Patient Care Encounter (PCE)

User Manual

Version 1.0

August 1996

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Revision History

Initiated on 11/19/04

	Description (Patch # if applicable)	Project Manager	Technical Writer
01/2016	PX*1*210 – Made updates to sections: 3.13, 3.15, 5.2, 6.1, 6.1.1, Added sections: 6.4, 6.5, 6.6 and formatting edits.	VA PM: Keith Magoon	Alan Monosky/ Kathy Steele/ Shelita Davis
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	See section: Glossary – Clinic Conforming Clinics Non- Conforming Clinics		
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Table of Contents

1.0   Introduction

Patient Care Encounter (PCE) helps sites collect, manage, and display outpatient encounter data (including providers, procedure codes, and diagnostic codes) in compliance with the 10/1/96 Ambulatory Care Data Capture mandate from the Undersecretary of Health.

PCE also helps sites document patient education, examinations, treatments, skin tests, and immunizations, as well as collect and manage other clinically significant data, such as defining Health Factors and Health Maintenance Reminders.

PCE data may come from several sources, including external data acquisition devices (such as mark sense scanners), provider interaction (through workstations or portable computers), or clerical data entry. PCE allows new types of data (such as immunizations and purpose of visit) to be entered and stored, which can be retrieved by patient, ward, or clinic. Information entered through PCE can be viewed on Health Summaries or other reports.

1.1.   Purpose and Benefits of PCE

The Veterans Health Administration has determined that it must have adequate, accurate, and timely information about each ambulatory care encounter/service provided in order to enhance patient care and to manage our health care resources into the future. Effective October 1, 1996, VHA facilities are required to report each ambulatory encounter and/or ancillary service. Provider, procedure, and diagnosis information is included in the minimum data set that will be reported to the National Patient Care Data Base (NPCDB). The Ambulatory Data Capture Project was formed to coordinate the many software packages and their developers who support this effort.

1.1.1. Goals of Ambulatory Data Capture Project

- Capture purpose of visit/problem, diagnoses, procedures, and providers
- Develop a fast, accurate method for getting ambulatory care data into VistA
- Return clinically relevant data back to the Clinician
- Make data available for workload reporting, DSS, research, MCCR, and other ongoing VHA needs

1.2.   Software Necessary to Support ADCP

- Automated Information Collection System (AICS) and other capture solutions
- Patient Care Encounter
- Problem List

- Patient Information Management System

- National Patient Care Data Base

Patient Care Encounter (PCE) ensures that every encounter has an associated provider(s), procedure code(s), and diagnostic code(s), in accordance with this mandate.

PCE also helps fill a gap in current VISTA patient information by capturing other clinical data such as exams, health factors, immunizations, skin tests, treatments, and patient education, which can then be viewed on Health Summaries and other clinical reports, and can be used to produce clinical reminders on Health Summaries.

1.3.   Functionality of PCE

Version 1.0 of PCE provides options that allow:

- Collection and management of outpatient encounter data.

- Presentation of outpatient encounter data through Health Summary components and Clinical Reports. Outpatient encounter data is captured through interactive and non-interactive interfaces.

1.3.1. Interactive Interfaces

Online data capture using a user interface developed with List Manager tools. Online data capture in which Scheduling integrates with PCE to collect checkout information.

1.3.2. Non-interactive Interfaces

PCE Device Interface, which supports the collection of encounter form data from scanners such as PANDAS, Pen-based Teleform, and Automated Information Collection System (AICS). The interface also supports workstation collection of outpatient encounter data.

PCE application programming interface (API) which supports the collection of outpatient encounter data from ancillary packages such as Laboratory, Radiology, Text Integration Utility (TIU), and Computerized Patient Record System (CPRS).

1.4.   Definitions

Outpatient Visit: The visit of an outpatient to one or more units or facilities located in or directed by the provider maintaining the outpatient health care services (clinic, physician's office, hospital/medical center) within one calendar day.

Encounter: A contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising

independent judgment. A patient may have multiple encounters per visit. Outpatient encounters include scheduled appointments and walk-in unscheduled visits. A clinician's telephone communications with a patient may be represented by a separate visit entry. If the patient is seen in an outpatient clinic while an inpatient, this is treated as a separate encounter.

Episode of Care: Many encounters for the same problem can constitute an episode of care. An outpatient episode of care may be a single encounter or can encompass multiple encounters over a long period of time. The definition of an episode of care may be interpreted differently by different professional services even for the same problem. Therefore, the duration of an episode of care is dependent on the viewpoints of individuals delivering or reviewing the care provided.

Ancillary Service/Occasion of Service: A specified instance of an act of service involved in the care of a patient or consumer which is not an encounter. These occasions of service may be the result of an encounter; for example, tests or procedures ordered as part of an encounter. A patient may have multiple occasions of service per encounter or per visit.

Provider: The entity which furnishes health care to a consumer. This definition includes an individual or defined group of individuals who provide a defined unit of health care services (defined = codable) to one or more individuals at a single session.

1.5.   Potential PCE Workflow

1. A provider has a patient encounter (appointment, walk-in, telephone call, mail conversation, etc.).

   Materials available to provider:

   - Health Summary with new components summarizing previous encounters, and a health reminders component based on clinical repository data
   - Encounter Form (hard copy or workstation) with pre-defined terminology for the provider's clinic/service type
   - PCE Clinical Reports, Action Profile, Daily Order Summary, Lab Interim report, and other VISTA reports.

2. The provider documents the encounter (on hard copy or online).

   Types of data collected and stored in PCE:

   - Providers
   - Diagnoses
   - CPT procedures provided
   - Immunizations (CPT-mappable)

- Skin tests (CPT-mappable)

- Patient education

- Exams (non-CPT-mappable)

- Treatments (non-CPT-mappable)

3. Information from a hard copy encounter form is entered into VISTA by a data entry clerk or scanned via an interface utility.

4. Encounter form data that isn't scanned or is scanned incorrectly can be entered or edited through the PCE data entry program described in this manual.

5. Providers can enter immunizations, patient education, or other pieces of clinical information through PCE.

6. Providers can view items entered into PCE on a Health Summary or customized report. If any of these items have been set up for clinical reminders, these reminders will appear on the patient's health summary.

1.6.   Sources of Data

PCE data can be entered through many mechanisms, including:

- Scheduling (PIMS) check-out process

- AICS Encounter Forms

- PANDAS™ scanning system

- TELEFORM scanning system

- Imaging workstation

- Clinical Workstation

1.7.   Designing Encounter Forms

To use AICS Encounter Forms with scanners or for direct data entry (either clinician or data entry clerk), you can design encounter forms for your hospital or clinic with the AICS Encounter Form generator. See the AICS User Manual for instructions about creating Encounter Forms.

1.8.   XU*8*27 - New Person File Patch

As part of the October 1, 1996 mandate, VAMCs must collect provider information. The provider information reported is the "Person Class" defined for all providers associated with ambulatory care delivery.

To comply with this requirement, all VAMC providers must be assigned a Profession/Occupation code (Person Class) so that a Person Class can be associated with each ambulatory patient encounter by October 1.

Patch XU*8*27 has been developed to provide functionality that will enable you to assign Person Class information.

2.0   Orientation

2.1.   Screen Display

PCE uses the List Manager Utility, which allows PCE to display a list of items in a screen format, with possible actions (add, edit, print) listed below. If the list is longer than one screen, the header and action portions of the screen remain stable, while the center display scrolls. So if there are too many patient encounters to fit within the scrolling portion of the screen, when you press the return key, that portion of the screen scrolls while the top and bottom stay unchanged.

```
PCE Appointment List  May 12, 1995 12:53:07  Page: 1 of 3
PCEPATIENT,ONE     000-45-6789          Clinic:  All
Date range:  03/13/95 to 05/26/95
        Clinic             Appt Date/Time      Status
    1   Xyz                Mar 27, 1995 08:00  Cancelled By Patient
    2   Xyz                Mar 27, 1995 09:00  No-show
    3   Xyz                Mar 27, 1995 09:30  Cancelled By Patient
    4   Xyz                Mar 27, 1995 10:00  No-show
    5   Xyz                Mar 28, 1995 08:30  Checked Out
    6   Xyz                Mar 28, 1995 08:50  No-show
+         + Next Screen   - Prev Screen   ?? More Actions
UE Update Encounter   SP Select New Patient   VC View by Clinic
LI List by Encounter  CD Change Date Range    DD Display Detail
AD Add Standalone Enc.                        EP Expand Appointment
AL Appointment Lists  IN Check Out Interview  QU Quit
Select Action: Quit// AD   Add New Encounter
```

Without leaving the option, you can:

- Browse through the list

- Select items that need action

- Take action on those items

- Select other actions

You select an action by typing the name or abbreviation at the Select Action prompt.

Actions may be preselected by typing the action abbreviation, then the number of the encounter on the list. For example, UE=1 will process entry 1 for Update Encounter

2.1.1. Other (Hidden) Actions

If you enter two question marks (??) at the Select Item(s) prompt, you will see a list
of other actions that you can use with PCE.

```
Select Item(s): Quit// ??
The following actions are also available:
+  Next Screen       FS   First Screen      SL   Search List
-  Previous Screen   LS   Last Screen       ADPL Auto Display(On/Off)
UP  Up a Line            GO   Go to Page
DN  Down a Line          RD   Re Display Screen  SP   Leave Update and
>    Shift View to Right  PS   Print Screen            Select New Patient
<    Shift View to Left   PL   Print List
Press RETURN to continue or '^' to exit:
```

2.2.   Review Screens

PCE provides several different perspectives for viewing encounter data. You can
change to any of these views whenever you're at a Select Action: prompt.

- List by Appointment
- List by Encounter
- Select New Patient
- View by Clinic/Ward
- Change Date Range
- Display Detail
- Expand Appointment
- Appointment Lists

2.2.1. List by Appointment

Most encounters are associated with an appointment (the exceptions are Standalone
Encounters, which are usually walk-ins, and Historical Encounters, which usually
took place at another location). Therefore, you need to identify an appointment to
associate encounter information with before you enter this information. You can
change your view to List by Encounter if you wish to enter standalone or historical
encounters. You can also change your default view (whether you see the
Appointment List or the Encounter List when you enter PCE) through the option,
PCE Parameters Add/Edit.

```
PCE Appointment List  Jul 26, 1996 08:07:20  Page:  1 of 1
PCEPATIENT,ONE    000-45-6789         Clinic:  All
Date range:  07/16/96 to 07/30/96      Total Appointment Profile
       Clinic              Appt Date/Time      Status
   1   Diabetes Clinic    May 18, 1996 16:48   Action Req/Checked Out
   2   Cardiology         May 22, 1996 09:00   Checked Out
   3   Diabetes Clinic    Jun 22, 1996 11:00   Checked Out
   4   Cardiology         Jun 23, 1996 09:00   No Action Taken
   5   Diabetes Clinic    Jun 23, 1996 09:30   Checked Out
```

```
     6   Diabetes Clinic     Jul 23, 1996 10:00    No Action Taken
     7   Cardiology          Jul 25, 1996 09:00    Checked Out


          + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter    SP  Select New Patient   VC  View by Clinic
LI  List by Encounter   CD  Change Date Range    DD  Display Detail
AD  Add Standalone Enc.                          EP  Expand Appointment
AL  Appointment Lists   IN  Check Out Interview  QU  Quit
Select Action: Quit//
```

2.2.2. List by Encounter

```
PCE Encounter List        Jul 26, 1996 08:14:24        Page:  1 of  2
PCEPATIENT,ONE    000-45-6789          Clinic:  All
Date range:  07/16/96 to 07/30/96
      Encounter         Clinic                       Clinic Stop
  1 07/26/96  07:56    DIABETES CLINIC              306 DIABETES
  2 07/25/96  09:00    CARDIOLOGY                   303 CARDIOLOGY
  3 07/23/96  16:28    HAND                         409 ORTHOPEDICS
  4 06/22/96  09:00    CARDIOLOGY                   303 CARDIOLOGY
  5 06/22/96  11:00    DIABETES CLINIC              306 DIABETES
  6 05/22/96  16:19    DIABETES CLINIC              306 DIABETES
+        + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter     SP  Select New Patient   VC  View by Clinic
LI  List by Appointment  CD  Change Date Range    DD  Display Detail
AD  Add Standalone Enc.  CC  Change Clinic
HI  Make Historical Enc. IN  Check Out Interview   QU  Quit
Select Action: Next Screen//
```

List by Encounters includes ancillary encounters only if the process starts either
through PCE Encounter Data Entry Supervisor or PXCE Encounter Viewer.

2.3.   Select New Patient, View by Clinic, Change Date Range

You can change to another patient, another Clinic, or to a different date range and
start all over just by selecting one of these actions at any Select Action prompt.

Display Detail

```
PCE Encounter List     Jul 26, 1996 08:14:24      Page:  1 of  2
PCEPATIENT,ONE    000-45-6789          Clinic:  All
Date range:  07/16/96 to 07/30/96
      Encounter         Clinic                       Clinic Stop
  1 07/26/96  07:56    DIABETES CLINIC              306 DIABETES
  2 07/25/96  09:00    CARDIOLOGY                   303 CARDIOLOGY
  3 07/23/96  16:28    HAND                         409 ORTHOPEDICS
  4 06/22/96  09:00    CARDIOLOGY                   303 CARDIOLOGY
  5 06/22/96  11:00    DIABETES CLINIC              306 DIABETES
  6 05/22/96  16:19    DIABETES CLINIC              306 DIABETES
+        + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter     SP  Select New Patient   VC  View by Clinic
LI  List by Appointment  CD  Change Date Range    DD  Display Detail
AD  Add Standalone Enc.  CC  Change Clinic
HI  Make Historical Enc. IN  Check Out Interview   QU  Quit
Select Action: Next Screen//dd   Display Detail
Select Encounter (1-22): 1
```

```
Encounter Profile      Jul 26, 1996 08:42:06      Page:   1 of  1
PCEPATIENT,ONE    000-45-6789          Clinic:  DIABETES CLINIC
Encounter Date  07/26/96  07:56          Clinic Stop:  306  DIABETES

  1 Encounter Date and Time:  JUL 26, 1996@07:56:37
    Patient Name:  PCEPATIENT,ONE
    Hospital Location:  DIABETES CLINIC
    Clinic Stop:  306  DIABETES
    Service Connected:  NO
    Combat Veteran:  NO
    Agent Orange Exposure:  NO
    Ionizing Radiation Exposure:  NO
    SW Asia Conditions:  NO
    Military Sexual Trauma: NO
    Head and/or Neck Cancer: NO

+ Next Screen   - Prev Screen   ?? More Actions
 EP  Expand Entry
Select Action:Quit// ep    Expand Entry
```

2.3.1. Expand Appointment

This action lets you see an Expanded Profile for a selected patient appointment. Note that the top line says Page: 1 of 5, indicating that you should press ENTER after each screen display to see the entire expanded profile. To scroll back, press the minus (-) key.

```
Expanded Profile          Jul 26, 1996 08:48:51        Page:   1 of   5
Patient: PCEPATIENT,ONE (6789)                            Outpatient
Appointment #: 1                          Clinic: DIABETES CLINIC

                    *** Appointment Demographics ***

          Name: PCEPATIENT,ONE              Clinic: DIABETES CLINIC
            ID: 000-45-6789            Date/Time: JUL 18, 1996@16:48
        Status: ACTION REQ/CHECKED OUT
Purpose of Vst.: UNSCHEDULED
 Length of Appt: 30                      Appt Type: REGULAR
           Lab:                     Elig of Appt: SC LESS THAN 50%
         X-ray:                         Overbook: NO
           EKG:                   Collateral Appt: NO
    Other Info:
Enrolled in this clinic: YES            OPT or AC:  OPT
   Enrollment Date/Time: JUN 04, 1995
+        Enter ?? for more actions

Select Action: Next Screen// [ENTER]
```

```
Expanded Profile  Jul 26, 1996 08:52:10  Page:  2 of  5
Patient: PCEPATIENT,ONE (6789)                            Outpatient
Appointment #: 1   Clinic: DIABETES CLINIC
+
                    *** Appointment Event Log ***
 Event                Date                 User
 -----                ----                 ----
 Appt Made           JUL 18, 1996          PCEUSER,ONE
 Check In
 Check Out           JUL 18, 1996@16:48    PCEUSER,ONE
 Check Out Entered   JUL 18, 1996@16:49:05
```

```
 No-Show/Cancel

       Checked Out:
     Cancel Reason:
     Cancel Remark:
     Rebooked Date:
+        Enter ?? for more actions

Select Action: Next Screen// [ENTER]
```

```
Expanded Profile    Jul 26, 1996 08:52:10   Page:  3 of  5
Patient: PCEPATIENT,ONE (6789)                    Outpatient
Appointment #: 1                              Clinic: DIABETES CLINIC
                    *** Patient Information ***
Date of Birth: APR 01, 1944                 ID: 000-45-6789
          Sex: FEMALE          Marital Status: SINGLE
                                Religious Pref.: UNKNOWN/NO PREFERENC


Primary Elig.: SC, LESS THAN 50%                     POS: VIETNAM ERA
     Address:                              Phone:
        321 S 3400 E
        SALT LAKE CITY, UTAH  84105
Radiation Exposure: YES                          Status: NO INPT./LOD. ACT.
   Prisoner of War: NO          Last Admit/Lodger Date:
       AO Exposure: YES         Last Disch./Lodger Date:
+        Enter ?? for more actions

Select Action: Next Screen// [ENTER]
```

```
Expanded Profile    Jul 26, 1996 08:52:10   Page:  4 of  5
Patient: PCEPATIENT,ONE (6789)                    Outpatient
Appointment #: 1                              Clinic: DIABETES CLINIC
                    *** Check Out ***
    CLASSIFICATION     [Required]
 1     Treatment for SC Condition: NO
 2                 Combat Veteran: NO
 3            Agent Orange Exposure: YES
 4    Ionizing Radiation Exposure: NO
 5             SW Asia Conditions: NO
 6         Military Sexual Trauma: NO
 7         Head and/or Neck Cancer: NO


    PROVIDER    [Required]      DIAGNOSIS    [Required]
 1  PCEPROVIDER,ONE+
                 Enter ?? for more actions

Select Action: Next Screen// [ENTER]
```

```
Expanded Profile         Jul 26, 1996 08:52:10     Page:    5 of    5
Patient: PCEPATIENT,ONE (6789)                  Outpatient
Appointment #: 1                              Clinic: DIABETES CLINIC
+
    STOP CODES             [Not Required]

        Enter ?? for more actions

Select Action: Quit// [ENTER]
```

2.3.2. Appointment

This action gives you a list of possible appointment statuses and lets you change the appointments that will appear on the list, based on their statuses.

```
PCE Appointment  Jul 26, 1996 09:04:16     Page:  1 of  1
PCEPATIENT,ONE     000-45-6789          Clinic:  All
Date range:  07/16/96 to 07/30/96       Total Appointment Profile
        Clinic              Appt Date/Time       Status
  1   Diabetes Clinic      Jul 18, 1996 16:48   Action Req/Checked Out
  3   Cardiology           Jul 22, 1996 09:00   Checked Out
  4   Cardiology           Jul 22, 1996 10:00   Checked Out
  5   Diabetes Clinic      Jun 22, 1996 11:00   Checked Out
  7   Cardiology           Jun 23, 1996 09:00   No Action Taken
  11  Cardiology           May 25, 1996 09:00   Checked Out



          + Next Screen   - Prev Screen    ?? More Actions
UE  Update Encounter    SP  Select New Patient   VC  View by Clinic
LI  List by Encounter   CD  Change Date Range    DD  Display Detail
AD  Add Standalone Enc.                          EP  Expand Appointment
AL  Appointment Lists   IN  Check Out Interview  QU  Quit
Select Action: Quit// AL   Appointment Lists

Select List:Total Appt Profile// ?

CA   Cancelled                        NA   No Action Taken
CI   Checked In                       NC   Non Count Appointments
CO   Checked Out                      NS   No Shows
FU   Future Appointments              TA   Total Appt Profile
IP   Inpatient Appointments

Enter selection(s) by typing the name(s), number(s), or abbreviation(s).

Select List:Total Appt Profile// CO
```

```
PCE Appointment List  Jul 26, 1996 09:11:39   Page: 1 of 1
PCEPATIENT,ONE     000-45-6789          Clinic:  All
Date range:  07/16/96 to 07/30/96       Checked Out Appointments
        Clinic              Appt Date/Time       Status
  2   Cardiology           Jul 22, 1996 09:00   Checked Out
  4   Diabetes Clinic      Jul 22, 1996 11:00   Checked Out
  7   Diabetes Clinic      Jun 24, 1996 09:00   Checked Out
  8   Cardiology           Jun 25, 1996 09:00   Checked Out



          + Next Screen   - Prev Screen    ?? More Actions
UE  Update Encounter    SP  Select New Patient  VC  View by Clinic
LI  List by Encounter   CD  Change Date Range   DD  Display Detail
AD  Add Standalone Enc.                         EP  Expand Appointment
AL  Appointment Lists   IN  Check Out Interview QU  Quit
Select Action: Quit// [ENTER]
```

3.0   Using PCE

Health Care Providers and data entry clerks primarily use PCE to enter or edit encounter data, to create clinical reminders to be viewed on Health Summaries, and

to view or print clinical reports summarizing various information about patients in a clinic. This section describes how to perform these functions.

3.1. PCE Data Entry Options

Patient Care Encounter lets you add information, edit information, or add a new encounter to a patient's database. When you enter the program through the PCE User Interface described in this manual, you first view a list of encounters for a patient (by appointment). Appointments are provided to the PCE program by the Checkout process of the Scheduling package.

After you select a particular view and the appointments or encounters are displayed on your screen, you can add or edit information.

PCE has four options for adding or editing encounter information.

3.1.1. PCE Encounter Data Entry - Supervisor

This option is for users who can document a clinical encounter in PCE, and can also delete any encounter entries, even though they are not the creator of the entries. This option is intended for the Coordinator for PCE and/or supervisor of the encounter data entry staff.

3.1.2. PCE Encounter Data Entry

This option is for users who can document a clinical encounter in PCE, but can only delete entries they have created. The data entered via this option includes visit information (where and when), and clinical data related to the visit: providers of care, problems treated, procedures and treatments done, and immunizations, skin tests, and patient education given.

3.1.3. PCE Encounter Data Entry and Delete

This option is for users who can document a clinical encounter in PCE, and can also delete any encounter entries, even though they are not the creator of the entries. This option is on the Clinician menu.

3.1.4. PCE Encounter Data Entry without Delete

This option is for users who can document a clinical encounter in the PCE, but should not be able to delete any entries, including ones that they have created.

3.2. PCE Actions

"Actions" are the choices listed at the bottom of the PCE screens (following the shaded bar) which you can select, either to edit or add to the appointments or

encounter shown in the top part of the screen, or to see a different view of that information.

```
UE   Update Encounter    SP   Select New Patient   VC   View by Clinic
LI   List by Encounter   CD   Change Date Range    DD   Display Detail
AD   Add Standalone Enc. EP   Expand Appointment
AL   Appointment Lists   IN   Check Out Interview  QU   Quit
```

The following actions can be used at the Appointment List or Encounter List screens.

ADD STANDALONE ENC – This action lets you add a new encounter not associated with a credit stop.

APPOINTMENT LISTS – This action allows you to change which appointments will be displayed based on their status. For example, you may change the display to list cancelled, checked in, checked out, future appointments, inpatient appointments, appointment where no action has been taken, non-count appointments, no show appointments, or all appointments.

CHANGE CLINIC – This action lets you change the display list of encounters based on hospital location. If the list includes encounters for all locations, you can select a new location and the list will be redisplayed with only encounters that relate to that location.

CHANGE DATE RANGE – This action allows you to change the date range used for displaying encounters or appointments. You may change the beginning and/or ending date.

CHECKOUT INTERVIEW – This action allows you to go through the interview questions for an encounter that is associated with an appointment. You may also edit additional information such as provider, diagnosis, and procedure. You may also edit an encounter that is associated with an appointment by entering the number associated with the item at the "Select Action" prompt or using the Update Encounter.

DISPLAY DETAIL – This action displays all available information related to one encounter for a selected appointment.

EXPAND APPOINTMENT – This action allows you to display all the patient demographics and appointment event log items that have been entered for a selected patient appointment. Expand Appointment displays information from the Scheduling package and not from PCE.

LIST BY ENCOUNTER – This action allows you to change the display from a list of appointments for this patient or clinic to a list of encounters for the same patient or clinic. There may be several encounters for one appointment.

LIST BY APPOINTMENT – This action allows you to change the display from a list of encounters for this patient or clinic to a list of appointments for the same patient or clinic. Not every appointment may have an encounter associated with it, so you can add encounters from this view.

MAKE HISTORICAL ENC – This action lets you add encounter information for an old encounter or one that took place at another hospital or clinic (VA or non-VA). Although you can't get workload credit for this kind of encounter, it can be used to help compute clinical reminders.

SELECT NEW PATIENT – This action allows you to change the display of encounters based on the patient. If you select a new patient, the display will include encounters or appointments for the selected patient.

UPDATE ENCOUNTER – This action lets you edit an encounter that is associated with an appointment. You may edit information such as provider, diagnosis, procedure, treatment, immunization, skin test, patient education, exams, and treatments, as well as date, service connection, and demographic data.

VIEW BY CLINIC – This action allows you to change the display of appointments or encounters based on a Clinic. For example, if your current list includes all appointments for a specified date range for the selected patient, and you want to display all appointments for a specific clinic, you may use this action to change the display to include appointments or encounters for the desired clinic.

QUIT – This action allows you to exit PCE and return to your menu.

Note: You can add Health Summary, Problem List, and Progress Notes as actions to the PCE screens, to enable you to go directly to these programs. See the PCE Installation Guide for instructions.

3.3.   Adding and Editing Patient Care Encounters

Follow the steps in the next few pages to add, delete, or edit encounters.

3.3.1. Adding New Encounters

Use the Add Standalone Enc. action to enter a new encounter which may or may not have an appointment associated with it.

1. Select the PCE Encounter Data Entry option and a patient or clinic.

```
Select PCE Clinician Menu Option: ENC PCE Encounter Data Entry and Delete
Select Patient or Clinic name: PCEPATIENT,ONE
```

2. Select Add Standalone Enc at the Select Action prompt.

```
PCE Encounter List     Jul 26, 1996 07:46:56   Page: 1 of 2
PCEPATIENT,ONE    000-45-6789           Clinic:  All
Date range:  07/16/96 to 07/30/96
     Encounter          Clinic                      Clinic Stop
  1 07/25/96  08:00    DIABETES CLINIC            306 DIABETES
  2 07/25/96  09:00    CARDIOLOGY                 303 CARDIOLOGY
  3 07/23/96  16:28    HAND                       409 ORTHOPEDICS
  4 06/22/96  09:00    CARDIOLOGY                 303 CARDIOLOGY
  5 06/22/96  11:00    DIABETES CLINIC            306 DIABETES
  6 05/19/96  15:07    CARDIOLOGY                 303 CARDIOLOGY
+        + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter     SP  Select New Patient   VC  View by Clinic
```

```
LI  List by Appointment   CD  Change Date Range    DD  Display Detail
AD  Add Standalone Enc.    CC  Change Clinic
HI  Make Historical Enc.   IN  Check Out Interview  QU  Quit
Select Action: Next Screen// AD   Add Standalone Enc.
```

3. Enter the Encounter Date and Time and the Hospital Location where the encounter took place.

```
Encounter Date and Time: N  (7/1/96 - 7/26/96):N  (JUL 26, 1996@07:47:51)
Hospital Location:  DIABETES CLINIC          PCEPROVIDER,ONE
APPOINTMENT TYPE: REGULAR// [ENTER]
```

4. Respond to the following classification prompts:

```
--- Classification --- [Required]

Was treatment for SC Condition? NO
Was treatment related to Combat? NO
Was treatment related to Agent Orange Exposure? NO
Was treatment related to Ionizing Radiation Exposure? NO
Was treatment related to SW Asia Conditions? NO
Was treatment related to Military Sexual Trauma? NO
Was treatment related to Head and/or Neck Cancer? NO
```

5. The screen displays the encounter data.

```
PCE Update Encounter   Jul 26, 1996 07:56:59   Page: 1 of 1
PCEPATIENT,ONE      000-45-6789           Clinic:  DIABETES CLINIC
Encounter Date  07/26/96  07:56           Clinic Stop:  306  DIABETES


  1 Encounter Date and Time:  JUL 26, 1996@07:56:37



         + Next Screen   - Prev Screen   ?? More Actions
ED   Edit an Item        TR  Treatment           DD   Display Detail
DE   Delete an Item      IM  Immunization        DB   Display Brief
EN   Encounter           PE  Patient Ed          IN   Check Out Interview
PR   Provider            ST  Skin Test           QU   Quit
DX   Diagnosis (ICD)     XA  Exam
CP   CPT (Procedure)     HF  Health Factors
Select Action: Quit// [ENTER]
```

3.4.   Make a Historical Encounter

You can create encounters for patient visits that occurred at some time in the past (exact time may be unknown) or at some other location (possibly non-VA). Although these are not used for workload credit, they can be used for setting up the reminder maintenance system.

Note: If month or day are not known, historical encounters will appear on encounter screens or reports with zeroes for the missing dates; for example, 01/00/95 or 00/00/94.

Steps to use this action:

1. Change to View by Encounters if you are in the Appointment View.

2. Select the Make Historical Enc action at the Select Action prompt.

```
PCE Encounter List         Jul 26, 1996 07:46:56        Page:  1 of  2
PCEPATIENT,ONE     000-45-6789           Clinic:  All
Date range:  07/16/96 to 07/30/96
      Encounter          Clinic                      Clinic Stop
  1 07/25/96  08:00    DIABETES CLINIC            306 DIABETES
  2 07/25/96  09:00    CARDIOLOGY                 303 CARDIOLOGY
  3 07/23/96  16:28    HAND                       409 ORTHOPEDICS
  4 06/22/96  09:00    CARDIOLOGY                 303 CARDIOLOGY
  5 06/22/96  11:00    DIABETES CLINIC            306 DIABETES
  6 05/19/96  15:07    CARDIOLOGY                 303 CARDIOLOGY
+          + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter     SP  Select New Patient   VC  View by Clinic
LI  List by Appointment  CD  Change Date Range     DD  Display Detail
AD  Add Standalone Enc.  CC  Change Clinic
HI  Make Historical Enc. IN  Check Out Interview   QU  Quit
Select Action: Next Screen// HI

This will create a historical encounter for documenting a clinical encounter
only and will not be used by Scheduling, Billing or Workload credit.
Enter RETURN to continue or '^' to exit: [ENTER]
```

3. Enter the date of the encounter and the time, if known.

4. Enter the location where the encounter took place. If it happened at a non-VA hospital or clinic, type that name. Otherwise enter the name or number of the VA Medical Center or other facility.

```
Encounter Date and (optional) Time:  12/95  (DEC 1995)
Is this a VA location?  N// [ENTER]
Non VA Location of Encounter: University Clinic
Comments:
```

5. Enter any comments that are needed to clarify the encounter (optional).

3.5. Update Encounter

With the Update Encounter action you can add or edit encounter information, either through the Edit an Item or Delete an Item actions, or by choosing one of the following:

- CPT (Procedure)   Diagnosis (ICD)
- Encounter   Exam
- Health Factors   Immunization
- Patient Ed   Provider
- Skin test
- Treatment

Note: IRM or a Clinical Coordinator can change the items or categories available to choose from for many of these actions (Treatment, Patient Ed, Immunization, etc.) through the PCE Table Maintenance Menu. If you wish to define these items, check with your Coordinator.

Follow the steps below to use Update Encounter.

1. A screen like this appears. Type UE at the Select Action prompt.

```
PCE Encounter List   Jul 25, 1996 07:41:25   Page: 1 of 1
PCEPATIENT,ONE    000-45-6789         Clinic:  All
Date range:  07/15/96 to 07/29/96
      Encounter          Clinic                    Clinic Stop
  1 07/22/96  11:08    CARDIOLOGY                 303 CARDIOLOGY



          + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter    SP  Select New Patient    VC  View by Clinic
LI  List by Appointment CD  Change Date Range     DD  Display Detail
AD  Add Standalone Enc. CC  Change Clinic
HI  Make Historical Enc. IN  Check Out Interview   QU  Quit
Select Action: Quit// UE
```

2. Select the appointment you want to add items to or to edit.

3. Select the number of the item to be edited or an action that will let you add or edit encounter information.

```
PCE Update Encounter      Jul 25, 1996 07:45:02     Page:  1 of   1
PCEPATIENT,ONE    000-45-6789         Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08         Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY
  3 ICD9 Code or Diagnosis:  V70.3    MED EXAM NEC-ADMIN PURP
    Provider Narrative:   OTHER GENERAL MEDICAL EXAMINATION FOR
                          ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING


          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item        TR  Treatment        DD  Display Detail
DE  Delete an Item      IM  Immunization     DB  Display Brief
EN  Encounter          PE  Patient Ed        IN  Check Out Interview
PR  Provider           ST  Skin Test         QU  Quit
DX  Diagnosis (ICD)     XA  Exam
CP  CPT (Procedure)     HF  Health Factors
Select Action: Quit// 4
```

3.5.1. Quick Tricks

After Diagnosis has been entered, if the Provider Narrative is an exact match, you can enter = and the diagnosis will be duplicated here.

The equals sign (=) can also be used as a shortcut when selecting an action plus encounters or appointments from a list in a single response (e.g., Select Action: ED=2).

UE=1 will process entry 1 for Update Encounter

3.6. Edit an Item

When you choose the action Edit an Item, you will be prompted item-by-item to enter information about a selected encounter.

Steps to Edit an Item:

1. Select UE from the PCE Encounter List screen.

```
PCE Encounter List    Jul 25, 1996 07:41:25    Page: 1 of 1
PCEPATIENT,ONE    000-45-6789        Clinic:  All
Date range:  07/15/96 to 07/29/96
      Encounter         Clinic                    Clinic Stop
  1 07/22/96  11:08    CARDIOLOGY                303 CARDIOLOGY


          + Next Screen   - Prev Screen   ?? More Actions
UE  Update Encounter    SP  Select New Patient    VC  View by Clinic
LI  List by Appointment CD  Change Date Range     DD  Display Detail
AD  Add Standalone Enc. CC  Change Clinic
HI  Make Historical Enc. IN  Check Out Interview   QU  Quit
Select Action: Quit// UE
```

2. Select the encounter you want to edit.

3. Select ED from the PCE Update Encounter screen.

```
PCE Update Encounter   Jul 25, 1996 07:45:02   Page: 1 of 1
PCEPATIENT,ONE    000-45-6789        Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08        Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider: PCEPROVIDER,ONE    PRIMARY
  3 ICD9 Code or Diagnosis: V70.3    MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                        ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code: 25066    BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING


          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item       TR  Treatment        DD  Display Detail
DE  Delete an Item     IM  Immunization     DB  Display Brief
EN  Encounter          PE  Patient Ed       IN  Check Out Interview
PR  Provider           ST  Skin Test        QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// ED
```

4. Respond to each of the following prompts, as appropriate.

```
Select Entry(s) (1-5): 1-5
 Provider:  PCEPROVIDER,ONE// PCEPROVIDER,TWO
Is this Provider Primary: YES// [ENTER]
Is this Provider Attending: NO// y  YES
 ICD9 Code or Diagnosis: V70.3// [ENTER]   V70.3   MED EXAM NEC-ADMIN PURP
        ...OK? Yes// [ENTER]   (Yes)
Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR ADMINISTRATIVE
PURPOSES  Replace [ENTER]
OTHER GENERAL MEDICAL EXAMINATION FOR ADMINISTRATIVE PURPOSES
```

```
Is this Diagnosis Primary:  YES// [ENTER]
Modifier: [ENTER]
Encounter Provider: PCEPROVIDER,TWO
Comments: [ENTER]

CPT Code:  25066// [ENTER]  BIOPSY FOREARM SOFT TISSUES
Select CPT MODIFIER: 22// [ENTER]
Provider Narrative:  BIOPSY FOREARM SOFT TISSUES  Replace SUSPICIOUS LUMP
Quantity:  1// [ENTER]
Diagnosis: MALIGNANT TUMOR
Principal Procedure: [ENTER]
Encounter Provider:  PCEPROVIDER,ONE// PCEPROVIDER,TWO
Comments: [ENTER]

Education Topic:  VA-TOBACCO USE SCREENING  Replace [ENTER]
Level of Understanding:  GOOD// GOOD
Encounter Provider:  PCEPROVIDER,ONE// PCEPROVIDER,TWO
Comments: [ENTER]
```

5. The edited screen is then displayed.

```
PCE Update Encounter    Jul 25, 1996 08:09:16    Page: 1 of 1
PCEPATIENT,ONE    000-45-6789             Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08           Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
  3 ICD9 Code or Diagnosis: V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING

+ Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item         TR  Treatment        DD  Display Detail
DE  Delete an Item       IM  Immunization     DB  Display Brief
EN  Encounter           PE  Patient Ed        IN  Check Out Interview
PR  Provider            ST  Skin Test         QU  Quit
DX  Diagnosis (ICD)     XA  Exam
CP  CPT (Procedure)     HF  Health Factors
Select Action: Quit// [ENTER]
```

3.7.   Delete an Item

Steps to Delete an Item:

1. Select UE from the PCE Encounter List screen.

2. Select the encounter you wish to edit.

3. Select DE from the PCE Update Encounter screen.

```
PCE Update Encounter    Jul 25, 1996 08:14:43    Page: 1 of 1

PCEPATIENT,ONE    000-45-6789             Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08           Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14
```

```
   2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
   3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
     Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                          ADMINISTRATIVE PURPOSES
     Primary/Secondary Diagnosis:  PRIMARY
   4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
     CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
   5 Education Topic:  VA-TOBACCO USE SCREENING


          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item           TR  Treatment          DD  Display Detail
DE  Delete an Item         IM  Immunization       DB  Display Brief
EN  Encounter              PE  Patient Ed         IN  Check Out Interview
PR  Provider               ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)        XA  Exam
CP  CPT (Procedure)        HF  Health Factors
Select Action: Quit// de   Delete an Item
Select Entry(s) (1-5): 1-5
```

4. Answer the following prompts to indicate which items you will delete.

```
Deleting Provider PCEPROVIDER,ONE    PRIMARY    ATTENDING
Are you sure you want to remove this entry? NO// [ENTER]


Deleting Diagnosis V70.3     MED EXAM NEC-ADMIN PURP
Are you sure you want to remove this entry? NO// [ENTER]


Deleting CPT 25066     BIOPSY FOREARM SOFT TISSUES
Are you sure you want to remove this entry? NO// [ENTER]


Deleting Patient Education VA-TOBACCO USE SCREENING
Are you sure you want to remove this entry? NO// YES


Deleting Encounter JUL 22, 1996@11:08:14   CARDIOLOGY    CARDIOLOGY
Are you sure you want to remove this entry? NO// [ENTER]
```

5. The edited screen is then displayed.

```
PCE Update Encounter   Jul 25, 1996 08:16:02   Page: 1 of 1
PCEPATIENT,ONE    000-45-6789           Clinic: CARDIOLOGY
Encounter Date  07/22/96  11:08          Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
  3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES



          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item           TR  Treatment          DD  Display Detail
DE  Delete an Item         IM  Immunization       DB  Display Brief
EN  Encounter              PE  Patient Ed         IN  Check Out Interview
PR  Provider               ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)        XA  Exam
CP  CPT (Procedure)        HF  Health Factors
Select Action: Quit// [ENTER]
```

3.8. How to Add or Edit an Encounter

You can add an encounter for an appointment that doesn't have an encounter associated with it, or edit an existing encounter.

Steps to edit an Encounter:

1. Select UE from the PCE Appointment List screen.
2. Select EN from the PCE Update Encounter screen.

```
PCE Update Encounter   Jul 25, 1996 08:24:21   Page: 1 of 1
PCEPATIENT,ONE    000-45-6789          Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08        Clinic Stop:  303  CARDIOLOGY
  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
  3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING


          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item       TR  Treatment          DD  Display Detail
DE  Delete an Item     IM  Immunization       DB  Display Brief
EN  Encounter          PE  Patient Ed         IN  Check Out Interview
PR  Provider           ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// EN    Encounter
```

3. Respond to the following prompts for the encounter, as appropriate.

```
Check out date and time:  JUN 17,1996@09:00// [ENTER](JUN 17, 1996@09:00)

--- Classification --- [Required]
Was treatment for SC Condition? YES// [ENTER]
```

4. If you answer NO to the last prompt above, you get additional prompts as shown below.

```
Check out date and time:  MAY 23,1996@15:17//[ENTER](MAY 23, 1996@15:17)

--- Classification --- [Required]

Was treatment for SC Condition? YES// n  NO
Was treatment related to Combat? n  NO
Was treatment related to Agent Orange Exposure? n  NO
Was treatment related to Ionizing Radiation Exposure? n  NO
Was treatment related to SW Asia Conditions? n  NO
Was treatment related to Military Sexual Trauma? n  NO
Was treatment related to Head and/or Neck Cancer? n  NO
```

3.9. How to Add or Edit a Provider

When you enter or edit a provider for an encounter, you will be prompted to enter whether the provider is Primary and/or Attending. The default provider entered at checkout is the primary provider.

Steps to add or edit a Provider

1. Select UE, from the PCE Appointment List screen.

2. Select the appointment and encounter you wish to edit.

3. Select PR from the PCE Update Encounter screen.

```
PCE Update Encounter   Jul 25, 1996 08:24:21   Page: 1 of 1
PCEPATIENT,ONE    000-45-6789          Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08         Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
  3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING




        + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item       TR  Treatment         DD  Display Detail
DE  Delete an Item     IM  Immunization      DB  Display Brief
EN  Encounter          PE  Patient Ed        IN  Check Out Interview
PR  Provider           ST  Skin Test         QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// PR    Provider
```

4. Choose whether you want to edit or add and respond to the other prompts, as appropriate.

```
--- Provider ---

  1   PCEPROVIDER,ONE    PRIMARY    ATTENDING
Enter 1-1 to Edit, or 'A' to Add: 1

Provider:  PCEPROVIDER,ONE// [ENTER] PCEPROVIDER,ONE
Is this Provider Primary:  YES// [ENTER]
Is this Provider Attending:  YES// NO
```

5. The edited screen is then displayed.

3.10. How to Add or Edit Diagnoses (ICD9)

You can enter a diagnosis and/or an ICD-9 code for a patient's encounter. You will be prompted to designate the diagnosis as primary or secondary. CIDC (Clinical Indicator Data Capture) has added functionality that displays patient Service Connected and Rated Disabilities for those SC patients. In addition, an optional

Ordering/Resulting Diagnosis prompt asks "Is this Diagnosis Ordering, Resulting, or Both." See NOTE in Step 3.

With functionality put in place by the Code Set Versioning project, only ICD Codes that are active for the encounter date and time will be available.

Steps to add a Diagnosis:

1. Select UE from the PCE Appointment List screen.

2. Select DX from the PCE Update Encounter screen.

   The sample below is from PCE Data Entry, also note that these prompts are seen in the Appointment Management Check-Out option.

```
PCE Update Encounter   Aug 21, 2003@15:57:33   Page: 1 of 1
PCEpatient,one    000-00-0001P            Clinic:  GENERAL MEDICINE AT ALBANY
Encounter Date  6/25/2003  10:00         Clinic Stop:  301  GENERAL INTERNAL
MEDI
   1 Encounter Date and Time:  JUN 25, 2003@10:00
           + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item          TR  Treatment           DD  Display Detail
DE  Delete an Item        IM  Immunization        DB  Display Brief
EN  Encounter             PE  Patient Ed          IN  Check Out Interview
PR  Provider              ST  Skin Test           QU  Quit
DX  Diagnosis (ICD)       XA  Exam
CP  CPT (Procedure)       HF  Health Factors
Select Action: Quit// DX   Diagnosis (ICD 9) [ENTER]
Patient's Service Connection and Rated Disabilities:


      SC Percent: 100%
Rated Disabilities: TRAUMATIC ARTHRITIS  (10%-SC)
                    DIABETES MELLITUS  (0%-SC)


--- Diagnosis ---


  1   891.0      OPEN WND KNEE/LEG/ANKLE
  2   200.01     RETICULOSARCOMA HEAD
Enter 1-2 to Edit, or 'A' to Add: A [ENTER]
```

3. Respond to the following prompts for the diagnosis, as appropriate.

```
Patient's Service Connection and Rated Disabilities:


      SC Percent: 100%
Rated Disabilities: TRAUMATIC ARTHRITIS  (10%-SC)
                    DIABETES MELLITUS  (0%-SC)
ICD9 Code or Diagnosis:  891.0// 891.0   891.0   OPEN WND KNEE/LEG/ANKLE
        ...OK? Yes//   (Yes) [ENTER]


Provider Narrative:  OPEN WOUND OF KNEE, LEG (EXCEPT THIGH), AND ANKLE, WITHOUT
MENTION OF COMPLICATION
  Replace [ENTER]
OPEN WOUND OF KNEE, LEG (EXCEPT THIGH), AND ANKLE, WITHOUT MENTION OF
COMPLICATI
ON [ENTER]
Is this Diagnosis Primary for the Encounter:  YES// [ENTER]
Is this Diagnosis Ordering, Resulting, or Both:  RESULTING [ENTER] (See NOTE)
Injury Date and (optional) Time: [ENTER]
Modifier:  FOLLOW UP [ENTER]
Encounter Provider:     PCEprovider,one     BM          DOC [ENTER]
[ Provider Narrative Category:] [ENTER]
```

```
Comments:  SEVERE HEADACHE [ENTER]

--- Classification --- [Required]

Was treatment for SC Condition? NO// [ENTER]
Was treatment related to Combat? NO// [ENTER]
Was treatment related to Agent Orange Exposure? NO// [ENTER]
Was treatment related to Ionizing Radiation Exposure? NO// [ENTER]
Was treatment related to SW Asia Conditions? NO// [ENTER]
Was treatment related to Military Sexual Trauma? NO// [ENTER]
Was treatment related to Head and/or Neck Cancer? NO// [ENTER]
```

Note: The Ordering/Resulting Diagnosis prompt is available for some application encounters (i.e., Surgery), that choose to distinguish between the ordering diagnosis and resulting diagnosis. This prompt is optional.

If user chooses:	Integrated Billing (IB) can generate:
Ordering	Institutional claim UB92.
Resulting	Professional claim HCFA 1500.
Both	Institutional and Professional claims UB92 and HCFA 1500.

When Ordering/Resulting Diagnosis is not entered, IB personnel must research the Provider's documentation for Ordering and Resulting diagnosis information.

4. The edited screen is then displayed.

3.11. How to Add or Edit a CPT (Procedure)

When you choose CPT (Procedure) under Update Encounter, you will also be prompted to enter the Provider Narrative, Quantity, Diagnosis, Principal Procedure, Encounter Provider, and comments. With functionality put in place by the Code Set Versioning project, only CPT Codes that are active for the encounter date and time will be available.

One Primary diagnosis and up to seven Secondary diagnoses may be associated with a procedure as clinical indicators. The example below shows the association as it appears on the PCE Encounter Profile screen.

```
   CPT Code:  76003     NEEDLE LOCALIZATION BY X-RAY
   Order Reference:  13559999
   Provider Narrative:  RENAL CYST ABLATION
   Quantity:  1
   Ordering Provider:  RNMprovider,one
   Encounter Provider:  RNMprovider,two
   Primary Diagnosis:  246.2     CYST OF THYROID
   1st Secondary Diagnosis:  362.54     MACULAR CYST OR HOLE
   2nd Secondary Diagnosis:  364.63     PRIMARY CYST PARS PLANA
   3rd Secondary Diagnosis:  364.64     EXUDAT CYST PARS PLANA
   4th Secondary Diagnosis:  383.31     POSTMASTOID MUCOSAL CYST
   5th Secondary Diagnosis:  478.26     CYST PHARYNX/NASOPHARYNX
```

```
  6th Secondary Diagnosis:  522.8     RADICULAR CYST
  7th Secondary Diagnosis:  577.2     PANCREAT CYST/PSEUDOCYST
```

Steps to edit a CPT:

1. Select UE from the PCE Appointment List screen.

2. Select CP from the PCE Update Encounter screen.

```
PCE Update Encounter    Jul 02, 1999 08:24:21  Page: 1 of 1
PCEoutpatient,two    000-00-0002        Clinic:  CARDIOLOGY
Encounter Date  07/99/96  11:08        Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEprovider,one    PRIMARY    ATTENDING
  3 ICD9 Code or Diagnosis:  V70.3    MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066    BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING



          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item       TR  Treatment          DD  Display Detail
DE  Delete an Item     IM  Immunization       DB  Display Brief
EN  Encounter          PE  Patient Ed         IN  Check Out Interview
PR  Provider           ST  Skin Test          QU  Quit
DX  Diagnosis (ICD 9)  XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// cp [ENTER]  CPT (PROCEDURE)
Patient's Service Connection and Rated Disabilities:

      SC Percent: 40%
Rated Disabilities: KNEE CONDITION  (20%-SC)
                    KNEE CONDITION  (10%-SC)
                    DEGENERATIVE ARTHRITIS  (10%-SC)
```

3. Respond to the following prompts for the Procedure, as appropriate.

```
--- CPT ---

  1   K0104     Cylinder tank carrier
Enter 1-1 to Edit, or 'A' to Add: A [ENTER]


Patient's Service Connection and Rated Disabilities:

      SC Percent: 40%
Rated Disabilities: KNEE CONDITION  (20%-SC)
                    KNEE CONDITION  (10%-SC)
                    DEGENERATIVE ARTHRITIS  (10%-SC)
CPT Code: 82075 [ENTER]       ASSAY OF BREATH ETHANOL
Select CPT MODIFIER: [ENTER]
Provider Narrative:  BREATH TEST [ENTER]
Quantity:  1// 1 [ENTER]
Principal Procedure:  YES
Ordering Provider:    PCEprovider,one   (RESIDENT)    MFL      000A
Encounter Provider:   PCEprovider,two   (RESIDENT)    MFL      000A
Provider Narrative Category:  [ENTER]

Comments:  TESTING CIDC [ENTER]
```

```
Primary Diagnosis:303.01  [ENTER] AC ALCOHOL INTOX-CONTIN (w C/C)
Diagnosis is Primary?  P// PRIMARY [ENTER]
Provider Narrative: [ENTER]
ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM, CONTINUOUS DRINKING BEHAVIOR
Diagnosis Modifier: [ENTER]

--- Classification --- [Required]

Was treatment for SC Condition? y  YES [ENTER]
Was treatment related to Combat? y  YES [ENTER]
Was treatment related to Agent Orange Exposure? y  YES [ENTER]
Was treatment related to Ionizing Radiation Exposure? y  YES [ENTER]
Was treatment related to SW Asia Conditions? y  YES [ENTER]
Was treatment related to Military Sexual Trauma? y  YES [ENTER]
Was treatment related to Head and/or Neck Cancer? NO// y  YES [ENTER]
1st Secondary Diagnosis:  [ENTER]

Patient's Service Connection and Rated Disabilities:

      SC Percent: 40%
Rated Disabilities: KNEE CONDITION  (20%-SC)
                    KNEE CONDITION  (10%-SC)
                    DEGENERATIVE ARTHRITIS  (10%-SC)
CPT Code:
```

4. The edited screen is then displayed.

```
PCE Update Encounter        Jul 02, 1999 08:24:21      Page:  1 of  1
PCEoutpatient,two    000-00-0002        Clinic:  TELEPHONE-PROSTHETICS
Encounter Date  10/00/2004  00:00       Clinic Stop:  999
TELEPHONE/PROSTHETICS

  1 Encounter Date and Time:  OCT 00, 2004@00:00:00

  2 Provider: PCEprovider,one   PRIMARY   Physician/Physician/Osteopath/
  3 ICD9 Code or Diagnosis: 303.01     AC ALCOHOL INTOX-CONTIN
    Provider Narrative:  ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM, CONTINUOUS
                         DRINKING BEHAVIOR
    Primary/Secondary Diagnosis for the Encounter:  PRIMARY
  4 ICD9 Code or Diagnosis: 716.26     ALLERG ARTHRITIS-L/LEG
    Provider Narrative:  ALLERGIC ARTHRITIS INVOLVING LOWER LEG
  5 CPT Code:  K0999     Cylinder tank carrier
    Primary Diagnosis:  428.0     CONGEST HEART FAIL UNSPESIFIED
  6 CPT Code:  82075     ASSAY OF BREATH ETHANOL
    Provider Narrative:  BREATH TEST
    Primary Diagnosis: 303.01     AC ALCOHOL INTOX-CONTIN
    1st Secondary Diagnosis: 716.26     ALLERG ARTHRITIS-L/LEG


         + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item        TR  Treatment          DD  Display Detail
DE  Delete an Item      IM  Immunization       DB  Display Brief
EN  Encounter           PE  Patient Ed         IN  Check Out Interview
PR  Provider            ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)     XA  Exam               3M  3M Coding System
CP  CPT (Procedure)     HF  Health Factors[J
 Select Action: Quit//
```

3.12. How to Add or edit Treatments

When you choose Treatment under Update Encounter, you will also be prompted to enter the Provider Narrative, How Many, Encounter Provider, and comments.

Note: A Clinical Coordinator can change the items or categories available to choose from for Treatment through the PCE Table Maintenance Menu. If you wish to help define the Treatment list, check with your Coordinator.

Steps to edit Treatment:

1. Select UE from the PCE Appointment List screen.
2. Select TR from the PCE Update Encounter screen.

```
PCE Update Encounter   Jul 25, 1996 08:24:21   Page: 1 of 1
PCEPATIENT,ONE    000-45-6789          Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08         Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
  3 ICD9 Code or Diagnosis: V70.3    MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066    BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING


          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item       TR  Treatment          DD  Display Detail
DE  Delete an Item     IM  Immunization       DB  Display Brief
EN  Encounter          PE  Patient Ed         IN  Check Out Interview
PR  Provider           ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// TR
```

3. Respond to the following prompts for the Treatment, as appropriate.

```
Treatment: Exercise
Provider Narrative:  Circulatory Problems
How Many: 1// [ENTER]
Encounter Provider:  PCEPROVIDER,FOUR// [ENTER] PCEPROVIDER,FOUR
Comments:[ENTER]
```

The edited screen is then displayed.

3.13. How to Add or Edit an Immunization

When you choose Immunization under Update Encounter, you will also be prompted to enter the Lot Number, Ordering Provider, Encounter Provider, Series, Reaction, Repeat Contraindicated, Administered Date and Time, Dosage, Route of Administration, Site of Administration, ordering and administered times, and Comments.

Immunizations are mapped to CPT codes. When an Immunization is entered, if the supervisor option is used, the user will be prompted for diagnoses which are associated with the mapped CPT code. If the diagnoses have not already appeared

in the encounter, the user will be prompted for additional information to qualify the diagnosis such as modifiers, comments and SC/EI classifications.

Steps to add an Immunization:

1. Select UE from the PCE Appointment List screen.

2. Select IM from the PCE Update Encounter screen.

```
PCE Update Encounter        Jul 25, 1996 08:24:21      Page:  1 of  1
PCEoutpatient,two    000-00-0002       Clinic: CARDIOLOGY
Encounter Date  07/22/96  11:08        Clinic Stop:  303  CARDIOLOGY
  1 Encounter Date and Time:  JUL 22, 1996@11:08:14
  2 Provider: PCEprovider,one    PRIMARY     ATTENDING
  3 ICD9 Code or Diagnosis: V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING
            + Next Screen  - Prev Screen   ?? More Actions
ED  Edit an Item        TR  Treatment          DD   Display Detail
DE  Delete an Item      IM  Immunization       DB   Display Brief
EN  Encounter           PE  Patient Ed         IN   Check Out Interview
PR  Provider            ST  Skin Test          QU   Quit
DX  Diagnosis (ICD)     XA  Exam
CP  CPT (Procedure)     HF  Health Factors
Select Action: Quit//im   Immunization [ENTER]


--- Immunization ---


Patient's Service Connection and Rated Disabilities:


       SC Percent: 100%
Rated Disabilities: TRAUMATIC ARTHRITIS  (10%-SC)
                    DIABETES MELLITUS  (0%-SC)
```

3. Respond to the following prompts for the immunization, as appropriate.

```
Immunization:  TD-ADULT [ENTER]
Lot Number:  EE11337 [ENTER]          PFIZER, INC     TD (ADULT)      11-30-2017
  100 DOSES UNUSED
Ordering Provider: PCEprovider,Two [Enter]      TP          PROVIDER
Encounter Provider: PCEprovider,one // ST.PETE (PHYSICIAN)  PO  045A  [ENTER]
Series:  BOOSTER [ENTER]
Reaction:  FEVER [ENTER]
Repeat Contraindicated:  NO//[ENTER] NO (OK TO USE IN THE FUTURE)
Administered Date and (optional) Time: 09172004 [ENTER] (SEP 17, 2004)
Dosage: .5 [Enter]
Route of Administration: IM [Enter] INTRAMUSCULAR     IM
Site of Administration (Body): LA [Enter]  LEFT ARM     LA
Comments:  TESTING CIDC [ENTER]
ICD-9 Primary Diagnosis: 276.6 [ENTER]  FLUID OVERLOAD (w C/C)
Provider Narrative: [ENTER]
FLUID OVERLOAD DISORDER
Diagnosis Modifier: [ENTER]


--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]
Was treatment related to Combat? YES// [ENTER]
Was treatment related to Agent Orange Exposure? NO// [ENTER]
```

```
Was treatment related to Ionizing Radiation Exposure? NO// [ENTER]
Was treatment related to SW Asia Conditions? NO//[ENTER]
Was treatment related to Military Sexual Trauma? NO// [ENTER]
Was treatment related to Head and/or Neck Cancer? YES// [ENTER]
Immunization: [ENTER]
```

4. The edited screen is then displayed.

   Note: To record a secondary diagnosis, edit the immunization and enter the secondary diagnosis at the ICD-9 Other Diagnosis prompt or ICD-10 Other Diagnosis prompt, as appropriate.

3.14. How to Add or Edit a Patient Ed

When you choose Patient Ed under Update Encounter, you will be prompted to enter the Education Topic, Level of Understanding, Encounter Provider, and Comments.

Note: A Clinical Coordinator can change the items or categories available to choose from for Patient Ed through the PCE Table Maintenance Menu. If you wish to help define the Patient Education list, check with your Coordinator.

Steps to add Patient Ed:

1. Select UE from the PCE Appointment List screen.

2. Select PE from the PCE Update Encounter screen.

```
PCE Update Encounter   Jul 25, 1996 08:24:21    age: 1 of 1
PCEPATIENT,ONE     000-45-6789           Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08          Clinic Stop:  303  CARDIOLOGY
   1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY     ATTENDING
  3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING
          + Next Screen   - Prev Screen    ?? More Actions
ED  Edit an Item       TR  Treatment          DD  Display Detail
DE  Delete an Item     IM  Immunization       DB  Display Brief
EN  Encounter          PE  Patient Ed         IN  Check Out Interview
PR  Provider           ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// PE   Patient Ed
```

3. Respond to the following prompts for Patient Education.

```
Education Topic:  Followup
Level of Understanding:  3  GOOD
Encounter Provider: PCEPROVIDER,ONE// [ENTER]
Comments: [ENTER]
```

4. The edited screen is then displayed.

3.15. How to Add or Edit a Skin Test

When you choose Skin Test under Update Encounter, you will also be prompted to enter Placement Date and Time, Ordering Provider, Administered By, Anatomic Location, Placement Comments, Reading Date and Time, Reader, Reading in Millimeters, Results, Reading Comments and, if the supervisor option is used, Diagnosis.

If the diagnoses have not already appeared in the encounter, the user will be prompted for additional information to qualify the diagnosis such as modifiers, comments, and SC/EI classifications.

Steps to add a Skin Test:

1. Select UE from the PCE Appointment List screen.

2. Select ST from the PCE Update Encounter screen.

```
PCE Update Encounter  Jul 25, 1996 08:99:21   Page: 1 of 1
PCEoutpatient,two    000-00-0002         Clinic: CARDIOLOGY
Encounter Date  07/22/96  11:08          Clinic Stop:  303  CARDIOLOGY
  1 Encounter Date and Time:  JUL 22, 1996@11:08:14
  2 Provider:  PCEprovider,one    PRIMARY     ATTENDING
  3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING
          + Next Screen  - Prev Screen   ?? More Actions
ED  Edit an Item       TR  Treatment         DD  Display Detail
DE  Delete an Item     IM  Immunization      DB  Display Brief
EN  Encounter          PE  Patient Ed        IN  Check Out Interview
PR  Provider           ST  Skin Test         QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// ST   Skin Test [ENTER]
```

3. Respond to the following prompts for Skin Tests, as appropriate.

```
--- Skin Test ---

  1   CANDIDA
Enter 1-1 to Edit, or 'A' to Add: A [ENTER]


Patient's Service Connection and Rated Disabilities:

       SC Percent: 100%
Rated Disabilities: TRAUMATIC ARTHRITIS  (10%-SC)
                    DIABETES MELLITUS  (0%-SC)
Skin Test:  PPD  [ENTER]
Placement Date and Time:  9 17@8:20A [ENTER] (SEP 17, 2004@08:20:00)
Ordering Provider: PCEprovider,one [ENTER]    ST.PETE (PHYSICIAN)    OP    099A
Administered By: PCEprovider,Ten  [ENTER]            TP          PROVIDER
Anatomic Location: LA [ENTER] LEFT UPPER ARM     LA
Placement Comments: Pre-op testing [ENTER]
Reading Date and Time:  9 19@9A [ENTER] (SEP 19, 2004@09:00:00)
Reader: PCEprovider,Ten  [ENTER]            TP          PROVIDER
```

```
Reading in mm:  3 [ENTER]

    Select one of the following:

         P          POSITIVE
         N          NEGATIVE
         D          DOUBTFUL
         O          NO TAKE

Results: NEGATIVE [ENTER]
Reading Comments: Confirmed by LQP method. [Enter]
ICD-9 Diagnosis:  SKIN [ENTER]
    1   SKIN  102.2   EARLY SKIN YAWS NEC
    2   SKIN  112.3   CUTANEOUS CANDIDIASIS
    3   SKIN  172.1   MALIG MELANOMA EYELID
    4   SKIN  172.2   MALIG MELANOMA EAR
    5   SKIN  172.3   MAL MELANOM FACE NEC/NOS
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 [ENTER] 102.2   EARLY SKIN YAWS NEC
Provider Narrative: [ENTER]
OTHER EARLY SKIN LESIONS OF YAWS
Diagnosis Modifier: [ENTER]

--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]
Was treatment related to Combat? YES// [ENTER]
Was treatment related to Agent Orange Exposure? NO// [ENTER]
Was treatment related to Ionizing Radiation Exposure? NO// [ENTER]
Was treatment related to SW Asia Conditions? NO//[ENTER]
Was treatment related to Military Sexual Trauma? NO// [ENTER]
Was treatment related to Head and/or Neck Cancer? YES// [ENTER]
Diagnosis 2:
```

3.16. How to Add or Edit an Exam

When you choose Exam under Update Encounter, you will also be prompted to enter the Topic, Level of Understanding, and Encounter Provider.

Note: A Clinical Coordinator can change the items or categories available to choose from for Exams through the PCE Table Maintenance Menu. To help define the Exam list, check with your Coordinator.

Steps to add an Exam:

1. Select UE, from the PCE Appointment List screen.

2. Select XA from the PCE Update Encounter screen.

```
PCE Update Encounter         Jul 25, 1996 08:24:21      Page:  1 of  1
PCEPATIENT,ONE    000-45-6789          Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08        Clinic Stop:  303 CARDIOLOGY
 1 Encounter Date and Time:  JUL 22, 1996@11:08:14

 2 Provider:  PCEPROVIDER,ONE    PRIMARY    ATTENDING
 3 ICD9 Code or Diagnosis: V70.3     MED EXAM NEC-ADMIN PURP
   Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                        ADMINISTRATIVE PURPOSES
   Primary/Secondary Diagnosis:  PRIMARY
 4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
```

```
      CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
   5 Education Topic:  VA-TOBACCO USE SCREENING


          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item        TR  Treatment          DD  Display Detail
DE  Delete an Item      IM  Immunization       DB  Display Brief
EN  Encounter           PE  Patient Ed         IN  Check Out Interview
PR  Provider            ST  Skin Test          QU  Quit
DX  Diagnosis (ICD)     XA  Exam
CP  CPT (Procedure)     HF  Health Factors
Select Action: Quit// XA    Exam
```

3. Respond to the following prompts for Exams, as appropriate.

```
Exam:  GENERAL EXAM
Results:  ?
Choose from:
A        ABNORMAL
N        NORMAL
Results:  NORMAL
Encounter Provider:  PCEPROVIDER,TEN//[ENTER] PCEPROVIDER,TEN          TP
Comments: [ENTER]
Exam: [ENTER]
```

4. The edited screen is then displayed.

3.17. How to Add or Edit Health Factors

When you choose Health Factors under Update Encounter, you will also be prompted to enter the Level/Severity and comments.

Note: A Clinical Coordinator can change the items to choose from for Health Factors through the PCE Table Maintenance Menu. If you wish to help define the Health Factor list, check with your Coordinator.

Steps to add a Health Factor:

1. Select UE from the PCE Appointment List screen.

2. Select HF from the PCE Update Encounter screen.

```
PCE Update Encounter         Jul 25, 1996 08:24:21      Page:  1 of  1
PCEPATIENT,ONE    000-45-6789           Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08         Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE    PRIMARY     ATTENDING
  3 ICD9 Code or Diagnosis: V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING



          + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item        TR  Treatment          DD  Display Detail
DE  Delete an Item      IM  Immunization       DB  Display Brief
EN  Encounter           PE  Patient Ed         IN  Check Out Interview
```

```
PR  Provider              ST  Skin Test           QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
Select Action: Quit// HF Health Factors
```

3. Respond to the following prompts for the Health Factor, as appropriate.

```
Health Factor:  current smoker
Level/Severity:  ?
Choose from:
M        MINIMAL
MO       MODERATE
H        HEAVY/SEVERE
Level/Severity:  HEAVY/SEVERE
Comments: Trying to quit
Health Factor: [ENTER]
```

4. The edited screen is then displayed.

3.18. How to Add or Edit the Checkout Interview

The "Checkout Interview" which is done for all outpatients through the Scheduling package, can now also be done through PCE. You are prompted to enter Provider (and to designate if Primary Provider), Service-connection status, CPT codes, Diagnosis, etc. You may also designate if the Diagnosis should be added to the patient's Problem List.

REMEMBER: Entering one or two question marks will provide help (including lists of acceptable CPT codes, Diagnoses) on how to respond to prompts. With functionality put in place by the Code Set Versioning project, only ICD and CPT Codes that are active for the encounter date and time will be available.

Steps to add a Checkout Interview:

1. Select Checkout Interview from the Encounter or Appointment List screen or from the Update Encounter screen.

```
PCE Update Encounter       Jul 25, 1996 09:22:42      Page:  1 of    1
PCEPATIENT,ONE    000-45-6789           Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08         Clinic Stop:  303  CARDIOLOGY

  1 Encounter Date and Time:  JUL 22, 1996@11:08:14

  2 Provider:  PCEPROVIDER,ONE     PRIMARY
  3 ICD9 Code or Diagnosis:  V70.3     MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
    Primary/Secondary Diagnosis:  PRIMARY
  4 CPT Code:  25066     BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  5 Education Topic:  VA-TOBACCO USE SCREENING


         + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item         TR  Treatment        DD  Display Detail
DE  Delete an Item       IM  Immunization     DB  Display Brief
EN  Encounter            PE  Patient Ed       IN  Check Out Interview
PR  Provider             ST  Skin Test        QU  Quit
DX  Diagnosis (ICD)    XA  Exam
CP  CPT (Procedure)    HF  Health Factors
```

```
Select Action: Quit// IN   Check Out Interview
```

2. Confirm or edit the checkout date and service-connection status.

```
--- Classification --- [Required]

Was treatment for SC Condition? YES// [ENTER]
```

3. Enter the provider associated with the procedure performed during this encounter. (You can enter more than one provider and more than one procedure for each provider.)

```
PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
                - - E N C O U N T E R   P R O V I D E R S - -
No. PROVIDER
                        No PROVIDERS for this Encounter.




Enter PROVIDER: PCEPROVIDER,ONE
Is this the PRIMARY provider for this ENCOUNTER? YES// [ENTER]

PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
PROVIDER: ...There is 1 PROVIDER associated with this encounter.
Previous Entry:   PCEPROVIDER,ONE
                - - E N C O U N T E R   P R O V I D E R S - -
No. PROVIDER
1   PCEPROVIDER,ONE*           PRIMARY

Enter PROVIDER: [ENTER]
```

4. Enter the ICD code or Diagnosis and whether you want it added to the Problem List.

```
PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
ICD CODE: V70.3 --MED EXAM NEC-ADMIN PURP     PRIMARY     - - E N C O U N T E
R  D I A G N O S I S  (ICD9 CODES) - -
No.  ICD     DESCRIPTION                         PROBLEM LIST
                    No DIAGNOSIS for this Encounter.




Enter Diagnosis : V70.3--MED EXAM NEC-ADMIN PURP

ONE primary diagnosis must be established for each encounter!
Is this the PRIMARY DIAGNOSIS for this ENCOUNTER? YES// [ENTER]

PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
ICD CODE: ...There is 1 PROVIDER associated with this encounter.
Previous Entry:   V70.3
        - - E N C O U N T E R  D I A G N O S I S  (ICD9 CODES) - -
No.  ICD     DESCRIPTION                         PROBLEM LIST
1    V70.3*  MED EXAM NEC-ADMIN PURP        PRIMARY

Enter NEXT Diagnosis : 210
PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
ICD CODE: ...There is 1 PROVIDER associated with this encounter.r.
Previous Entry:   V70.3

ITEM  CODE     DESCRIPTION    10 MATCHES
1     210.0    BENIGN NEOPLASM OF LIP
2     210.1    BENIGN NEOPLASM OF TONGUE
3     210.2    BENIGN NEOPLASM OF MAJOR SALIVARY GLANDS
```

```
4      210.3    BENIGN NEOPLASM OF FLOOR OF MOUTH
5      210.4    BENIGN NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
6      210.5    BENIGN NEOPLASM OF TONSIL
7      210.6    BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX
8      210.7    BENIGN NEOPLASM OF NASOPHARYNX
9      210.8    BENIGN NEOPLASM OF HYPOPHARYNX
10     210.9    BENIGN NEOPLASM OF PHARYNX, UNSPECIFIED

Select a single 'ITEM NUMBER' or 'RETURN' to exit: 6
ONE primary diagnosis must be established for each encounter!
Is this the PRIMARY DIAGNOSIS for this ENCOUNTER? YES// NO

PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
ICD CODE: ...There is 1 PROVIDER associated with this encounter.r.
Previous Entry:   210.5
         - - E N C O U N T E R   D I A G N O S I S  (ICD9 CODES) - -
No.  ICD    DESCRIPTION                           PROBLEM LIST
1    210.5*  BENIGN NEOPLASM TONSIL
2    V70.3*  MED EXAM NEC-ADMIN PURP               YES




Enter NEXT Diagnosis: [ENTER]
Would you like to add any Diagnoses to the Problem List? NO// YES

Select 1 or several Diagnoses (eg 1,3,4,7,3-6,2-5): 1,2
Enter PROVIDER associated with PROBLEM: PCEPROVIDER,ONE // [ENTER]
```

5. Enter the Procedure (CPT code or procedure name).

   You can enter the CPT code or CPT Category or description. A '*' next to a
   procedure indicates that it was either added or edited during this session.
   You can also remove an existing CPT code for this encounter by entering 0 or
   @.

```
PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
         - - E N C O U N T E R   P R O C E D U R E S (CPT CODES) - -
No. CPT CODE  QUANTITY   DESCRIPTION                 PROVIDER
                    No CPT CODES for this Encounter.


Enter PROCEDURE (CPT CODE): 25066    BIOPSY FOREARM SOFT TISSUES
```

6. Enter the modifiers and the number of times the procedure was
   administered.

```
Select CPT MODIFIER: 22  UNUSUAL PROCEDURAL SERVICES
How many times was this procedure performed: 1// [ENTER]
Enter PROVIDER associated with PROCEDURE: PCEPROVIDER,ONE // [ENTER]

The prompts will then recycle through PROCEDURE and PROVIDER to allow you to
enter more, if necessary. Press ENTER to bypass these prompts when you don't
wish to add more.

PAT/APPT/CLINIC:  PCEPATIENT,ONE    JUL 22, 1996@11:08:14    CARDIOLOGY
PROVIDER: ...Enter the provider associated with the CPT'S.....
    CPT: ...There is 1 PROCEDURE associated with this encounter.
         - - E N C O U N T E R   P R O C E D U R E S (CPT CODES) - -
No. CPT CODE  QUANTITY   DESCRIPTION                 PROVIDER
1   25066*     1         BIOPSY FOREARM SOFT TISSUES   PCEPROVIDER,ONE
    CPT Modifier: 22     UNUSUAL PROCEDURAL SERVICES
```

```
Enter NEXT PROCEDURE (CPT CODE): [ENTER]
```

7. The Update Encounter screen is then redisplayed with the Checkout
   Interview information.

```
PCE Update Encounter        Jul 25, 1996 10:06:59    Page:   1 of   1
PCEPATIENT,ONE      000-45-6789         Clinic:  CARDIOLOGY
Encounter Date  07/22/96  11:08         Clinic Stop:  303  CARDIOLOGY
  1 Encounter Date and Time:  JUL 22, 1996@11:08:14
  2 Provider:  PCEPROVIDER,ONE    PRIMARY
  3 ICD9 Code or Diagnosis: V70.3      MED EXAM NEC-ADMIN PURP
    Provider Narrative:  OTHER GENERAL MEDICAL EXAMINATION FOR
                         ADMINISTRATIVE PURPOSES
  4 ICD9 Code or Diagnosis: 210.5      BENIGN NEOPLASM TONSIL
    Provider Narrative:  BENIGN NEOPLASM OF TONSIL
    Primary/Secondary Diagnosis:  PRIMARY
  5 CPT Code:  25066      BIOPSY FOREARM SOFT TISSUES
    CPT Modifier: 22   UNUSUAL PROCEDURAL SERVICES
  6 Education Topic:  VA-TOBACCO USE SCREENING


           + Next Screen   - Prev Screen   ?? More Actions
ED  Edit an Item         TR  Treatment            DD  Display Detail
DE  Delete an Item       IM  Immunization         DB  Display Brief
EN  Encounter            PE  Patient Ed           IN  Check Out Interview
PR  Provider             ST  Skin Test            QU  Quit
DX  Diagnosis (ICD)      XA  Exam
CP  CPT (Procedure)      HF  Health Factors
Select Action: Quit// [ENTER]
```

3.19. Adding or Editing Directions to Patient's Home

The Directions to Patient's Home Add/Edit option lets you enter directions to a
patient's home, which can then be displayed on a Health Summary.

This feature is especially useful for Hospital-Based Home Care staff.

Steps to add directions to patient's home:

1. Choose HOME from the main PCE menu.

2. Select a patient name.

3. If no directions have already been entered, type in free text at the prompt.

   Note: The screen editor you use in all your work will determine how you
   enter text.

```
Select PCE Coordinator Menu Option: home  Directions to Patient's Home Add/Edit

Select PATIENT NAME: PCEPATIENT
 1   PCEPATIENT,ONE       06-04-08    000456789    NON-VETERAN (OTHER)
 2   PCEPATIENT,TWO       02-16-33    666000000    NSC VETERAN
CHOOSE 1-2: 1  PCEPATIENT,ONE 06-04-08     000456789    NON-VETERAN (OTHER)

LOCATION OF HOME:
  1>On the dock.
  2>
EDIT Option:[ENTER]

Select PATIENT NAME:[ENTER]
```

4. To edit directions that were previously entered, select the edit option and proceed to edit according to the screen editor process you normally use.

```
Select PCE Coordinator Menu Option: home  Directions to Patient's Home Add/Edit

Select PATIENT NAME: PCEPATIENT,EIGHT   PCEPATIENT,EIGHT  09-12-44  666777888
SC VETERAN
LOCATION OF HOME:. . .
  6> WIER STREET. TURN LEFT ON WEIR STREET AND GO TO END.
  7> TO THE LEFT OF THE DEADEND IS A DIRT PATH.
  8> FOLLOW THIS PATH 1/4 MILES UNTIL YOU REACH A WHITE HOUSE.
EDIT Option: 8
REPLACE: WHITE    WITH:  GREEN    REPLACE: [ENTER]
EDIT Option: [ENTER]

Select PATIENT NAME: [ENTER]
```

3.20. Key Concepts

- Clinicians can add individual types of data (immunizations, patient education) through the PCE user interface.

- Clerks can add encounter form data that was incorrectly scanned or was missing.

- The equals sign (=) can be used as a shortcut when selecting an action plus encounters or appointments from a list (e.g., Select Action: ED=2).

- Information added to PCE can be viewed on the Health Summary or on PCE Clinical Reports.

- Information added to PCE can be used to generate clinical reminders that will appear on a patient's Health Summary.

- Each site can modify the choices available in PCE files for health factors, patient education, etc.

- You can enter encounter information for an inexact time in the past or from another site through Make Historical Enc.

- Information entered through the Checkout Interview goes into the Scheduling package. The Checkout Interview information can also be entered directly through the Scheduling package. The dialogues, screens and resulting data are identical between the two packages.

4.0   PCE and Health Summary

Information such as Patient Education, Health Factors, and Immunizations, as well as clinical reminders about when these things are due, can be displayed on Health Summaries. Health Summary has special components designed to include these elements. See PCE Clinical Reports in this manual for setting up Clinical Reminders to appear on Health Summaries. An example of Health Summary with PCE components appears below.

```
                                              08/06/96 14:38
******************** CONFIDENTIAL PCE COMPONENTS SUMMARY ********************
PCEPATIENT,ONE    000-45-6789                    DOB: 04/01/44


------------- BDEM - Brief Demographics ------------------

           Address: 321 S 3400 E                    Phone:
                    SALT LAKE CITY, UTAH  84105
       Eligibility: SC LESS THAN 50%                    Age: 52
                                                   Sex: FEMALE
------------- CR - Clinical Reminders ------------------


                                --NEXT-- --LAST--
Patient Education - Smoking       DUE NOW  unknown
Mammogram                         DUE NOW  8/94


------------ OE - Outpatient Encounter -----------------

08/01/96      SALT LAKE     DIABETES CLINIC          SC LESS THAN 50%
    Provider: PCEPROVIDER,ONE (S)      PCEPROVIDER,TWO (S)      PCEPROVIDER,SIX (S)
              PCEPROVIDER,NINE (S)
   Diagnosis: 309.81-PROLONG POSTTRAUM STRESS; EYE PROBLEM
              371.53-GRANULAR CORNEA DYSTRPHY; narrative for diagnosis/problem
   Procedure: 99212-OFFICE/OUTPATIENT VISIT, EST; Limited Exam      (6-10 Min)

02/31/96      SALT LAKE     CARDIOLOGY               SC LESS THAN 50%
    Provider: PCEPROVIDER,ONE (P)
   Diagnosis: 334.0-FRIEDREICH'S ATAXIA
   Procedure: 33200-INSERTION OF HEART PACEMAKER

--------------- IM - Immunizations --------------------

PNEUMO-VAC B   06/10/96 SALT LAKE     FEVER; DO NOT REPEAT
SABIN/OPV 1    04/22/96 SALT LAKE

--------- EDL - Education Latest (max 1 year) -----------

08/01/96  SALT LAKE    VA-SUBSTANCE ABUSE - REFUSED
06/10/96  SALT LAKE    VA-DIABETES MEDICATIONS - GOOD UNDERSTANDING

--------- EXAM - Exams Latest (max 1 year) ---------------

ABDOMEN EXAM                    06/10/96  ABNORMAL  SALT LAKE
GENERAL EXAM                    08/01/96  NORMAL    SALT LAKE
ORTHO EXAM                      05/13/96  ABNORMAL  SALT LAKE

---- HF - Health Factors (max 1 occurrence or 1 year) ----

TOBACCO
  TOBACCO USER (HEAVY/SEVERE)                    08/01/96

* END *
Press <RET> to continue, ^ to exit, or select component:
```

4.1. PCE Clinical Reports

The PCE Clinical Reports options provide clinicians and managers with summary
data about their patients, workload activity, and encounter counts. The reports
extract data from various files in VISTA, including laboratory, pharmacy, and PIMS

to create output reports which have been requested by physicians throughout the VA.

Clinical Reports Menu:

```
   PA      Patient Activity by Clinic
   CP      Caseload Profile by Clinic
   WL      Workload by Clinic
   DX      Diagnosis Ranked by Frequency
   LE      Location Encounter Counts
   PE      Provider Encounter Counts
```

The Caseload Profile by Clinic and Patient Activity by Clinic reports track Critical Lab Values and Emergency Room Visits (among other things). The PCE Report Parameter Edit option on the PCE HS/RPT Parameter menu allows your site to specify which clinics in the Hospital Location file (#44) represent "Emergency Room" clinics and what tests from the Laboratory Test file (#60) should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. (This is necessary since the Laboratory Test File is not standardized and each site may have customized it differently.)

Note: If month or day are not known, historical encounters will appear on encounter screens or reports with zeroes for the missing dates; for example, 01/00/95 or 00/00/94.

4.2. Caseload Profile by Clinic

This report generates a profile of the patients in a clinic's caseload for a selected date range. One or more clinics or a stop code may be selected to represent the caseload. If stop code is selected, a report is generated for each clinic within that stop code. The percentage and overall mean are calculated based on the patient data for all of the clinics selected. Where only one clinic is selected, these values are not applicable.

Note: There must be at least one PCE encounter within the selected date range for this report, even though there may be lab, radiology, and outpatient pharmacy occasions of service with the other timeframes (6 & 12 months).

This report combines PCE encounter, Lab, Radiology, Outpatient Pharmacy, and Admissions data. It provides a profile of the patients making up a clinic's caseload, over a representative period of time. Clinical staff will decide the appropriate date range. Report areas are demographics of clinic caseload, preventive medicine, quality of care markers, and utilization. Patient age, diagnosis, gender, Lab assay, RX, and procedure are all used to generate the patient profile.

```
Select PCE Clinical Reports Option: CP  Caseload Profile by Clinic
                        Caseload Profile by Clinic

 The overall mean values for this report will be for the clinic(s) selected which had
encounters during the selected date range.

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP CODE: S CLINIC STOP CODE
```

```
Select the CLINIC STOP code: DIABETES


Enter ENCOUNTER BEGINNING DATE: T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL 29, 1996)


DEVICE: HOME//   VAX    RIGHT MARGIN: 80// [ENTER]


                                          Jul 29, 1996@11:21
                         Caseload Profile by Clinic


 Clinic: DIABETES CLINIC
 Compared to the mean of: DIABETES Clinic Stop
                       for 1 of 1 clinics with data
_____
 CASELOAD DEMOGRAPHICS for Encounter date range   | Clinic   | Overall
 Jun 29, 1996 to Jul 29, 1996                     |  #  |   %  |  Mean %
--------------------------------------------------------
 Number of patient encounters           40    -        -
 Number of clinic sessions              17    -        -
 Number of patients per clinic session  2.4   -        -
 Median patient age in years            46    -        -
 Patients with: Coronary Artery Disease 0   0.0     0.0
            Diabetes                    0   0.0     0.0
            Hypertension                0   0.0     0.0
            Hyperlipidemia              0   0.0     0.0
            Diabetes and Hypertension   0   0.0     0.0
_____
 PREVENTIVE MEDICINE (12 mos. prior to Jul 29, 1996)| Clinic   |Overall
 Jul 30, 1995 to Jul 29, 1996                     | #  |   %   | Mean %
--------------------------------------------------------
 Patients who smoke.                               0      0.0      0.0
 Females >50 who had a mammogram in the last year   0      0.0      0.0
   (There were 1 females >50 years of age).
_____
 QUALITY OF CARE MARKERS (6 mos. prior to Jul 29, 1996)   | Clinic  |Overall
 Jan 31, 1996 to Jul 29, 1996               |   #    | Mean #
--------------------------------------------------------
 Average HBA1C of your patients with Diabetes   N/A  N/A
 Patients with HBA1C> 7%                        0        0.0
 Patients w/ Coronary Artery Disease who smoke  0     0.0
 Ave. LDL for patients with Coronary Artery Disease   N/A       N/A
    (0 of 0 pats. with CAD had no LDL results.)
 Number of patients with: Glucose >240         0      0.0
                          Cholesterol >200  0      0.0
                          Either a Systolic  bp >160
                                   Diastolic bp > 900.0
 Unscheduled encounters per patient.           0.0      0.0
 Emergency Room encounters per patient.        0.0      0.0
 Hospitalizations per patient.                 0.2      0.2
_____
 UTILIZATION DATA (12 months prior to Jul 29, 1996    | Number | Overall
 Jul 30, 1995 to Jul 29, 1996              |   #   |   Mean #
--------------------------------------------------------
 Number of male patients                           9        -
 Number of female patients                         4        -
 Average number of encounters per patient     6.8     6.8
 Average number of active output. medications per patient      0.0      0.0
 Average pharmacy cost per patient          $  0.0      0.0

Press RETURN to continue...[ENTER]
```

4.3. Workload by Clinic

This report provides a summary of clinic workload based on the evaluation and management codes associated with encounters occurring within a selected date range. The report will have the most complete information if it is run for a date range where clinic activities have been documented online. The representative period of time for the selected date range may be determined by clinical staff.

This report may be run for one or more clinics or for a stop code. Individual clinic totals are presented as line items on a 132 column report. For each clinic, the number of encounters reported is based on the following Patient Care Encounter (PCE) data:

- A breakdown of Evaluation and Management Codes (CPT Codes): Scheduled New Patients, Scheduled Established Patients, and Consult Patients.

- Procedures exist (CPT codes) for the encounter, which do not include Evaluation and Management code procedures.

- No Procedures (CPT codes) exist for the encounter.

- Total outpatient encounters documented in PCE.

- Scheduling encounter data:

  - No Show encounters

  - Cancelled encounters

  - Walk-In encounters

  - Total outpatient encounters documented in Scheduling

  - Overbooks and Inpatient clinic appointments

```
Select PCE Clinical Reports Option: W
This report requires a 132-COLUMN PRINTER.
DO YOU WISH TO CONTINUE? (Y/N)? YES// [ENTER]


                             Workload by Clinic

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP CODE: HOSPITAL LOCATION

Select HOSPITAL LOCATION name: CARDIOLOGY          PCEPROVIDER,ONE
Another HOSPITAL LOCATION name: DIABETES CLINIC          PCEPROVIDER,ONE
Another HOSPITAL LOCATION name: [ENTER]


Enter ENCOUNTER BEGINNING DATE: T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL 29, 1996)

DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80// [ENTER]
```

Note: This report is in 132-column format.

```
11:30
Workload by Clinic

Encounter Date Range: Jun 29, 1996 through Jul 29, 1996
```

```
              |----------PCE ENCOUNTERS DOCUMENTED------------  |   |------
SCHEDULING DATA-------|
              |-------E&M PATIENT CATEGORIES-------| NON  NO  TOTAL|  | WALK-INS
NO-SHOW  CANCELLED|
CLINIC NAME     |NEW  ESTABLISHED  CONSULT   OTHER | E&M  CPT ENCTRS |  |  APPTS
APPTS          |
======================================================================
CARDIOLOGY      1     5          0         0     38   18   62                7
0        3
DIABETES CLINIC 0     6          0         0     12   21   39                6
0        6


======================================================================
TOTAL NUMBER OF CLINIC(S):                    2
AVERAGE NUMBER OF PCE ENCOUNTERS PER CLINIC = 50.5

This report presents a distribution of Clinic Encounters based on CPT procedures
associated with encounters. CPT Evaluation and Management (E&M) procedures are
categorized to provide encounters by patient type, with non E&M and no CPT procedures
making up the remaining encounters.
```

4.4.   Diagnoses Ranked by Frequency

This report lists the most frequent diagnostic codes (ICD) and the most frequent diagnostic categories that were entered for PCE outpatient encounters in your facility. These are presented in inverted frequency sequence (most frequent on top).

You can modify this report to show very selective views by choosing the elements to be included. These selection criteria include:

- The maximum number of diagnosis entries to be displayed (e.g., top 50). If this is blank, then all of the diagnoses satisfying the selection criteria will be ranked.

- Primary diagnosis or all diagnoses related to outpatient encounters.

- A date range when the PCE outpatient encounters occurred.

- Service Category (A -Ambulatory, H- Hospitalization, I -In Hospital, T- Telecommunications, E- Event (Historical), D- Daily Hospitalization Data, X- Ancillary Package Daily Data)

- Clinic Stop Code

- Provider

- Age of Patient

- Sex of Patient

```
Select PCE Clinical Reports Option: dx  Diagnosis Ranked by Frequency
Select FACILITY: SALT LAKE CITY        UT            660
Select another FACILITY: 660aa  SALT LAKE DOM UT    VAMC      660AA
Select another FACILITY: [ENTER]
Select PRIMARY DIAGNOSIS ONLY (P) or ALL DIAGNOSES (A): P// All  Diagnoses (Primary
and Secondary)
Enter ENCOUNTER BEGINNING DATE:  t-300  (JUL 27, 1995)
```

```
Enter ENCOUNTER ENDING DATE: May 22, 1996//[ENTER](MAY 22, 1996)
This report will include all VA clinic encounters for all patients
unless you modify the criteria.  Do you want to modify the criteria?
Enter Y (YES) or N (NO) N// y  YES
Encounters may be selected by any combination of the following attributes:
  1    Service Category
  2    Clinic Stop Code
  3    Provider
  4    Age of Patient
  5    Sex of Patient
  6    All Encounters
Enter encounter selection attribute number(s) :  (1-6): 1,2
Select SERVICE CATEGORIES: AI// AHIT
Select CLINIC STOP: CARDIOLOGY
Select another CLINIC STOP: DIABETES
Select another CLINIC STOP: [ENTER]


Enter the maximum NUMBER OF DIAGNOSES to display in the report: 10// [ENTER]


DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80//[ENTER]
                              May 22, 1996 11:20:38 am  Page 1


            PCE Diagnosis Ranked by Frequency
Criteria for Frequency of Diagnoses Report
   Encounter diagnoses:        All Diagnoses (Primary and Sec.)
   Encounter date range:       Jul 27, 1995 through May 22, 1996
   Patient date of birth:      ALL
   Patient sex:                ALL
   Selected clinics:           YES
   Service categories:         AHIT
   Maximum number of diagnoses to be displayed: 10


Facility: SALT LAKE CITY  660
Clinic Stop: CARDIOLOGY (143)


Total number of Encounters meeting the selection criteria:  71
Total number of Diagnoses for these Encounters:       45
Diagnoses/Encounter ratio:                   0.63


                  PCE Diagnosis Ranked by Frequency
10 Most Frequent ICD9 Diagnoses:
       Code          Description              Frequency
       ------  ------------------------------  -------
       100.0   LEPTOSPIROS ICTEROHEM            6
       401.1   BENIGN HYPERTENSION              6
       100.81  LEPTOSPIRAL MENINGITIS           3
       342.01  FLAC HEMIPLEG & HEMIPAR, DOM.    2
       501.    ASBESTOSIS                       2
       142.0   MALIG NEO PAROTID                2
       429.3   CARDIOMEGALY                     2
       100.89  LEPTOSPIRAL INFECT NEC           2
       701.0   CIRCUMSCRIBE SCLERODERMA         1
       500.    COAL WORKERS' PNEUMOCON          1


10 Most Frequent ICD9 Diagnostic Categories:
          Diagnostic Category         Count
       ------------------------------  -------
       CIRCULATORY SYSTEM               10
       INFECTIOUS & PARASITIC            8
       NERVOUS SYSTEM                    8
       MENTAL DISEASES & DISORDERS       4
       SKIN,BREAST,SUBCUTANEOUS T        3
       RESPIRATORY SYSTEM                3
```

```
          MYELOPROLIFERATIVE,NEOPLASIA        2
          DIGESTIVE SYSTEM                    2
          EAR, NOSE, MOUTH & THROAT           2
          INJURY,POISONING,DRUG TOXICITY      1


Facility: SALT LAKE CITY  660
Clinic Stop: DIABETES (146)


Total number of Encounters meeting the selection criteria:  26
Total number of Diagnoses for these Encounters:      17
Diagnoses/Encounter ratio:                          0.65



                  PCE Diagnosis Ranked by Frequency


10 Most Frequent ICD9 Diagnoses:
          Code          Description              Count
          ------   ------------------------------  -------
    1.  100.0    LEPTOSPIROS ICTEROHEM            2
    2.  401.1    BENIGN HYPERTENSION              2
    3.  309.81   PROLONG POSTTRAUM STRESS         2
    4.  250.01   DIABETES MELLI W/O COMP TYP I    2
    5.  123.2    TAENIA SAGINATA INFECT           2
    6.  342.01   FLAC HEMIPLEG & HEMIPAR, DOM.    1
    7.  345.01   GEN NONCNV EP W INTR EP          1
    8.  367.0    HYPERMETROPIA                    1
    9.  398.99   RHEUMATIC HEART DIS NEC          1
   10.  371.53   GRANULAR CORNEA DYSTRPHY         1



10 Most Frequent ICD9 Diagnostic Categories:
              Diagnostic Category       Count
          ------------------------------  -------
    1.  CIRCULATORY SYSTEM               3
    2.  EYE                              3
    3.  NERVOUS SYSTEM                   3
    4.  MENTAL DISEASES & DISORDERS      2
    5.  INFECTIOUS & PARASITIC           2
    6.  ENDOCRINE,NUTRIT,METABOLIC       2
    7.  DIGESTIVE SYSTEM                 2

The following selected Facilities had no encounters that met the selection criteria.
      SALT LAKE DOM  6001

End of the report.
```

```
    8  Most Frequent ICD10 Diagnoses:
 Code       Description                            Freq.
 --------   ------------------------------------  -------
 A00.0     Cholera due to Vibrio cholerae 01, biovar cholerae 3
 E08.649   Diabetes due to underlying condition w hypoglycemia w/o coma       2
 W54.0XXA  Bitten by dog, initial encounter            1
 I11.0     Hypertensive heart disease with heart failure 1
 I10.      Essential (primary) hypertension            1
 H21.253   Iridoschisis, bilateral                     1
 E11.319   Type 2 diabetes w unsp diabetic rtnop w/o macular edema       1
 A01.00    Typhoid fever, unspecified
```

4.5. Location Encounter Counts

This report counts PCE outpatient encounters in a date range by location. The location selection can be based on facility, hospital location(s), or clinic stop(s). The report can be run for all hospital locations or clinic stops in a facility or selected hospital locations, or clinic stops.

```
Select PCE Clinical Reports Option: LE  Location Encounter Counts

Select FACILITY: SALT LAKE CITY        UT          660
Select another FACILITY: [ENTER]
Select SERVICE CATEGORIES: AI//[ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-150  (DEC 26, 1995)
Enter ENCOUNTER ENDING DATE: May 24, 1996// [ENTER]  (MAY 24, 1996)

     Select one of the following:
          HA         All Hospital Locations
          HS         Selected Hospital Locations
          CA         All Clinic Stops
          CS         Selected Clinic Stops

Determine encounter counts for: HA// HS  Selected Hospital Locations

Select HOSPITAL LOCATION: CARDIOLOGY          PCEPROVIDER,ONE
Select another HOSPITAL LOCATION: DIABETES CLINIC     PCEPROVIDER,ONE
Select another HOSPITAL LOCATION: ENDOCRINOLOGY       PCEPROVIDER,TEN
Select another HOSPITAL LOCATION:[ENTER]

DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80//[ENTER]
```

```
                      May 24, 1996 2:28:30 pm  Page 1

                   PCE Location Encounter Counts

Criteria for Hospital Location Encounter Count Report
   Location selection criteria: Selected Hospital Locations
   Encounter date range:       Dec 26, 1995 through May 24, 1996
   Service categories:         AI
     A - AMBULATORY
     I - IN HOSPITAL

Facility: SALT LAKE CITY  660

    Hospital Location (Stop Code)         No. of Encounters
    ----------------------------------    -----------------
    CARDIOLOGY      (303)                        72
    DIABETES CLINIC (306)                        28
    ENDOCRINOLOGY   (305)                        23
                                              _____
                    Total facility encounters 123

                         Total encounters 123
End of the report.
```

4.6. Provider Encounter Counts

This report lists provider counts related to PCE outpatient encounters. The selection criteria include facility, service category, encounter provided, and date range.

Person Class selection is based on the PERSON CLASS file, used to support Ambulatory Care Reporting. Person Class entries are composed of three pieces:

- Occupation (required in class definition)
- Specialty (optional)
- Sub-specialty (optional)

Once the selection criteria are chosen, the user can request a detailed or a summary report. The detailed report gives totals by date and hospital location (clinic) for each provider. The summary report lists total encounters for each provider.

```
Select PCE Clinical Reports Option: PE  Provider Encounter Counts

Select FACILITY: SALT LAKE CITY    UT                    660
Select another FACILITY: [ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-100  (FEB 14, 1996)
Enter ENCOUNTER ENDING DATE: May 24, 1996//[ENTER]   (MAY 24, 1996)

Select SERVICE CATEGORIES: AI//[ENTER]

     Select one of the following:

         A          All Providers
         P          Primary Providers
         S          Selected Providers
         C          Selected Provider Classes

Select ENCOUNTER PROVIDER CRITERIA: A// Selected Providers

Select PROVIDER:    WIGGIE,MARIE
Select another PROVIDER: ADELA,TOM
Select another PROVIDER:[ENTER]

     Select one of the following:

         S          Summary
         D          Detail by clinic and date

Which type of report: S// [ENTER]  Summary

DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80//[ENTER]
Sorting encounters done
                                   May 24, 1996 2:18:09 pm  Page 1
                       PCE Provider Encounter Counts

Criteria for Provider Encounter Summary Report
   Provider selection criteria: Selected Providers
   Report date range:          Feb 14, 1996 through May 24, 1996
   Service categories:         AI
     A - AMBULATORY
     I - IN HOSPITAL
```

```
Facility: SALT LAKE CITY  660


                          (Person Class)
Provider         (Occupation+Specialty+Subspecialty)  Encounters
-----------------------------------------------------
PCEPROVIDER,ONE   (Nursing Service+Nursing Administrato..)       3
PCEPROVIDER,TWO   (Pharmacy Services)            6
PCEPROVIDER,SIX   (Unknown)                     15
PCEPROVIDER,NINE  (Pharmacy Services)           10
PCEPROVIDER,TEN   (Medical Servcies)            92
PCEPROVIDER,FOUR (Eye and Vision Services+Ophthalmic Med)       27
PCEPROVIDER,FIVE (Physician Assistant+Medical)      4
PCEPROVIDER,EIGHT(Physician)                      7

                          Total facility encounters      164

                                 Total encounters        164

End of the report.
```

4.7.   Selected Person Classes

This Selected Person Classes option lets you compile a report of selected Person
Classes based on occupation, specialty, and/or sub-specialty. A wild card (*) may be
entered as a response for any of the Person Class pieces. For example, if you want a
report on every provider from a specific specialty, occupation would be "*," specialty
would be the specific specialty, and sub-specialty would be "*."

```
Select PCE Clinical Reports Option: PE Provider Encounter Counts

Select FACILITY: SALT LAKE CITY// <Enter> UT        660
Select another FACILITY:

Enter ENCOUNTER BEGINNING DATE: T-300 (APR 13, 1996)
Enter ENCOUNTER ENDING DATE: Feb 07, 1997//<Enter> (FEB 07, 1997)

Select SERVICE CATEGORIES: AI//<Enter>
      Select one of the following:
          A All Providers (with encounters)
          P Primary Providers (with encounters)
          S Selected Providers
          C Selected Person Classes

Select ENCOUNTER PROVIDER CRITERIA: S// C Selected Person Classes
Select PERSON CLASS (OCCUPATION, SPECIALTY, SUBSPECIALTY)

Select OCCUPATION (enter * for all, return to end selection): *
The currently selected OCCUPATION is: *
Select SPECIALTY (enter * for all, return to change OCCUPATION): PHYSICAL
THERAPIST
Select SUBSPECIALTY (enter * for all): *

Your Person Class Selection was:
OCCUPATION: *
SPECIALTY: Physical Therapist
SUBSPECIALTY: *
Is this selection correct? YES

The currently selected OCCUPATION is: *
```

```
   Select SPECIALTY (enter * for all, return to change OCCUPATION): <Enter>

Select another PERSON CLASS OCCUPATION

  Select OCCUPATION (enter * for all, return to end selection): <Enter>

     Select one of the following:
          S  Summary
          D  Detail by clinic and date

Which type of report: S// <Enter> Summary
DEVICE: HOME// <Enter> VAX RIGHT MARGIN: 70//<Enter>

Sorting encounters done


                                    Feb 07, 1997 8:21:03 am Page 1
PCE Provider Encounter Counts
Criteria for Provider Encounter Summary Report
   Provider selection criteria:  Selected Person Classes
   Report date range:            Apr 13, 1996 through Feb 07, 1997
   Service categories:           AI
      A - AMBULATORY
      I - IN HOSPITAL
Selected Person Classes:
   Occupation: *
   Specialty: Physical Therapist
   Subspecialty: *
_____
Facility: SALT LAKE CITY 660


                        Person Class
Provider        (Occupation+Specialty+Subspecialty)   Encounters
-------------------------------------------------------
PCEPROVIDER,ONE    (Respiratory, Rehabil...+Physical   25
                   Therapist+Clinical Electrophys...)
PCEPROVIDER,TWO    (Respiratory, Rehabil...+Physical  5
                   Therapist+Clinical Electrophys...)
                                                      ____
                                    Total facility encounters 30

                                       Total encounters 30

End of the report.
```

4.8.   Patient Activity by Location

This report may be set up for hospital location or stop code. The report format is a summary of all selected locations. For each location, scheduling data is used to identify patients whose appointments were either scheduled, unscheduled, cancelled, or are no-shows during the patient appointment date range. VISTA data for these patients is then examined for possible patient activities for admissions/discharges, emergency room encounters, and critical lab values during the patient activity date range. If any of these activities has occurred, data specific to the activity is reported along with the patient's address, phone, and future appointments that fall in the future appointment date range.

This report was developed as a measure of continuity of care. If a provider of record has his or her care-giving interrupted through clinical rotation, leave,

reassignment, or for any other reason, this report may be used to get an update on patient activities in his/her caseload.

This report is also useful when care is not interrupted. Clinical staff may wish to review patient activity by clinic for events, which they might be unaware of.

Patient activities that are included in this report are:

4.8.1. Admission/Discharge Activities

All admissions and discharges within the selected date range are reported. If corresponding discharges exist for admissions, the discharges are shown, and vice versa; corresponding admissions are shown for discharges.

4.8.2. Emergency Room Clinic Activities

All Emergency Room stops within the selected date range are reported. Emergency Room visit date and time are displayed for all encounters with an identified Emergency Room stop. Emergency rooms are identified through the PCE PARAMETERS file. This data is entered by the clinical coordinator or IRM staff through the PCE Report Parameter Setup option.

4.8.3. Critical Lab Values

All critical lab values reported within the selected date range are presented, along with a column to identify whether the value is critically high or critically low.

```
Select PCE Clinical Reports Option: Patient Activity Report

Select FACILITY: SALT LAKE CITY SALT LAKE CITY UT 660
Select another FACILITY: <Enter>

      Select one of the following:
           HA All Hospital Locations (with encounters)
           HS Selected Hospital Locations
           CA All Clinic Stops (with encounters)
           CS Selected Clinic Stops

Determine patient activity for: HS// HA All Hospital Locations (with
encounters)

Want to start each location on a new page: Y// NO

Enter PATIENT APPOINTMENT BEGINNING DATE: 9/1/96 (SEP 01, 1996)
Enter PATIENT APPOINTMENT ENDING DATE: 9/30/96 (SEP 30, 1996)

Enter PATIENT ACTIVITY BEGINNING DATE: 9/1/96 (SEP 01, 1996)
Enter PATIENT ACTIVITY ENDING DATE: Apr 29, 1997// 9/30/96 (SEP 30, 1996)

Enter FUTURE APPOINTMENT BEGINNING DATE: Apr 29, 1997// <Enter> (APR 29,
1997)
Enter FUTURE APPOINTMENT ENDING DATE: 12/30/97 (DEC 30, 1997)

DEVICE: HOME// <Enter> ANYWHERE RIGHT MARGIN: 80// <Enter>
```

```
Sorting appointments done


Sorting patient information done


                                        Apr 29, 1997 3:03:05 pm Page 1
Criteria for Patient Activity Report
  Location selection criteria: All Hospital Locations (with encounters)
  Patient appointment date range: Sep 01, 1996 through Sep 30, 1996
  Patient activity date range: Sep 01, 1996 through Sep 30, 1996
  Future appointment date range: Apr 29, 1997 through Dec 30, 1997
_____
Facility: SALT LAKE CITY 660
Location: ADMITTING AND SCREENING

_____
PCEPATIENT,ONE 000-45-6789
352 SW KENTWOOD RD SALT LAKE CITY UTAH 33452
   Appointment criteria met:
     9/30/96 14:30    ADMITTING AND SCREENING    SCHEDULED VISIT
   -------------------- Inpatient Stays ----------------
     7/31/89 - present 4 WEST                 LOS: 2829
     Last Tr. Specialty: PSYCHIATRY        Last Prov:
    Admitting Diagnosis: Disoriented

_____
Facility: SALT LAKE CITY 660
Location: ADMITTING AND SCREENING

_____
PCEPATIENT,TEN 666-45-6789 412 555-5555
555 ENDLESS ST. PITTSBURGH PENNSYLVANIA 15206
   Appointment criteria met:
     9/23/96 09:00    ADMITTING AND SCREENING    SCHEDULED VISIT
------------------- Emergency Room Visits ----------------
     9/25/96 11:30    DIABETES CLINIC

_____
PCEPATIENT,THREE 00-00-6788
22 3RD AVENUE SALT LAKE CITY UTAH 84112
   Appointment criteria met:
     9/ 2/96 09:00     ADMITTING AND SCREENING    SCHEDULED VISIT
------------------- Critical Lab Values ------------------
     9/30/96            GLUCOSE                 500 mg/dl
     9/30/96            UREA NITROGEN           500 mg/dL
_____
Facility: SALT LAKE CITY 660
Location: CARDIOLOGY

_____
PCEPATIENT,FOUR 666-99-2222
2237 E 1894 S Salt Lake City UTAH 84105
   Appointment criteria met:
     9/30/96 10:00    CARDIOLOGY               SCHEDULED VISIT
------------------- Emergency Room Visits ----------------
     9/30/96 09:00    CARDIOLOGY CLINIC

Enter RETURN to continue or '^' to exit:


                                        Apr 29, 1997 3:03:05 pm Page 2
_____
Facility: SALT LAKE CITY 660
Location: DIABETES CLINIC

_____
PCEPATIENT,SEVEN 000-88-9989
470 RANDOLPH ROAD SALT LAKE CITY UTAH 33595
   Appointment criteria met:
     9/24/96 09:00     DIABETES CLINIC          SCHEDULED VISIT
```

```
------------------------- Critical Lab Values ----
9/30/96                 GLUCOSE                         500 mg/dl
9/30/96                 UREA NITROGEN                   500 mg/dL
_____
Facility: SALT LAKE CITY 660
Location: EYE CLINIC
_____
PCEPATIENT,EIGHT 666-12-1223
2122 S 5TH EAST SALT LAKE CITY UTAH 84108
  Appointment criteria met:
     9/18/96 13:00 EYE CLINIC SCHEDULED VISIT

Enter RETURN to continue or '^' to exit:
```

4.9.   Key Concepts

- You can produce reports for Caseload Profile by Clinic, Workload by Clinic, Frequency of Diagnoses, Location Encounter Counts, Provider Encounter Counts, and Patient Activity by Clinic.

- All reports can be customized to show only specified date ranges, clinics, providers, types of encounters (cancelled, walk-ins, etc.), etc.

- The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.

- Patient Activity by Caseload provides a measure of continuity of care. If a provider of record has his or her care-giving interrupted through clinical rotation, leave, reassignment, or for any other reason, this report may be used to get an update on patient activities in his/her caseload.

- Workload by Clinic provides a summary of clinic workload based on the evaluation and management codes associated with encounters.

5.0   Managing PCE

IRM staff and Clinical Coordinators manage PCE by assigning menus, setting site parameters, defining clinical reminders, setting up clinical reports, and modifying local tables containing patient education, health factors, and other items through the Table Maintenance options.

5.1.   PCE Menus and Options

The following menus and options are exported with PCE:

PCE IRM Main Menu:

```
   SP      PCE Site Parameters Menu ...
   TBL     PCE Table Maintenance ...
   INFO    PCE Information Only ...
   RM      PCE Reminder Maintenance Menu ...
   CR      PCE Clinical Reports ...
```

```
     HOME    Directions to Patient's Home Add/Edit
     CO      PCE Coordinator Menu ...
     CL      PCE Clinician Menu
```

- Assign the IRM Main Menu or at least the first four options/menus to IRM staff or coordinators who will be responsible for setting up PCE, maintaining the entries in the PCE tables (such as Patient Education, Treatments, etc.), and defining the clinical reminders/maintenance system for your site.

- Assign the PCE Coordinator Menu to the Application Coordinator who will use all of the PCE options.

- Assign the PCE Clinician Menu to clinicians who will be entering or editing data, who will use clinical reports, who need the PCE Information Only menu to see the basis for reminders, and who might add or edit directions to a patient's home for appearance on a health summary.

- Assign Directions to Patient's Home Add/Edit to anyone who needs to enter directions to a patient's home. This is especially useful for Hospital-Based Home Care staff (directions can be viewed on Health Summaries).

5.2.   PCE Coordinator Menu

The PCE Coordinator Menu includes all of the user interface options as well as the options for file maintenance.

```
SUP    PCE Encounter Data Entry - Supervisor
PCE    PCE Encounter Data Entry
DEL    PCE Encounter Data Entry and Delete
NOD    PCE Encounter Data Entry without Delete
TBL    PCE Table Maintenance ...
       INFO    PCE Information Only ...
       ACT     Activate/Inactivate Table Items ...
       CED     Education Topic Copy
 DEWO   PCE Delete Encounters W/O Visit
       ED      Education Topic Add/Edit
       EX      Examinations Add/Edit
       HF      Health Factors Add/Edit
       IM      Immunizations Add/Edit
               **> Out of order: Do not use! Placed out of order by PX*1*201
       LOT     Immunization Lot Add/Edit/Display
       SK      Skin Tests Add/Edit
               **> Out of order: Do not use! Placed out of order by PX*1*206
       TR      Treatments Add/Edit
INFO   PCE Information Only ...
       EDA     Active Educ. Topic List - Detailed
       EDL     Education Topic List
       EDI     Education Topic Inquiry
       EX      Exam List
       HF      Health Factor List
       IM      Immunization List
       SK      Skin Test List
       TR      Treatment List
REPT   PCE Clinical Reports ...
HOME   Directions to Patient's Home Add/Edit
PARM   PCE HS/RPT Parameter Menu ...
DIE    PCE Device Interface Error Report
```

Assign PCE Encounter Data Entry - Supervisor to users who can document a clinical encounter and can also delete any encounter entries, even though they are not the creator of the entries. This option also allows, contrary to all other PXCE Encounter Data Entry, users to display, and even modify ancillary encounters so it should be assigned with caution.

Assign PCE Encounter Data Entry to data entry staff who can document a clinical encounter and who can delete their own entries.

Assign PCE Encounter Date Entry and Delete to users who can document a clinical encounter and can also delete any encounter entries, even though they are not the creator of the entries.

Assign PCE Encounter Data Entry without Delete to users who can document a clinical encounter, but should not be able to delete any entries, including ones that they have created.

5.3. Key Concepts

- PCE menus and options are designed for two main types of users: 1) end users (clinicians and clerks) and 2) managers and coordinators.
- The end user options included data entry options and clinical reports.
- The manager and coordinator options include the maintenance menus and the site parameters set-up option.

5.4. PCE Site Parameters

The PCE Site Parameters Menu on the PCE IRM Main Menu contains the PCE HS/RPT Parameter menu, PCE Edit Disposition Clinics, and PCE Site Parameters Edit.

5.4.1. PCE Site Parameters Menu

```
SITE   PCE Site Parameters Edit
       RPT    PCE HS/RPT Parameter Menu ...
              PRNT   PCE HS/RPT Parameters Print
              HS     PCE HS Disclaimer Edit
              RPT    PCE Report Parameter Edit
       DISP   PCE Edit Disposition Clinics
```

5.4.2. Option Descriptions

PCE Site Parameters Edit

This option is used to edit entries in the PCE PARAMETERS file. The parameters that are set are used as the default controls for the user interface when it starts up. You can set your default view as Appointment or Encounter, and a range of dates.

PCE HS Disclaimer Edit

This option is used to specify a Site Reminder Disclaimer to be used by the Health Summary package whenever the Health Summary "Clinical Maintenance" and "Clinical Reminder" components are displayed in a Health Summary.

PCE HS/RPT Parameters Print

This option prints the current PCE Parameter definitions that are used by Health Summary and some of the PCE Reports.

PCE Report Parameter Edit

This option is used to define parameters that will be used by the PCE Report Module. The report edit option allows your site to specify which clinics in file 44 represent "Emergency Room" clinics, and what Lab tests from file 60 should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. These fields are used by the reports Caseload Profile by Clinic, and Patient Activity by Clinic. To get a printout of current definitions in the PCE Parameters fields for these fields, use the PCE HS/RPT Parameters Print.

PCE Edit Disposition Clinics

This option is used to define which clinics are used as Administrative Disposition Clinics.

5.4.3. PCE HS/RPT Parameter Menu

The PCE HS/RPT Parameter menu contains print and edit options for PCE fields related to the Health Summary package and PCE Reports module.

Use the print option to see what the current definition is for these fields.

PCE exports a disclaimer to appear on Health Summaries: Default Reminder Disclaimer:

The following disease screening, immunization, and patient education recommendations are offered as guidelines to assist in your practice.

These are only recommendations, not practice standards. The appropriate utilization of these for your individual patients must be based on clinical judgment and the patient's current status.

If your site prefers to use a site-defined reminder disclaimer instead of the disclaimer distributed by PCE, use the HS Disclaimer Edit option to define your site's disclaimer text. This disclaimer will appear on the top of each display of Health Summary "Clinical Maintenance" and "Clinical Reminder" components.

Two PCE Clinical Reports—Caseload Profile by Clinic and Patient Activity by Clinic—track Critical Lab Values and Emergency Room Visits. The PCE Report Parameter Edit option allows your site to specify which clinics in Hospital Location file (#44) represent "Emergency Room" clinics and what tests from the Laboratory

Test file (#60) should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. (This is necessary since the Laboratory Test File is not standardized and each site may have customized it differently.)

5.4.4. PCE Site Parameters Edit Example

The parameters that are set through this option are used as the default controls for the user interface when it starts up.

```
   SITE   PCE Site Parameters Edit
   RPT    PCE HS/RPT Parameter Menu ...

Select PCE Site Parameter Menu Option: site  PCE Site Parameters Edit

Select PCE PARAMETERS ONE: 1
STARTUP VIEW: APPOINTMENT// ??
     This is the default list that PCE Encounter Data Entry starts in for all
     users.
     Choose from:
       V         VISIT/ENCOUNTER
       A         APPOINTMENT
STARTUP VIEW: APPOINTMENT// v  VISIT/ENCOUNTER
BEGINNING PATIENT DATE OFFSET: -30// [ENTER]
ENDING PATIENT DATE OFFSET: 2// [ENTER]
BEGINNING HOS LOC DATE OFFSET: -14// -30
ENDING HOS LOC DATE OFFSET: 2// [ENTER]
RETURN WARNINGS: YES// ?
     Enter YES if you want the Device Interface to return warnings if there
     are no diagnoses or procedures passed.
     Choose from:
       0         NO
       1         YES
RETURN WARNINGS: YES// [ENTER]

Select PCE PARAMETERS ONE: [ENTER]
```

5.4.5. PCE Edit Disposition Clinics

This option is used to define which clinics are used as Administrative Disposition Clinics.

```
Select PCE Site Parameter Menu Option: PCE Edit Disposition Clinics
Select PCE PARAMETERS ONE: 1
Select DISPOSITION HOSPITAL LOCATIONS: 3A
 Are you adding '3A' as
    a new DISPOSITION HOSPITAL LOCATIONS (the 1ST for this PCE PARAMETERS)? Y Select
DISPOSITION HOSPITAL LOCATIONS: [ENTER]
Select PCE PARAMETERS ONE: [ENTER]
```

5.4.6. Key Concepts

- Coordinators can set the parameters that are used as the default controls for the user interface when it starts up. You can set your default view as Appointment or Encounter, and also a range of dates.

- Coordinators can specify which clinics in file 44 represent "Emergency Room" clinics, and what Lab tests from file 60 should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol, and HBA1C lab results.

- PCE exports a disclaimer to appear on Health Summaries, stating that clinicians may use their professional discretion as to how they respond to clinical reminders. Each site may create a site-defined reminder disclaimer, using the HS Disclaimer Edit option. This disclaimer will appear on the top of each display of Health Summary Clinical Maintenance and Clinical Reminder components.

6.0 Table Maintenance

The Table Maintenance options let sites add or edit the items in the tables for Health Factors, Patient Education, Skin Tests, etc.

6.1. PCE Table Maintenance Menu

```
   INFO    PCE Information Only ...
   ACT     Activate/Inactivate Table Items ...
   CED     Education Topic Copy
   DEWO    PCE Delete Encounters W/O Visit
   ED      Education Topic Add/Edit
   EX      Examinations Add/Edit
   HF      Health Factors Add/Edit
   IM      Immunizations Add/Edit
              **> Out of order:  Do not use! Placed out of order by PX*1*201
   LOT     Immunization Lot Add/Edit/Display
   SK      Skin Tests Add/Edit
              **> Out of order:  Do not use! Placed out of order by PX*1*206
   TR      Treatments Add/Edit
```

Once these tables have been defined, the table entries will be selectable for encounter data entry (directly into PCE) or for encounter form definitions (AICS package). The patient information collected can be viewed on Health Summaries.

Use the "Inactive Flag" field to make an entry "INACTIVE" for selection in the encounter form definition process and the PCE encounter data entry process. If entries are to be included on the clinic's encounter form, the entries must first be defined in the appropriate file using this option. canning encounter forms with the AICS package will provide PCE with information stored in the V files.

These options may be used in conjunction with the "PCE Information Only" menu options to manage the contents of the files or tables supporting the Patient Care Encounter (PCE) package.

6.1.1. Option Descriptions

PCE Information Only

This is a menu of options that lists entries in the files/tables for patient education, immunizations, skin tests, health factors and treatments.

Activate/Inactivate Table Items

This option is the main menu option that allows you to activate or inactivate the entries in the supporting tables. (e.g., Education Topics, Health Factors, Treatments).

Education Topic Copy

This option allows the user to copy an existing education topic into a new education topic entry in the Education Topics file (#9999999.09). The original education topic to be copied is selected first. If the topic is prefixed with "VA-", the "VA-" will be stripped off the name automatically. The new name must be unique. If the name is not unique, the user must enter a unique name for the new education topic.

PCE Delete Encounters W/O Visit

This option provides a tool for IRM to correct Encounters that have missing Visits. The missing Visits can cause a problem where the Encounters cannot be checked out. Under this menu option, there are 4 sub options described in detail in the text of patch PX*1*153:

- BUILD will find the missing encounters based on date range entries
- REPORT will print the problem encounters per build
- FIX ALL will fix all the encounters that are indicated by the build
- FIX INDIVIDUAL will fix encounters for one patient

Education Topic Add/Edit

This option lets you create a new Education Topic or edit an Education Topic that was originally created at your site. Education topics distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once an education topic is defined in this table, it should not be deleted if there are any encounter form definitions which are referencing the education topic, or if there is any patient encounter data which is referencing this education topic historically.

Examinations Add/Edit

This option allows you to create a new name to represent an examination type or edit an examination type that was originally created at your site. The examination types originally distributed by PCE are a breakdown of potential categories of exams within a Physical Exam. The exams   distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once exam names are defined in this table, they should not be deleted if there are any

encounter form definitions referencing the exam name, or if there is any patient encounter data which may be referencing this exam historically.

Health Factors Add/Edit

This option allows the user to create a new Health Factor or edit a Health Factor that was originally created at your site. Health factors that are distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once a health factor is defined in this table, it should not be deleted if there are any encounter form definitions which may be using the term, or if there is any patient encounter data which may be referencing this term historically.

Immunizations Add/Edit

This option has been placed out of order. The IMMUNIZATION file will be maintained by the Master File Server.

Immunization Lot Add/Edit/Display

This option allows an authorized user to add or update an immunization lot and to display or print an Immunization Inventory Report.

Skin Tests Add/Edit

This option has been placed out of order. The SKIN TEST file will be maintained by the Master File Server.

Treatments Add/Edit

This option allows a user to create a new Treatment or edit a Treatment that was originally created at your site. Treatments that are distributed with the PCE package can be inactivated using the PCE "Activate/Inactivate Table Items" menu. Once a treatment is defined in this table, it should not be deleted if there are any encounter form definitions which may be referencing the treatment, or if there is any patient encounter data which may be referencing the treatment historically.

6.2. Editing the Education Topic File

```
Select PCE Table Maintenance Option: PE  Education Topic Add/Edit
Select Patient Education Option: ?

   A      Activate or Deactivate Topics
   E      Edit ONLY Active Topics

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select Patient Education Option: E  Edit ONLY Active Topics

Select EDUCATION TOPICS NAME: SAMPLE 1 - LIFESTYLE ADAPTATIONS
NAME: SAMPLE 1 - LIFESTYLE ADAPTATIONS  Replace
MNEMONIC: ??
     answer must be 1-9 characters in length and must contain a "-" (ie
     VA-DIET).
MNEMONIC: VA-DI
INACTIVE: ?
     Choose from:
```

```
        1           INACTIVE
INACTIVE:
PRINT NAME: A/S Lifestyle Adaptations  Replace [ENTER]
Select ITEM: ?
 Answer with ITEM
     You may enter a new ITEM, if you wish Select an item which
     represents a component of the education topic.
 Answer with EDUCATION TOPICS NAME, or MNEMONIC
```

6.3. Key Concepts

- Coordinators add or edit the items in the tables for Health Factors, Patient Education, Skin Tests, etc.

- Entries in these tables can be selected when clinicians or clerks enter encounter data such as health factors or patient education.

- When coordinators or MCCR personnel create encounter forms through the AICS package, they can use entries from these tables as items to be checked off.

- The patient information collected based on these table definitions can be seen on Health Summaries.

- This menu also includes options to edit the Clinical Reminder/ Health Maintenance definitions, based on your site's clinical terminology in the tables. Once reminder criteria have been defined, they may be included in the Health Summary Type definitions for the "Clinical Reminder" and "Health Maintenance" Components.

6.4. Enter/Edit Immunization Lot file

```
Select PCE Table Maintenance Option: LOT [Enter] Immunization Lot Add/Ed
it/Display


IMMUNIZATION INVENTORY FUNCTIONS

1. Enter/Edit Immunization Lot
2. Display/Print Immunization Inventory Report

Enter a number:  (1-2): 1 [Enter]


        Enter/Edit Immunization Lot

Select IMMUNIZATION LOT LOT NUMBER: EE11337 [Enter]  PFIZER, INC    TD (ADULT)    11-
30-2017       99 DOSES UNUSED

LOT NUMBER: EE11337// ** Already assigned and cannot be edited. **
MANUFACTURER: PFIZER, INC// [Enter]
VACCINE: TD (ADULT)// [Enter]
EXPIRATION DATE: NOV 30,2017// [Enter]
STATUS: ACTIVE// [Enter]
STARTING COUNT: 100// [Enter]
DOSES UNUSED: 99// [Enter]
```

```
NDC CODE (VA): [Enter]
```

6.5. Key Concepts

- User must hold the PXV IMM INVENTORY MGR security key to access this menu option.

- Only active immunization lots may be selected when documenting an immunization.

- Entries in the IMMUNIZATION LOT file (#9999999.41) must be unique, that is, the immunization name, lot number and manufacturer combination must be unique.

- An immunization lot that has been assigned to a patient's immunization record may not be deleted from the IMMUNIZATION LOT file (#9999999.41).

- When an immunization lot number is assigned to a patient's immunization record, the number in the DOSES UNUSED field is decremented.

6.6. Display Immunization Inventory Report

```
Select PCE Table Maintenance Option: LOT [Enter] Immunization Lot Add/Ed
it/Display


IMMUNIZATION INVENTORY FUNCTIONS

1. Enter/Edit Immunization Lot
2. Display/Print Immunization Inventory Report

Enter a number:  (1-2): 2 [Enter]


IMMUNIZATION INVENTORY REPORTS

Display/Print Which of the Following?

1. All or Selected Active Inventory
2. Active Inventory With Zero Doses Available

Enter a number:  (1-2): 1 [Enter]

Display Inventory Information for All Immunizations? YES// NO [Enter]


Display Inventory Information for which Immunization? ANTHRAX [Enter]     24
Select an Additional Immunization:  RUBELLA [Enter]     06
Select an Additional Immunization: [Enter]

Display/Print on which Device: GENERIC PRINTER [Enter]    Right Margin: 80 [Enter]
```

```
              SELECTED ACTIVE IMMUNIZATION INVENTORY
                    DATE PRINTED: AUG 11,2015
```

```
IMMUNIZATION
LOT MUNBER                      STATUS       DOSES UNUSED      EXPIRATION DATE
MANUFACTURER
================================================================================
ANTHRAX
PH5429DT6                       ACTIVE       0                 DEC 31, 2015
BAXTER HEALTHCARE CORPORATION


ANTHRAX
P92A8769LN                      ACTIVE       98                DEC 31, 2016
SCLAVO, INC.


RUBELLA
TC180-R                         ACTIVE       73                NOV 30, 2017
ABBOTT LABORATORIES
```

```
Select PCE Table Maintenance Option: LOT [Enter] Immunization Lot Add/Ed
it/Display


IMMUNIZATION INVENTORY FUNCTIONS

1. Enter/Edit Immunization Lot
2. Display/Print Immunization Inventory Report

Enter a number:  (1-2): 2 [Enter]


IMMUNIZATION INVENTORY REPORTS

Display/Print Which of the Following?

1. All or Selected Active Inventory
2. Active Inventory With Zero Doses Available

Enter a number:  (1-2): 2 [Enter]


Display/Print on which Device: GENERIC PRINTER [Enter]    Right Margin: 80 [Enter]
```

```
           ACTIVE IMMUNIZATION INVENTORY - ZERO DOSES AVAILABLE
                      DATE PRINTED: AUG 11,2015

IMMUNIZATION
LOT MUNBER                      STATUS       DOSES UNUSED      EXPIRATION DATE
MANUFACTURER
=================================================================
ANTHRAX
PH5429DT6                       ACTIVE       0                 DEC 31, 2015
BAXTER HEALTHCARE CORPORATION


MUMPS
F8A5632B                        ACTIVE       0                 NOV 30, 2015
MERCK AND CO., INC.
```

7.0   PCE Information Only

This is a menu of options that lists entries in the files/tables for patient education, immunizations, skin tests, health factors, and treatments.

7.1.   PCE Information Only Menu

```
PCE Information Only Menu

   EDA     Active Educ. Topic List - Detailed
   EDL     Education Topic List
   EDI     Education Topic Inquiry
   EX      Exam List
   HF      Health Factor List
   IM      Immunization List
   SK      Skin Test List
   TR      Treatment List
   CM      PCE Code Mapping List
```

These entries determine what clinical data will be collectable for these classes of clinical data.

PCE distributes immunizations and skin test table entries that also have a related CPT code. The relationship of an immunization or skin test to a CPT code is defined in the PCE Code Mapping file. The PCE Code Mapping file determines whether two entries should be made from one clinical data item entered. For example, if an immunization is entered into the V Immunization file, a CPT code is generated in the V CPT file for billing and workload. The mapping definition of the CPT relationship with the Immunization type is viewable from the PCE Code Mapping list option.

7.2.   Option Descriptions

7.2.1. Active Educ. Topic List – Detailed

This lists the current detailed definition of the goals and standards defined for the active education topics.

7.2.2. Education Topic List

This option prints a brief list of ALL Education Topics using only two fields: Inactive Flag status and Topic Name.

7.2.3. Education Topic Inquiry

This option can be used to print the definition of a specific Education Topic definition.

7.2.4. Exam List

This option lists all of the exam names, with their Active Status, that are defined in the Exam file for use with PCE.

7.2.5. Health Factor List

This option lists the Health Factors by Category, with their Active Status, that have been defined in the Health Factor file for use with PCE.

7.2.6. Immunization List

This option lists all immunizations, with their Active Status, which have been defined in the Immunization file for use with PCE.

Note: To see what CPT codes may be related to the immunization entries, print the PCE Code Mapping List.

7.2.7. Skin Test List

This option lists all skin tests, with their Active Status, that have been defined in the Skin Test file for use with PCE.

7.2.8. Treatment List

This option lists all treatments, with their active status, that have been defined in the Treatment file for use with PCE.

7.2.9. PCE Code Mapping List

This option allows the user to see the mapping between CPT codes and a related entry in a PCE supporting file. For example, the CPT code 90732 is related to the Immunization file entry PNEUMOCCOCAL. PCE uses the code mapping relationships to populate multiple files from one data entry step. For example, an entry of PNEUMO-CCOCAL in the V Immunization file will also create a CPT entry, 90732 in the V CPT file which will then be passed to PIMS for use by IB, Workload, and DSS.

7.3. PCE Code Mapping List

```
PCE CODE MAPPING LIST                    MAY 24,1996  13:15    PAGE 1
                                                    ON/OFF
FROM   FILE ENTRY            TO    RELATED SUPPORTING FILE ENTRY      FLAG
-------------------------------------------------------------
CPT    86485            SK    CANDIDA               ON
CPT    86490            SK    COCCI                 ON
CPT    86510            SK    HISTOPLAS             ON
CPT    86580            SK    PPD                   ON
CPT    86585            SK    TINE                  ON
CPT    90700            IMM   DIP-TET-a/PERT        ON
```

```
CPT   90701          IMM   DIP.,PERT.,TET. (DPT) ON
CPT   90702          IMM   DIPHTHERIA-TETANUS (DT-PEDS)        ON
CPT   90703          IMM   TETANUS TOXOID        ON
CPT   90704          IMM   MUMPS                 ON
CPT   90705          IMM   MEASLES               ON
CPT   90707          IMM   MASLES,MUMPS,RUBELLA MMR)        ON
CPT   90708          IMM   MEASLES,RUBELLA (MR)  ON
CPT   90709          IMM   RUBELLA, MUMPS        ON
```

7.4. Key Concepts

- Options on the Information Only menu list clinical terminology used in the PCE files/tables to represent patient education, immunizations, skin tests, health factors and treatments.

- The terminology in these tables determines what clinical data will be collectable for these classes of clinical data.

- The PCE Code Mapping List shows the mapping between CPT codes and related entries in other PCE supporting files. For example, if an immunization is entered into the V Immunization file, a CPT code is generated in the V CPT file for billing and workload.

- Options on this menu display definitions of PCE Reminders which may be selected for the PCE Clinical Reminder and PCE Clinical Maintenance components.

8.0 Clinical Reminders

This section describes how you can use clinical reminders, along with related tools and technology, to help clinicians provide better patient care. It reviews the following:

- Relationships between PCE, encounter forms, health summaries, and clinical reminders

- Encounters and encounter forms, along with the considerations you need to keep in mind when designing encounter forms

- Health summaries

- Clinical reminders set-up

- Clinical reminders benefits

8.1. Overview

Where Does the Data for Reminders Come From?

Clinical reminders depend upon patient clinical information collected from a variety of sources, using manual data entry, automated data capture tools, and/or ancillary

service activities. The following table shows some of the sources of patient data for clinical reminders.

User Source	Type of Data	Package
Checkout Clerks	Encounter data on encounter form or Progress Note Historical information noted on the encounter form	AICS, PCE, Scheduling PCE
Practitioners	Encounter data on encounter form Historical information Vitals Text notes are not usable directly by the reminders, but clinical reminders can make use of coded data extracted and manually entered	AICS, PCE PCE Vitals Progress Notes, Discharge Summary or TIU
Ward Clerks	Encounter data from Inpatient Stay	PIMS - ADT summary in PTF File
MCCR personnel	Data entered to complete an encounter for billing and workload credit	Scheduling, PCE
Transcrip-tionists	Transcribed text is not usable directly by the reminders, but clinical reminders can make us of coded data extracted and manually entered	Progress Notes - PCE Radiology -PCE Discharge Summaries - PCE and ADT Cytopathology - PCE
Ancillary service practitioners	Record results from procedures and automatically update PCE upon verification of results.	Laboratory - PCE Radiology - PCE Surgery - PCE Event Capture - PCE

8.2. Manual Data Entry

Manual data entry is one way to record patient care encounters. The data entered provides the when, why, what, and who information related to a patient encounter:

- Encounter location and date/time

- Diagnoses treated

- Procedures performed

- Practitioner(s)

Historical information about encounters can be entered using the Encounter View action in PCE data entry options to make the patient record more complete. Data capture requirements for historical data are minimal. The historical encounter data is not used for billing and workload. No provider is required and entering only a diagnosis or procedure is okay. Immunizations, pap smears, mammograms, surgeries, etc., done elsewhere may now be recorded and used by the clinical reminders. This includes other VA Medical Centers and non-VA locations (Health Department, private office, etc.).

8.3. Automated Data Capture

Scanned encounter forms can be used to capture encounter data relevant to clinical reminders. If the reminders are to be accurate, the forms must capture the data they need.

It is a challenge to keep the forms as simple as possible while still meeting information capture requirements. This may be done by combining information such as immunizations and skin tests with other required preventive procedures and assigning appropriate CPT codes so they will be captured correctly.

There is no perfect encounter form. Everyone who uses these forms will have ideas about how to make them "perfect." They need to be carefully designed to meet most of the users' needs, while capturing information for workload and billing purposes. You can't capture everything for everyone on one form.

8.4. Clinical Reminders and Health Summary Packages Data Use

Reminder items are added to health summary selection components for a given health summary type. When the health summary type is run, the Clinical Reminders software evaluates the patient's data and returns the results to the health summary for display.

8.5. Health Summary Reminder Components

Clinical Reminder: An abbreviated component indicating only what is due now.

- Name of reminder

- Date last done

- Date next due

The clinical reminder displays on the health summary as follows:

```
Reminder        Next    Last Done
Mammogram       10/1/98     10/1/96
Pap Smear       Due Now     Unknown
Diabetic Eye Exam   10/1/98     10/1/97
```

Clinical 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.

The advantage of clinical maintenance over clinical reminders is that it includes related test results, health factors, and logic related to that reminder.

Example of clinical maintenance as displayed on a health summary:

```
Reminder        Next    Last Done
Hemoglobin A1C      11/1/97     11/1/96
11/1/96 - Problem Diagnosis: 250-Diabetes
HbA1C required yearly for diabetic patients
11/1/96 Lab procedure: HbA1C; results 9.6%
Final frequency and age range used: 1 year for diabetic patients
```

Health summaries and reminder definitions can be tailored to suit clinicians' needs. Some health summaries are defined by users themselves and some are designed for generic use. Many kinds of information can be displayed on a health summary. The user can define a reminder that is very detailed so that it could be used in place of a paper chart. Most sites use the health summary to supplement the paper chart, based on the clinic and provider's preference for health summary content.

8.6. Clinician's Role in Clinical Reminders

The clinician plays an important role in Clinical Reminders. He/she will be asked to assist the Clinical Coordinator in selecting which reminders to implement and in defining the clinical aspects of the Clinical Reminder Definition Worksheets, including:

- Baseline Age Findings

- Reminder Frequency

- Minimum and Maximum Age

- Health Factors, Taxonomies

- Related Lab and Radiology Tests

- Computed Findings.

Clinicians may also have clinical reminders customized for their needs.

The clinician also plays a major role by appropriately marking the reminder health topics on the encounter forms. As exams, tests, immunizations, screening, and education are given, the boxes must be marked so that the information can be entered into the computer by the clinician or clerk, or picked up by scanners and passed on to PCE to satisfy the clinical reminders.

Historical encounters can be entered for patient visits that occurred sometime in the past (exact time may be unknown) or at some other location (possibly non-VA). They are used to satisfy reminders and determine next date due.

Most important, clinicians will make use of clinical reminders and clinical maintenance to enhance patient care, by assuring timely completion of appropriate tests, immunizations, exams, screenings, and education.

How does the Clinical Reminders software helps to meet Clinical Guidelines, NCHP, performance indicators, and preventive medicine mandates?

Make the most of your clinical reminders!

The National Center for Health Promotion (NCHP) has defined a set of 15 reminders that represent the minimum that sites must report on yearly to comply with Congressional law. The Ambulatory Care Expert Panel has defined 22 reminders that they recommend. The NCHP reminders are prefixed with VA-* and the EP reminders with VA-. Any of these reminders that meet your site's requirements may be used as is. If your site requires a reminder that is not met by one of the distributed reminders, you can create your own. It is usually easiest to start by copying the existing reminder that is closest to what you want.

You may wish to review VHA Handbook 1101.8 Health Promotion and Disease Prevention Program (RCN 10-0666), VAMC Outpatient Performance Indications, and Clinical Guidelines as resource materials when deciding what reminders you need.

Create a Preventive Medicine Health Summary or add reminder and maintenance items to existing health summaries. You can print health summaries and provide them to clinicians for all scheduled visits, or show them how to view them on their computer monitors. A clinician may use the ADHOC health summary to review individual maintenance or reminder information.

When reviewers visit your medical center, make these summaries available to them. Feedback from reviewers who have used these health summaries during their reviews has been very positive.

Note: Clinical reminders and clinical maintenance do not satisfy documentation requirements. Documentation supporting these reminders must still be made on progress notes, doctor's orders, etc.

8.7. Implementing Clinical Reminders

Tips on how to get started with clinical reminders and clinical maintenance from a Clinical Coordinator's perspective.

Clinical Reminders are created or modified by using a combination of PCE Table Maintenance options, Clinical Reminders Maintenance options, Taxonomy options, Health Summary Create/Modify Health Summary Type option, and AICS Encounter Form options.

Follow the steps below, as applicable, to implement Clinical Reminders.

1. Ask IRMS staff to assign you the PCE Table Maintenance Menu and the PCE Reminder Maintenance Menu.

   If you are a technical user, you may want to ask IRMS to add the PCE Reminder Test option as a secondary menu option.

   Refer to Appendix A of the PCE User Manual Appendices document for clinical reminders guidelines and worksheets.

2. Gather the following:

   - Appendix A-1, Start-up Process for Implementing Reminders

   - Appendix A-3, Clinical Reminder Definition Worksheet

   - Appendix A-4, PCE Clinical Integration Worksheet

   - Copy of VA Performance Indicators

   - Copy of VHA Handbook 1101.8

   Use a list of PCE Reminders/Maintenance items, health factors, and taxonomies for referral as you are working. The distributed reminders and taxonomies are listed in Appendixes A-8 and A-9. (Options to print these are located on the PCE Reminder Maintenance Menu, if you need more copies.)

3. Identify the reminders that your site wants to implement.

   a. Review reminder definitions with appropriate clinical staff and determine any reminders that will need editing.

      - If you are going to use the distributed reminders without making any changes, you won't need to copy them. For example, immunizations, skin tests, and blood pressures can be used as exported. If you wish to make changes (e.g., frequency, age range, health factors), copy the exported reminder and edit it.

      - If no distributed reminder provides exactly what you require, you will need to create your own local reminder. It is usually easiest to start with the distributed reminder that is closest to your requirements. Copy it to a local reminder using the Copy Reminder Item option, and

then edit the new reminder to meet your site's needs. An example of copying and editing a reminder is at the end of this chapter.

Note: The VA- prefix designates the nationally distributed set. (Sites are not allowed to use the VA- prefix in the names of locally defined reminders.) Reminders with the VA-* prefix represent the minimum requirements as defined by the National Center for Health Promotion (NCHP).

- You will always need to copy and edit the following reminders to add your specific laboratory or radiology test names:

    o VA-*: Breast Cancer Screen, *Cholesterol Screen (M) and (F)

    o VA-: Mammogram, PSA

    o VA-*: *Cervical Cancer Screen, *Colorectal Cancer Screen (FOBT), Colorectal Cancer Screen (Sig.), Hypertension Screen, Influenza, Immunization, Pneumococcal Vaccine, Tetanus Diphtheria Immunization, Weight and Nutrition Screen

    o VA-: *Pap Smear, *FOBT, Flexisigmoidoscopy, Blood Pressure check, Influenza Vaccine, Pneumovax, PPD, Weight

    > ***** The Pap Smear and FOBT-type reminders don't look at the laboratory test names at this time. However, a future lab patch is anticipated that will require you to enter the laboratory test name as you did for PSA and cholesterol reminders.

- The following screening and education reminders work "as is," but you must activate the topics under the PCE Reminder Maintenance Menu. The Table Maintenance item should match one or more of the Target Result Findings items as listed in each reminder definition.

    o VA-*: Fitness and Exercise Screen, Problem Drinking Screen, Seat

    o Belt and Accident Screen and Tobacco Use Screen

    o VA-: Exercise Education, Alcohol Abuse Education, Seat Belt

    o Education, Tobacco Education, Nutrition/Obesity Education

    o Advance Directives Education, Breast Exam, Breast Self-Exam

    o Education, Diabetic Eye Exam, Diabetic Foot Care Ed, Diabetic Foot

    o Exam, Digital Rectal (Prostate) Exam

b. Run enough copies of "Clinical Reminder Definition Worksheets" (Appendix A-3 of the PCE User Manual Appendices document) for the reminders you wish to edit.

c. Complete a Clinical Definition Worksheet for each reminder you wish to change. This is where you define the reminder print name, description, type, target result finding file, timeframes, taxonomies, and health factors, etc.

d. Get approval from your Medical Staff Executive Committee for your reminder definitions.

4. (Optional) If a distributed taxonomy definition related to a reminder needs modification, do the following:

a. Copy the taxonomy and then edit it, using the Copy Taxonomy option.

b. Modify the reminder to reflect the newly created taxonomy, using the Reminder Edit option.

5. Use options on the PCE Table Maintenance Menu to enter any locally created education, examinations, or health factors.

6. Coordinate the use of encounter forms (through the AICS package) with the use of Health Summary Clinical Maintenance components.

7. Make sure the relevant encounter forms contain all appropriate list bubbles for PCE data: Health factors, exams, immunizations, diagnosis, patient education, procedures, and skin tests.

8. Use the Health Summary package to activate clinical reminders and clinical maintenance components.

a. Enable components through the Health Summary Maintenance Menu (GMTS IRM/ADPAC Maintenance Menu).

b. Inactivate reminder topics you will not be using.

c. Create a Preventive Medicine Health Summary to display reminders and health maintenance components, or add these components to existing health summaries. You can print copies and include them with the encounter form and chart for each visit, or your providers can view health summaries on their computers.

9. Inactivate reminders which will not be used, with the Activate/Inactive Reminders option.

10. Test your reminders.

You can do this two ways:

a. Run health summaries on patients you know have documented health factors or taxonomies.

b. Use the Reminder Test option, a standalone option which technical users can use to see a programmer's view of the results of a reminder for a patient. This option doesn't affect any data; it provides debugging information. Check with your IRMS staff for availability.

11. Meet with users and explain Clinical Reminders, the use of the Preventive Medicine Health Summary, and the need for their continued documentation of progress notes, doctor's orders, etc.

12. Meet with appropriate staff to arrange for data validation to assure that:

    a. Encounter forms are being completed correctly.

    b. Clerks are entering information that is marked on the encounter form (if using manual entry).

    c. Scanners are picking up information accurately (if scanning).

    d. Information is being passed to health summaries correctly.

    e. Documentation in the patient's medical record supports information displayed on the clinical reminders and clinical maintenance components.

8.8. Defining Clinical Terms with PCE Tables

The PCE package provides options for defining terminology, which your site can use to support capturing data for the reminders. The tables are categorized as follows:

- Education Topic
- Exam
- Health Factor
- Treatment

With the exception of the table of Treatments, all of the table items are supplied in an activated state. (Clinical reminders do not use Treatments). If there are choices that you don't want your users to see and pick, you must deactivate them (with the PCE Table Maintenance Activate/Inactivate Table Items option).

8.9. PCE Reminder Maintenance Menu

8.9.1. Option Descriptions

List Reminder Definitions

Lists all of the Reminder/Maintenance item definitions.

Inquire About Reminder Item

Lists the definition of a selected reminder.

Add/Edit Reminder Item

Used to edit Reminder/Maintenance Item definitions.

Copy Reminder Item

Used to copy an existing reminder item definition into a new reminder item in the Reminder/Maintenance Item file (#811.9). Once the copy is completed, you will have the option of editing the new reminder.

Activate/Inactivate Reminders

Used to make reminders active or inactive with Health Summary.

List Reminder Types Logic

Lists the Reminder Types along with a summary of where the reminder's logic searches for data in VISTA to be used for the reminder type's target patient findings.

List Taxonomy Definitions

Lists the current definition of taxonomies defined in the Taxonomy file which defines the coded values from ICD Diagnosis, ICD Operation/Procedures, or CPT codes that are a part of a clinical category (taxonomy). These taxonomy low and high range definitions are used by the Clinical Reminders logic to determine if a patient has coded values in the clinical files that indicate the patient is part of the taxonomy

Inquire about Taxonomy Item

Lists the current definition of a single taxonomy, including the same information as the Taxonomy List option.

Edit Taxonomy Item

Used to edit Taxonomy Item definitions.

Copy Taxonomy Item

Used to copy an existing taxonomy definition into a new entry in the Taxonomy file (#811.2). Once the taxonomy has been copied, you have the option of editing it.

Activate/Inactivate Taxonomies

This option allows you to activate/inactivate taxonomies.

Reminder Test [PXRM REMINDER TEST], a standalone option, provides the technical user with a tool that can facilitate the creation and debugging of reminder definitions. This option lets you run a reminder directly and see all the details. It is completely safe to use, and its impact on the system is no different than running a reminder through Health Summary. The use of this option is explained in detail in Appendix A-7 of the PCE User Manual Appendices document.

Depending on a site's preferences, IRMS can add this option to the Reminder Maintenance menu or to a particular user's secondary menus.

8.10. Copying and Editing a Reminder

Note: Use one up-arrow (^) or two up-arrows (^^) to exit from the option. Two up-arrows (^^) are necessary to exit from some prompts (ones that are indented).

```
  RL List Reminder Definitions
  RI Inquire about Reminder Item
  RE Add/Edit Reminder Item
  RC Copy Reminder Item
  RA Activate/Inactivate Reminders
  RT List Reminder Types Logic
  TL List Taxonomy Definitions
  TI Inquire about Taxonomy Item
  TE Edit Taxonomy Item
  TC Copy Taxonomy Item
  TA Activate/Inactivate Taxonomies


Select PCE Reminder Maintenance Menu Option: RC Copy Reminder Item
Select the reminder item to copy: FECAL OCCULT BLOOD TEST
PLEASE ENTER A UNIQUE NAME: LOCAL FECAL OCCULT BLOOD TEST

The original reminder FECAL OCCULT BLOOD TEST has been copied into LOCAL FECAL OCCULT
BLOOD TEST.
Do you want to edit it now? YES


NAME: LOCAL FECAL OCCULT BLOOD TEST Replace <Enter>

REMINDER TYPE: LABORATORY TEST// <Enter>

PRINT NAME: Fecal Occult Blood Test Replace <Enter>

RELATED REMINDER GUIDELINE: VA-*COLORECTAL CANCER SCREEN (FOBT) // <Enter>

INACTIVE FLAG: ?
    Enter "1" to inactivate the reminder item.
    Choose from:
      1 INACTIVE
INACTIVE FLAG: <Enter>


REMINDER DESCRIPTION:
Fecal occult blood test due every year for patients ages 50 and older with
no dx of colorectal cancer.

This reminder is based on guidelines provided by the Ambulatory Care Expert Panel. It
also satisfies the "Colorectal Cancer Screen - FOBT" guidelines specified in the
"Guidelines for Health Promotion and Disease Prevention", M-2, Part IV, Chapter 9.
EDIT? NO// <Enter>

TECHNICAL DESCRIPTION:. . .
. . .
Operation/Procedure file. If this taxonomy needs modification, copy the taxonomy to a
new taxonomy for your site, and make the appropriate modifications.

Copy the reminder to a new reminder for your local site's modifications.
NOTE: The Laboratory data is not available use in the reminder. When the lab package
begins passing CPT codes for fecal occult blood tests to PCE, this reminder is ready
to make use of the information.

  EDIT? NO// <Enter>
Target Groups
DO IN ADVANCE TIME FRAME: 1M//<Enter>
SEX SPECIFIC: <Enter>
```

```
IGNORE ON N/A: ??
   This field allows the user to stop reminders from being printed in the
   "Clinical Maintenance" component of Health Summary if the reminder is N/A. This is
free text that can contain any combination of the following codes:

    Code Description
     A N/A due to not meeting age criteria.
     S N/A due to the wrong sex.IGNORE ON N/A: <Enter>


Baseline frequency age range set
Select REMINDER FREQUENCY: 0Y//<Enter>
  REMINDER FREQUENCY: 0Y//<Enter>
  MINIMUM AGE: 0//<Enter>
  MAXIMUM AGE: 49//40
  AGE MATCH TEXT:
  Fecal Occult Blood Test (FOBT) not indicated in patients under 50.
  EDIT? NO// YES
REPLACE 50 WITH 40 REPLACE <Enter>
EDIT Option: <Enter>
  AGE NO MATCH TEXT:
No existing text
  Edit? NO//<Enter>
Select REMINDER FREQUENCY: <Enter>
Target Findings
Select TARGET RESULT FINDINGS FILE: LABORATORY TEST//<Enter>
  TARGET RESULT FINDINGS FILE: LABORATORY TEST//<Enter>
  TARGET RESULT DESCRIPTION:
Identify all laboratory tests which represent Fecal Occult Blood tests in
the Target Result Findings Item multiple.

FOBT's may also be identified by defining a taxonomy in PCE Taxonomy that
identifies coded ranges of CPT or ICD Operation/Procedure codes that
represent this test.
  EDIT? NO// <Enter>
 Select TARGET RESULT FINDINGS ITEM: OCCULT BLOOD (STOOL)//<Enter>
 TARGET RESULT FOUND TEXT:
  No existing text
  Edit? NO//
 TARGET RESULT NOT FOUND TEXT:
  No existing text
  Edit? NO//
Taxonomy Findings
Select TAXONOMY: VA-COLORECTAL CA//<Enter>
  TAXONOMY: VA-COLORECTAL CA//<Enter>
  MINIMUM AGE: 30
  MAXIMUM AGE: <Enter>
  REMINDER FREQUENCY: 0Y//1Y
  FOUND TEXT:
  Patient known to have hx of colorectal cancer. Please verify appropriate
  tx & f/u is ongoing.

NOT FOUND TEXT:
No hx of colorectal cancer on file - presumed no hx.
Edit? NO// <Enter>
RANK FREQUENCY: ??
   This optional field is used to rank the frequency and age ranges that
   are associated with this Taxonomy Finding.

   This field is used for the situation 1) where more than one match is
   found among Taxonomy Findings, and/or Health Factor Findings and/or
   Computed Findings, and 2) where more than one of the Findings definitions
   has its own age range and frequency. The rank is used to define a
   priority or ranking that tells the reminder logic which age range and
```

```
     frequency should take precedence when there are multiple results found.

     The value which can be entered in the Rank field should be a number from
     1 to 999, or blank. The highest ranking (priority) is number 1. When
     there are multiple Findings found, the Finding with the highest rank will
     be used to set the frequency and age range which are used to determine
     when the reminder is due.

     When the Rank field is blank (null) for this Taxonomy Finding, and also
     blank for the Health Factor and Computed Findings definitions, the
     reminder logic will use the frequency that will make the reminder occur
     most often. For example, a Health Factor Finding has age range 25-50 with
     a frequency of 6 months, and a Taxonomy Finding has age range 25-70 and a
     frequency of 1 year. The Health Factor age and frequency would be used
     for the reminder, since a 6 month interval is more frequent than 1 year
     interval.
RANK FREQUENCY: <Enter>
USE IN DATE DUE CALC: ??
     This optional field is used by the reminder logic to determine if the
     date of a match on the Taxonomy Finding should be used to determine
     the next date the reminder will be due. If there are multiple matches
     among the Findings, and this Taxonomy Finding is the most recent
     Finding, then the reminder date due will be calculated from the
     encounter date of this Finding.

     A blank in this field indicates the encounter date of the matched
     Taxonomy Finding will NOT be used to determine the next date the
     reminder will be due. The Taxonomy Finding encounter date and data WILL
     however be displayed in the clinical maintenance component as
     information.

     This field is very useful for the situation when the Targeted Result
     Findings AND this Taxonomy Finding should be used as valid patient
     results satisfying the reminder.
     Choose from:
       1 YES
       0 NO
USE IN DATE DUE CALC: <Enter>
USE IN APPLY LOGIC: ??

     This optional field is used by the user to indicate that this Taxonomy
     Finding should be included as part of the "Apply Logic". The Apply Logic
     is used to determine whether or not a reminder should be applied (given)
     to a patient. This is very useful for those situations where a reminder
     should only be given to, or NOT given to patients with a particular
     Taxonomy Finding, such as diabetes.
     This "Use in Apply Logic" field can be defined with one of the following
     coded values:
                      EQUATES TO BOOLEAN
       CODE    VALUE   OPERATOR LOGIC
       ----    -----   -------------------
               BLANK   not included in Apply Logic (Use @ to delete value)
        &      AND     &(Finding)
        !      OR      !(Finding)
        &'     AND NOT &'(Finding)
        !'     OR NOT  !'(Finding)
     The code selected is used to create a default Boolean "Apply Logic"
     string for this reminder. The Apply Logic string always initially
     defaults to include (SEX)&(AGE), but will add &(Finding), !(Finding),
     &'(Finding), or !'(Finding) to the string depending on the code in this
     "Use in Apply Logic" field. If a more detailed definition of the Apply
     Logic is required, then the "Apply Logic" field in the PCE REMINDER/
     MAINTENANCE FILE (811.9) can be defined via FileMan. When the Apply
```

```
    Logic is defined using FileMan, the "Use in Apply Logic" field will be
    ignored by the reminder logic because the default "Apply Logic" is
    overriden by the contents of the "Apply Logic" field. To reactivate the
    default "Apply Logic", use FileMan to delete the contents of the "Apply
    Logic" field.
    Choose from:
      & AND
      ! OR
      &' AND NOT
      !' OR NOT
USE IN APPLY LOGIC: <Enter>
Select TAXONOMY: <Enter>
TAXON GENERAL FOUND TEXT:
No existing text
  Edit? NO//
TAXON GENERAL NOT FOUND TEXT:
No existing text
  Edit? NO//


Health Factor Findings
Select HEALTH FACTOR FINDINGS ITEM: ACTIVATE FOBT CANCER SCREEN// <Enter>
HEALTH FACTOR FINDINGS ITEM: ACTIVATE FOBT CANCER SCREEN// <Enter>
  MINIMUM AGE: <Enter>
  MAXIMUM AGE: <Enter>
  REMINDER FREQUENCY:
  FOUND TEXT:
    No existing text
    Edit? NO// <Enter>
  NOT FOUND TEXT:
    No existing text
    Edit? NO// <Enter>
  RANK FREQUENCY:
  USE IN DATE DUE CALC: <Enter>
  USE IN APPLY LOGIC: <Enter>

Select HEALTH FACTOR FINDINGS ITEM:
HF GENERAL FOUND TEXT:
No existing text
  Edit? NO// <Enter>
HF GENERAL NOT FOUND TEXT:
No existing text
  Edit? NO// <Enter>

Computed Findings
Select ROUTINE: <Enter>

APPLY LOGIC: <Enter>
Select the reminder item to copy: <Enter>

    RL  List Reminder Definitions
    RI  Inquire about Reminder Item
    RE  Add/Edit Reminder Item
    RC  Copy Reminder Item
    RA  Activate/Inactivate Reminders
    RT  List Reminder Types Logic
    TL  List Taxonomy Definitions
    TI  Inquire about Taxonomy Item
    TE  Edit Taxonomy Item
    TC  Copy Taxonomy Item
    TA  Activate/Inactivate Taxonomies

Select PCE Reminder Maintenance Menu Option: <Enter>
```

8.11. Health Summary Example

This example shows both clinical maintenance and clinical reminders components, so you can see the differences.

The clinical reminder component is an abbreviated component indicating only what is due now.

The clinical maintenance component provides:

- Details about what was found from searching the VISTA clinical data
- Test related to the findings found or not found (as defined in the reminder)
- Final frequency and age range used for this reminder.

```
02/13/97 13:35
************** CONFIDENTIAL TEST REMINDERS SUMMARY *************
PCEPATIENT,ONE 000-45-6789 DOB: 08/18/24

------------M - Clinical Maintenance ---------------

The following disease screening, immunization and patient education
recommendations are offered as guidelines to assist in your practice.
These are only recommendations, not practice standards. The
appropriate utilization of these for your individual patient must be
based on clinical judgment and the patient's current status.


                    --NEXT--   --LAST--
Cholesterol Screen (Male)                       N/A
     Patient's age (72) is greater than reminder maximum age of 65.
     LAB: Date of last cholesterol test unknown.
     Date of last cholesterol taxonomy (CPT) unknown.
Fecal Occult Blood Test                     07/02/97   07/02/96
     2/5/97 Health Factor: ACTIVATE FOBT CANCER SCREEN
     7/2/96 Encounter Procedure: 45330-SIGMOIDOSCOPY, DIAGNOSTIC
     7/2/96 Encounter Procedure: 82270-TEST FECES FOR BLOOD
     FOBT due 5 years after the last sigmoidoscopy.
     Final Frequency and Age Range used: 1 year for ages 50 and older.


Flexisigmoidoscopy                         N/A
     2/5/97 Health Factor: INACTIVATE SIGMOIDOSCOPY
     7/2/96 Encounter Procedure: 45330-SIGMOIDOSCOPY, DIAGNOSTIC
     7/2/96 Encounter Procedure: 82270-TEST FECES FOR BLOOD
     Final Frequency and Age Range used: 0Y - Not Indicated for ages 50
     and older.

Exercise Education                    DUE NOW    unknown
Final Frequency and Age Range used: 1 year for all ages.

Hypertension Detection DUE NOW unknown
     Vitals: Date of last Vitals BP Measurement unknown.
     Date of last ICD or CPT coded hypertension screen unknown.
     Final Frequency and Age Range used: 2 years for all ages.

Influenza Immunization          07/02/97   07/02/96
     7/2/96 Encounter Procedure: 90724-INFLUENZA IMMUNIZATION Influenza
     vaccine due yearly in patients ages 65 and older.
     Final Frequency and Age Range used: 1 year for ages 65 and older.

Pneumovax                       DONE      07/01/96
     7/1/96 Encounter Procedure: 90732-PNEUMOCOCCAL IMMUNIZATION
```

```
        Pneumovax due once for patients 65 and over.
        Final Frequency and Age Range used: 99Y - Once for ages 65 and older.


Problem Drinking Screen              DUE NOW   unknown
        Screen for alcohol problems yearly for all patients.
        Final Frequency and Age Range used: 1 year for all ages.

Seat Belt and Accident Screen        DUE NOW   unknown
        Seat belt education due yearly for all patients.
        Final Frequency and Age Range used: 1 year for all ages.

Tobacco Use Screen                   DUE NOW   unknown
        Tobacco use screen due yearly for all ages.
        No history of tobacco use screen on file. Please evaluate tobacco
        use and educate if currently in use.
        Final Frequency and Age Range used: 1 year for all ages.

Weight and Nutrition Screen          DUE NOW   unknown
        Weight and Nutrition screen due yearly for all patients.
        Final Frequency and Age Range used: 1 year for all ages.


---------R - Clinical Reminders --------------------


The following disease screening, immunization and patient education
recommendations are offered as guidelines to assist in your practice.
These are only recommendations, not practice standards. The
appropriate utilization of these for your individual patient must be
based on clinical judgment and the patient's current status.
                                     --NEXT-- --LAST--
Exercise Education                   DUE NOW   unknown
Hypertension Detection               DUE NOW   unknown
Problem Drinking Screen              DUE NOW   unknown
Seat Belt and Accident Screen        DUE NOW   unknown
Tobacco Use Screen                   DUE NOW   unknown
Weight and Nutrition Screen          DUE NOW   unknown

* END *
Press <RET> to continue, ^ to exit component, or select component: ^
```

8.12. Key Concepts

- Clinical Reminders on Health Summaries furnish providers with timely information about their patients' health maintenance schedules.

- Providers can work with their local ADP coordinators to set up customized schedules based on local and national guidelines for patient education, immunizations, and other procedures.

- Options on the Clinical Reminder/Health Maintenance menu let you edit reminder and health maintenance definitions, based on your site's clinical terminology.

- A complete reminder definition includes associated components such as examinations, taxonomies, and health factors. Sites may define their own components to use in reminder definitions. A site may also create routines for computed findings where necessary. This makes reminders completely customizable by sites.

- Taxonomy entries define low and high range values from ICD Diagnosis, ICD Operation/Procedures, and CPT codes which are part of a clinical category (taxonomy).

- To alter a VA- prefixed reminder item, first copy it to a different name and then edit the reminder to reflect your site's requirements for the reminder.

- Once reminder criteria have been defined, they may be included in the Health Summary Type definitions for the Clinical Reminder and Health Maintenance components which will be displayed on Health Summaries.

9.0 PCE Clinical Reports

The PCE Clinical Reports options provide clinicians and managers with summary data about their patients, workload activity, and encounter counts. The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.

Note: If the month or day are not known for historical encounters, they will appear on encounter screens or reports with zeroes for the missing dates; for example, 01/00/95 or 00/00/94.

9.1. PCE Clinical Reports Menu

```
   PA     Patient Activity by Clinic
   CP     Caseload Profile by Clinic
   WL     Workload by Clinic
   DX     Diagnosis Ranked by Frequency
   LE     Location Encounter Counts
   PE     Provider Encounter Counts
```

9.2. Option Descriptions

9.2.1. Patient Activity by Clinic

This report provides a summary of patient data for one or more clinics as a measure of continuity of care.

9.2.2. Caseload Profile by Clinic

This report generates a profile of the patients in a clinic's caseload, given a selected date range. One or more clinics or a stop code may be selected to represent the caseload; it combines PCE encounter, Lab, Radiology, Outpatient Pharmacy, and Admissions data, with report areas of demographics, preventive medicine, quality of care markers, and utilization.

9.2.3. Workload by Clinic

This report provides a summary of clinic workload based on the evaluation and management codes associated with encounters occurring within a selected date range. The report will have the most complete information if it is run for a date range where clinic activities have been documented online. The representative period of time for the selected date range may be determined by clinical staff.

9.2.4. Diagnoses Ranked by Frequency

This report lists the most frequent diagnostic codes (ICD9 or ICD-10) and the most frequent diagnostic categories.

9.2.5. Location Encounter Counts

This report counts PCE outpatient encounters in a date range by location. The location selection can be based on facility, hospital location(s), or clinic stop(s). The report can be run for all hospital locations or clinic stops in a facility or selected hospital locations or clinic stops.

9.2.6. Provider Encounter Counts

This report lists provider counts related to PCE outpatient encounters (in detailed or summary reports). The selection criteria includes facility, service category, provider, and date range. The facility criteria allows for selection of the facilities to be included on the report. The provider selection criteria allows for selection of all providers, primary providers, a list of individual providers, or the providers belonging to a list of provider classes. The date range specifies a time interval in which to look for encounters.

9.2.7. Patient Activity by Clinic

The Caseload Profile by Clinic and Patient Activity by Clinic reports track Critical Lab Values and Emergency Room Visits. The PCE Report Parameter Edit option on the PCE HS/RPT Parameter Menu allows your site to specify which clinics in Hospital Location file (#44) represent "Emergency Room" clinics and what tests from the Laboratory Test file (#60) should be used for looking up patient data for Glucose, Cholesterol, LDL Cholesterol and HBA1C lab results. (This is necessary since the Laboratory Test File is not standardized and each site may have customized it differently.)

```
Select PCE Clinical Reports Option: PA  Patient Activity by Clinic

                          Patient Activity by Clinic

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP CODE: HOSPITAL LOCATION

Select HOSPITAL LOCATION name: DIABETES CLINIC          PCEPROVIDER,ONE
Another HOSPITAL LOCATION name: [ENTER]
```

```
Enter ENCOUNTER BEGINNING DATE: T-10  (JUL 19, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// T  (JUL 29, 1996)
DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80//[ENTER]


                                            Jul 29, 1996@11:17
                         Patient Activity by Clinic
            Report Date Range: Jul 19, 1996 through Jul 29, 1996
  Clinic(s): DIABETES CLINIC
  CASELOAD ACTIVITY...patients' hospital admissions/discharges, emergency
  room visits and critical lab values ;address,phone,future appts

_ADMISSIONS/DISCHARGES_Admission Discharge Patient SSN  Room-Bed
==========  ========      =======               =========   =======
Jun 12, 1996 Jul 24, 1996   PCEPATIENT,ONE   000456789   CD-2101
  Addr: BOX 24  / HEBER  UTAH 84155 / Ph: 801-222-3341
  Future Appt. Dt:    NONE
                            ~~~~~~~~~~~~
Jun 18, 1996 Jun 18, 1996    PCEPATIENT,TWO           000876543   CD-2100
  Addr: 320 SOUTH 1892 EAST  / SALT LAKE CITY  UTAH 84108 / Ph: No PHONE

  Future Appt. Dt:    NONE
                            ~~~~~~~~~~~~
_____EMERGENCY ROOM VISITS_____

     o There were no ER VISITS for these patients during this date range.
_____CRITICAL LAB VALUES_____
     o There were no CRITICAL LABS for these patients during this date range.
```

9.2.8. Caseload Profile by Clinic

This report generates a profile of the patients in a clinic's caseload for a selected date range. One or more clinics or a stop code may be selected to represent the caseload. If stop code is selected, a report is generated for each clinic within that stop code. The percentage and overall mean are calculated based on the patient data for all of the clinics selected. Where only one clinic is selected, these values are not applicable.

Note: There must be at least one PCE encounter within the selected date range for this report, even though there may be lab, radiology, and outpatient pharmacy occasions of service with the other timeframes (6 & 12 months).

This report combines PCE encounter, Lab, Radiology, Outpatient Pharmacy, and Admissions data. It provides a profile of the patients making up a clinic's caseload, over a representative period of time. Clinical staff will decide the appropriate date range. Report areas are demographics of clinic caseload, preventive medicine, quality of care markers, and utilization. Patient age, diagnosis, gender, Lab assay, RX, and procedure are all used to generate the patient profile.

There are three separate timeframes for the report:

- SELECTED DATE RANGE
- THE SIX (6) MONTHS PREVIOUS TO BEGINNING DATE
- THE TWELVE (12) MONTHS PREVIOUS TO BEGINNING DATE

Search ranges are listed at the top of each report section.

DEMOGRAPHICS are based on the selected date range.

PREVENTIVE MEDICINE is based on 1) ICD codes recorded in PCE encounter diagnoses and 2) Radiology for the period 12 months previous to the beginning date.

QUALITY OF CARE MARKERS are based on Laboratory results, PCE encounter diagnoses, and scheduling data for the period six months previous to the beginning date.

UTILIZATION data is based on PCE encounters and outpatient pharmacy prescriptions for the period 12 months previous to the beginning date.

The six and twelve-month profiles probably won't change much month-to-month. How long the report takes to run varies according to the number of selected clinics, the number of encounters within that clinic, and the complexity of the patient data for any selected clinic.

9.2.9. Technical Description

This option executes the Scheduling Package Clinic Workload (SET^SDCWL3) routines to identify patients whose appointments were either scheduled, unscheduled, cancelled, or no-shows during the selected date range.

Admissions are found by a call to IN5^VADPT for each date within the selected date range. Temporary storage of this data, for report purposes is at the global node ^TMP($J,"ADM",DFN,ADMISSION DATE). This node is set to discharge date^room-bed^street address^address line 2^city^state^zipcode^phone number.

Emergency clinics must be defined in field 801 of the PCE PARAMETERS file, which is a multiple pointing to the HOSPITAL LOCATION file. The ER clinic names are stored permanently at the global location: ^PX(815,D0,RR1,D1,0). A call is made to SDA^VADPT for stops occurring within the selected date range for the array of clinics listed at the above global location.

Laboratory data assessed for critical values is based on the Subfile 63.04 of the Lab DATA file (63), which stores results from Chemistry, Hematology, Toxicology, RIA, Serology, and others. Critical values are identified through a pattern match of a numeric value followed by a "*". The global location read is ^LR(LRDFN,"CH",INVERSE LAB DATE, LAB TEST FIELD NUMBER). Piece one contains the result. Piece 2 indicates a critical value and if it is high or low (e.g. *H).

```
Select PCE Clinical Reports Option: CP  Caseload Profile by Clinic

                        Caseload Profile by Clinic

 The overall mean values for this report will be for the clinic(s) selected which had
encounters during the selected date range.

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP CODE: CLINIC STOP CODE

Select the CLINIC STOP code: DIABETES
```

```
Enter ENCOUNTER BEGINNING DATE: T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]    (JUL 29, 1996)


DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80//[ENTER]
                                              Jul 29, 1996@11:21
                       Caseload Profile by Clinic


 Clinic: DIABETES CLINIC
 Compared to the mean of: DIABETES Clinic Stop
                       for 1 of 1 clinics with data
_____
 CASELOAD DEMOGRAPHICS for Encounter date range | Clinic    | Overall
 Jun 29, 1996 to Jul 29, 1996                   | # |    %   |   Mean %
-----------------------------------------------------------------
 Number of patient encounters     40        -        -
 Number of clinic sessions        17        -        -
 Number of patients per clinic session  2.4      -     -
 Median patient age in years      46        -        -
 Patients with: Coronary Artery Disease         0        0.0      0.0
                Diabetes                        0        0.0      0.0
                Hypertension                    0        0.0      0.0
                Hyperlipidemia                  0        0.0      0.0
                Diabetes and Hypertension       0        0.0      0.0

_____
 PREVENTIVE MEDICINE (12 mos. prior to Jul 29, 1996)| Clinic     |Overall
 Jul 30, 1995 to Jul 29, 1996                  |   #   |   %    | Mean %
--------------------------------------------------------
 Patients who smoke.                           0       0.0      0.0
 Females >50 who had a mammogram in the last year  0 0.0      0.0
   (There were 1 females >50 years of age).



_____
 QUALITY OF CARE MARKERS (6 mos. prior to Jul 29, 1996)    | Clinic  |Overall
 Jan 31, 1996 to Jul 29, 1996                       |   #    | Mean #
------------------------------------------------------

 Average HBA1C of your patients with Diabetes       N/A       N/A
 Patients with HBA1C> 7%                            0         0.0
 Patients w/ Coronary Artery Disease who smoke      0         0.0
 Ave. LDL for patients with Coronary Artery Disease  N/A      N/A
   (0 of 0 pats. with CAD had no LDL results.)
 Number of patients with: Glucose >240             0         0.0
                          Cholesterol >200         0         0.0
                          Either a Systolic  bp >160 or
                                 Diastolic bp > 90  0         0.0
 Unscheduled encounters per patient.               0.0       0.0
 Emergency Room encounters per patient.            0.0       0.0
 Hospitalizations per patient.                     0.2       0.2
_____
 UTILIZATION DATA (12 monoths prior to Jul 29, 1996   | Number | Overall
 Jul 30, 1995 to Jul 29, 1996                      |   #    |   Mean #
------------------------------------------------
 Number of male patients               9        -
 Number of female patients             4        -
 Average number of encounters per patient       6.8      6.8
 Average number of active output. medications per patient    0.0      0.0
 Average pharmacy cost per patient            $   0.0      0.0

Press RETURN to continue...
```

9.2.10. Workload by Clinic

This report provides a summary of clinic workload based on the evaluation and management CPT codes associated with encounters occurring within a selected date range. The report will have the most complete information if it is run for a date range where clinic activities have been documented online. The representative period of time for the selected date range may be determined by clinical staff.

This report may be run for one or more clinics or for a stop code. Individual clinic totals are presented as line items on a 132 column report. For each clinic, the number of encounters reported is based on categorizing encounters by the types of procedures that have been associated with the encounter in PCE. It also summarizes data from the Scheduling package, which is not available in PCE.

PCE encounter procedure categories:

- Procedures exist with an Evaluation and Management CPT code, where the Evaluation and Management codes are categorized by new patients, established patients, consult patients, and other.

- Procedures exist which do not include Evaluation and Management code procedures.

- No Procedures (CPT codes) exist for the encounter.

- Total outpatient encounters documented in PCE.

Scheduling encounter data:

- No Show encounters

- Canceled encounters

- Walk-In encounters

- Total outpatient encounters documented in Scheduling. Overbooks and Inpatient clinic appointments are included

```
Select PCE Clinical Reports Option: W

This report requires a 132-COLUMN PRINTER.
DO YOU WISH TO CONTINUE? (Y/N)? YES// [ENTER]
                      Workload by Clinic

Select clinic(s) by (H)OSPITAL LOCATION or CLINIC (S)TOP CODE: H HOSPITAL LOCATION

Select HOSPITAL LOCATION name: CARDIOLOGY          WELBY,DR
Another HOSPITAL LOCATION name: DIABETES CLINIC        PCEPROVIDER,ONE
Another HOSPITAL LOCATION name:
Enter ENCOUNTER BEGINNING DATE: T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL 29, 1996)
DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80// [ENTER]
```

Note: This is a 132-column report.

```
                                              Jul 29, 1996@11:30
                       Workload by Clinic
```

```
 Encounter Date Range: Jun 29, 1996 through Jul 29, 1996

              |----------PCE ENCOUNTERS DOCUMENTED------------   |   |------
SCHEDULING DATA-------|
              |-------E&M PATIENT CATEGORIES-------| NON  NO   TOTAL|   | WALK-INS NO-
SHOW  CANCELLED|
CLINIC NAME  |NEW  ESTABLISHED  CONSULT   OTHER | E&M  CPT ENCTRS |   |   APPTS
APPTS          |
=========================================================
CARDIOLOGY      1   5    0    0    38   18   62   7   0    3
DIABETES CLINIC  0   6    0    0    12   21   39   6   0    6


=========================================================
TOTAL NUMBER OF CLINIC(S):                        2
AVERAGE NUMBER OF PCE ENCOUNTERS PER CLINIC =         50.5
This report presents a distribution of Clinic Encounters based on CPT procedures
associated with encounters. CPT Evaluation and Management (E&M) procedures are
categorized to provide encounters by patient type, with non E&M and no CPT procedures
making up the remaining encounters.
```

9.2.11. Diagnosis Ranked by Frequency

This report produces two lists: most frequent diagnoses (ICD9 or ICD10) and most frequent diagnostic categories. The list entries are ordered with the most frequent encounter diagnosis first. The most frequent diagnosis categories list is based on the ICD diagnostic category related to each diagnosis in the frequent diagnosis list.

The report can be generated using a number of different selection criteria:

- Facility – Select the facilities encounters to include in the report.

- Primary Diagnoses only or All Diagnoses – If primary is selected then only primary diagnosis associated with an encounter will be included in the report. All diagnosis will include Primary and secondary diagnoses associated with an encounter.

- Encounter Date Range – Only encounters that fall within the specified date range are used to generate the report.

- Number of most frequent diagnoses – This will determine how many diagnoses and diagnoses categories are listed on the report. For example, if 20 was input for this criteria, the report would list up to 20 of the most frequent diagnoses found associated with encounters. Diagnoses and diagnostic categories are ranked from most frequent to least frequent. If the encounters contained less than 20 different diagnoses, the report lists all the different diagnoses that were found.

The remaining criteria are optional for singling out diagnosis entries based on other encounter or patient data. You can accept the default "other" encounter/patient criteria which is all VA Clinic encounters (Service Category of "A" or "I") for all patients.

Other encounter/patient report selection criteria:

- Service Category – Only encounters with the specified service category or categories are used to generate the report. This defaults to "AI" for Ambulatory encounters and encounters at a clinic where the patient had an inpatient status.

- Clinic Stop Code – Only encounters with the specified list of clinic stop codes are used to generate the report.

- Provider criteria can specify All Providers, Primary Providers, Selected Providers, or Selected Provider Classes.

- Providers – Only encounters, where one of the encounter providers is the same as one of the providers selected, are used to generate the report.

- Primary Providers – Only encounters, where one of the encounter providers is designated as a Primary provider, are used to generate the report.

- Provider class – Only encounters, where one of the encounter providers has the same provider class as one of the providers classes selected, will be used to generate the report.

- Patient Date of Birth Range – Only encounters, where the patient's date of birth falls in the specified range, will be used to generate the report.

- Patient Sex – Only encounters, where the patient's sex matches the specified sex, are used to generate the report.

To include all encounters, ignoring all defaults for the other criteria, specify "A" for All Encounters at the Other criteria prompt.

```
Select PCE Clinical Reports Option: DX  Diagnosis Ranked by Frequency

Select FACILITY: SALT LAKE CITY// [ENTER]      UT      660
Select another FACILITY: [ENTER]

Select PRIMARY DIAGNOSIS ONLY (P) or ALL DIAGNOSES (A): P// P rimary Diagnosis Only

Enter ENCOUNTER BEGINNING DATE:  T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]  (JUL 29, 1996)

This report will include all VA clinic encounters for all patients
unless you modify the criteria.  Do you want to modify the criteria?
Enter Y (YES) or N (NO) N// YES

Encounters may be selected by any combination of the following attributes:
  1    Service Category
  2    Clinic Stop Code
  3    Provider
  4    Age of Patient
  5    Sex of Patient
  6    All Encounters
Enter encounter selection attribute number(s) :  (1-6): 1-3

Select SERVICE CATEGORIES: AI// ?
A        AMBULATORY
H        HOSPITALIZATION
I        IN HOSPITAL
T        TELECOMMUNICATIONS
```

```
E         EVENT (HISTORICAL)
D         DAILY HOSPITALIZATION DATA
X         ANCILLARY PACKAGE DAILY DATA


Select SERVICE CATEGORIES: AI// [ENTER]


Select CLINIC STOP: CARDIOLOGY
Select another CLINIC STOP: DIABETES
Select another CLINIC STOP: CARDIOLOGY
      Select one of the following:
          A         All Providers
          P         Primary Providers
          S         Selected Providers
          C         Selected Provider Classes

Select ENCOUNTER PROVIDER CRITERIA: A// Primary Providers


Enter the maximum NUMBER OF DIAGNOSES to display in the report: 10// [ENTER]


DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80// [ENTER]
```

```
                            Jul 29, 1996 12:22:30 pm  Page 1
                    PCE Diagnosis Ranked by Frequency

Criteria for Frequency of Diagnoses Report
   Encounter diagnoses:        Primary Diagnosis Only
   Encounter date range:       Jun 29, 1996 through Jul 29, 1996
   Selected Providers:         Primary Providers
   Selected clinics:           YES
   Patient age range:          ALL
   Patient sex:                ALL
   Service categories:         AI
      A - AMBULATORY
      I - IN HOSPITAL


   Maximum number of diagnoses to be displayed: 10


Facility: SALT LAKE CITY  660
Clinic Stop: CARDIOLOGY (143)

Total number of Encounters meeting the selection criteria:  54
Total number of Primary Diagnoses for these Encounters:    43
Diagnoses/Encounter ratio:                    0.80


10 Most Frequent ICD9 Diagnoses:
         Code          Description              Frequency
         ------  ------------------------------------
         401.1   BENIGN HYPERTENSION               10
         100.0   LEPTOSPIROS ICTEROHEM              6
         V70.3   MED EXAM NEC-ADMIN PURP            4
         440.20  ATHEROSCL, NAT ART EXTR, UNSP      3
         321.0   CRYPTOCOCCAL MENINGITIS            3
         223.0   BENIGN NEOPLASM KIDNEY             3
         200.02  RETICULOSARCOMA THORAX             2
         550.10  UNILAT ING HERNIA W OBST           1


Enter RETURN to continue or '^' to exit:
                            Jul 29, 1996 12:22:41 pm  Page 3

                    PCE Diagnosis Ranked by Frequency
```

```
10 Most Frequent ICD9 Diagnoses:
        Code          Description              Frequency
        ------  ------------------------------------
        402.00  MAL HYPERTEN HRT DIS NOS          1
        224.0   BENIGN NEOPLASM EYEBALL           1

10 Most Frequent ICD9 Diagnostic Categories:
             Diagnostic Category     Frequency
        ------------------------------------
        CIRCULATORY SYSTEM              14
        NERVOUS SYSTEM                   7
        INFECTIOUS & PARASITIC           6
        HEALTH STATUS FACTORS            4
        KIDNEY & URINARY TRACT           4
        MYELOPROLIFERATIVE,NEOPLASIA     2
        DIGESTIVE SYSTEM                 2
        MENTAL DISEASES & DISORDERS      1
        FEMALE REPRODUCTIVE SYSTEM       1
        EAR, NOSE, MOUTH & THROAT        1

Facility: SALT LAKE CITY  660
Clinic Stop: DIABETES (146)

Total number of Encounters meeting the selection criteria:  21
Total number of Primary Diagnoses for these Encounters:    16
Diagnoses/Encounter ratio:                      0.76

10 Most Frequent ICD9 Diagnoses:
        Code          Description              Frequency
        ------------------------------------------------
        250.01  DIABETES MELLI W/0 COMP TYP I     7
        100.0   LEPTOSPIROS ICTEROHEM             2
        333.0   DEGEN BASAL GANGLIA NEC           1
        321.0   CRYPTOCOCCAL MENINGITIS           1
        223.0   BENIGN NEOPLASM KIDNEY            1
        333.1   TREMOR NEC                        1
        229.9   BENIGN NEOPLASM NOS               1
        221.2   BENIGN NEOPLASM VULVA             1
        100.81  LEPTOSPIRAL MENINGITIS            1

10 Most Frequent ICD9 Diagnostic Categories:
             Diagnostic Category     Frequency
        ------------------------------------
        ENDOCRINE,NUTRIT,METABOLIC       7
        NERVOUS SYSTEM                   4
        INFECTIOUS & PARASITIC           2
        MYELOPROLIFERATIVE,NEOPLASIA     1
        FEMALE REPRODUCTIVE SYSTEM       1
        KIDNEY & URINARY TRACT           1

End of the report.
```

9.2.12. Provider Encounter Counts

This report provides the number of PCE outpatient encounters within an encounter date range, by provider. The user specifies report selection criteria and then chooses either a summary report or detailed report.

The report can be generated using a number of different selection criteria:

Facility – enter the names or numbers of the facilities whose encounters will be included in the report.

Encounter Date Range – only encounters that fall within the specified date range are used to generate the report.

Service Category – only encounters with the specified service category or categories are used to generate the report. This defaults to "AI" for Ambulatory encounters and clinic encounters where the patient had an inpatient status.

Provider Criteria – Can specify All Providers with encounters, Primary Providers with encounters, Selected Providers, or Selected Person Classes.

Providers – only encounters where one of the encounter providers is the same as one of the providers selected are used to generate the report.

Primary Providers – only encounters where one of the encounter providers is designated as a Primary provider are used to generate the report.

Person class - only encounters where one of the encounter providers has the same person class as one of the person classes selected are used to generate the report.

Person Class Selection – Is based on the PERSON CLASS file, used to support Ambulatory Care Reporting. Person Class entries are composed of three pieces:

- Occupation (required in class definition)
- Specialty (optional)
- Sub-specialty (optional)

The legend for the service categories is included on the top of the report. For example, if on a particular day the provider had three ambulatory encounters and two telecommunications encounters, the string would be "AT" and the number of encounters would be five.

The summary report lists the total number of encounters for each provider.

```
Select PCE Clinical Reports Option:  Provider Encounter Counts
Select FACILITY: SALT LAKE CITY// [ENTER]    UT    660
Select another FACILITY: [ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996// [ENTER]   (JUL 29, 1996)

Select SERVICE CATEGORIES: AI// [ENTER]
     Select one of the following:
          A         All Providers
          P         Primary Providers
          S         Selected Providers
          C         Selected Provider Classes

Select ENCOUNTER PROVIDER CRITERIA: A// Primary Providers

Select PROVIDER: PCEPROVIDER,FOUR
Select another PROVIDER: PCEPROVIDER,FIVE
Select another PROVIDER:
```

```
     Select one of the following:
          S          Summary
          D          Detail by clinic and date

Which type of report: S// [ENTER] Summary

DEVICE: HOME// [ENTER]  VAX    RIGHT MARGIN: 80// [ENTER]


Sorting encounters done
                              Jul 29, 1996 12:25:47 pm  Page 1
                     PCE Provider Encounter Counts

Criteria for Provider Encounter Summary Report
   Provider selection criteria: Selected Providers
   Report date range:         Jun 29, 1996 through Jul 29, 1996
   Service categories:        AI
      A - AMBULATORY
      I - IN HOSPITAL


Facility: SALT LAKE CITY  660


                          (Person Class)
Provider        (Occupation+Specialty+Subspecialty)  Encounters
-------------------------------------------------------
PCEPROVIDER,ONE  (Nursing Service+Nursing Administrato..)  3
PCEPROVIDER,TWO  (Pharmacy Services)                        6
PCEPROVIDER,SIX  (Unknown)                                 15
PCEPROVIDER,NINE (Pharmacy Services)                       10
PCEPROVIDER,TEN  (Medical Services)                        92
PCEPROVIDER,FOUR (Eye and Vision Services+Ophthalmic Med)  27
PCEPROVIDER,FIVE (Physician Assistant+Medical)             4
PCEPROVIDER,EIGHT(Physician)                               7


Total facility encounters                         164


Total encounters                                  164

End of the report
```

9.2.13.Selected Person Classes

This "Selected Person Classes" option lets you compile a report of selected Person Classes based on occupation, specialty, and/or sub-specialty. A wild card (*) may be entered as a response for any of the Person Class pieces. For example, if you want a report on every provider from a specific specialty, occupation would be "*," specialty would be the specific specialty, and sub-specialty would be "*."

```
Select PCE Clinical Reports Option: PE Provider Encounter Counts

Select FACILITY: SALT LAKE CITY// <Enter> UT      660
Select another FACILITY:

Enter ENCOUNTER BEGINNING DATE: T-300 (APR 13, 1996)
Enter ENCOUNTER ENDING DATE: Feb 07, 1997//<Enter> (FEB 07, 1997)

Select SERVICE CATEGORIES: AI//<Enter>
      Select one of the following:
           A All Providers (with encounters)
           P Primary Providers (with encounters)
           S Selected Providers
```

```
          C Selected Person Classes

Select ENCOUNTER PROVIDER CRITERIA: S// C Selected Person Classes
Select PERSON CLASS (OCCUPATION, SPECIALTY, SUBSPECIALTY)

Select OCCUPATION (enter * for all, return to end selection): *
The currently selected OCCUPATION is: *
Select SPECIALTY (enter * for all, return to change OCCUPATION): PHYSICAL
THERAPIST
Select SUBSPECIALTY (enter * for all): *

Your Person Class Selection was:
OCCUPATION: *
SPECIALTY: Physical Therapist
SUBSPECIALTY: *
Is this selection correct? YES

The currently selected OCCUPATION is: *
  Select SPECIALTY (enter * for all, return to change OCCUPATION): <Enter>

Select another PERSON CLASS OCCUPATION

  Select OCCUPATION (enter * for all, return to end selection): <Enter>

     Select one of the following:
          S Summary
          D Detail by clinic and date

Which type of report: S// <Enter> Summary
DEVICE: HOME// <Enter> VAX RIGHT MARGIN: 70//<Enter>

Sorting encounters done

Feb 07, 1997 8:21:03 am Page 1
PCE Provider Encounter Counts
Criteria for Provider Encounter Summary Report
   Provider selection criteria:  Selected Person Classes
   Report date range:            Apr 13, 1996 through Feb 07, 1997
   Service categories:           AI
      A - AMBULATORY
      I - IN HOSPITAL
Selected Person Classes:
   Occupation: *
   Specialty: Physical Therapist
   Subspecialty: *
_____

Facility: SALT LAKE CITY 660


                          Person Class
Provider (Occupation+Specialty+Subspecialty) Encounters
-------------------------------------------------------
PCEPROVIDER,TEN   (Respiratory, Rehabil...+Physical 25
                  Therapist+Clinical Electrophys...)
PCEPROVIDER,SIX   (Respiratory, Rehabil...+Physical  5
                  Therapist+Clinical Electrophys...)
Total facility encounters 30
Total encounters 30

End of the report.
```

9.2.14. Location Encounter Counts

This report provides the number of PCE outpatient encounters within an encounter date range, by location.

The location report selection criteria can be based on facility, hospital location(s), or clinic stop(s). The selection criteria are:

Facility – Select the facilities whose encounters are to be included in the report.

Service Category – Only encounters with the specified service category or categories are used to generate the report. This defaults to "AI" for Ambulatory encounters and clinic encounters where the patient had an inpatient status.

Encounter Date Range – Only encounters that fall within the specified date range are used to generate the report.

Location Criteria – Can specify All Hospital Locations, Selected Hospital Locations, All Clinic Stops, or Selected Clinic Stops.

Hospital Locations – Only encounters where the encounter's hospital location is the same as one of the selected hospital locations are used to generate the report.

Clinic Stops – Only encounters where the encounter's clinic stop is the same as one of the selected clinic stops are used to generate the report.

The report lists the number of encounters alphabetically by the location criteria selected.

```
Select PCE Clinical Reports Option: LE   Location Encounter Counts

Select FACILITY: SALT LAKE CITY// [ENTER]  UT       660
Select another FACILITY: [ENTER]

Select SERVICE CATEGORIES: AI// [ENTER]

Enter ENCOUNTER BEGINNING DATE:  T-30  (JUN 29, 1996)
Enter ENCOUNTER ENDING DATE: Jul 29, 1996//  [ENTER] (JUL 29, 1996)

     Select one of the following:

         HA         All Hospital Locations
         HS         Selected Hospital Locations
         CA         All Clinic Stops
         CS         Selected Clinic Stops

Determine encounter counts for: HA// CA  All Clinic Stops

DEVICE: HOME//  [ENTER] VAX    RIGHT MARGIN: 80//[ENTER]
                                     Jul 29, 1996 12:24:33 pm  Page 1

                    PCE Location Encounter Counts

Criteria for Clinic Encounter Count Report
   Location selection criteria: All Clinic Stops
   Encounter date range:        Jun 29, 1996 through Jul 29, 1996
   Service categories:          AI
      A - AMBULATORY
      I - IN HOSPITAL

Facility: SALT LAKE CITY  660
```

```
    Clinic Stop (Stop Code)                No. of Encounters
---------------------------------------------------------
    ADMITTING/SCREENING        (102)            3
    CARDIOLOGY                 (303)           64
    DIABETES                   (306)           48
    GASTROENTEROLOGY           (307)            1
    GENERAL INTERNAL MEDICINE  (301)            2
    ORTHOPEDICS                (409)            4
                                             ____
                    Total facility encounters 122

                          Total encounters 122


End of the report
```

9.2.15. Key Concepts

- You can produce reports for Caseload Profile by Clinic, Workload by Clinic, Frequency of Diagnoses, Location Encounter Counts, Provider Encounter Counts, and Patient Activity by Clinic.

- All reports can be customized to show only specified date ranges, clinics, providers, types of encounters (cancelled, walk-ins, etc.), etc.

- The reports extract data from various files in VISTA, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.

- Caseload Profile by Clinic provides a measure of continuity of care. If a provider of record has his or her care-giving interrupted through clinical rotation, leave, reassignment, or for any other reason, this report may be used to get an update on patient activities in his/her caseload.

- Workload by Clinic provides a summary of clinic workload based on the evaluation and management codes associated with encounters.

9.3. Missing Data Report

The Missing Data Report (MDR) option is available from the PCE Coordinator menu. The MDR identifies CIDC data elements missing from PCE.

Who can use this report?

This report provides the HIMS (Health Information Management Systems) staff the ability to sort encounters missing CIDC data using a variety of specific data items. It allows the printing of two formats, statistics versus detail, in order to perform trending for possible follow-up with providers for education/training purposes.

Note: The MDR must be printed to a 132 column device in order to view the entire data set.

See Appendix for a sample MDR Report sorted by Data Source.

10.0 Supplementary Material

10.1. Helpful Hints

The Automated Information Collection System (AICS) package includes a Print Manager that allows sites to define reports that should print along with the encounter forms. This can save considerable time preparing and collating reports for appointments. See the Automated Information Collection System User Manual for instructions.

You can add Health Summary, Problem List, and Progress Notes as actions to PCE, to allow quick access to these programs. When you press the [RETURN] key at the quit prompts (or up-arrow out), you are automatically returned to PCE.

Since problems can occur if you delete patients (the internal entry number of the file can be reassigned, causing discrepancies in the data), we recommend that you NOT delete any patients.

If clinical reminders aren't showing up correctly on Health Summaries, see Appendix A-7 of the PCE User Manual Appendices document for troubleshooting information. (PXRMDEV is a routine that can be used to aid in the development and customization of reminders.)

If you see zeroes instead of numbers on encounter dates (e.g., 00/00/95 or 01/00/96)—on reports or encounter displays—they are for Historical Encounters where the exact date is not known.

Shortcuts

After Diagnosis has been entered, if the Provider Narrative is an exact match, you can enter = and the diagnosis is duplicated.

The equals sign (=) can also be used as a shortcut when selecting an action plus encounters or appointments from a list in a single response (e.g., Select Action: ED=2).

To quickly add or edit encounter information, select an appointment number at the first appointment screen.

10.2. Frequently Asked Questions

Q: What is the 10/1/96 mandate and how does PCE fit into it?

A: The Veterans Health Administration has determined that it must have adequate, accurate, and timely information about each ambulatory care encounter/service provided in order to enhance patient care and to manage our health care resources into the future. Effective October 1, 1996, VHA facilities are required to report each ambulatory encounter and/or ancillary service. Provider, procedure, and diagnosis information is included in the

minimum data set that will be reported to the National Patient Care Data Base (NPCDB). The Ambulatory Data Capture Project (ADCP) was formed to coordinate the various VISTA packages involved in meeting this mandate.

Patient Care Encounter (PCE) ensures that every encounter has an associated provider(s), procedure code(s), and diagnostic code(s), in accordance with this mandate.

Software necessary to support ADCP:

- Automated Information Collection System (AICS) and other capture solutions
- Patient Care Encounter (including):
  - Visit Tracking v.2.0
  - Patch SD*5.3*27
  - Patch GMT*2.7*8
- Problem List
- Patient Information Management System
- National Patient Care Data Base.

Other Patches involved in the 10/1/96 mandate:

Patch	Description
XU*8*27	Person Class File and Utilities
IB*2*60	Collects Type of Insurance, Passes active Ambulatory Surgery Procedure codes to PCE Enables entry of providers and diagnoses interactively into PCE
RA*4.5*4	Interfaces with PCE to pass provider and procedure data for ambulatory Radiology/Nuclear Medicine encounters
LR*5.2*127	Interfaces with PCE to pass provider and procedure data for ambulatory Laboratory encounters
IBD*2.1*2	AICS Manual Data Entry functionality
GMRV*3*3	Measurement Data collected via AICS passed through PCE Device Interface to Vitals/Measurement Pkg
SD*5.3*44	Ambulatory Care Reporting Patch

Q. How does PCE collect and report on diagnosis and procedures that are checked off on the DIAGNOSIS and CPT PROCEDURE tool kit boxes on Encounter Forms?

A: Items that are checked off in the above mentioned tool kit boxes are validated and stored by PCE into PCE files and then shared with other subscribing packages such as Scheduling.

Two PCE Health Summary Components, Outpatient Diagnosis and Outpatient Encounter, display diagnosis and procedure information:

- The Outpatient Diagnosis Component displays the date of the encounter, the facility, the hospital location, the encounter eligibility, the provider(s), the diagnoses, ICD9 or ICD10 code, ICD9 or ICD10 text and Provider Narrative.

- The Outpatient Encounter component displays all the information included in the Outpatient Diagnosis component plus the procedure(s), CPT code, short description and Provider Narrative.

If an immunization or skin test is collected by PCE through any of the four data collection interfaces PCE supports, data is stored in the procedure file and the Immunization or Skin Test file. Immunization or Skin Test information is included in the Outpatient Encounter component displays.

In addition, there are separate PCE Skin Test and Immunization components which only display information specific to Skin Tests and Immunizations. The Immunization component displays immunization, series, date, facility, and reaction. The Skin Test component displays skin test, reading, results, reading date, facility.

If you want to display Patient Education, treatments, examinations, and health factor information using the PCE Health Summary components, check the specific EF tool kit boxes. Otherwise that information is to be entered manually either through AICS manual data entry or PCE manual data entry.

PCE also exports six clinical reports. Two of those reports display diagnosis data related to the numbers of patients associated with the identified diagnoses: Caseload Profile by Clinic and Diagnosis Ranked by Frequency.

Q: Explain how "Health Factors" in PCE and AICS are to be used and how this data may eventually be shared within a VISN. How are the level/severity modifiers (SEVERE, MOD and MIN) used in health factors when the health factors are not consistent with such quantification:

A: Here's a little background. The Indian Health Service used the Health Factors originally. The HEAVY, MODERATE, MINIMUM SEVERITY modifiers can be used with a health factor if clinicians wish to define their factors in a manner that makes these modifiers useful. They do not have to be used where they do not make sense.

AICS allows encounter form designers to include health factors on their encounter forms, with or without these modifiers. The health factors that are checked off by clinicians can be captured via scanning and stored in the V Health Factor file.

The initial set of health factor entries was defined by Indian Health Service. The SLC IRMFO added additional health factors based on feedback from a supporting clinical team, and the Ambulatory Care EP.

The Health Summary package has a Health Factor component which shows the latest health factors for each health factor category. If modifiers were collected for the health factors, they would be displayed in this component. The PCE clinical reminders do not use the health factor modifier, though they do use the existence of a patient's health factor to modify the reminder criteria.

The health factor information can be viewed as risk assessment or risk factor data which could provide useful information to guide the clinician as the care giver. For example, the PCE package includes a predefined clinical reminder for determining whether tobacco education needs to be given to the patient. The Health factors distributed with PCE include the Health factor category of TOBACCO and within that category of health factors is a factor for "LIFETIME NON-SMOKER." If a clinician had a patient who never has smoked or used any form of tobacco, the reminder will not come up for the patient if the health factor for "LIFETIME NON-SMOKER" has been captured off the encounter form.

We expect to learn a lot about what clinicians really would like to do with health factors as the clinicians begin using them with the reminders.

11.0 Device Interface Error Reports

The PCE Device Interface Error Report lets you look up PCE device interface errors by Error Number, Error Date and Time, Encounter Date and Time, or by Patient Name.

```
Select PCE Coordinator Menu Option: die  PCE Device Interface Error Report
     Select one of the following:
          ERN        Error Number
          PDT        Processing Date and Time
          EDT        Encounter Date and Time
          PAT        Patient Name

Look up PCE device interface errors based on: ERN//   Error Number
Enter the beginning error number:  (1-4): 1// [ENTER]
Enter the ending error number:  (1-4): 4//  [ENTER]

DEVICE: HOME//   [ENTER] VAX    RIGHT MARGIN: 80//  [ENTER]

                            May 24, 1996 4:10:05 pm  Page 1

                PCE Device Interface Error Report

Report based on Error Numbers 1 through 4.
-----------------------------------------------------
Error Number: 1
   Patient: PCEPATIENT,ONE 000-45-6789
   Encounter date:  May 06, 1996@14:53:17
   Processing date: May 06, 1996@16:18:53

   File: 9000010.07 (V POV)  Field .04 (PROVIDER NARRATIVE)
```

```
   Error message: Missing Required Fields
   Node: 0
      Original:
       Updated: 2016^1026^^244^^^^^^^^S^^^^20


   File: 9000010.07 (V POV)  Field .04 (PROVIDER NARRATIVE)
   Error message: Missing Required Fields
   Node: 0
      Original:
       Updated: 2016^1026^^244^^^^^^^^S^^^^20

Error Number: 2
   Patient: PCEPATIENT,ONE 000-45-6789
   Encounter date:  May 06, 1996@14:53:17
   Processing date: May 06, 1996@16:38:59

   File: 9000010.07 (V POV)  IEN: 54  Field .04 (PROVIDER NARRATIVE)
   Error message: Not Stored = 2X3
   Node: 0    ETC.
```

12.0 Glossary

ADCP: Ambulatory Data Capture Project. ADCP was formed to coordinate the various VISTA packages involved in meeting this mandate. AICS Automated Information Collection System, formerly Integrated Billing, the program that makes Encounter Forms.

Action: A functional process that a clinician or clerk uses in the PCE computer program. For example, "Update Encounter" is an action that allows the user to pick an encounter and edit information that was previously entered (either through PCE or the PIMS Checkout process), or add new information (such as an immunization or patient education).

Appointment: A scheduled meeting with a provider or at a clinic; can include several encounters with other providers or clinics for tests, procedures, etc.

Checkout Process: Part of Medical Administration (the PIMS package), the checkout process can create appointments which are entered into the PCE component.

Clinic: An entry in the HOSPITAL LOCATION File #44 with a TYPE="C". Clinics must have stop codes in compliance with their restriction type. (See: Conforming Clinics; Non-conforming Clinics).

Clinician: A doctor or other provider in the medical center who is authorized to provide patient care.

Conforming Clinics: Clinics that have stop codes in compliance with their restriction types. Stop codes are used in accordance to their assigned restriction types. Stops codes with restriction type 'P' can only be used in the primary stop code position. Stop codes with restriction type 'S' can only be used in the secondary stop code position. Stop codes with restriction type 'E' can be used in either the primary or secondary stop code position.

CPRS: Computerized Patient Record System, a clinical record system which integrates many VISTA packages to provide a common entry and data retrieval point for clinicians and other hospital personnel.

CPT: Common Procedure Terminology; a method for coding procedures a performed on a patient, for billing purposes.

CSV: Code Set Versioning. This package is mandated under the Health Information Portability and Accountability Act (HIPAA). It contains routines, globals and data dictionary changes to recognize code sets for the International Classification of Diseases, Clinical Modification, Ninth Revision (ICD-9-CM), International Classification of Diseases, Clinical Modification, Tenth Revision (ICD-10-CM), Current Procedural Terminology (CPT) and Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS). When implemented, the applications below will allow users of these three code systems to select codes based upon a date that an event occurred with the Standards Development Organization (SDO)-established specific code that existed on that event date.

Encounter: Each patient meeting with a provider, during an appointment, by telephone, or as a walk-in. A patient can have multiple encounters for one appointment or during a single visit to a VAMC.

Encounter Form: A paper form used to display data pertaining to an outpatient visit and to collect additional data pertaining to that visit. The AICS package is automating encounter forms.

Episode of Care: Many encounters for the same problem can constitute an episode of care. An outpatient episode of care may be a single encounter or can encompass multiple encounters over a long period of time. The definition of an episode of care may be interpreted differently by different professional services even for the same problem. Therefore, the duration of an episode of care is dependent on the viewpoints of individuals delivering or reviewing the care provided.

Health Summary: A Health Summary is a clinically oriented, structured report that extracts many kinds of data from VISTA and displays it in a standard format. The individual patient is the focus of health summaries, but health summaries can also be printed or displayed for groups of patients. The data displayed covers a wide range of health-related information such as demographic data, allergies, current active medical problems, laboratory results, etc.

Indian Health Service (IHS): IHS developed a computer program similar to VA's VISTA, which contains Patient Care Component (PCC) from which PCE and many of its components were derived.

Inpatient Visit: Inpatient encounters include the admission of a patient to a VAMC and any clinically significant change related to treatment of that patient. For example, a treating specialty change is clinically significant, whereas a bed switch is not. The clinically significant visits created throughout the inpatient stay

would be related to the inpatient admission visit. If the patient is seen in an outpatient clinic while an Inpatient, this is treated as a separate encounter.

Integrated Billing (IB): A VISTA package responsible for identifying billable episodes of care, creating bills, and tracking the whole billing process through to the passing of charges to Accounts Receivable (AR). Includes the Encounter Form utility.

MCCR: Medical Care Cost Recovery, a VISTA entity which supports Integrated Billing and many data capture pilot projects related to PCE.

Non-conforming Clinics: Clinics with stop codes that do not comply with the assigned stop code restriction types of P=Primary, S=Secondary and E=Either.

NPCDB: National Patient Care Data Base, a database maintained in Austin which stores the minimum data set for all ambulatory care encounters.

Occasion of Service: A specified instance of an act of service involved in the care of a patient or consumer which is not an encounter. These occasions of service may be the result of an encounter; for example, tests or procedures ordered as part of an encounter. A patient may have multiple occasions of service per encounter or per visit.

Outpatient Visit: The visit of an outpatient to one or more units or facilities located in or directed by the provider maintaining the outpatient health care services (clinic, physician's office, hospital/medical center) within one calendar day. Outpatient encounters include scheduled appointments and walk-in unscheduled visits. A clinician's telephone communications with a patient may be represented by a separate visit entry.

Person Class: An enhancement to the New Person file, XU*8*27 NEW PERSON File Patch (8/5/96), which enables all VAMC providers to be assigned a Profession/ Occupation code (Person Class) so that a Person Class can be associated with each ambulatory patient encounter by October 1, 1996.

Procedure (CPT): A test or action done for or to a patient that can be coded with the CPT coding process.

Provider: A person who furnishes health care to a consumer; such as a professionally licensed practitioner who is authorized to operate a health care delivery facility. This definition includes an individual or defined group of individuals who provides a defined unit of health care services (defined = codable) to one or more individuals at a single session.

Stop Code: A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.

Visit: Each encounter with a provider during a patient's appointment; can also be a telephone call or a walk-in.

Visit Tracking: A VISTA package which links patient-related information in a file structure that allows meaningful reporting and historically accurate categorization of patient events and episodes of care.

VISTA: Veterans Information System Technology Architecture.

13.0 Appendix – Sample MDR Report

Report example sorted by Data Source

```
By Clinic, Provider, and Date
                 AUG 8,2004 through NOV 16,2004
Page 1

Patient             SSN            Date/Time                      Enc. ID          Created by
User        Defect

OUTPATIENT DIAG (BAY PINES)
  Unknown
    SORT VALUE:  DATA SOURCE= RAD/NUC MED
      NOV 03, 2004:

--------------------------------------------------------

PCEpatient, One    000-00-0001  NOV 03, 2004@14:18  HMX8P-BAY PCEprovider, One
Procedure: 73110 missing assoc. DXs
Diagnosis: 171.6 missing Service Conn
Diagnosis: 171.2 missing SC/EI

TOTAL DEFECTS FOR HMX8P-BAY:  1

     TOTAL DEFECTS FOR OCT 25, 2004:  1
     TOTAL ENCOUNTERS FOR OCT 25, 2004:   1
   TOTAL DEFECTS FOR SORT VALUE - RAD/NUC MED: 3
   TOTAL ENCOUNTERS FOR SORT VALUE - RAD/NUC MED: 1
  TOTAL DEFECTS FOR Unknown: 3
  TOTAL ENCOUNTERS FOR Unknown: 1
TOTAL DEFECTS FOR OUTPATIENT DIAG (BAY PINES):  3
TOTAL ENCOUNTERS FOR OUTPATIENT DIAG (BAY PINES): 1
```