KEY CLINICAL PERFORMANCE OBJECTIVES

"Cheat Sheet" for PCC Documentation and Data Entry

Recommended Use for This Material: each facility should 1) identify their three or four key clinical problem areas; 2) review the attached information; 3) customize the Provider and Data Entry documentation instructions, if necessary; 4) train staff on appropriate documentation, and 5) post the 1-2 page Cheat Sheet in exam rooms.

NOTE: The purpose of this document is to provide information to both providers and to data entry on the <u>most appropriate</u> way to document key clinical procedures in RPMS. It does not include all of the codes CRS checks for when determining if an indicator is met. To view that information, view the CRS short version logic at:

http://www.ihs.gov/misc/links_gateway/download.cfm?doc_id=7428&app_dir_id=4&doc_file=CRS_v_5_(2005)_Indicators_(Short)-rev1.pdf

Objective	Standard	Provider Documentation	Data Entry
Depression	Adult patients 18 years of	Primary Care Providers:	Standard PCC data entry: <i>Mnemonic</i> PV :
Screening	age and older should be	Enter narrative "Screening for	V79.0, Special Screening for Mental
	screened for depression at	Depression" or "Depression	Disorders and Developmental Handicaps,
	least annually.	Screening."	Depression
		Behavioral Health Providers:	Standard BHS data entry: Enter BHS
		Enter BHS problem code 14.1	problem code 14.1 or narrative "Screening
		or narrative "Screening for	for Depression."
		Depression."	
		NOTE: BHS code 14.1 maps to ICD-9 V79.0.	NOTE: BHS code 14.1 maps to ICD-9 V79.0.

Objective	Standard	Provider Documentation	Data Entry
Domestic (Intimate Partner) Violence Screening (DV/IPV)	Adult females should be screened for domestic violence at new encounter and at least annually Prenatal once each trimester (Source: Family Violence Prevention Fund National Consensus Guidelines)	Primary Care and Behavioral Health Providers: EXAM—DV (or IPV) Screen Negative - denies being a current or past victim of DV Present - admits being current victim of DV Past - denies being a current victim, but admits being a past victim of DV Refused - patient declined exam/screen Unable to screen	Exam Mnemonic EX: 34 or INTIMATE PARTNER VIOLENCE SCREEN (AUM 4.1 patch 1; AUPN patch 11) N Negative PR Present PA Past Refusals Mnemonic: REF Exam Exam Value: INT (or 34) Date Refused: Unable to Screen: mnemonic UAS (PCC Data Entry patch 7) Exam Exam Value: INT (or 34) Date Refused:

Objective	Standard	Provider Documentation	Data Entry
Alcohol Screening for Women	Pregnant women should be screened for alcohol use at least on their first visit; education and follow-up provided as appropriate Women of childbearing age should be screened at least annually	Use the CAGE questionnaire, which asks the following 4 questions: 1. Have you ever felt the need to Cut down on your drinking (or drug use)? 2. Have people Annoyed you by criticizing your drinking (drug use)? 3. Have you ever felt bad or Guilty about your drinking (drug use)? 4. Have you ever needed an Eye opener the first thing in the morning to steady your nerves or get rid of a hangover? Tolerance: How many drinks does it take you to get high? Based on how many YES answers were received, document Health Factor on PCC: HF - CAGE 0/4 (all No answers) HF - CAGE 1/4 HF - CAGE 3/4 HF - CAGE 3/4 HF - CAGE 4/4 Optional values: Level/Severity: Mild, Moderate, or Severe Quantity: # of drinks daily OR T (Tolerance) # drinks to get high (e.g. T-4)	Under mnemonic HF, enter: CAGE 0/4 (all No answers) CAGE 1/4 CAGE 2/4 CAGE 3/4 CAGE 4/4 Level/Severity Provider Quantity

Objective	Standard	Provider Documentation	Data Entry
Calculate BMI (Body Mass Index)	Children (through age 18) should have both height and weight taken on the same day at least annually (at every visit is recommended) Adults 19-50, height and weight at least every 5 years, not on same day Adults over 50, height and weight taken every 2 years	Standard PCC documentation To document Refusals on PCC: Write "Refused" in Height or Weight boxes at upper right	Standard PCC data entry Refusals: mnemonic REF Measurements Measurement Type: HT or WT Date Refused:
Childhood Immunizations	Children age 19-35 months will be up-to-date for all ACIP recommended immunizations This is the 43133 combo: 4 DTaP 3 IPV 1 MMR 3 Hib 3 Hepatitis B	Standard PCC documentation for immunizations performed at the facility Ask about off-site IZ and record historical information on PCC: IZ type Date received Location To document Refusals on PCC: Write "Refused [shot type" in POV section OR "Refused" in appropriate Order box at right	Standard PCC data entry For historical, use mnemonic HIM Date Type Location of Encounter Immunization Type(s) and Series Refusals: mnemonic REF Immunization Immunization Value: Date Refused (can be month and year only)

Last Edited: 4/25/2005 10:26 AM

Objective	Standard	Provider Documentation	Data Entry
Adult Immunization: Flu Vaccine	All adults ages 65 and older should have an annual flu shot Adults 55-64 are strongly recommended to have annual flu shot All adult (18 and older) diabetic patients are strongly recommended to have annual flu shot Refusals should be documented.	Standard PCC documentation for immunizations performed at the facility Ask about off-site IZ and record historical information on PCC: IZ type Date received Location To document Refusals on PCC: Write "Refused Flu Shot" in POV section OR "Refused" in Influenza Order box at right	Standard PCC data entry For historical, use mnemonic HIM Date Type Location Immunization Type: 88 Inf Virus Vaccine NOS (other options are 111 Inf Virus Vac Intranasal; 15 Inf Virus Vac SV; or 16 Inf Virus Vac WV) Refusals: mnemonic REF Immunization Immunization Value: Date Refused
Adult Immunization: Pneumococcal Vaccine	All adults ages 65 and older will have a pneumovax All adult (18 and older) diabetic patients are strongly recommended to have a pneumovax Refusals should be documented.	Standard PCC documentation for immunizations performed at the facility Ask about off-site IZ and record historical information on PCC: IZ type Date received Location To document Refusals on PCC: Write "Refused Pneumovax" in POV section OR "Refused" in Pneumo Vax Order box at right	Standard PCC data entry For historical, use mnemonic HIM Date Type Location Immunization Type: 33 Pneumo Polysac Vac (other options are 100 Pneumo Conj Vacc, or 109 Pneumo NOS Refusals: mnemonic REF Immunization Immunization Value: Date Refused

Last Edited: 4/25/2005 10:26 AM

Objective	Standard	Provider Documentation	Data Entry
Prevent colorectal cancer (CRC)	Adults ages 50 and older should be screened for CRC (USPTF). IHS recommends any of the following: 1. Fecal occult blood test (FOBT) or rectal exam annually or at least every two years 2. Flexible sigmoidoscopy or double contrast enema every 5 years 3. Annual FOBT/rectal exam plus flexible sigmoidoscopy every 5 years 4. Colonoscopy every 10 years Refusals should be documented	1-	Standard PCC data entry process for procedures, Lab or Radiology Mnemonics for Historical: HBE Historical Barium Enema HCOL Historical Colonoscopy HFOB Historical FOBT (Guaiac) HSIG Historical Sigmoidoscopy Date Type Location of Encounter Refusals Mnemonic: REF Lab Test Value: Fecal Occult Blood Test Exam: Rectal Screen Exam Value: 14 Date Refused:
Prevention of cancer of the uterine cervix	Women ages 18-64 should have a Pap Smear every 3 years Refusals should be documented.	Standard PCC documentation for tests performed at the facility Ask about off-site tests and record historical information on PCC: Date received Location To document Refusals on PCC: Write "Refused Pap Smear" in POV section OR "Refused" in Pap Order box at right	Data entry through Women's Health program or standard PCC data entry for tests performed at the facility Historical Pap Mnemonic: <i>HPAP</i> Date Location of Encounter Outside Location Results Refusals Mnemonic: <i>REF</i> Lab Test Value: Pap Smear Date Refused:

Last Edited: 4/25/2005 10:26 AM

Objective	Standard	Provider Documentation	Data Entry
Breast Cancer	Women ages 50-69 should	Standard PCC documentation for	Data entry through Women's Health
Prevention	have a mammogram every 2	Radiology performed at the facility	program or standard PCC data entry for
	years	Ask and record historical	tests performed at the facility
	Refusals should be	information on PCC: date received	Historical <i>Mnemonic</i> : HRAD
	documented.	and location	Date
		Telephone visit with patient	Location of Encounter
		Verbal or written lab report	Procedure Type: [76090-76092]
		Patient's next visit	Impression
		To document Refusals on PCC:	Abnormal
		To document Refusais on Tee.	Refusals Mnemonic: REF
		Write "Refused Mammogram" in	Mammogram
		POV section OR "Refused" in	Radiology Procedures Value (CPT):
		Mammogram Order box at right	Date Refused
Diabetic dilated eye	Diabetes patients will have	EXAM—DM Eye Exam	Under mnemonic EX enter
exam	had a dilated eye exam in the past 12 months	To document Refusals on PCC:	DIABETIC EYE EXAM
	the past 12 months	Write "Refused DM Eye Exam" in	Refusals Mnemonic: REF
		POV section	Exam
			Exam Value: 03
			Date Refused:

Objective	Standard	Provider Documentation	Data Entry
Screening for tobacco use and exposure to ETS	Ask all patients age five and over about tobacco use at least annually	Document on designated Health Factors section of form: HF—Non-Tobacco User HF—Smoker HF—Smokeless HF - Smoker & Smokeless HF - Previous Smoker [or Smokeless] (quit > 6 months) HF - Cessation Smoker [or Smokeless] (quit or actively trying < 6 months) HF - Smoker in Home HF - Ceremonial HF - Exp to ETS (Second Hand Smoke) HF - Smoke Free Home NOTE: if your site uses other expressions (e.g.," Chew" instead of "Smokeless;" "Past" instead of "Previous"), be sure Data Entry staff know how to "translate" Optional values: Level/Severity: Mild, Moderate, or Severe Quantity: e.g., # of cigarettes smoked daily	Under mnemonic HF enter NON-TOBACCO USER CURRENT SMOKER CURRENT SMOKELESS CURRENT SMOKER & SMOKELESS PREVIOUS SMOKER [or SMOKELESS] CESSATION SMOKER [or SMOKELESS] SMOKER IN HOME CEREMONIAL (new) EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE SMOKE FREE HOME Level/Severity Provider Quantity

Objective	Standard	Provider Documentation	Data Entry
HIV Testing in Women	Pregnant women should be tested for HIV at least on their first visit; education and follow-up provided as appropriate	Standard PCC documentation for tests performed at the facility To document Refusals on PCC: Write "Refused HIV test" in POV section	Standard PCC data entry for tests performed at the facility Historical Mnemonic: <i>HLAB</i> Date of Test: Name of Lab Test: Results: Refusals Mnemonic: <i>REF</i> Lab Test Value: Date Refused:
Medication Education	Patients receiving medications should be educated about appropriate use and potential risks	Provider and/or pharmacist should document <u>all 5</u> PFE elements: Disease state—Education Topic – Level of Understanding – Who Taught – Time spent (in minutes) DMC-IN (Diabetes medicine – Insulin) M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow-up) M-L (Medication patient education literature) [any disease]-M (medication) Level of Understanding = P (Poor), F (Fair), G (Good), Group, R (Refused)	Mnemonic PED: Education Topic DMC-IN (Diabetes medicine - Insulin) M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow-up) M-L (Medication patient education literature) [any disease]-M (medication) Provider Level of Understanding: P, G, F, Group, R Length of Education (minutes)