

2015 S&CC Test Data for 170.315 (b) (4) - CCDS Create

Ambulatory Setting

I. INTRODUCTION

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

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

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

B) Summary of test data presented herein

To exemplify 170.315 (b) (4), the following clinical scenario will be employed.

Document Narrative:

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

II. HEADER DATA

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

A) Patient Demographics

CCDS Data Elements	Contextual Data Elements required for the Medical Record encoding to C-CDA IG	Details	Additional Information
Patient Name		First Name: Alice Last Name: Newman Middle Name: Jones Previous Name: Alicia Suffix: jr	

Sex		Female (F)	
Date of Birth		5/1/1970	
Race		White (2106-3)	
More Granular Race Code		1019-9 (White Mountain Apache)	
Ethnicity		Not Hispanic or Latino (2186-5)	
Preferred Language		English (eng)	
	Home Address	1357, Amber Dr, Beaverton, OR-97006	
	Telephone Number	Mobile: 555-777-1234 Home: 555-723-1544	

B) Relevant Information regarding the Visit

CCDS Data Elements	Contextual Data Elements required for medical record encoding to C-CDA	Details	Additional Information
Referring or Transitioning Providers Name		Full Name: Dr Albert Davis First Name: Albert Last Name: Davis	
Office Contact Information		Full Name: Tracy Davis First Name: Tracy Last Name: Davis Telephone: 555-555-1002 Address: 2472, Rocky place, Beaverton, OR-97006	
	Author/Legal Authenticator/ Authenticator of Electronic Medical Record	Dr Albert Davis Time: 6/22/2015	
	Data Enterer during visit	Tracy Davis	
	Informants	Matthew Newman (Spouse) First Name: Matthew Last Name: Newman	
	Electronic Medical Record Custodian	Neighborhood Physicians Practice	
	Information Recipient	Dr Albert Davis	

	Visit Date	6/22/2015	
	Care Team Members	Dr Albert Davis Tracy Davis	
	Other Participants in event	Mr Rick Holler (Grand Parent) First Name: Rick Last Name: Holler Mr Matthew Newman (Spouse) First Name: Matthew Last Name: Newman	
	Event Documentation Details or Documentation of Event	Dr Albert Davis 30 minute encounter Event Code = Fever	Code for Fever Finding: 386661006 , Code System: SNOMED-CT

III. BODY DATA

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

A) Medication Allergies

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

B) Medications

Code	CodeSystem	Medication	Timing Information	Route	Frequency	Dose
563973	RxNorm	Ceftriaxone 250MG/ML	6/22/2015 – Start Date	Injectable	BID	250MG/ML

209459	RxNorm	Tylenol 500mg	For 10 days	Oral	As needed	1 unit
576586	RxNorm	Darbepoetin Alfa 0.5 MG/ML	6/22/2015	Injectable	Once a week	0.5 MG/ML

C) Problems

Code	CodeSystem	Problem Name	Timing Information	Concern Status	Notes
59621000	SNOMED-CT	Essential hypertension (Disorder,)	10/5/2011	Active	
83986005	SNOMED-CT	Severe Hypothyroidism (Disorder)	31/12/2006	Active	
236578006	SNOMED-CT	Chronic rejection of renal transplant (disorder)	31/12/2011	Active	
386661006	SNOMED-CT	Fever (finding)	6/22/2015	Active	
238131007	SNOMED-CT	Overweight (finding)	31/12/2006 – Start Date 6/1/2007 – End Date	Completed	
44054006	SNOMED-CT	Diabetes Mellitus Type 2 (Disorder)		Completed	No history of diabetes mellitus type 2.

D) Encounter Diagnoses

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

E) Immunizations

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

F) Vital Signs

Code	Code System	Vitals	Date	Value
8302-2	LOINC	Height	6/22/2015	177 cm
3141-9	LOINC	Weight	6/22/2015	88 kg
8462-4 (Diastolic) 8480-6 (Systolic)	LOINC	Blood Pressure	6/22/2015	145/88 mmHg

G) Smoking Status

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

H) Procedures

Code	Procedure Name	Date	Target Site	Status	Performer
(56251003) – SNOMED-CT	Nebulizer Therapy	6/22/2015	82094008- Lower Respiratory Tract Structure, Code System – SNOMED-	Completed	Neighborhood Physicians Practice Telephone: 555-555-1002 Address: 2472, Rocky

			CT		place, Beaverton, OR-97006
175135009 (SNOMED-CT)	Introduction of cardiac pacemaker system via vein	10/5/2011	9454009 – Structure of subclavian vein, Code System - SNOMED-CT	Completed	Community Health Hospitals. Telephone: 555-555-1003 Address: 3525, Newberry Avenue, Beaverton, OR-97006.

I) Laboratory Tests

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

J) Laboratory Values/Results

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

K) UDI:

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

L) Assessment and Plan of Treatment:

a. **Assessment (Visual Inspection)**

- i. The patient was found to have fever and Dr Davis is suspecting Anemia based on the patient history. So Dr Davis asked the patient to closely monitor the temperature and blood pressure and get admitted to Community Health Hospitals if the fever does not subside within a day.

b. **Plan of Treatment**

- i. Plan for EKG (LOINC code - 34534-8, Date – 6/23/2015 10am)
- ii. Plan for Chest X-ray. (SNOMED-CT code: 168731009, Date: 6/23/2015, Target site: Lower Respiratory Tract Structure, SNOMED-CT code 82094008)
- iii. Plan for Clindamycin 300mg , RxNorm code – 748747, TID, if pain does not subside by the end of the day.
- iv. Plan to get admitted to Community Health Hospitals Inpatient facility if fever does not subside within a day. (Date: 6/23/2015)
- v. After treatment, schedule visit with Neighborhood Physicians Practice on 7/1/2015.

M) Goals

- a. Get rid of intermittent fever that is occurring every few weeks. **(Visual Inspection)**
- b. Need to gain more energy to do regular activities.**(Visual Inspection)**
- c. Negotiated Goal for Body Temperature (LOINC code - 8310-5, 98-99 degrees Fahrenheit, Date-6/23/2015, Related problem reference is as follows

386661006	SNOMED-CT	Fever (finding)	6/22/2015	Active
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N) HealthConcerns

- a. Health Status – 161901003, SNOMED-CT
- b. HealthCare Concerns refer to underlying clinical facts
 - i. HyperTension problem concern
 - ii. HypoThyroidism problem concern
 - iii. Vital Sign Weight Observation

O) Reason For Referral: **(Visual Inspection)**

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

- P) CEHRT's are expected to represent data elements which are part of the CCDS with no information in this document using HL7 best practices for no information.