Patient Care Encounter (PCE) V. 1.0 User Manual
August 1996

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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.

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.

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 **V***IST***A**
- Return clinically relevant data back to the Clinician
- Make data available for workload reporting, DSS, research, MCCR, and other ongoing VHA needs

Software necessary to support ADCP

- Automated Information Collection System (AICS) and other capture solutions
- Patient Care Encounter
- Problem List
- Patient InformationManagement 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 **V***IST***A** 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.

Functionality of PCE

Version 1.0 of PCE provides options that allow:

1. Collection and management of outpatient encounter data.

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

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.

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).

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.

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* **V***IST***A** *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 **V***IST***A** 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.

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

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.

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.

Orientation

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
DOE,WILLIAM C.    243-23-6572           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, or
- 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

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:
```

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

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
OUTPATIENT,EDNA    234-77-6641          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//
```

List by Encounter

```
PCE Encounter List          Jul 26, 1996 08:14:24        Page:  1 of  2
OUTPATIENT,EDNA    234-77-6641          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//
```

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
OUTPATIENT,EDNA    234-77-6641          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
OUTPATIENT,EDNA    234-77-6641          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:  OUTPATIENT,EDNA
    Hospital Location:  DIABETES CLINIC
    Clinic Stop:  306  DIABETES
    Service Connected:  NO
    Agent Orange Exposure:  NO
    Ionizing Radiation Exposure:  NO
    Persian Gulf Exposure:  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
```

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: OUTPATIENT,EDNA (6641)                                Outpatient
Appointment #: 1                                 Clinic: DIABETES CLINIC

                        *** Appointment Demographics ***

           Name: OUTPATIENT,EDNA             Clinic: DIABETES CLINIC
             ID: 234-77-6641              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: OUTPATIENT,EDNA (6641)                                Outpatient
Appointment #: 1                                 Clinic: DIABETES CLINIC
+
                        *** Appointment Event Log ***
 Event                  Date                      User
 -----                  ----                      ----
 Appt Made              JUL 18, 1996              ATON,DENISE
 Check In
 Check Out              JUL 18, 1996@16:48        ATON,DENISE
 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: OUTPATIENT,EDNA (6641)                                Outpatient
Appointment #: 1                                 Clinic: DIABETES CLINIC
                        *** Patient Information ***
Date of Birth: APR 01, 1944                     ID: 234-77-6641
          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: OUTPATIENT,EDNA (6641)                                Outpatient
Appointment #: 1                                 Clinic: DIABETES CLINIC
                       *** Check Out ***
     CLASSIFICATION    [Required]
 1      Treatment for SC Condition: NO
 2           Agent Orange Exposure: YES
 3     Ionizing Radiation Exposure: NO
 4      Environmental Contaminants: NO
 5          Military Sexual Trauma: NO
 6         Head and/or Neck Cancer: NO

     PROVIDER    [Required]                  DIAGNOSIS    [Required]
 1  TEDD,DR+
                    Enter ?? for more actions

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

```
Expanded Profile          Jul 26, 1996 08:52:10      Page:    5 of    5
Patient: OUTPATIENT,EDNA (6641)                                Outpatient
Appointment #: 1                                 Clinic: DIABETES CLINIC
+

     STOP CODES            [Not Required]




          Enter ?? for more actions

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

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
OUTPATIENT,EDNA    234-77-6641          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
OUTPATIENT,EDNA    234-77-6641          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]
```

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.

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.

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.

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

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.

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.

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.

Adding and Editing Patient Care Encounters

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

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: OUTPATIENT,EDNA
```

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

```
PCE Encounter List          Jul 26, 1996 07:46:56          Page:  1 of  2
OUTPATIENT,EDNA    234-77-6641          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          TEDD,DR
APPOINTMENT TYPE: REGULAR// [ENTER]
```

4. Respond to the following classification prompts:

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

Was treatment for SC Condition? N
Was treatment related to Agent Orange Exposure? NO
Was treatment related to Ionizing Radiation Exposure? NO
Was treatment related to Environmental Contaminant Exposure? 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
OUTPATIENT,EDNA    234-77-6641          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 9)   XA  Exam
CP  CPT (Procedure)     HF  Health Factors
Select Action: Quit// [ENTER]
```

Make 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 aren't 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
OUTPATIENT,EDNA    234-77-6641          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]
```

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

3. 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:
```

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

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 (ICD9)*
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. Type the name of the patient or the clinic whose encounters you want to edit.

```
Select Patient or Clinic Name:  OUTPATIENT,FRANK
```

2. 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
OUTPATIENT,FRANK    543-88-9122         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
```

3. Select the appointment you wish to add items to or to edit.

4. 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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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 9)    XA  Exam
CP  CPT (Procedure)      HF  Health Factors
Select Action: Quit// 4
```

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

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
OUTPATIENT,FRANK    543-88-9122         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 wish to edit.

3. Select ED from the PCE Update Encounter screen.

```
PCE Update Encounter      Jul 25, 1996 07:45:02      Page:  1 of    1
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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 9)    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:  TEDD,DR// NEDD,DR
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: NEDD,DR
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:  TEDD,DR// NEDD,DR
Comments: [ENTER]

Education Topic:  VA-TOBACCO USE SCREENING  Replace [ENTER]
Level of Understanding:  GOOD// GOOD
Encounter Provider:  TEDD,DR// NEDD,DR
Comments: [ENTER]
```

5. The edited screen is then displayed.

```
PCE Update Encounter       Jul 25, 1996 08:09:16        Page:  1 of   1
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// [ENTER]
```

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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// 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 TEDD,DR    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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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 9)     XA  Exam
CP  CPT (Procedure)       HF  Health Factors
Select Action: Quit// [ENTER]
```

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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// 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 Agent Orange Exposure? n  NO
Was treatment related to Ionizing Radiation Exposure? n  NO
Was treatment related to Environmental Contaminant Exposure? n  NO
Was treatment related to Military Sexual Trauma? n  NO
Was treatment related to Head and/or Neck Cancer? n  NO
```

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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// PR   Provider
```

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

```
--- Provider ---

  1   TEDD,DR    PRIMARY    ATTENDING
Enter 1-1 to Edit, or 'A' to Add: 1

Provider:  TEDD,DR// [ENTER] TEDD,DR
Is this Provider Primary:  YES// [ENTER]
Is this Provider Attending:  YES// NO
```

5. The edited screen is then displayed.

How to Add or Edit Diagnoses (ICD 9)

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. 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.

```
PCE Update Encounter          Jul 25, 1996 08:24:21       Page:  1 of  1
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// dx   Diagnosis
```

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

```
ICD9 Code or Diagnosis:  Diabetes
  1   DIABETES  250.01   DIABETES MELLI W/0 COMP TYP I   COMPLICATION /COMORBIDITY
  2   DIABETES  250.11   DIABETES W KETOACIDOSIS TYPE I  COMPLICATION/COMORBIDITY
  3   DIABETES  250.21   DIABETES W HYPEROSMOLAR TYPE I  COMPLICATION/COMORBIDITY
  4   DIABETES  250.31   DIABETES W OTHER COMA TYPE I    COMPLICATION/COMORBIDITY
  5   DIABETES  250.41   DIABETES W RENAL MANIFES TYP I  COMPLICATION/COMORBIDITY
TYPE '^' TO STOP, OR
CHOOSE 1-5: 1  250.01
Provider Narrative: =[ENTER] Diabetes Melli, W/O COMP TYPE I
Is this Diagnosis Primary: YES// [ENTER]
Modifier: F  FOLLOW-UP
Encounter Provider:  GREE, JO// [ENTER] GREE JO
ICD9 Code or Diagnosis: [ENTER]
```

4. The edited screen is then displayed.

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.

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 25, 1996 08:24:21       Page:  1 of  1
OUTPATIENT,FRANK    543-88-9122          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:  TEDD,DR    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   CPT
```

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

```
CPT Code:  99201          OFFICE/OUTPATIENT VISIT, NEW
Select CPT MODIFIER: 76   REPEAT PROCEDURE BY SAME PHYSICIAN
Provider Narrative:  Diabetes Mellitus, Non-Insulin
Quantity:  [ENTER]
Diagnosis: [ENTER]
Principal Procedure: [ENTER]
Encounter Provider: [ENTER]
Comments: [ENTER]
```

4. The edited screen is then displayed.

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
OUTPATIENT,FRANK    543-88-9122          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:  TEDD,DR    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// TR
```

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

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

4. The edited screen is then displayed.

How to Add or Edit an Immunization

When you choose Immunization under Update Encounter, you will also be prompted to enter the Provider, Series, Reaction, Repeat Contraindicated, ordering and administered times, and comments.

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

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
OUTPATIENT,FRANK    543-88-9122          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:  TEDD,DR    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// IM   Immunization
```

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

```
Immunization:  tetanus
     1   TETANUS DIPHTHERIA (TD-ADULT)          TD-ADULT
     2   TETANUS TOXOID          TET TOX
CHOOSE 1-2: 2
Encounter Provider: TEDD,DR
Series:  ?
Enter the series number, booster, partial or complete.
Choose from:
P        PARTIALLY COMPLETE
C        COMPLETE
B        BOOSTER
2        SERIES 2
3        SERIES 3
4        SERIES 4
5        SERIES 5
6        SERIES 6
7        SERIES 7
8        SERIES 8

Series:  COMPLETE
Reaction:  ?
Enter the number representing the patient's reaction to the immunization.
Choose from:
1        FEVER
2        IRRITABILITY
3        LOCAL REACTION OR SWELLING
4        VOMITING
5        RASH OR ITCHING
6        LETHARGY
7        CONVULSIONS
8        ARTHRITIS OR ARTHRALGIAS
9        ANAPHYLAXIS OR COLLAPSE
10       RESPIRATORY DISTRESS
11       OTHER
0        NONE

Reaction:  1  FEVER
Repeat Contraindicated:  NO// NO (OK TO USE IN THE FUTURE)
Administered Date and (optional) Time:  (4/21/96 - 5/22/96): [ENTER]
Comments:[ENTER]

Immunization:[ENTER]
```

4. The edited screen is then displayed.

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       Page:  1 of  1
OUTPATIENT,FRANK    543-88-9122          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:  TEDD,DR    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// PE   Patient Ed
```

3. Respond to the following prompts for Patient Education.

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

4. The edited screen is then displayed.

How to Add or Edit a Skin Test

When you choose Skin Test 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 Skin Tests through the PCE Table Maintenance Menu. If you wish to help define the Skin Test list, check with your Coordinator.

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 08:24:21       Page:  1 of  1
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// ST   Skin Test
```

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

```
Skin Test:  SCHICK
Reading in mm:  10
     Select one of the following:
          P         POSITIVE
          N         NEGATIVE
          D         DOUBTFUL
          O         NO TAKE
Results: POSITIVE

Administered Date and (optional) Time:  (4/21/96 - 6/20/96): [ENTER]
Reading Date and (optional) Time:  (4/21/96 - 6/20/96): [ENTER]
Reader:  GREEN, JON// [ENTER] REEN, JON          JG
Comments: [ENTER]
Skin Test: [ENTER]
```

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. If you wish 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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// 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:  GREEN, JON//[ENTER] GREEN, JON          JG
Comments: [ENTER]
Exam: [ENTER]
```

4. The edited screen is then displayed.

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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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// 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.

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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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 9)     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:  OUTPATIENT,FRANK  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: TEDD,DR
Is this the PRIMARY provider for this ENCOUNTER? YES// [ENTER]
```

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




Enter PROVIDER: [ENTER]
```

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

```
PAT/APPT/CLINIC:  OUTPATIENT,FRANK  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:  OUTPATIENT,FRANK  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:  OUTPATIENT,FRANK  JUL 22, 1996@11:08:14     CARDIOLOGY
ICD CODE: 210.5 --BENIGN NEOPLASM TONSIL      SECONDARY
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:  OUTPATIENT,FRANK  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: TEDD,DR // [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:  OUTPATIENT,FRANK  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 wasadministered.

```
Select CPT MODIFIER: 22  UNUSUAL PROCEDURAL SERVICES
How many times was this procedure performed: 1// [ENTER]
Enter PROVIDER associated with PROCEDURE: TEDD,DR // [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:  OUTPATIENT,FRANK  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   TEDD,DR
    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
OUTPATIENT,FRANK    543-88-9122         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:  TEDD,DR    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 9)     XA  Exam
CP  CPT (Procedure)       HF  Health Factors
Select Action: Quit// [ENTER]
```

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: green
 1   GREEN,BAY      06-04-08     222282882     NON-VETERAN (OTHER)
 2   GREEN,FORREST  02-16-33     234567890     NSC VETERAN
CHOOSE 1-2: 1  GREEN,BAY 06-04-08     222282882     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: DOE   DOE,WILLIAM C. 09-12-44  243236572 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]
```

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, immunizations, 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.

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 on the next page.

```
                                                                    08/06/96 14:38
********************  CONFIDENTIAL PCE COMPONENTS SUMMARY  *********************
OUTPATIENT,EDNA    234-77-6641                                       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: PROVIDER,TEST (S)      CARVER,BEN (S)         CUTTER,HENRY (S)
              STUDENT,MEDICAL (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: TEDD,DR (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:
```

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 **V***IST***A**, 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 aren't 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.

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 Jun 29, 1996 to Jul 29, 1996	Clinic #	Clinic %	Overall 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) Jul 30, 1995 to Jul 29, 1996	Clinic #	Clinic %	Overall 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) Jan 31, 1996 to Jul 29, 1996	Clinic #	Overall 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 Jul 30, 1995 to Jul 29, 1996	Number #	Overall 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 outpt. medications per patient	0.0	0.0
Average pharmacy cost per patient	$ 0.0	0.0

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

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          TEDD,DR
Anothe HOSPITAL LOCATION name: DIABETES CLINIC          TEDD,DR
Anothe 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.

```
                                                                    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 andno CPT procedures making up the remaining encounters.
```

Diagnoses Ranked by Frequency

This report lists the most frequent diagnostic codes (ICD9) 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]
```

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 ICD Diagnoses:

	Code	Description	Frequency
1.	100.0	LEPTOSPIROS ICTEROHEM	6
2.	401.1	BENIGN HYPERTENSION	6
3.	100.81	LEPTOSPIRAL MENINGITIS	3
4.	342.01	FLAC HEMIPLEG & HEMIPAR, DOM.	2
5.	501.	ASBESTOSIS	2
6.	142.0	MALIG NEO PAROTID	2
7.	429.3	CARDIOMEGALY	2
8.	100.89	LEPTOSPIRAL INFECT NEC	2
9.	701.0	CIRCUMSCRIBE SCLERODERMA	1
10.	500.	COAL WORKERS' PNEUMOCON	1

10 Most Frequent Diagnostic Categories:

	Diagnostic Category	Count
1.	CIRCULATORY SYSTEM	10
2.	INFECTIOUS & PARASITIC	8
3.	NERVOUS SYSTEM	8
4.	MENTAL DISEASES & DISORDERS	4
5.	SKIN,BREAST,SUBCUTANEOUS T	3
6.	RESPIRATORY SYSTEM	3
7.	MYELOPROLIFERATIVE,NEOPLASIA	2

```
    8.  DIGESTIVE SYSTEM                    2
    9.  EAR, NOSE, MOUTH & THROAT           2
   10.  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 ICD 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/0 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 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.
```

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          TEDD,DR
Select another HOSPITAL LOCATION: DIABETES CLINIC          TEDD,DR
Select another HOSPITAL LOCATION: ENDOCRINOLOGY          DEFA,TANA
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.
```

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
```

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

Provider	(Person Class) (Occupation+Specialty+Subspecialty)	Encounters
ANDERS,DAN	(Nursing Service+Nursing Administrato..)	3
DAN, ANA	(Pharmacy Services)	6
DEAN, JOHN	(Unknown)	15
EDD, DR	(Pharmacy Services)	10
GERT, DR	(Medical Servcies)	92
HANS, ANN	(Eye and Vision Services+Ophthalmic Med)	27
RINEHART, JO	(Physician Assistant+Medical)	4
STARR, DON	(Physician)	7
	Total facility encounters	164
	Total encounters	164

End of the report.

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
```

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

Provider	Person Class (Occupation+Specialty+Subspecialty)	Encounters
CLARK,CP	(Respiratory, Rehabil...+Physical Therapist+Clinical Electrophys...)	25
SMIT,VAN	(Respiratory, Rehabil...+Physical Therapist+Clinical Electrophys...)	5
	Total facility encounters	30
	Total encounters	30

End of the report.

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. **V***IST***A** 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:

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.

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.

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
```

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

CGOT,J M 825-30-0512
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

DOUGHBOY,JOHN 451-51-1869 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

OUTPATIENT,FRANK 543-88-9122
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

OUTPATIENT,BYRON 543-11-0987
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:

Facility: SALT LAKE CITY 660
Location: DIABETES CLINIC

AMKUP,J R 840-60-1112
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

OUTPATIENT,DENNIS 223-45-6678
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:

Key Concepts

- You can produce reports for Caseload Profile by Clinic, Workload by Clinic, Frequency of Diagnoses, Location Encounter Counts, Provider Encounter Counts, 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 **V***IST***A**, 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.

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.

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, Immunization, 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).

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
       ED     Education Topic Add/Edit
       EX     Examinations Add/Edit
       HF     Health Factors Add/Edit
       IM     Immunizations Add/Edit
       SK     Skin Tests Add/Edit
       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
DISP   PCE Edit Disposition Clinics
```

- 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.

- 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.

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.

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*.

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
```

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 Dispositon Clinics.

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*¾ 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.)

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 porcedures passed.
     Choose from:
       0        NO
       1        YES
RETURN WARNINGS: YES// [ENTER]

Select PCE PARAMETERS ONE: [ENTER]
```

PCE Edit Disposition Clinics

This option is used to define which clinics are used as Administrative Dispositon 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]
```

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.

TABLE MAINTENANCE

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

PCE Table Maintenance Menu

```
INFO   PCE Information Only ...
ACT    Activate/Inactivate Table Items ...
CED    Education Topic Copy
ED     Education Topic Add/Edit
EX     Examinations Add/Edit
HF     Health Factors Add/Edit
IM     Immunizations Add/Edit
SK     Skin Tests Add/Edit
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.

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., Immunizations, Skin Tests, Education Topics)

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.

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

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

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 defintions which may be referencing the treatment, or if there is any patient encounter data which may be referencing the treatment historically. .

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
```

Key Concepts

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

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.

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.

Option Descriptions

Active Educ. Topic List - Detailed
This lists the current detailed definition of the goals and standards defined for the active education topics.

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

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

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.

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.

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.

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.

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

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.

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   MEASLES,MUMPS,RUBELLA (MMR)        ON
CPT   90708                 IMM   MEASLES,RUBELLA (MR)               ON
CPT   90709                 IMM   RUBELLA, MUMPS                     ON
```

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.

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

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

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.).

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.

How do Clinical Reminders and Health Summary packages use the data?

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.

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:

  1. Details about what was found from searching the *VIS***TA** clinical data.
  2. 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).
  3. 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.

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 i*s. 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.

PLEASE 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.

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.

2. Refer to Appendix A for clinical reminders guidelines and worksheets.

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 reminders 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:

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

  VA-: Mammogram, PSA

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

  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.

  VA-*: Fitness and Exercise Screen, Problem Drinking Screen, Seat Belt and Accident Screen, and Tobacco Use Screen.

  VA-: Exercise Education, Alcohol Abuse Education, Seat Belt Education, Tobacco Education, Nutrition/Obesity Education, Advance Directives Education, Breast Exam, Breast Self Exam Education, Diabetic Eye Exam, Diabetic Foot Care Ed, Diabetic Foot Exam, Digital Rectal (Prostate) Exam

b. Run enough copies of "Clinical Reminder Definition Worksheets" (Appendix A-3) 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, health factors, immunizations, or skin tests.

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

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.

7. 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.

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

9. 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..

10. 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.

11. 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

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	Immunization
Skin Test	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).

PCE Reminder Maintenance Menu

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 **V***IST***A** 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.

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

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 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>
```

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 compnent 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 ****************
FONTAINE,FELIX 546-78-7654 DOB: 08/18/24

-------------------- CM - 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.

----------------------- CR - 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: ^
```

Key Concepts

- Clinical Reminders on Health Summares 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 defintions. 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.

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 **V***IST***A**, including laboratory, pharmacy, and PIMS to create output reports which have been requested by physicians throughout the VA.

NOTE: If the month or day aren't 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.

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
```

Option Descriptions

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

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.

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.

Diagnoses Ranked by Frequency
This report lists the most frequent diagnostic codes (ICD9) and the most frequent diagnostic categories.

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.

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.

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          TEDD,DR
Anothe 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     OUTPATIENT,TED              341223341   CD-2101
  Addr: BOX 24  / HEBER  UTAH 84155 / Ph: 801-222-3341
  Future Appt. Dt:    NONE
                                ~~~~~~~~~~~~
Jun 18, 1996 Jun 18, 1996     OUTPATIENT,PATTY            345097751   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.
```

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) ICD9 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.

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

QUALITY OF CARE MARKERS (6 mos. prior to Jul 29, 1996) Jan 31, 1996 to Jul 29, 1996	Clinic #	Overall 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 (0 of 0 pats. with CAD had no LDL results.)	N/A	N/A
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 Jul 30, 1995 to Jul 29, 1996	Number #	Overall 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 outpt. medications per patient	0.0	0.0
Average pharmacy cost per patient	$ 0.0	0.0

Press RETURN to continue...

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
Anothe HOSPITAL LOCATION name: DIABETES CLINIC          TEDD,DR
Anothe 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 andno CPT procedures making up the remaining encounters.
```

Diagnosis Ranked by Frequency

This report produces two lists: most frequent diagnoses (ICD) 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 ICD Diagnoses:
         Code            Description            Frequency
        ------  ------------------------------  ---------
    1.  401.1   BENIGN HYPERTENSION                 10
    2.  100.0   LEPTOSPIROS ICTEROHEM                6
    3.  V70.3   MED EXAM NEC-ADMIN PURP               4
    4.  440.20  ATHEROSCL, NAT ART EXTR, UNSP         3
    5.  321.0   CRYPTOCOCCAL MENINGITIS               3
    6.  223.0   BENIGN NEOPLASM KIDNEY                3
    7.  200.02  RETICULOSARCOMA THORAX                2
    8.  550.10  UNILAT ING HERNIA W OBST              1

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

PCE Diagnosis Ranked by Frequency

10 Most Frequent ICD Diagnoses:

	Code	Description	Frequency
9.	402.00	MAL HYPERTEN HRT DIS NOS	1
10.	224.0	BENIGN NEOPLASM EYEBALL	1

10 Most Frequent Diagnostic Categories:

	Diagnostic Category	Frequency
1.	CIRCULATORY SYSTEM	14
2.	NERVOUS SYSTEM	7
3.	INFECTIOUS & PARASITIC	6
4.	HEALTH STATUS FACTORS	4
5.	KIDNEY & URINARY TRACT	4
6.	MYELOPROLIFERATIVE,NEOPLASIA	2
7.	DIGESTIVE SYSTEM	2
8.	MENTAL DISEASES & DISORDERS	1
9.	FEMALE REPRODUCTIVE SYSTEM	1
10.	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 ICD Diagnoses:

	Code	Description	Frequency
1.	250.01	DIABETES MELLI W/0 COMP TYP I	7
2.	100.0	LEPTOSPIROS ICTEROHEM	2
3.	333.0	DEGEN BASAL GANGLIA NEC	1
4.	321.0	CRYPTOCOCCAL MENINGITIS	1
5.	223.0	BENIGN NEOPLASM KIDNEY	1
6.	333.1	TREMOR NEC	1
7.	229.9	BENIGN NEOPLASM NOS	1
8.	221.2	BENIGN NEOPLASM VULVA	1
9.	100.81	LEPTOSPIRAL MENINGITIS	1

10 Most Frequent Diagnostic Categories:

	Diagnostic Category	Frequency
1.	ENDOCRINE,NUTRIT,METABOLIC	7
2.	NERVOUS SYSTEM	4
3.	INFECTIOUS & PARASITIC	2
4.	MYELOPROLIFERATIVE,NEOPLASIA	1
5.	FEMALE REPRODUCTIVE SYSTEM	1
6.	KIDNEY & URINARY TRACT	1

End of the report.

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*¾only 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 defintion)
  - 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: DEFAN,ANA
Select another PROVIDER: GRIN,JO
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
```

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

Provider	(Person Class) (Occupation+Specialty+Subspecialty)	Encounters
ANDERS,DAN	(Nursing Service+Nursing Administrato..)	3
DAN, ANA	(Pharmacy Services)	6
DEAN, JOHN	(Unknown)	15
EDD, DR	(Pharmacy Services)	10
GERT, DR	(Medical Servcies)	92
HANS, ANN	(Eye and Vision Services+Ophthalmic Med)	27
RINEHART, JO	(Physician Assistant+Medical)	4
STARR, DON	(Physician)	7
	Total facility encounters	164
	Total encounters	164

End of the report

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
```

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

Provider	Person Class (Occupation+Specialty+Subspecialty)	Encounters
CLARK,CP	(Respiratory, Rehabil...+Physical Therapist+Clinical Electrophys...)	25
SMIT,VAN	(Respiratory, Rehabil...+Physical Therapist+Clinical Electrophys...)	5
	Total facility encounters	30
	Total encounters	30

End of the report.

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]
```

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.

Key Concepts

- You can produce reports for Caseload Profile by Clinic, Workload by Clinic, Frequency of Diagnoses, Location Encounter Counts, Provider Encounter Counts, 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 **V***IST***A**, 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.

Supplementary Material

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 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.

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 **V***IST***A** 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 InformationManagement 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 display diagnosis and procedure information: Outpatient Diagnosis and Outpatient Encounter.

- The Outpatient Diagnosis Component displays: the date of the encounter, the facility, the hospital location, the encounter eligibility, the provider(s), the diagnoses, ICD9 code, ICD9 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 determing 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.

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: OUTPATIENT,EDNA 234-77-6641
   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: OUTPATIENT,EDNA 234-77-6641
   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.
```

Glossary

ADCP
Ambulatory Data Capture Project. ADCP was formed to coordinate the various **V***IST***A** 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.

Clinician
A doctor or other provider in the medical center who is authorized to provide patient care.

CPRS
Computerized Patient Record System, a clinical record system which integrates many **V***IST***A** 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 (ICD-9-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 **V***IST***A** 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 **V***IST***A**, 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 **V***IST***A** 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 **V***IST***A** entity which supports Integrated Billing and many data capture pilot projects related to PCE.

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 **V***IST***A** 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.

V*IST***A**
Veterans Information System Technology Architecture