also resolved by refusal to take the test or refusal to take antipsychotic medications.

Example: Eval for Abnl Involuntary Movements

Reminder Resolution: Eval for Abnl Involuntary Movments

Evaluation of patients on long term antipsychotic therapy for abnormal involuntary movement should be performed at least yearly.

AIMS (Mental Health Instrument)

Perform AIMS

☐ Refuses Abnormal Involuntary Movement Evaluation

☐ Refuses to take Antipsychotic Medication

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 3: Processing Mental Health Reminders, cont'd

AIMS Dialog

When you click on the Perform AIMS button, the screen below pops up, so that you can answer the questions, which are scored and go into the Mental Health package and the Progress Note.

Example: AIMS Mental Health Instrument

The screenshot shows a software window titled "Reminder Resolution: Eval for Abn Involuntary Movements". Inside, there is a sub-dialog titled "AIMS". The "AIMS" dialog contains the following text: "Complete Examination Procedure before making ratings. MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one LESS than those observed spontaneously." Below this text are three numbered sections, each with a description and a set of radio buttons for rating severity:

1. Facial and Oral Movements Muscles of facial expression, e.g., movements of forehead, eyebrows, periorbital area, cheeks. Include frowning, blinking, grimacing of upper face.

☐ None
☐ Minimal, may be extreme normal
☒ Mild
☐ Moderate
☐ Severe
2. Facial and Oral Movements Lips and perioral area, e.g., puckering, pouting, smacking.

☒ None
☐ Minimal, may be extreme normal
☐ Mild
☐ Moderate
☐ Severe
3. Facial and Oral Movements Jaw, e.g., biting, clenching, chewing, mouth opening, lateral movement.

☒ None
☐ Minimal, may be extreme normal
☐ Mild

At the bottom of the dialog are buttons for "<No endo", "Clear", "OK", and "Cancel". A footer note states: "* Indicates a Required Field".

Using Clinical Reminders

Chapter 4: Using Reminder Reports

TIP:

Clinicians should work with their site's clinical reminder coordinator or Clinical Application Coordinator to design and validate reports used at their site.

Reporting can be resource-intensive and many sites have elected to centralize the access to run reports.

However, limited report templates may be available to selected clinicians who work closely with clinical reminders or QM at their site.

Chapter 4: Using Reminder Reports

Reminder reports allow you to do large and small-scale comparisons of clinics, divisions, teams, and providers and can help in finding patients who have “slipped through the cracks.”

- Find out how well your team is doing with immunizations or diabetes care or pain assessments.
- Check on patients with appointments this week who might need pneumococcal immunization, a diabetic foot exam and education, or needs a pain assessment.
- Look at a group of patients for a research project – patients with a creatinine between 1.5 and 5 who do not have diabetes who are under the age of 80.

Reports allow you to verify diagnoses, verify that appropriate treatment was given, identify patients requiring intervention, and validate effectiveness of care.

Reminder reports are very flexible. Reports can be run on:

- Location(s)
 - One or more inpatient hospital locations
 - Current inpatients
 - Patients admitted during a date range
- Alphabetical
- Sorted by ward/bed
 - one or more outpatient hospital locations
 - all hospital locations
 - stop code(s)
 - clinic group(s)
- OERR Team(s)
- PCMM team(s),
- PCMM provider(s)
- Reminder patient list(s).

Reports can be combined or kept separate for one or more facility

Report results can display:

- Summary results (numbers only)
- Detailed results (patients' names).
 - Identifier: Entire social security number or last 4 numbers of social security number only
 - Sort alphabetically or by date of the next clinic visit.

Reports can be run on either on patients with Past visits or with Future visits.

Using Clinical Reminders

Chapter 4: Using Reminder Reports

TIP:

Reminders Due Report:

The summary report may
be run for several
reminders.

The detailed report may
only be run for one
reminder

Reminder Reports

Reminders Due Report

For a selected reminder, the report lists any reminders that are currently due. Reports can be defined by the following criteria:

- Individual Patient
- Reminder Patient List (all patients on a patient list created through the Patient List options)
- Hospital Location (all patients with encounters)
- OE/RR Team (all patients in team)
- PCMM Provider (all practitioner patients)
- PCMM Team (all patients in team)

Summary report: displays totals of how many patients of those selected have reminders due.

Detailed report: displays patients (in alphabetical order) with reminders due. The report displays for each patient the date the reminder is due, the date the reminder was last done, and next appointment date. The detailed report can also list all future appointments, if specified. Detailed reports for Location or Provider may also be sorted by next appointment date.

Reports by Hospital Location, Provider, or Team print a separate report for each Hospital Location, Provider, or Team selected. Reports for all Hospital Locations are not separated by individual locations. The report by Hospital Location can report either current inpatients or admissions within a selected date range.

Using Clinical Reminders

Chapter 4: Using Reminder Reports

Reminder Reports

Report templates

The selection criteria used for the Reminders Due reports may be saved into a report template file, with a user-specified identifier, as the report is being run.

When running the Reminder Due report, you may select from an existing template and run a new report using the parameters from the selected template. The prompts for date range and sort order are displayed, but all other parameters are taken from the previous report. If you select a print template, you may also edit the template and/or copy to a new template before running the report.

***Scenario:** How many patients are not receiving reminders who should be for Hepatitis C?*

A report can be prepared that compares “Applicable” reminders to those that have been defined as “Due.” The difference may be a missed opportunity. This can be done by individual provider or for all providers in a location or medical center, as a quality assurance measure. The example below shows a summary report where the reminders selected are all related to Hepatitis C. This illustrates how you could use the summary report as part of a larger strategy for implementing and managing a Hepatitis C guideline using reminders.

Example Report

	# Patients with Reminder	
	Applicable	Due
	-----	---
Hep C Risk Factor Screen	172	16
Hep C Test for Risk	30	7
Hep C Diagnosis Missed	0	0
Hep C Diagnosis	36	36
Hep C- Dz & Trans Ed	36	27
Hep C - Eval for Rx	36	15
Chr Hep - Hep A Titer	45	3
Hepatitis A Vaccine	19	4
Chr Hepatitis - AFP	12	4
Chr Hepatitis - U/S	13	6
Report run on 175 patients.		

Using Clinical Reminders

Chapter 5: Health Summaries and Clinical Reminders

New Mental Health Health Summary Components in Patch 6:

Health Summaries

Reminder items can be added to health summary displays. Health summaries and reminder definitions can be tailored to suit clinicians' needs.

Health Summary Reminder Components

- *Reminders Due:* an abbreviated component indicating only what is due now.
- *Reminders Summary:* this provides the status, the next due date, and the last done date.
- *Reminder 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.

NOTE: Statuses include "DUE SOON," to allow you to process a reminder in advance, if convenient.

Example of *Reminder Due* as displayed on a health summary

	--STATUS--	--DUE DATE--	--LAST DONE--
Advanced Directives Education	DUE NOW	DUE NOW	unknown
Alcohol Abuse Education	DUE NOW	DUE NOW	unknown

Example of *Reminder Summary* as displayed on a health summary

	--STATUS--	--DUE DATE--	--LAST DONE--
Mammogram	RESOLVED	05/01/2003	10/01/2002
Pap Smear	DUE NOW	06/01/2003	unknown
Diabetic Eye Exam	DUE NOW	06/01/2003	06/01/2002

Example of *Reminder Maintenance* as displayed on a health summary

----- CM - Reminder Maintenance -----			
	--STATUS--	--DUE DATE--	--LAST DONE--
Fecal Occult Blood Test	DUE NOW	DUE NOW	unknown
Applicable: Due every 1 year for ages 50 and older.			
No HX of colorectal cancer on file - presumed no HX.			
Health Factor Test	DUE NOW	DUE NOW	unknown
Applicable: Due every 1 year for ages 40 to 60.			
Baseline set to 1Y for 40-60.			

Using Clinical Reminders,

Chapter 5: Health Summaries, cont'd

Health Summary on Reports Tab in CPRS

When you open the Reports tab, select Health Summary, and then select a Reminders Health Summary Type.

Example: Health Summary on CPRS Report tab

File Edit View Tools Help

CRPATIENT,TWO **GM Jun 12,06 09:59** Primary Care Team Unassigned Flag Remote Data No Postings

666-55-4444 Oct 10,1972 (33) Provider: WHPROVIDER,TWO

Available Reports Health Summary Rem Cr For Va-

Rem Cr For Va-
Clinical Reminders - N.
Reminders Test (2)
Reminders Test (3)
Remote Clinical Data (
Remote Labs All (1y)
Remote Meds/Labs/C
Division 1 Diabetes
Adhoc Report
Gec Local Test
Discharge Summary
Future Visits
+ HDR Reports
+ Dept. of Defense Reports
Imaging (local only)
Graphing (local only)
Lab Status
Blood Bank Report
+ Anatomic Path Reports
Dietetics Profile
Nutritional Assessment
Vitals Cumulative

06/12/2006 10:19
***** CONFIDENTIAL REM CR for VA- SUMMARY pg. 1 *****
CRPATIENT,TWO 666-55-4444 DOB: 10/10/1972

----- CR - Reminders Due -----

This is a test disclaimer.
Be careful.
Take your patient into account.

	--STATUS--	--DUE DATE--	--LAST DONE--
Pap Smear	DUE NOW	DUE NOW	unknown
Exercise Education	DUE NOW	DUE NOW	unknown
Problem Drinking Screen	DUE NOW	DUE NOW	unknown
Seatbelt and Accident Screen	DUE NOW	DUE NOW	unknown
Tetanus Diphtheria (TD-Adult)	DUE NOW	DUE NOW	unknown
Tobacco Use Screen	DUE NOW	DUE NOW	unknown
Weight and Nutrition Screen	DUE NOW	DUE NOW	unknown
Advanced Directives Education	DUE NOW	DUE NOW	unknown
Alcohol Abuse Education	DUE NOW	DUE NOW	unknown
Blood Pressure Check	DUE NOW	DUE NOW	unknown
Breast Self Exam Education	DUE NOW	DUE NOW	unknown

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

Using Clinical Reminders

Chapter 5: Health Summaries, cont'd

NOTE:

The veteran's private health record will be securely stored and only accessible by the veteran and others they have identified.

My HealtheVet Health Summary

Clinical Reminders V.2.0 contains new health summary components to support the My HealtheVet project. These components will allow display of clinical reminder information to patients.

My HealtheVet is a Web-based system that empowers veterans with information and tools so that they can improve their health to the maximum extent possible. Participating veterans are given copies of key portions of their electronic health records.

New health summary components were devised that eliminate much of the technical text and code information that is contained in the CM component. These components will be used to display summary and detailed information on individual patient reminders to the patients from within My HealtheVet. They can be also used in other health summaries at a facility if it is useful for display to users at the site.

Using Clinical Reminders

Chapter 5: Health Summaries, cont'd

My HealtheVet Health Summary

Two new national Health Summary types were created to include the new health summary components:

- REMOTE MHV REMINDERS DETAIL
- REMOTE MHV REMINDERS SUMMARY

These are available in health summaries on the reports tab in CPRS. Use of these health summaries will allow anyone to view the reminders and text that are being displayed to the patients, even if the patient is being seen at a different site.

Example: MHVS Health Summary

```

10/06/2004 08:55
***** CONFIDENTIAL REMOTE MHV REMINDERS SUMMARY SUMMARY *****
CRPATIENT,ONE 000-31-9898 1A(1&2) DOB: 00/00/1950

----- MHVS - Summary Display -----

Flu vaccine --STATUS-- --DUE DATE-- --LAST DONE--
              DUE NOW      DUE NOW      unknown
Please check these web sites for more information:
Web Site: CDC Influenza Home Page
URL: http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

Web Site: Weekly Update on Influenza Rates
URL: http://www.cdc.gov/ncidod/diseases/flu/weekly.htm
CDC Site for weekly updates on the current influenza activity in the
community.

Web Site: Dept HHS Information on Influenza Vaccination
URL: http://odphp.osophs.dhhs.gov/pubs/guidecps/text/CH66.txt

Web Site: California Influenza Information
URL: http://www.dhs.ca.gov/ps/dcdc/VRDL/html/Flutable02-03.htm

Web Site: Patient Handout for Influenza Vaccine
URL: http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf
```

Using Clinical Reminders

Chapter 5: Health Summaries, cont'd

My HealtheVet Health Summary

The components can also be used in other health summaries at a facility if it is useful for display to users at the site

Example: MHVS Health Summary, cont'd

```
Flu vaccine Due Now          DUE NOW    DUE NOW    unknown
  This is the summary patient cohort found text.

  This is the summary resolution not found text.

  Please check these web sites for more information:
  Web Site: CDC Influenza Home Page
  URL: http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

  Web Site: Weekly Update on Influenza Rates
  URL: http://www.cdc.gov/ncidod/diseases/flu/weekly.htm
  CDC Site for weekly updates on the current influenza activity in the
  community.

  Web Site: Dept HHS Information on Influenza Vaccination
  URL: http://odphp.osophs.dhhs.gov/pubs/guidecps/text/CH66.txt

  Web Site: California Influenza Information
  URL: http://www.dhs.ca.gov/ps/dcdc/VRDL/html/Flutable02-03.htm

  Web Site: Patient Handout for Influenza Vaccine
  URL: http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf
```


Using Clinical Reminders

Chapter 5: Health Summaries, cont'd

New Mental Health Health Summary Components

Two new Health Summary Components are available to view administered mental health tests and scores:

MHAL - MHA Administration List

MHAS - MHA Score.

Example: Health Summary with MHAL and MHAS components

```

10/29/2007 10:03
***** CONFIDENTIAL AD HOC SUMMARY *****
CRPATIENT,FIVE      000-00-0005      DOB: 04/18/1985
                                1A(1&2)

----- MHAL - MHA Admin List -----

Date           Instrument           Ordered by           Location
05/14/07 15:08   AUDC              CRPROVIDER,THREE     1A(1&2)
05/14/07 15:08   PHQ9              CRPROVIDER,THREE     1A(1&2)
05/14/07 15:08   PHQ-2             CRPROVIDER,THREE     1A(1&2)

----- MHAS - MHA Score (max 10 occurrences) -----

Date           Instrument   Raw   Trans  Scale
05/14/2007 15:08   PHQ-2      5           Total
05/14/2007 15:08   PHQ9      10          Total
05/14/2007 15:08   AUDC       2           Total

•   END   *
```

Using Clinical Reminders

Chapter 6: VA-Geriatric Extended Care (GEC) Referral

Important:

This GEC screening tool is for the purpose of evaluating a patient's needs for extended care and is not to be used as the document to refer or place a patient. The document should be part of a packet of information obtained when placing a patient.

Four different disciplines should complete the screening, making it less burdensome on any one individual.

VA-Geriatric Extended Care Referral

Overview

Clinical Reminders includes a nationally standardized computer instrument called VA Geriatric Extended Care (GEC), which replaces paper forms for evaluating veterans for extended care needs. Paper forms that facilities use include VA Form 10-7108, VA Form 10064a-Patient Assessment Instrument (PAI), and VA Form 1204-Referral for Community Nursing Home Care (others sites use various instruments including Consults).

The GEC Referral is comprised of four reminder dialogs: VA-GEC SOCIAL SERVICES, VA-GEC NURSING ASSESSMENT, VA-GEC CARE RECOMMENDATIONS and VA-GEC CARE COORDINATION. These dialogs are designed for use as Text Integration Utility (TIU) templates to enter data regarding the need for extended care. Data entered via the dialogs are captured as health factors to be used for local and national reporting.

The software also includes a new report menu that may be used for local analysis.

Using Clinical Reminders

Chapter 6: GEC, cont'd

GEC Status Check

There is no limit to the entry of GEC Referral data. Since there may be multiple entries of the same health factors over time, and since the data is entered via separate dialogs, extraction and viewing requires the data to be discretely identified. The GEC software depends upon the user to indicate when the data from a given referral should be concluded. The referral is finalized using a new feature called the GEC Status Indicator. This indicator is presented to the user as a dialog at the conclusion of the VA-GEC CARE COORDINATION dialog. It will prompt the user to indicate the conclusion of the Referral with a Yes or No response and will list any missing dialogs. If Yes is selected, the data for the current episode of the Referral is closed. If No is selected, the Indicator is displayed and the data entered will be included with the current episode of the Referral. The Indicator will then be displayed with each succeeding GEC dialog until Yes is selected.

To assist the ongoing management of completing GEC Referrals, the GEC Status Indicator may be added to the CPRS GUI Tools drop-down menu. It may be set at the User or Team level. If added to the drop-down menu, the Indicator may be viewed at any time and used to close the referral if needed. *See your CAC or the Clinical Reminders V. 2.0 Setup Guide for instructions on adding this to the Tools menu.*

GEC dialogs also contain a checkbox called "CHECK TO SEE REFERRAL STATUS." This checkbox appears on all dialog boxes and lets you see a real-time view of the current Referral's dialog-completion status. It presents information similar to that found on the GEC Referral Status Display and can be used to determine if the Referral can be finalized.

Using Clinical Reminders

Chapter 6: GEC, cont'd

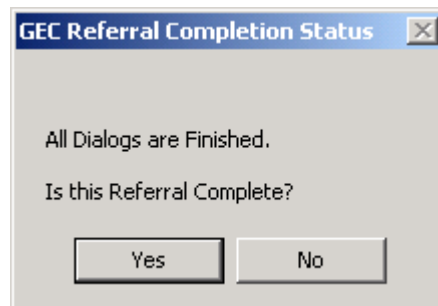
GEC Status Check

Status Indicator Instructions, cont'd

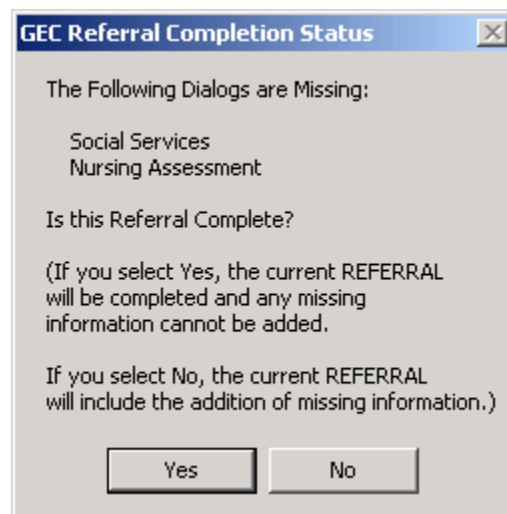
The Yes button should only be selected if the user is certain no changes are needed and they are ready to commit to the note's authentication. The Status Indicator does not update after the referral has been completed. Put another way, once a referral has been closed, it cannot be reopened. This same risk exists if a note is deleted after the Yes button has been selected and the user then reenters the dialog.

Users should *always* check the Status Indicator when a new referral is initiated on a patient. Doing so will provide the opportunity to close any previous referrals inadvertently left open.

Example of Status Indicator when all dialogs are complete.



Example of Status Indicator when some dialogs are missing.



Using Clinical Reminders

Chapter 6: GEC, cont'd

GEC Referral Ad hoc Health Summaries

Two health summary components were distributed with this software:

- GEC Completed Referral Count (GECC)
- GEC Health Factor Category (GECH)

The first displays all GEC referral data according to the occurrence and time limits identified.

If a user should have access to these GEC reports, they must have access to the Ad Hoc Health Summary type. (This can be set using GMTS GUI HS LIST PARAMETERS.)

GEC Referral Reports

The software includes a new set of reports that provide a variety of GEC health factor perspectives. The reports capture data elements for reporting and tracking use of the GEC Referral Screening Tool. The reports may be generated in formatted or delimited output. The Summary (Score) report provides summary (calculated) totals from specific sections of the screening tool identified by the Office of Geriatrics Extended Care.

Using Clinical Reminders

Chapter 6: GEC, cont'd

GEC Referral Reminders and Dialogs

The GEC reminders are comprised of dialogs and health factors only. They have neither cohort nor resolution logic, and will not become due. They are intended only as TIU templates and do not need to be assigned to the CPRS Cover Sheet. Due to potential complications with reporting and duplicate entries, it is recommended that the GEC dialogs not be added to the Reminders drawer/Cover sheet.

The Referral was designed for inter-disciplinary use with dialogs created for separate services. However, a single user may perform them all. With only a few exceptions, each section of the dialogs is mandatory and is marked with an asterisk (*). The completion of all four dialogs constitutes a discrete episode of the GEC Referral.

The VA-GEC REFERRAL SOCIAL SERVICES, VA-GEC REFERRAL NURSING ASSESSMENT, and VA-GEC REFERRAL CARE RECOMMENDATIONS dialogs comprise the clinical screening. The VA-GEC REFERRAL CARE COORDINATION dialog is used administratively to record the arrangement of and funding for extended care services. These dialogs may be performed in any order that local practices dictate. However, it is expected the screening portion will be completed prior to the coordination of services. When the screen is complete, a consult order should be placed to the service responsible for arranging services.

GEC Consult Order

Most sites have either an individual or a service responsible for arranging and coordinating extended care services. To accommodate local business practices and flexibility, sites may associate any consult service (or menu) they already have in place. If none exist, the sites may create a consult or establish some alternative practice to ensure that both services are arranged and that the VA-GEC REFERRAL CARE COORDINATION dialog is completed.

Sites will need to review the privileging status of those performing the GEC Referral. The staff assigned to place the consult order associated with the GEC dialogs will require the ability to place a consult order.

Using Clinical Reminders

Chapter 6: GEC Usage, cont'd

NOTE:

Refer to Appendix C in the TIU/ASU Implementation Guide for complete instructions about Interdisciplinary Notes

GEC Interdisciplinary Notes

The GEC Referral dialogs are intended for use as TIU templates. It is also expected that they will be used as part of a TIU Interdisciplinary (ID) note. The Office of Geriatrics Extended Care requests that the parent ID note title be:

“GEC EXTENDED CARE REFERRAL”

Steps to use the GEC Dialog templates:

1. In the CPRS GUI, open the NOTES tab.
2. Click on New Note.
1. When the Progress Note Properties box opens, type GEC in the Title box.
2. The list of GEC dialog templates is displayed.
3. Select the first one to process.

Example: Selecting GEC REFERRAL CARE COORDINATION

The screenshot shows a dialog box titled "Progress Note Properties". It has a "Progress Note Title:" label followed by a text box containing "GEC <GEC REFERRAL CARE COORDINATION>". Below this is a list box with the following items: "GEC <GEC CONSULT>", "GEC <GEC REFERRAL CARE COORDINATION>", "GEC <GEC REFERRAL CARE RECOMMENDATIONS>", "GEC <GEC REFERRAL NURSING ASSESSMENT>", "GEC <GEC REFERRAL SOCIAL SERVICES>", "GEC CONSULT", and "GEC REFERRAL CARE COORDINATION". The second item, "GEC <GEC REFERRAL CARE COORDINATION>", is selected. To the right of the list box are "OK" and "Cancel" buttons. Below the list box is a "Date/Time of Note:" label followed by a text box containing "May 19,2004@14:18" and a "...". At the bottom is an "Author:" label followed by a dropdown menu showing "CRPROVIDER.ONE".

Using Clinical Reminders

Chapter 6: GEC Usage, cont'd

This is first screen shot when you select GEC REFERRAL CARE COORDINATION. When you select one type of service, the screen for that service type expands. The next screen shots show each in expanded form.

Example: GEC REFERRAL CARE COORDINATION Opening screen

Reminder Dialog Template: GEC REFERRAL CARE COORDINATION

☐ CHECK TO SEE REFERRAL STATUS

WHERE WAS THE PATIENT REFERRED? (Use this section at time referral is being made. Both the program type and funding source are required.)

☐ HOME CARE SERVICES:
☐ DOMICILIARY REFERRALS:
☐ HOSPICE SERVICES:
☐ STRUCTURED LIVING SERVICES:
☐ NURSING HOME CARE REFERRALS:
☐ GERIATRIC SERVICES:
☐ HOME TELEHEALTH SERVICES:
☐ OTHER REFERRAL PROGRAM:
☐ Patient was not referred due to:

Date service is projected to start: ...

☐ Other Comments:

[Visit Info](#) [Finish](#) [Cancel](#)

THE PATIENT HAS BEEN REFERRED TO THE FOLLOWING SERVICES

Date service is projected to start:

<No encounter information entered>

* Indicates a Required Field

Using Clinical Reminders

Chapter 6: GEC Usage, cont'd

This is the expanded screen when you select HOME CARE SERVICES in the GEC REFERRAL CARE COORDINATION dialog.

Note the checkbox “CHECK TO SEE REFERRAL STATUS.” This is available on all dialog boxes and lets you see a real-time view of the current Referral’s dialog-completion status. It presents information similar to that found on the GEC Referral Status Display and can be used to determine if the Referral can be finalized.

Example: Expanded screen for HOME CARE SERVICES

Reminder Dialog Template: GEC REFERRAL CARE COORDINATION

☐ CHECK TO SEE REFERRAL STATUS

WHERE WAS THE PATIENT REFERRED? (Use this section at time referral is being made. Both the program type and funding source are required.)

☒ HOME CARE SERVICES:

Select all home care services that apply:

- ☐ Community skilled home health care
- ☐ Home Based Primary Care
- ☐ Homemaker/Home Health Aide
- ☐ VA Bowel and Bladder
- ☐ Adult Day Health Care
- ☐ VA In-home Respite

FUNDING SOURCES

Identify the funding source for home care services:

THE PATIENT HAS BEEN REFERRED TO THE FOLLOWING SERVICES

HOME CARE SERVICES:

HOME CARE SERVICE FUNDING:

Health Factors: **GEC HOMECARE FUNDING-VA**

* Indicates a Required Field

Using Clinical Reminders

Chapter 7: My HealtheVet

Chapter 7: My HealtheVet Reminders

Clinical Reminders V. 2.0 contains new health summary components to support the My HealtheVet project. These components will allow display of clinical reminder information to patients. New health summary components were devised that eliminate much of the technical text and code information that is normally displayed for clinicians. These new components will be used to display summary and detailed information on individual patient reminders to the patients from within My HealtheVet. They can be also used in other health summaries at a facility if it is useful for display to users at the site.

See the section under Chapter 5: Health Summary, for examples and descriptions of My HealtheVet HS components.

My Health Reminders are being developed for veterans to view in their My HealtheVet record. Twelve patient reminders have been created:

- Influenza Vaccine
- Pneumonia Vaccine
- Colorectal Screen
- Mammogram Screen
- Pap Smear Screen
- Three for Diabetes: Eye, Foot and HbA1c (blood glucose)
- Two for lipids: lipid measurement and LDL control
- Hypertension
- BMI

These were distributed in patch PXRm*2*3 in June 2005.

The veteran will be able to click on a “Details” button to see the details of a reminder – comparable to the Clinical Maintenance screens in CPRS and Health Summary.

Using Clinical Reminders

Chapter 8: Women's Veterans Health Reminders

Integration with Women's Health

Clinical Reminders patch PXR*2*1 provides reminders and dialogs that enable CPRS GUI to interface with the Women's Health package. These reminder dialogs will update the WH package at the same time that clinical care is recorded in CPRS GUI, thus eliminating the need for dual data entry. The exchange of data will enable Clinical Reminders to capture a greater percentage of data than is currently entered into the Women's Health VistA package, but still allow continuation of Women's Health Software reporting, tracking, and notification functionality.

Project Goals

- Update Pap Smear and Mammogram screening reminders
- Provide review reminders that store clinical review results in the WH package.
- Provide dialogs for the screening and review reminders that clinicians can use to document pap smear tests and mammogram procedures.
- Result in a signed progress note documenting the WH Mammogram- and Pap Smear-related care and patient notifications.

The Mammogram Screening reminder replaces the following national reminders relating to mammograms and breast cancer screening:

VA-*BREAST CANCER SCREEN - rescinded 02/04/2005

VA-MAMMOGRAM - rescinded 02/04/2005

The Pap Screening reminder replaces the following national reminders relating to PAP smears and cervical cancer screening:

VA-*CERVICAL CANCER SCREEN - rescinded 02/04/2005

VA-PAP SMEAR - rescinded 02/04/2005

Using Clinical Reminders

Chapter 8: Women's Veterans Health Reminders

NOTE:

See the WH Reminders Install and Setup Guide (PXRМ_2_1_IG_PDF.) for complete instructions for setting up the WH reminders application.

Integration with Women's Health, cont'd

Setup and implementation by local team

Sites will need to determine if the review reminders should be used locally. If a site is not set up for automatic update of WH, these reminders will not come due, so releasing the review reminders and dialogs might be confusing.

The VA-WH PAP SMEAR REVIEW RESULTS reminder will only come due if all of the following are true:

- PAP smear results are recorded in the VistA Lab package.
- VistA Lab package uses SNOMED codes.
- WH package has SNOMED codes mapped to the codes used by the VistA Lab package.
- WH parameters are set up to automatically receive VistA Lab results when the PAP smear procedure is verified and released.

The VA-WH MAMMOGRAM REVIEW RESULTS reminder will only come due if all of the following are true:

- Mammogram results are recorded and verified in the VistA Radiology package.
- WH parameters are set up to automatically receive VistA Radiology results when the mammogram procedure is verified and released, and status of received mammogram result is set to OPEN.

Using Clinical Reminders

Chapter 9: Women's Veterans Health Reminders

NOTE:

You can see more information about the guidelines that the reminder is based on by clicking the top checkbox in the dialog.

Steps to use dialogs:

1. On the CPRS cover sheet, click on the Reminders icon.
2. Click on reminders in the Reminders box to see details of a reminder.
3. Open the Notes tab and select New Note. Enter a title.
4. Open the Reminders drawer and review the contents.
5. Locate the Mammogram or Pap reminder you wish to complete (e.g., VA-WH Mammogram Screening) and click to open it.
6. In the dialog box, check relevant actions.
7. Finish the reminder processing.
8. Review the text added to the note to assure its correctness.
9. Ensure that the reminder can be satisfied by the individual finding items that were mapped to the reminder terms.

Example: Mammogram Screening Dialog

Reminder Resolution: Mammogram Screening

The VHA recommends women age 40 and older have a mammogram every 1-2 years

☐ Click here for more information...

Screening

☒ Order mammogram

- ☐ Mammogram - screening
- ☐ Mammogram - bilateral
- ☐ Mammogram - unilateral

☐ Record results of mammogram completed elsewhere

☐ Order - refer to Women's Health Provider

☐ Patient declined mammogram

☐ Defer mammogram

☐ Mammogram not indicated

☒ Click here to change the frequency of mammograms for this patient

Mammogram Frequency

- ☐ Screen every 4 months
- ☐ Screen every 6 months
- ☐ Screen every year

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

<No encounter information entered>

Using Clinical Reminders

Chapter 9: Women's Veterans Health Reminders

The notification letter can be modified at your local site.

Review Results Dialogs

If your site uses the Women's Health package, you can review the results of pap smear lab tests or mammogram procedures. You can then send notifications to patients to inform them of the results. The example below shows the Mammogram Review Results dialog and demonstrates sending a notification letter indicating that there is no evidence of malignancy. A follow-up mammogram can be scheduled.

Review Results Dialog

Reminder Resolution: Mammogram Review Results

The VHA recommends that mammogram results be reviewed and recorded in the patient's electronic record.

WH Mammogram Clinical Review

Procedure: MAMMOGRAPHY, SCREENING (BILATERAL)
Primary Diagnosis: NORMAL
Modifiers: <none>

* This report indicates:

☐ NEM (No Evidence of Malignancy) ☐ Abnormal

☐ Unsatisfactory for Diagnosis

Comment:

Patient Notification

☒ Notify patient of NEM (No Evidence of Malignancy) results

☐ NEM results - further screening not required

☒ NEM results - next mammogram 1 year

* Patient notified: ☒ Letter ☐ In-Person ☐ Phone Call

☐ NEM results - next mammogram 2 years

☐ NEM results - follow-up mammogram in 4 months

☐ NEM results - follow-up mammogram in 6 months

☐ Notify patient of abnormal results

☐ Unsatisfactory for diagnosis - record patient notification

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Mammogram Review Results:

Procedure: MAMMOGRAPHY, SCREENING (BILATERAL)
Primary Diagnosis: NORMAL
Modifiers: <none>

Notified patient of mammogram results. There was no evidence of malignancy (NEM). Next mammogram 1 year.

Patient notified: Letter

Health Factors: WH MAMMOGRAM SCREEN FREQ - 1Y
Women's Health Procedure: Mammogram
WH Notification: MAM result NEM, next MAM 1Y

* Indicates a Required Field

Appendix A: FAQs, Hints, and Tips

Q: Are the reminders our site has already defined compatible with the new Clinical Reminders V. 2.6 patch?

A: Yes, a conversion utility is run when the package is installed that converts your reminders to the new file structure. Some reminders may need slight adjustments to work with the new functionality so if you notice any reminders that don't seem to be working correctly, notify your reminder manager.

Q: If orders are included in dialogs and I check these through the Notes tab in CPRS, are the orders actually placed, or is this just recording the intention to order something?

A: The order is actually placed, just as if you had ordered through the Orders tab. If the order is set up as a quick order, it will go through immediately (when you click the Finish button); if not a quick order, further questions will be asked to complete the order. The order will still need to be signed.

Q: When I click on a reminder to process, I get a message saying "no dialog is defined for this reminder." What does this mean and what do I need to do?

A: See your CAC or Clinical Reminders manager. They need to create and link a dialog for this reminder.

Q: What do clinicians need to learn to use Clinical Reminders functionality?

A: The most important things to learn will be related to changes in workflow. It will be important to coordinate orders that are placed through reminder dialogs with nurses and clerks. You can work with your CACs and teams to share the responsibility for reminders so that no individual is overwhelmed with reminders. Also, learning to use reports correctly to produce meaningful data will be essential.

Appendix A: FAQs, Hints, and Tips

Q: Is there any way to do a reminder report on an individual finding item?

We want to add a checkbox that indicates depression is a new diagnosis. Is there a way to do a reminder report just on that one finding that will tell us how many of the patients that were seen that this was applicable for?

A: Set up a local reminder with that one finding as a resolution finding. Define the reminder USAGE field as Reports, and then it will not appear on the cover sheet.

Additional trick:

Make the frequency to be 1 day, and put an OR for the resolution logic and AND for the COHORT logic. That then gives you output in the CM or health summary that gives the date it was last done so not only do you get a list of folks who have the finding but you also can tell when it was entered.

Q: When Clinical Maintenance is run on a reminder that is applicable due to a problem list entry, why is today's date pulled rather than the date of problem list entry?

A: There are two dates associated with ICD9 diagnoses found in PROBLEM LIST. There is the date entered and the date last modified. The PRIORITY field is used to determine if a problem is chronic or acute. ***If the problem is chronic, Clinical Reminders will use today's date in its date calculations; otherwise it will use the date last modified.*** Note that it only uses active problems unless the field USE INACTIVE PROBLEMS is yes.

Q: I opened the Reminders Drawer and all my reminders have disappeared, what do I do?

A: Check your View list (Appendix D); most likely nothing will be checked. Select the reminder categories you want displayed and click on them so the checkmark is displayed.

Appendix A: FAQs, Hints, and Tips

Q: I tried to run a report last night, but got this message this morning when I went to look at the task number.

6294955: ^PXRMPXR, Reminder Due Report - print. Device NT_SPOOL.
VAH,ROU.

From Yesterday at 13:14, By you. **Created without being scheduled.**

Does this mean that there's an error with the report processing?

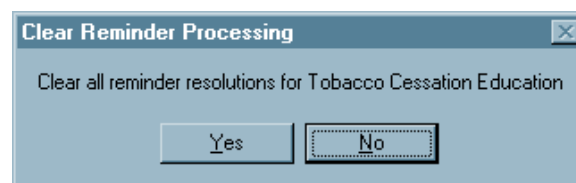
A: No, that message doesn't mean there's an error. Clinical Reminders processes its reports in two tasks, one for SORT and one for PRINT. The print task will always show "created without being scheduled" until the sort task is complete.

Tips:

Clearing a Single Reminder

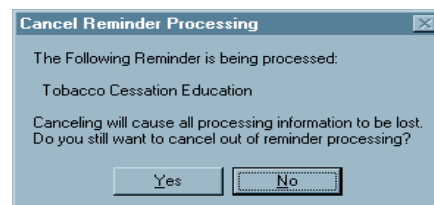
You will probably process several reminders for a single visit. If you have entered information on a reminder, but you need to start over on that reminder only, you can click Clear on the reminder from the Reminders Drawer, and then click the Clear button in the Reminders dialog box. This removes all previous dialog selections from the reminder's dialog box and removes the related text and data from the Progress Note Text box and the PCE data box for this reminder. You can now start processing again.

NOTE: Clicking Clear will remove the information from only one reminder. Be careful that you are on the correct reminder before you click Clear.



Canceling Out of the Processing Dialog

If you reach the Reminders processing dialog by mistake or you wish to delete information that you have entered and start over, click Cancel.



Appendix B: Glossary

Acronyms

AAC	Austin Automation Center
AIMS	Abnormal Involuntary Movement Scale
API	Application Programmer Interface.
CAC	Clinical Application Coordinator
CNBD	Cannot Be Determined (frequency)
CPRS	Computerized Patient Record System.
DBIA	Database Integration Agreement.
EPRP	External Peer Review Program
EVS	Enterprise VistA Service
GEC	Geriatric Extended Care
GUI	Graphical User Interface.
HSR&D	Health Services Research and Development
HL7	Health Level 7
IHD	Ischemic Heart Disease
LDL	Low-density lipo-protein
MDD	Major Depressive Disorder
MH	Mental Health
MHA3	Mental Health Assistant 3
MHV	My HealtheVet
OQP	Office of Quality and Performance
PCE	Patient Care Encounter
QUERI	Quality Enhancement Research Initiative
SAS	Statistical Analysis System
SQA	Software Quality Assurance
SRS	Software Requirements Specification
TIU	Text Integration Utilities
VHA	Veterans Health Administration.
VISN	Veterans Integrated Service Networks.
VISTA	Veterans Health Information System and Technology Architecture.

[National Acronym Directory](#)

Definitions

AAC SAS Files

AAC SAS files contain data that is equivalent to data stored in the Reminder Extract Summary entry in the Reminder Extract Summary file. AAC manages SAS files for use by specifically defined users.

Applicable

The number of patients whose findings met the patient cohort reminder evaluation.

Appendix B: Glossary

CNBD Cannot Be Determined. If a frequency can't be determined for a patient, the Status and Due Date will both be CNBD and the frequency display that follows the status line will be "Frequency: Cannot be determined for this patient."

Due

The number of patients whose reminder evaluation status is due.

National Database

All sites running IHD and Mental Health QUERI software transmit their data to a compliance totals database at the AAC.

Not Applicable

The number of patients whose findings did not meet the patient cohort reminder evaluation.

Not Due

The number of patients whose reminder evaluation status is not due.

Reminder Definitions

Reminder Definitions comprise the predefined set of finding items used to identify patient cohorts and reminder resolutions. Reminders are used for patient care and/or report extracts.

Reminder Dialog

Reminder Dialogs comprise a predefined set of text and findings that together provide information to the CPRS GUI, which collects and updates appropriate findings while building a progress note.

Reminder Patient List

A list of patients that is created from a set of List Rules and/or as a result of report processing. Each Patient List is assigned a name and is defined in the Reminder Patient List File. Reminder Patient Lists may be used as an incremental step to completing national extract processing or for local reporting needs. Patient Lists created from the Reminders Due reporting process are based on patients that met the patient cohort, reminder resolution, or specific finding extract parameters. These patient lists are used only at local facilities.

Reminder Terms

Predefined finding items that are used to map local findings to national findings, providing a method to standardize these findings for national use.

Appendix B: Glossary

Report Reminders

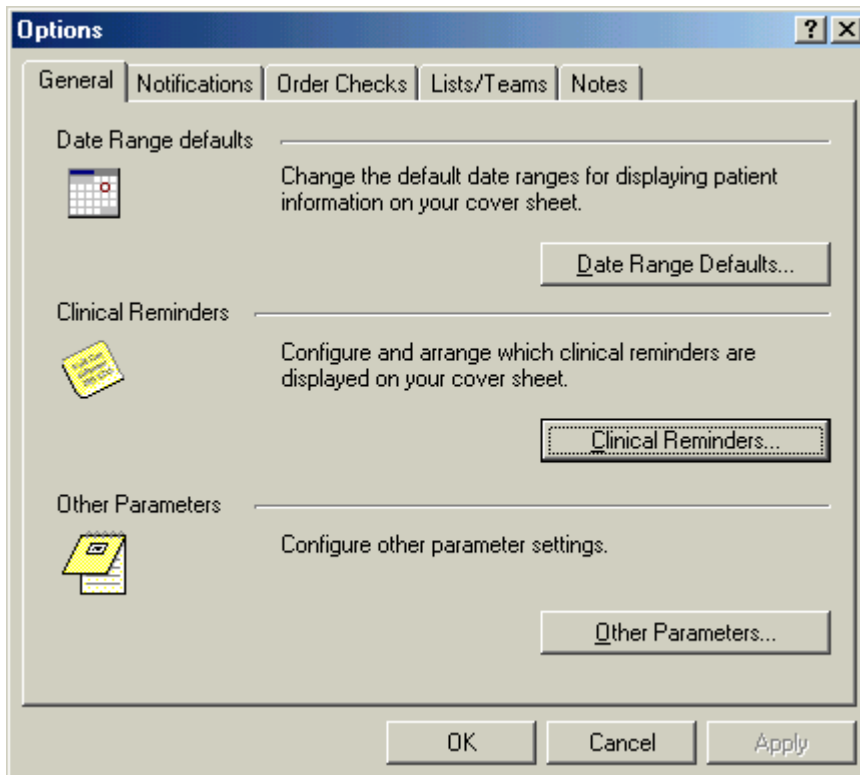
Reminders may be defined specifically for national reporting. Report Reminders do not have a related Reminder Dialog in CPRS and are not used by clinicians for patient care. However, clinical reminders that are used in CPRS may also be used for national reminder reporting. All reminders targeted for national reporting are defined in Extract Parameters.

Appendix C: Edit Cover Sheet Reminder List

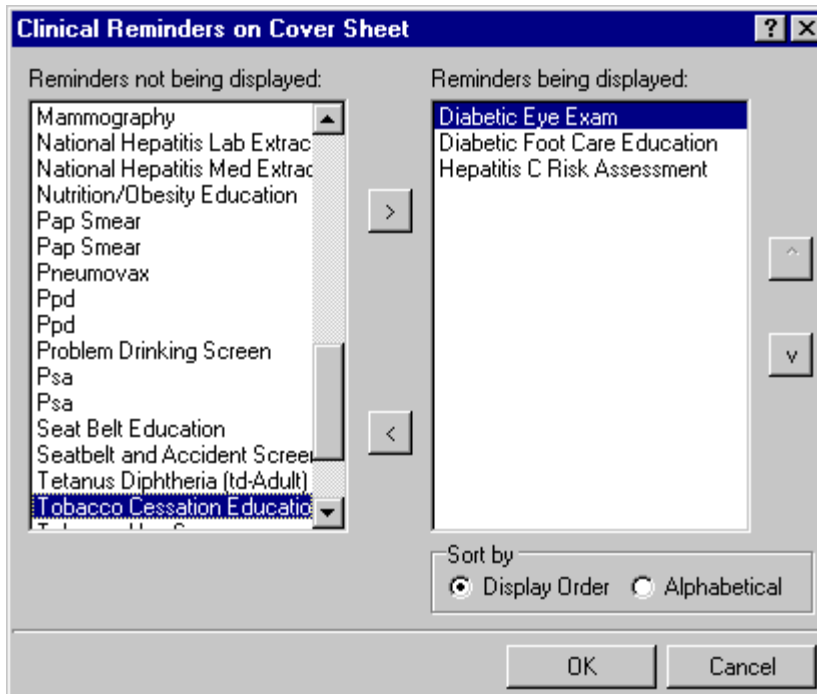
You can specify which reminders will appear on the cover sheet of CPRS. This is done by using the Edit Cover Sheet Reminder List option.

1. While on the CPRS Cover Sheet, click on the Tools menu.
2. From the drop-down menu that appears, click on Options.

This screen appears:



3. Click on the Clinical Reminders button to get to the editing form.



4. Highlight an item in the Reminders not being displayed field and then click the Add arrow “>” to add it to the Reminders being displayed field. You may hold down the Control key and select more than one reminder at a time.
5. When you have all of the desired reminders in the field, you may highlight a reminder and use the up and down buttons on the right side of the dialog to change the order in which the reminders will be displayed on the Cover Sheet.

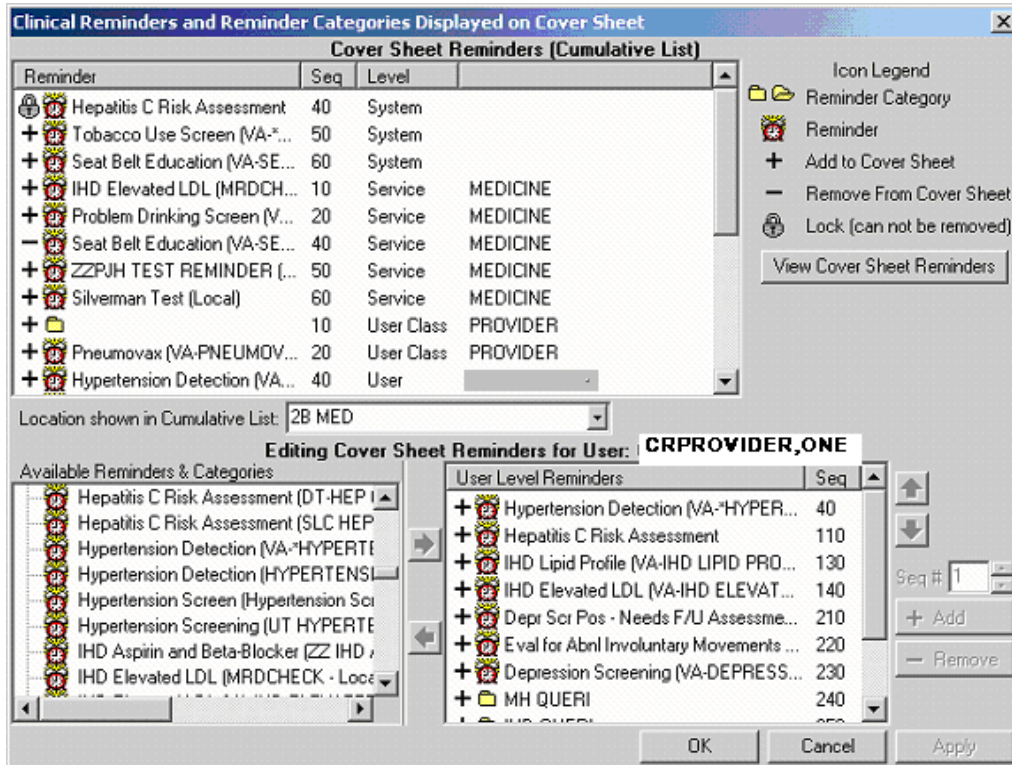
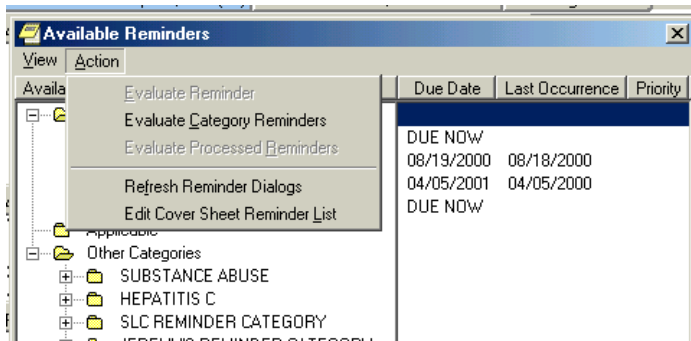
New Reminders Parameters (ORQQPX NEW REMINDER PARAMS)

If you have been assigned this parameter, you can also modify the reminders view on the coversheet.

1. Click on the reminder button next to the CWAD button in the upper right hand corner of the CPRS GUI.



2. Click on Action, then click on Edit Cover Sheet Reminder List.



This form provides very extensive cover sheet list management capabilities. It consists mainly of three large list areas.

- *Cover Sheet Reminders (Cumulative List)* displays selected information on the Reminders that will be displayed on the Cover Sheet.
- *Available Reminders & Categories* lists all available Reminders and serves as a selection list.
- *User Level Reminders* displays the Reminders that have been added to or removed from the cumulative list.

You may sort the Reminders in *Cover Sheet Reminders (Cumulative List)* by clicking on any of the column headers. Click on the Seq (Sequence) column header to view the Reminders in the order in which they will be displayed on your coversheet.

Appendix D: Depression Screening Reminder Definition

VA-DEPRESSION SCREENING

No. 104

Print Name: Depression Screening

Class: NATIONAL

Sponsor: Office of Patient Care Services

Review Date:

Rescission Date:

Usage: CPRS, REPORTS

Related VA-* Reminder:

Reminder Dialog: VA-DEPRESSION SCREEN

Priority:

Reminder Description:

Screening for Depression using a standard tool should be done on a yearly basis. A positive PHQ-2 triggers the need for a PHQ-9.

A PHQ-2 or a PHQ-9 is required on all patients unless there is a recent diagnosis of depression entered for an outpatient visit. Patients with a diagnosis of depression need additional f/u and treatment.

This reminder requires entry of the PHQ2 into the Mental Health package after 1/1/08. The PHQ-9 must be entered in the MH package to resolve this reminder when applicable.

Health factors for refusal, acute illness and for chronic cognitive impairment are included in this reminder.

A PHQ-9 should be done for any positive PHQ-2. This screening reminder requires one of the following in order to be resolved: 1. Negative PHQ-2 2. Positive PHQ-2 plus a PHQ-9 done on the same day or later than the most recent positive PHQ-2 3. Refusal

Entry of chronic cognitive impairment makes this reminder NA.

Reminder terms for health factors that represent prior depression screening using the PHQ-2 and PHQ-9 are included. The PHQ-2 has been the only accepted depression screening tool since 12/1/06. Map any local health factors for the PHQ-2 to these terms. Do not include any health factors for other depression screening tools.

The reminder term VA-CHRONIC COGNITIVE IMPAIRMENT contains a health factor and also the BOMC from the MH package. Use this health factor with caution since it turns this reminder off permanently.

Technical Description:

Baseline Frequency:

Do In Advance Time Frame: Do if DUE within 1 month
Sex Specific:
Ignore on N/A:
Frequency for Age Range: 1 year for all ages
Match Text:
No Match Text:

Findings:

---- Begin: VA-DEPRESSION DIAGNOSIS (FI(1)=RT(77)) -----
Finding Type: REMINDER TERM
Use in Patient Cohort Logic: AND NOT
Beginning Date/Time: T-1Y

Mapped Findings:
Mapped Finding Item: TX.VA-DEPRESSION DX OUTPT VISIT

---- End: VA-DEPRESSION DIAGNOSIS -----

---- Begin: VA-COGNITIVE IMPAIRMENT (FI(2)=RT(806)) -----
Finding Type: REMINDER TERM
Use in Patient Cohort Logic: AND NOT

Mapped Findings:
Mapped Finding Item: HF.SEVERE CHRONIC COGNITIVE IMPAIRMENT

Health Factor Category: MENTAL HEALTH

Mapped Finding Item: MH.BOMC
MH Scale: 516 - Weighted error score
Condition: I +V>10

---- End: VA-COGNITIVE IMPAIRMENT -----

---- Begin: VA-DEP PHQ2 NEGATIVE (FI(3)=RT(845)) -----
Finding Type: REMINDER TERM
Use in Resolution Logic: OR

Mapped Findings:
Mapped Finding Item: HF.PHQ-2 NEGATIVE
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 1/1/08

Mapped Finding Item: MH.PHQ-2
MH Scale: 492 - Depression
Condition: I +V<3

---- End: VA-DEP PHQ2 NEGATIVE -----

---- Begin: VA-DEP PHQ2 POSITIVE (FI(4)=RT(846)) -----
Finding Type: REMINDER TERM

Mapped Findings:
Mapped Finding Item: HF.PHQ-2 POSITIVE
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 1/1/08

```

        Mapped Finding Item: MH.PHQ-2
        MH Scale: 492 - Depression
        Condition: I +V'<3

---- End: VA-DEP PHQ2 POSITIVE -----

---- Begin: VA-REFUSED DEPRESSION SCREENING (FI(5)=RT(73)) -----
        Finding Type: REMINDER TERM
        Use in Resolution Logic: OR
        Beginning Date/Time: T-30D

        Mapped Findings:
        Mapped Finding Item: HF.REFUSED DEPRESSION SCREENING
        Health Factor Category: MENTAL HEALTH

---- End: VA-REFUSED DEPRESSION SCREENING -----

---- Begin: VA-DEP PHQ9 NEGATIVE (FI(6)=RT(847)) -----
        Finding Type: REMINDER TERM
        Use in Resolution Logic: OR

        Mapped Findings:
        Mapped Finding Item: MH.PHQ9
        MH Scale: 419 - Total
        Condition: I +V<10

---- End: VA-DEP PHQ9 NEGATIVE -----

---- Begin: VA-DEP PHQ9 POSITIVE (FI(7)=RT(848)) -----
        Finding Type: REMINDER TERM

        Mapped Findings:
        Mapped Finding Item: MH.PHQ9
        MH Scale: 419 - Total
        Condition: I +V>9

---- End: VA-DEP PHQ9 POSITIVE -----

---- Begin: VA-MH ACUTE ILLNESS (FI(8)=RT(612025)) -----
        Finding Type: REMINDER TERM
        Use in Resolution Logic: OR
        Beginning Date/Time: T-30D

        Mapped Findings:
        Mapped Finding Item: HF.UNABLE TO SCREEN - ACUTE ILLNESS
        Health Factor Category: MENTAL HEALTH

---- End: VA-MH ACUTE ILLNESS -----

```

Function Findings:

```

---- Begin: FF(1)-----
        Function String: (MRD(4)>MRD(6,7))&(MRD(4)>MRD(3))
        Expanded Function String:
        (MRD(VA-DEP PHQ2 POSITIVE)>MRD(VA-DEP PHQ9 NEGATIVE,
        VA-DEP PHQ9 POSITIVE))&(MRD(VA-DEP PHQ2 POSITIVE)>MRD(
        VA-DEP PHQ2 NEGATIVE))

```

```

Found Text: A PHQ-2 was positive and no PHQ-9 has been
done. Please perform a PHQ-9.
----- End: FF(1) -----

----- Begin: FF(2)-----
Function String: MRD(6,7)'<MRD(4)
Expanded Function String:
MRD(VA-DEP PHQ9 NEGATIVE,VA-DEP PHQ9 POSITIVE)'<MRD(
VA-DEP PHQ2 POSITIVE)
----- End: FF(2) -----

```

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
 (SEX)&(AGE)&'FI(1)&'FI(2)

Expanded Patient Cohort Logic:
 (SEX)&(AGE)&'FI(VA-DEPRESSION DIAGNOSIS)&'FI(VA-COGNITIVE IMPAIRMENT)

Customized RESOLUTION LOGIC defines findings that resolve the Reminder:
 FI(3)!(FI(6)!FI(7)&FF(2))!FI(5)

Expanded Resolution Logic:
 FI(VA-DEP PHQ2 NEGATIVE)!(FI(VA-DEP PHQ9 NEGATIVE)!
 FI(VA-DEP PHQ9 POSITIVE)&FF(2))!FI(VA-REFUSED DEPRESSION SCREENING)

Web Sites:

Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

Web Site Title: VA CPG for Depressive Disorder

Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/G/A_Keypt.pdf

Web Site Title: VA CPG Key Points of Module A (PC)

Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/G/A_Pock.pdf

Web Site Title: VA CPG Pocket Card for Module A (PC)

Appendix E: Iraq & Afghan Post Deploy Screen

REMINDER DEFINITION INQUIRY

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VA-IRAQ & AFGHAN POST-DEPLOY SCREEN No. 568022

Print Name: Iraq&Afghan Post-Deployment Screen
Class: NATIONAL
Sponsor: Office of Public Health and Environmental Hazards
Review Date:
Rescission Date:
Usage: CPRS, REPORTS
Related VA-* Reminder:
Reminder Dialog:
Priority:

Reminder Description:

Patients who served in combat in either Operation Iraqi Freedom (Iraq, Kuwait, Saudi Arabia, Turkey) or in Operation Enduring Freedom (Afghanistan, Georgia, Kyrgyzstan, Pakistan, Tajikistan, Uzbekistan, The Philippines) should be screened for illnesses related to their service. Screening for PTSD, depression, problem alcohol use, infectious diseases, and chronic symptoms should be part of the initial evaluation of these Veterans.

COHORT: veterans with separation date after 9/11/01. This finding is part of the reminder term: VA-IRAQ/AFGHAN PERIOD OF SERVICE and is determined by a computed finding.

An additional reminder term VA-ACTIVE DUTY is also available to cause patients to be part of the cohort. This term contains a computed finding for VA-PATIENT TYPE which can be used to include active duty patients. Sites that do not screen active duty patients may remove the computed finding from this reminder term.

RESOLUTION: entry of a health factor for NO IRAQ/AFGHAN SERVICE which is found in the reminder term IRAQ/AFGHAN SERVICE NO will resolve the reminder. If the veteran served in Iraq or Afghanistan (IRAQ/AFGHAN SERVICE) then

1. the area of service by country must be answered and
2. all the other items are required to resolve the reminder and must be completed after the date of the most recent service separation:
 - a) screen for PTSD,
 - b) screen for depression,
 - c) screen for alcohol use,
 - d) all 4 screening questions related to infectious diseases and other symptoms.

The clinical maintenance will display information on which portions of the screen are not yet completed.

All of the individual elements of the screening tool are exported with attached health factors and reminder terms. The national health factors and reminder terms for the 2 question depression screen are used for the depression screening. The reminder dialog for alcohol screening allows the use of the standard AUDIT-C tool from the Mental Health package or entry of a refusal or entry of a health factor for no alcohol in the past year. The reminder term for ALCOHOL USE SCREEN contains the AUDIT-C and CAGE from the Mental Health package, the health factor for no alcohol use in the past year and the health factor for refusal. Additional health factors are included for PTSD screening and for the Infectious Diseases/Chronic symptoms screening. If your site does PTSD screening, then you will need to map your local health factors to the national PTSD reminder terms that are exported with this reminder.

The HF's for all of these screens should be entered in the site parameters as ones that cannot be added outside of a reminder dialog. Use the parameter ORWPCE EXCLUDE HEALTH FACTORS to exclude these from the electronic encounter forms. Entry of these health factors should ONLY occur during reminder dialog use.

Technical Description:

Baseline Frequency:

Do In Advance Time Frame: Wait until actually DUE
Sex Specific:
Ignore on N/A:
Frequency for Age Range: 99Y - Once for all ages
Match Text:
No Match Text:

Findings:

---- Begin: VA-IRAQ/AFGHAN SERVICE NO (FI(1)=RT(489)) -----
Finding Type: REMINDER TERM
Use in Resolution Logic: OR

Mapped Findings:
Mapped Finding Item: HF.NO IRAQ/AFGHAN SERVICE
Health Factor Category: IRAQ/AFGHANISTAN

---- End: VA-IRAQ/AFGHAN SERVICE NO -----

---- Begin: VA-IRAQ/AFGHAN PERIOD OF SERVICE (FI(2)=RT(490)) -----
Finding Type: REMINDER TERM
Use in Patient Cohort Logic: AND
Beginning Date/Time: SEP 11, 2001

Mapped Findings:
Mapped Finding Item: CF.VA-LAST SERVICE SEPARATION DATE
Beginning Date/Time: SEP 11, 2001

---- End: VA-IRAQ/AFGHAN PERIOD OF SERVICE -----

---- Begin: VA-IRAQ/AFGHAN SERVICE (FI(3)=RT(568012)) -----
Finding Type: REMINDER TERM

Mapped Findings:
Mapped Finding Item: HF.IRAQ/AFGHAN SERVICE
Health Factor Category: IRAQ/AFGHANISTAN
Beginning Date/Time: 9/11/01

----- End: VA-IRAQ/AFGHAN SERVICE -----

----- Begin: VA-DEPRESSION SCREEN FY07 (FI(4)=RT(857)) -----
Finding Type: REMINDER TERM

Mapped Findings:
Mapped Finding Item: MH.PHQ-2
MH Scale: 492 - Depression

Mapped Finding Item: MH.PHQ9
MH Scale: 419 - Total

Mapped Finding Item: MH.DOM80
Ending Date/Time: 11/30/06
MH Scale: 515 - Total

Mapped Finding Item: MH.DOMG
Ending Date/Time: 11/30/06
MH Scale: 365 - Total

Mapped Finding Item: MH.BDI
Ending Date/Time: 11/30/06
MH Scale: 331 - DEPRESSION SCORE

Mapped Finding Item: MH.BDI2
Ending Date/Time: 11/30/07
MH Scale: 332 - Total

Mapped Finding Item: HF.DEP SCREEN 2 QUESTION POS
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 11/30/06

Mapped Finding Item: HF.DEP SCREEN 2 QUESTION NEG
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 11/30/06

Mapped Finding Item: MH.ZUNG
Ending Date/Time: 11/30/06
MH Scale: 453 - DEPRESSION

Mapped Finding Item: MH.CRS
Ending Date/Time: 11/30/06
MH Scale: 347 - CRS TOTAL

Mapped Finding Item: HF.PHQ-2 NEGATIVE
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 10/1/07

Mapped Finding Item: HF.PHQ-2 POSITIVE
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 10/1/07

----- End: VA-DEPRESSION SCREEN FY07 -----

----- Begin: VA-ALCOHOL USE SCREEN (FI(6)=RT(488)) -----

Finding Type: REMINDER TERM
Not Found Text: Screening for at risk alcohol use using the
AUDIT-C screening tool should be performed
yearly for any patient who has consumed
alcohol in the past year. No record of prior
screening for alcohol use was found in this
patient's record.
\\

Mapped Findings:
Mapped Finding Item: MH.AUDC
MH Scale: 276 - Total

Mapped Finding Item: MH.CAGE
Ending Date/Time: 10/1/03

Mapped Finding Item: HF.NON-DRINKER (NO ALCOHOL FOR >1 YR)
Health Factor Category: ALCOHOL USE
Ending Date/Time: 10/1/07

Mapped Finding Item: HF.REFUSED ALCOHOL USE SCREENING
Health Factor Category: ALCOHOL USE

Mapped Finding Item: MH.AUDIT
Ending Date/Time: 10/1/07
MH Scale: 278 - Total

----- End: VA-ALCOHOL USE SCREEN -----

----- Begin: VA-PTSD SCREEN (FI(7)=RT(568013)) -----
Finding Type: REMINDER TERM

Mapped Findings:
Mapped Finding Item: HF.PTSD SCREEN NEGATIVE
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 10/1/07

Mapped Finding Item: HF.PTSD SCREEN POSITIVE
Health Factor Category: MENTAL HEALTH
Ending Date/Time: 10/1/07

Mapped Finding Item: MH.PC PTSD
MH Scale: 203 - Total

----- End: VA-PTSD SCREEN -----

----- Begin: VA-UNEXPLAINED FEVER (IRAQ/AFGHANISTAN) (FI(8)=RT(568015)) --
Finding Type: REMINDER TERM

Not Found Text: Screen for unexplained fevers that might
represent occult malaria or infection with
leishmaniasis.
\\

Mapped Findings:
Mapped Finding Item: HF.UNEXPLAINED FEVERS SCREEN NEGATIVE
Health Factor Category: IRAQ/AFGHANISTAN

Mapped Finding Item: HF.UNEXPLAINED FEVERS SCREEN POSITIVE
Health Factor Category: IRAQ/AFGHANISTAN

```

----- End: VA-UNEXPLAINED FEVER (IRAQ/AFGHANISTAN) -----

----- Begin: VA-OTHER SYMPTOMS (IRAQ/AFGHANISTAN) (FI(9)=RT(568017)) -----
      Finding Type: REMINDER TERM
      Not Found Text: Screen for symptoms of fatigue, headaches,
                      muscle or joint pains, or forgetfulness that
                      have lasted 3 months or longer and have
                      interfered with daily activities.
                      \\

      Mapped Findings:
      Mapped Finding Item: HF.OTHER PHYSICAL SYMPTOMS SCREEN
NEGATIVE      Health Factor Category: IRAQ/AFGHANISTAN

      Mapped Finding Item: HF.OTHER PHYSICAL SYMPTOMS SCREEN
POSITIVE      Health Factor Category: IRAQ/AFGHANISTAN

----- End: VA-OTHER SYMPTOMS (IRAQ/AFGHANISTAN) -----

----- Begin: VA-GI SYMPTOMS (IRAQ/AFGHANISTAN) (FI(10)=RT(568014)) -----
      Finding Type: REMINDER TERM
      Not Found Text: Screen for diarrhea or other GI complaints
                      that might suggest giardia, amoebiasis or
                      other GI infection.
                      \\

      Mapped Findings:
      Mapped Finding Item: HF.GI SYMPTOMS SCREEN NEGATIVE
      Health Factor Category: IRAQ/AFGHANISTAN

      Mapped Finding Item: HF.GI SYMPTOMS SCREEN POSITIVE
      Health Factor Category: IRAQ/AFGHANISTAN

----- End: VA-GI SYMPTOMS (IRAQ/AFGHANISTAN) -----

----- Begin: VA-PERSISTENT RASH (IRAQ/AFGHANISTAN) (FI(11)=RT(568016)) ---
      Finding Type: REMINDER TERM
      Not Found Text: Screen for persistent rash that might
                      represent infection with leishmaniasis.
                      \\

      Mapped Findings:
      Mapped Finding Item: HF.SKIN LESION SCREEN NEGATIVE
      Health Factor Category: IRAQ/AFGHANISTAN

      Mapped Finding Item: HF.SKIN LESION SCREEN POSITIVE
      Health Factor Category: IRAQ/AFGHANISTAN

----- End: VA-PERSISTENT RASH (IRAQ/AFGHANISTAN) -----

----- Begin: VA-PTSD AVOIDANCE ALL (FI(12)=RT(617)) -----
      Finding Type: REMINDER TERM
      Ending Date/Time: 10/1/07

```


Within Category Rank: 0

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - AVOIDANCE
Health Factor Category: PTSD AVOIDANCE

Mapped Finding Item: HF.PTSD SCREEN - NO AVOIDANCE
Health Factor Category: PTSD AVOIDANCE

----- End: VA-PTSD AVOIDANCE ALL -----

----- Begin: VA-PTSD DETACHMENT ALL (FI(13)=RT(620)) -----

Finding Type: REMINDER TERM

Within Category Rank: 0

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - DETACHED
Health Factor Category: PTSD DETACHMENT

Mapped Finding Item: HF.PTSD SCREEN - NO DETACHMENT
Health Factor Category: PTSD DETACHMENT

----- End: VA-PTSD DETACHMENT ALL -----

----- Begin: VA-PTSD NIGHTMARES ALL (FI(14)=RT(618)) -----

Finding Type: REMINDER TERM

Ending Date/Time: 10/1/07

Within Category Rank: 0

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - NIGHTMARES
Health Factor Category: PTSD NIGHTMARES

Mapped Finding Item: HF.PTSD SCREEN - NO NIGHTMARES
Health Factor Category: PTSD NIGHTMARES

----- End: VA-PTSD NIGHTMARES ALL -----

----- Begin: VA-PTSD ON GUARD ALL (FI(15)=RT(619)) -----

Finding Type: REMINDER TERM

Ending Date/Time: 10/1/07

Within Category Rank: 0

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - ON GUARD
Health Factor Category: PTSD ON GUARD

Mapped Finding Item: HF.PTSD SCREEN - NO ON GUARD
Health Factor Category: PTSD ON GUARD

----- End: VA-PTSD ON GUARD ALL -----

----- Begin: VA-REFUSED PTSD SCREEN (FI(16)=RT(631)) -----

Finding Type: REMINDER TERM

Found Text: Refused PTSD Screen

Mapped Findings:

Mapped Finding Item: HF.REFUSED PTSD SCREEN
Health Factor Category: MENTAL HEALTH

```

----- End: VA-REFUSED PTSD SCREEN -----

----- Begin: VA-REFUSED ALCOHOL SCREENING (FI(17)=RT(568018)) -----
      Finding Type: REMINDER TERM
      Found Text: Refused Alcohol Screening

      Mapped Findings:
      Mapped Finding Item: HF.REFUSED ALCOHOL USE SCREENING
      Health Factor Category: ALCOHOL USE

----- End: VA-REFUSED ALCOHOL SCREENING -----

----- Begin: VA-REFUSED DEPRESSION SCREENING (FI(18)=RT(73)) -----
      Finding Type: REMINDER TERM
      Found Text: Refused Depression Screening

      Mapped Findings:
      Mapped Finding Item: HF.REFUSED DEPRESSION SCREENING
      Health Factor Category: MENTAL HEALTH

----- End: VA-REFUSED DEPRESSION SCREENING -----

----- Begin: VA-ACTIVE DUTY (FI(19)=RT(568019)) -----
      Finding Type: REMINDER TERM
      Use in Patient Cohort Logic: OR

      Mapped Findings:
      Mapped Finding Item: CF.VA-PATIENT TYPE
      Condition: I V="ACTIVE DUTY"

----- End: VA-ACTIVE DUTY -----

----- Begin: VA-REFUSED ID & OTHER SX SCREEN (FI(20)=RT(568020)) -----
      Finding Type: REMINDER TERM
      Beginning Date/Time: T-1Y
      Within Category Rank: 0
      Found Text: The patient declined to answer some or all of
                  the infectious disease and other symptom
                  questions. Please ask these screening
                  questions again if they remain unaddressed.

      Mapped Findings:
      Mapped Finding Item: HF.REFUSED ID & OTHER SX SCREEN
      Health Factor Category: IRAQ/AFGHANISTAN

----- End: VA-REFUSED ID & OTHER SX SCREEN -----

Function Findings:

----- Begin: FF(1)-----
      Function String: MRD(1)>MRD(2)
      Expanded Function String:
      MRD(VA-IRAQ/AFGHAN SERVICE NO)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)
      Not Found Text: The patient's most recent service separation
                     date is more recent than their last screening
                     - rescreening is needed after any new period
                     of service.

```

```

----- End: FF(1) -----

----- Begin: FF(2)-----
      Function String: MRD(7,12,13,14,15)>MRD(2)
Expanded Function String:
MRD(VA-PTSD SCREEN,VA-PTSD AVOIDANCE ALL,VA-PTSD DETACHMENT ALL,
VA-PTSD NIGHTMARES ALL,VA-PTSD ON GUARD ALL)>MRD(
VA-IRAQ/AFGHAN PERIOD OF SERVICE)
      Found Text: 1. PTSD Screening completed since service
                  discharge
      Not Found Text: 1. PTSD Screen NEEDED
----- End: FF(2) -----

----- Begin: FF(3)-----
      Function String: MRD(4)>MRD(2)
Expanded Function String:
MRD(VA-DEPRESSION SCREEN FY07)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)
      Found Text: 2. Depression Screening completed since
                  service discharge
      Not Found Text: 2. Depression Screening NEEDED
----- End: FF(3) -----

----- Begin: FF(4)-----
      Function String: MRD(6)>MRD(2)
Expanded Function String:
MRD(VA-ALCOHOL USE SCREEN)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)
      Found Text: 3. Alcohol Screening completed since service
                  discharge
      Not Found Text: 3. Alcohol Screening NEEDED
----- End: FF(4) -----

----- Begin: FF(5)-----
      Function String: MRD(10,20)>MRD(2)!'(FI(2)!FI(19))
Expanded Function String:
MRD(VA-GI SYMPTOMS (IRAQ/AFGHANISTAN),VA-REFUSED ID & OTHER SX SCREEN)>
MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!'(FI(
VA-IRAQ/AFGHAN PERIOD OF SERVICE)!FI(VA-ACTIVE DUTY))
      Found Text: 4A. Screen for GI symptoms done or not
                  required.
      Not Found Text: 4A. Screen for GI symptoms NEEDED
----- End: FF(5) -----

----- Begin: FF(6)-----
      Function String: MRD(8,20)>MRD(2)!'(FI(2)!FI(19))
Expanded Function String:
MRD(VA-UNEXPLAINED FEVER (IRAQ/AFGHANISTAN),
VA-REFUSED ID & OTHER SX SCREEN)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!'
(FI(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!FI(VA-ACTIVE DUTY))
      Found Text: 4B. Screen for Fevers done or not required.
      Not Found Text: 4B. Screen for Fevers NEEDED
----- End: FF(6) -----

----- Begin: FF(7)-----
      Function String: MRD(11,20)>MRD(2)!'(FI(2)!FI(19))
Expanded Function String:
MRD(VA-PERSISTENT RASH (IRAQ/AFGHANISTAN),
VA-REFUSED ID & OTHER SX SCREEN)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!'

```

```

(FI(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!FI(VA-ACTIVE DUTY))
    Found Text: 4C. Screen for Skin Rash done or not required.
    Not Found Text: 4C. Screen for Skin Rash NEEDED
---- End: FF(7) -----

---- Begin: FF(8)-----
    Function String: MRD(9,20)>MRD(2)!'(FI(2)!FI(19))
Expanded Function String:
MRD(VA-OTHER SYMPTOMS (IRAQ/AFGHANISTAN),
VA-REFUSED ID & OTHER SX SCREEN)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!'
(FI(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!FI(VA-ACTIVE DUTY))
    Found Text: 4D. Screen for Other Symptoms done or not
    required.
    Not Found Text: 4D. Screen for Other Symptoms NEEDED
---- End: FF(8) -----

---- Begin: FF(9)-----
    Function String: MRD(2)>MRD(1,3)
Expanded Function String:
MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)>MRD(VA-IRAQ/AFGHAN SERVICE NO,
VA-IRAQ/AFGHAN SERVICE)
    Found Text: The patient's most recent service separation
    date is more recent than their last screening
    - rescreening is needed after any new period
    of service.
---- End: FF(9) -----

```

General Patient Cohort Found Text:

Patients who served in combat in either Iraq (Operation Iraqi Freedom) or in Afghanistan (Operation Enduring Freedom) should be screened for illnesses related to their service. Screening for PTSD, depression, problem alcohol use, infectious diseases, and chronic symptoms should be part of the initial evaluation of these Veterans.

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
(SEX)&(AGE)&FI(2)!FI(19)

Expanded Patient Cohort Logic:
(SEX)&(AGE)&FI(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!FI(VA-ACTIVE DUTY)

Customized RESOLUTION LOGIC defines findings that resolve the Reminder:
(FI(1)&FF(1))!(FI(3)&(FF(2)!FI(16))&(FF(3)!FI(18))&(FF(4)!FI(17))&FF(5)&
FF(6)&FF(7)&FF(8))

Expanded Resolution Logic:
(FI(VA-IRAQ/AFGHAN SERVICE NO)&FF(1))!(FI(VA-IRAQ/AFGHAN SERVICE)&
(FF(2)!FI(VA-REFUSED PTSD SCREEN))&(FF(3)!
FI(VA-REFUSED DEPRESSION SCREENING))&(FF(4)!
FI(VA-REFUSED ALCOHOL SCREENING))&FF(5)&FF(6)&FF(7)&FF(8))

Web Sites:

Web Site URL:
<http://www.oqp.med.va.gov/cpg/cpg.htm>

Web Site Title: VA/DOD Guidelines - Office of Quality and Performance

Web Site URL:
http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm

Web Site Title: VA/DOD Depression Guideline

Web Site URL:

http://www.oqp.med.va.gov/cpg/cpgn/mus/mus_base.htm

Web Site Title: VA/DOD Medically Unexplained Symptoms: Pain and Fatigue

Web Site URL:

http://www.oqp.med.va.gov/cpg/PDH/PDH_base.htm

Web Site Title: Post Deployment Health Evaluation and Management

Web Site URL:

http://www.oqp.med.va.gov/cpg/SUD/SUD_Base.htm

Web Site Title: VA/DOD Substance Abuse Guideline

Web Site URL:

<http://vaww.va.gov/environagents/>

Web Site Title: VA Environmental Agents Service

Appendix F: TBI Screening Reminder Definition

REMINDER DEFINITION INQUIRY

Oct 19, 2007 9:43:43 am Page 1

VA-TBI SCREENING

No. 793

Print Name: TBI Screening

Class: NATIONAL

Sponsor: Office of Patient Care Services

Review Date:

Rescission Date:

Usage: CPRS, DATA EXTRACT, REPORTS

Related VA-* Reminder:

Reminder Dialog: VA-TBI SCREENING

Priority:

Reminder Description:

Reminder is applicable once in a lifetime of all patients whose date of separation from the service is 9/11/01 or later and have had service in OEF/OIF. If Service Date of Separation is more recent than last TBI Screening, then reminder will be due again for patient.

Reminder is resolved by completing the screen.

Reminder creation requested by the Office of Patient Care Services. Designed by the TBI Screening Workgroup chaired by Dr. Barbara Sigford and based on a reminder from Minneapolis built by Ronald Patire and Dr. Brian Neil.

Revisions June 2007:

1. Refusal can be entered
2. URLs added for information
3. Screening done at another VA option added.
4. Additional choices of for head injury added.

Technical Description:

Reminder is due for all patients with DOS of 9/11/01 or later. Reminder is resolved by any of the health factors associated with the responses of section 1; OR health factor for Previous TBI Diagnosis; OR health factor TBI PT Refused..

Baseline Frequency:

Do In Advance Time Frame: Wait until actually DUE

Sex Specific:

Ignore on N/A:

Frequency for Age Range: 99Y - Once for all ages

Match Text:

No Match Text:

Findings:

```
---- Begin: VA-IRAQ/AFGHAN PERIOD OF SERVICE (FI(1)=RT(490)) -----
      Finding Type: REMINDER TERM
      Use in Patient Cohort Logic: AND
      Beginning Date/Time: 09/11/2001
      Not Found Text: The patient's last service separation date is
                      prior to 9/11/01.
                      \\
```

```
      Mapped Findings:
      Mapped Finding Item: CF.VA-LAST SERVICE SEPARATION DATE
      Beginning Date/Time: SEP 11, 2001
```

```
---- End: VA-IRAQ/AFGHAN PERIOD OF SERVICE -----
```

```
---- Begin: VA-ACTIVE DUTY (FI(2)=RT(568019)) -----
      Finding Type: REMINDER TERM
      Use in Patient Cohort Logic: OR
```

```
      Mapped Findings:
      Mapped Finding Item: CF.VA-PATIENT TYPE
      Condition: I V="ACTIVE DUTY"
```

```
---- End: VA-ACTIVE DUTY -----
```

```
---- Begin: VA-TBI SCREENING COMPLETED SCREENING RESOLUTIONS (FI(3)=RT(824))
      Finding Type: REMINDER TERM
      Use in Resolution Logic: AND
```

```
      Mapped Findings:
      Mapped Finding Item: HF.TBI-SECTION I - NO
      Health Factor Category: TBI-SECTIONS

      Mapped Finding Item: HF.TBI-SECTION II - NO
      Health Factor Category: TBI-SECTIONS

      Mapped Finding Item: HF.TBI-SECTION III - NO
      Health Factor Category: TBI-SECTIONS

      Mapped Finding Item: HF.TBI-SECTION IV - NO
      Health Factor Category: TBI-SECTIONS

      Mapped Finding Item: HF.TBI-SECTION IV - YES
      Health Factor Category: TBI-SECTIONS

      Mapped Finding Item: HF.TBI-SCREENED PREVIOUSLY
      Health Factor Category: TBI-SECTIONS
```

```
---- End: VA-TBI SCREENING COMPLETED SCREENING RESOLUTIONS -----
```

```
---- Begin: VA-IRAQ/AFGHAN SERVICE NO (FI(4)=RT(489)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
      Found Text: The record indicates that the patient did not
                  serve in OEF or OIF.
```

\\

```

        Mapped Findings:
        Mapped Finding Item: HF.NO IRAQ/AFGHAN SERVICE
        Health Factor Category: IRAQ/AFGHANISTAN

---- End: VA-IRAQ/AFGHAN SERVICE NO -----

---- Begin: VA-IRAQ/AFGHAN SERVICE (FI(5)=RT(568012)) -----
        Finding Type: REMINDER TERM

        Mapped Findings:
        Mapped Finding Item: HF.IRAQ/AFGHAN SERVICE
        Health Factor Category: IRAQ/AFGHANISTAN
        Beginning Date/Time: 9/11/01

---- End: VA-IRAQ/AFGHAN SERVICE -----

---- Begin: VA-TBI-PREVIOUS TBI DX (FI(6)=RT(828)) -----
        Finding Type: REMINDER TERM
        Use in Resolution Logic: OR
        Beginning Date/Time: 9/11/01
        Found Text: Patient has documentation of previous TBI
                    diagnosis on chart.

        Mapped Findings:
        Mapped Finding Item: HF.TBI-PREVIOUS TBI DX
        Health Factor Category: TBI-SECTIONS

---- End: VA-TBI-PREVIOUS TBI DX -----

---- Begin: VA-TBI-PT REFUSAL (FI(7)=RT(829)) -----
        Finding Type: REMINDER TERM
        Use in Resolution Logic: OR
        Beginning Date/Time: T-30D

        Mapped Findings:
        Mapped Finding Item: HF.TBI-PT REFUSAL
        Health Factor Category: TBI-SECTIONS
        Beginning Date/Time: T-6M

---- End: VA-TBI-PT REFUSAL -----

---- Begin: VA-LAST SERVICE SEPARATION DATE (FI(8)=CF(27)) -----
        Finding Type: REMINDER COMPUTED FINDING
---- End: VA-LAST SERVICE SEPARATION DATE -----

Function Findings:

---- Begin: FF(1)-----
        Function String: MRD(4)>MRD(1)
        Expanded Function String:
        MRD(VA-IRAQ/AFGHAN SERVICE NO)>MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)
        Not Found Text: The patient's most recent service separation
                        date is more recent than their last screening
                        - if the patient was discharged after 9/11/01
                        then rescreening is needed after any new

```



```

                                period of service.
----- End: FF(1) -----

----- Begin: FF(2)-----
      Function String: MRD(3)>MRD(1)
Expanded Function String:
      MRD(VA-TBI SCREENING COMPLETED SCREENING RESOLUTIONS)>MRD(
      VA-IRAQ/AFGHAN PERIOD OF SERVICE)
----- End: FF(2) -----

----- Begin: FF(3)-----
      Function String: MRD(1)>MRD(4,5)
Expanded Function String:
      MRD(VA-IRAQ/AFGHAN PERIOD OF SERVICE)>MRD(VA-IRAQ/AFGHAN SERVICE NO,
      VA-IRAQ/AFGHAN SERVICE)
      Found Text: The patient's most recent service separation
                   date is more recent than their last screening
                   - if the patient was discharged after 9/11/01
                   then rescreening is needed after any new
                   period of service.
----- End: FF(3) -----

```

General Patient Cohort Found Text:

Patients who served in combat in either Iraq (Operation Iraqi Freedom) or in Afghanistan (Operation Enduring Freedom) should be screened for Traumatic Brain Injury.

General Patient Cohort Not Found Text:

Patients who were discharged from the service prior to 9/11/01 or who did NOT serve in OEF or OIF do NOT need to be screened for TBI.

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:

(SEX)&(AGE)&FI(1)!FI(2)

Expanded Patient Cohort Logic:

(SEX)&(AGE)&FI(VA-IRAQ/AFGHAN PERIOD OF SERVICE)!FI(VA-ACTIVE DUTY)

Customized RESOLUTION LOGIC defines findings that resolve the Reminder:

(FI(4)&FF(1))!(FI(3)&FF(2))!FI(6)!FI(7)

Expanded Resolution Logic:

(FI(VA-IRAQ/AFGHAN SERVICE NO)&FF(1))!
 (FI(VA-TBI SCREENING COMPLETED SCREENING RESOLUTIONS)&FF(2))!
 FI(VA-TBI-PREVIOUS TBI DX)!FI(VA-TBI-PT REFUSAL)

Web Sites:

Appendix G: PTSD Screening Reminder

REMINDER DEFINITION INQUIRY

Oct 19, 2007 10:36:32 am Page 1

VA-PTSD SCREENING No. 751

Print Name: Screen for PTSD

Class: NATIONAL

Sponsor: Office of Patient Care Services

Review Date:

Rescission Date:

Usage: CPRS, REPORTS

Related VA-* Reminder:

Reminder Dialog: VA-PTSD SCREENING

Priority:

Reminder Description:

PTSD screening due every 5 years for all patients. The reminder is set to also be due every year for the first 5 years after the last service separation date in the patient file. This facilitates repeated screening of patients after a recent period of military service.

The reminder is not applicable to patients who have had a diagnosis of PTSD entered in the past 1 year.

The reminder is resolved if the patient has had:

1. An entry of a health factor that indicates that all 4 PTSD questions were answered (PTSD SCREEN NEGATIVE or PTSD SCREEN POSITIVE)
2. Entry of health factors that indicated that all 4 questions were asked and answered.
3. Entry of a health factor indicating that the patient declined/refused to answer the PTSD questions (resolves the reminder for 1 year).
4. Entry of a PC-PTSD screen in the Mental Health package.

This reminder is set up to require use of the Mental Health package after 1/1/08.

Technical Description:

Baseline Frequency:

Do In Advance Time Frame: Do if DUE within 3 months
Sex Specific:
Ignore on N/A:
Frequency for Age Range: 1 year for all ages
Match Text:
No Match Text:

Findings:

```
----- Begin: VA-PTSD SCREEN  (FI(1)=RT(568013)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
      Occurrence Count: 4
      Within Category Rank: 0

      Mapped Findings:
      Mapped Finding Item: HF.PTSD SCREEN NEGATIVE
      Health Factor Category: MENTAL HEALTH
      Ending Date/Time: 10/1/07

      Mapped Finding Item: HF.PTSD SCREEN POSITIVE
      Health Factor Category: MENTAL HEALTH
      Ending Date/Time: 10/1/07

      Mapped Finding Item: MH.PC PTSD
      MH Scale: 203 - Total

----- End: VA-PTSD SCREEN -----

----- Begin: VA-PTSD SCREEN NEGATIVE  (FI(2)=RT(849)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

      Mapped Findings:
      Mapped Finding Item: HF.PTSD SCREEN NEGATIVE
      Health Factor Category: MENTAL HEALTH
      Ending Date/Time: 10/1/07

----- End: VA-PTSD SCREEN NEGATIVE -----

----- Begin: VA-PTSD SCREEN POSITIVE  (FI(3)=RT(850)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR

      Mapped Findings:
      Mapped Finding Item: HF.PTSD SCREEN POSITIVE
      Health Factor Category: MENTAL HEALTH
      Ending Date/Time: 10/1/07

----- End: VA-PTSD SCREEN POSITIVE -----

----- Begin: VA-REFUSED PTSD SCREEN  (FI(4)=RT(631)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
      Beginning Date/Time: T-3M

      Mapped Findings:
      Mapped Finding Item: HF.REFUSED PTSD SCREEN
      Health Factor Category: MENTAL HEALTH

----- End: VA-REFUSED PTSD SCREEN -----

----- Begin: VA-PTSD AVOIDANCE ALL  (FI(5)=RT(617)) -----
      Finding Type: REMINDER TERM
      Ending Date/Time: 1/1/08
```

Occurrence Count: 2

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - AVOIDANCE
Health Factor Category: PTSD AVOIDANCE

Mapped Finding Item: HF.PTSD SCREEN - NO AVOIDANCE
Health Factor Category: PTSD AVOIDANCE

----- End: VA-PTSD AVOIDANCE ALL -----

----- Begin: VA-PTSD DETACHMENT ALL (FI(6)=RT(620)) -----

Finding Type: REMINDER TERM
Ending Date/Time: 1/1/08
Occurrence Count: 2

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - DETACHED
Health Factor Category: PTSD DETACHMENT

Mapped Finding Item: HF.PTSD SCREEN - NO DETACHMENT
Health Factor Category: PTSD DETACHMENT

----- End: VA-PTSD DETACHMENT ALL -----

----- Begin: VA-PTSD NIGHTMARES ALL (FI(7)=RT(618)) -----

Finding Type: REMINDER TERM
Ending Date/Time: 1/1/08
Occurrence Count: 2

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - NIGHTMARES
Health Factor Category: PTSD NIGHTMARES

Mapped Finding Item: HF.PTSD SCREEN - NO NIGHTMARES
Health Factor Category: PTSD NIGHTMARES

----- End: VA-PTSD NIGHTMARES ALL -----

----- Begin: VA-PTSD ON GUARD ALL (FI(8)=RT(619)) -----

Finding Type: REMINDER TERM
Ending Date/Time: 1/1/08
Occurrence Count: 2

Mapped Findings:

Mapped Finding Item: HF.PTSD SCREEN - ON GUARD
Health Factor Category: PTSD ON GUARD

Mapped Finding Item: HF.PTSD SCREEN - NO ON GUARD
Health Factor Category: PTSD ON GUARD

----- End: VA-PTSD ON GUARD ALL -----

----- Begin: VA-LAST SERVICE SEPARATION DATE (FI(9)=CF(27)) -----

Finding Type: REMINDER COMPUTED FINDING
Match Frequency/Age: 1 year for all ages
Beginning Date/Time: T-5Y
Found Text: The patient was recently discharged from the
service. PTSD screening is due yearly for

```

                                these patients.
----- End: VA-LAST SERVICE SEPARATION DATE -----

----- Begin: VA-LAST SERVICE SEPARATION DATE (FI(10)=CF(27)) -----
                Finding Type: REMINDER COMPUTED FINDING
                Not Found Text: No discharge date from the service has been
                                entered.
----- End: VA-LAST SERVICE SEPARATION DATE -----

----- Begin: VA-LIFE EXPECTANCY <6 MONTHS (FI(11)=RT(805)) -----
                Finding Type: REMINDER TERM
                Use in Patient Cohort Logic: AND NOT
                Beginning Date/Time: T-6M
                RT Mapped Finding: No Reminder Finding Found
----- End: VA-LIFE EXPECTANCY <6 MONTHS -----

----- Begin: VA-PTSD DIAGNOSIS (FI(12)=RT(858)) -----
                Finding Type: REMINDER TERM
                Use in Patient Cohort Logic: AND NOT
                Beginning Date/Time: T-1Y

                Mapped Findings:
                Mapped Finding Item: TX.VA-PTSD DIAGNOSIS
----- End: VA-PTSD DIAGNOSIS -----

----- Begin: VA-COGNITIVE IMPAIRMENT (FI(13)=RT(806)) -----
                Finding Type: REMINDER TERM
                Use in Patient Cohort Logic: AND NOT

                Mapped Findings:
                Mapped Finding Item: HF.SEVERE CHRONIC COGNITIVE IMPAIRMENT

                Health Factor Category: MENTAL HEALTH

                Mapped Finding Item: MH.BOMC
                MH Scale: 516 - Weighted error score
                Condition: I +V>10
----- End: VA-COGNITIVE IMPAIRMENT -----

```

Function Findings:

```

----- Begin: FF(1)-----
                Function String: FI(10)&'FI(9)
                Expanded Function String:
                FI(VA-LAST SERVICE SEPARATION DATE)&'FI(VA-LAST SERVICE SEPARATION DATE)
                Match Frequency/Age: 5 years for all ages
----- End: FF(1) -----

----- Begin: FF(2)-----
                Function String: FI(5)&FI(6)&FI(7)&FI(8)
                Expanded Function String:
                FI(VA-PTSD AVOIDANCE ALL)&FI(VA-PTSD DETACHMENT ALL)&FI(
                VA-PTSD NIGHTMARES ALL)&FI(VA-PTSD ON GUARD ALL)
----- End: FF(2) -----

```

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
(SEX)&(AGE)&'FI(11)&'FI(12)&'FI(13)

Expanded Patient Cohort Logic:
(SEX)&(AGE)&'FI(VA-LIFE EXPECTANCY <6 MONTHS)&'FI(VA-PTSD DIAGNOSIS)&'FI(VA-COGNITIVE IMPAIRMENT)

Customized RESOLUTION LOGIC defines findings that resolve the Reminder:
FI(1)!FI(2)!FI(3)!FI(4)!(FF(2)&FI(8))

Expanded Resolution Logic:
FI(VA-PTSD SCREEN)!FI(VA-PTSD SCREEN NEGATIVE)!
FI(VA-PTSD SCREEN POSITIVE)!FI(VA-REFUSED PTSD SCREEN)!(FF(2)&
FI(VA-PTSD ON GUARD ALL))

Web Sites:

Web Site URL:
http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm

Web Site Title: VA/DOD Guideline on PTSD

Web Site URL:
http://vaww.oqp.med.va.gov/oqp_services/performance_measurement/uploads/MentalHealth/PCL_Primer.pdf

Web Site Title: PCL-C Information

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