

DC - DENTAL CARIES

DC-AP Anatomy & Physiology
DC-C Complications
DC-DP Disease Process
DC-FU Follow-up
DC-HY Hygiene
DC-L Literature
DC-M Medications
DC-MNT Medical Nutrition Therapy
DC-N Nutrition
DC-P Prevention
DC-PM Pain Management
DC-PRO Procedures
DC-TE Tests
DC-TO Tobacco
DC-TX Treatment

ECC - EARLY CHILDHOOD CARIES

ECC-AP Anatomy & Physiology
ECC-C Complications
ECC-DP Disease Process
ECC-FU Follow-up
ECC-GD Growth & Development
ECC-L Literature
ECC-LA Lifestyle Adaptations
ECC-M Medications
ECC-MNT Medical Nutrition Therapy
ECC-N Nutrition
ECC-P Prevention
ECC-PM Pain Management
ECC-PRO Procedures
ECC-TE Tests
ECC-TX Treatment

PD - PERIODONTAL DISEASE

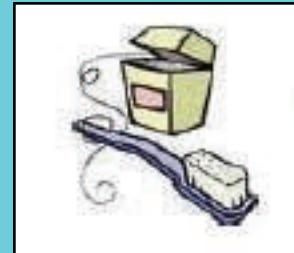
PD-AP Anatomy & Physiology
PD-C Complications
PD-DP Disease Process
PD-FU Follow-up
PD-HY Hygiene
PD-L Literature
PD-M Medications
PD-MNT Medical Nutrition Therapy
PD-N Nutrition
PD-P Prevention
PD-PM Pain Management
PD-PRO Procedures
PD-TE Tests
PD-TO Tobacco
PD-TX Treatment

DM - DIABETES MELLITUS

DM-AP Anatomy & Physiology
DM-C Complications
DM-CM Case Management
DM-CUL Cultural/Spiritual Aspects of Health
DM-DP Disease Process
DM-EQ Equipment
DM-EX Exercise
DM-FTC Foot Care and Examinations
DM-FU Follow-up
DM-HM Home Management
DM-KID Kidney Disease
DM-L Literature
DM-LA Lifestyle Adaptations
DM-M Medications
DM-MNT Medical Nutrition Therapy
DM-N Nutrition
DM-P Prevention
DM-PD Periodontal Disease
DM-PM Pain Management
DM-S Safety
DM-SCR Screening
DM-SM Stress Management
DM-TE Tests
DM-TX Treatment
DM-WC Wound Care

TO - TOBACCO USE

TO-C Complications
TO-CUL Cultural/Spiritual Aspects of Health
TO-DP Disease Process
TO-EX Exercise
TO-FU Follow-up
TO-HY Hygiene
TO-IR Information & Referral
TO-L Literature
TO-LA Lifestyle Adaptations
TO-M Medications
TO-MNT Medical Nutrition Therapy
TO-N Nutrition
TO-P Prevention
TO-QT Quit
TO-S Safety
TO-SHS Second-Hand Smoke
TO-SM Stress Management



Patient & Family Education Codes (PEPC)

Dental Codes

14th Edition
January 2008



Use and Documentation of Patient Education codes

Use the Patient Education Protocols when providing education; the education should then be documented using the codes found in this booklet. Correct documentation requires the completion of 6 elements: (*denotes required documentation)

1. Readiness to Learn (a JCAHO Requirement)
 2. *Disease state, Illness, or Condition
 3. *Education Topic Discussed
 4. *Level of Understanding
 5. *Time (spent providing the education)
 6. *Provider Initials
 7. Behavior Goal: Goal Not Set, Goal Set, Goal Met, Goal Not Met
 8. Comments
-
1. **RL-RCPT** (Readiness to Learn—Receptive)
 2. **DC** = Dental Caries
 3. **HY** = Hygiene
 4. **G** = Good Understanding
 5. **10** (Minutes) = Time
 6. **XYZ** = Provider Initials
 7. **GS**: Pt. to brush 2xdaily/floss
 8. **Comments:** Pt. smokes

Patient Education String:

DC-HY-G-10-XYZ-GS: Pt. to brush 2xdaily/floss.

Documenting Level of Understanding

RECORDING THE PATIENT'S RESPONSE TO EDUCATION

The following "Levels of Understanding" can be used in the RPMS system:

Good (G): Verbalizes understanding
Able to return demonstration or teach-back correctly

Fair (F): Verbalizes need for more education
Incomplete return demonstration or teach-back indicates partial understanding

Poor (P) Does not verbalize understanding
Unable to return demonstration or teach-back

Refuse (R): Refuses education

Group (GP): Education provided in group. Unable to evaluate individual response

The PCC Coders can only select "Good, Fair, Poor, Group, or Refused" for the level of understanding. Remember, this section is meant for speedy documentation of brief educational encounters. If you want to write a more lengthy narrative, please do so, on a separate PCC form using the codes to simply summarize your note. On inpatient PCCs each entry must be prefaced by a date.

Behavior Goal

| OBJECTIVE | DEFINITION | CODE |
|--------------|--|------|
| Goal Set | This is the preparation phase defined as "patient ready to change" (patient is active) | GS |
| Goal Not Set | This is the pre-contemplation phase defined as "patient is not thinking about change" | GNS |
| Goal Met | This is the action phase defined as "patient activity making the change" or maintenance phase defined as "patient is sustaining the behavior change" | GM |
| Goal Not Met | This is the contemplation phase defined as "patient is unsure about the change' or relapse when the patient started making the change and did not succeed due to ambivalence or other factors. | GNM |

Documenting Time

Providers should estimate the amount of Time spent providing the patient education and document that Time using whole numbers.

Clinical Reporting System (CRS)

Patient education is tracked in the Clinical Reporting System by:

1) Disease, 2) Education Topic discussed, 3) Level of Understanding, 4) Provider, 5) Time, and 6) Behavior Goal.

To view the complete Patient Education Protocols and Codes Manual, visit:

www.ihs.gov

Click on Nationwide Programs and Initiatives, look in the upper right-hand corner, and then click on link to the Patient Education Protocols and Code Manual. You can down-load this pamphlet from the link.

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