Inpatient Setting Test Data for §170.314(b)(7) Data portability

Test data provided for public comment are samples and will be updated when the test procedures are finalized. Test data are provided to ensure that the functional and interoperability requirements identified in the criterion can be adequately evaluated for conformance, as well as to provide consistency in the testing process across multiple ATLs. The provided test data focus on evaluating the basic capabilities of required EHR technology, rather than exercising the full breadth/depth of capability that installed EHR technology might be expected to support. The test data are formatted for readability of use within the testing process. The format is not prescribing a particular end-user view or rendering. No additional requirements should be drawn from the format.

The Tester shall use and apply the provided test data during the test, without exception, unless one of the following conditions exists:

- The Tester determines that the Vendor product is sufficiently specialized that the provided test data needs to be modified in order to conduct an adequate test. Having made the determination that some modification to the provided test data is necessary, the Tester shall record the modifications made as part of the test documentation.
- The Tester determines that changes to the test data will improve the efficiency of the testing process; primarily through using consistent demographic data throughout the testing workflow. The Tester shall ensure that the functional and interoperable requirements identified in the criterion can be adequately evaluated for conformance and that the test data provides a comparable level of robustness.

Any departure from the provided test data shall strictly focus on meeting the basic capabilities required of EHR technology relative to the certification criterion rather than exercising the full breadth/depth of capability that installed EHR technology might be expected to support.

The test procedures require that the Tester enter the test data into the EHR technology being evaluated for conformance. The intent is that the Tester fully controls the process of entering the test data in order to ensure that the data are correctly entered as specified in the test procedure. If a situation arises where it is impractical for a Tester to directly enter the test data, the Tester, at the Tester's discretion, may instruct the Vendor to enter the test data, so long as the Tester remains in full control of the testing process, directly observes the test data being entered by the Vendor, and verifies that the test data are entered correctly as specified in the test procedure.

INTRODUCTION

This document contains a sample of test data to be used as an illustration of 170.314 (b)(7) in the inpatient setting. The test procedure for §170.314(b)(7) Data portability requires the Tester to validate the expected results for an inpatient setting export summary, found on page 7.

TD170.314.b.7 - Encounter 1

Demographics and Care Team

Name	Sex	Date of Birth	Race	Ethnicity	Preferred Language	Preferred Language Code System	Care Team Members
James Smith	M	9/1/1965	White	Not Hispanic or Latino	Eng	ISO 639-2 alpha 3 code	Admitting provider – Dr. Bruce Healthy Consulting provider – Dr. Isaac Jones Wife – Julie Smith

Encounter Diagnosis

Code	Code System	Description	Date	Finding	Finding Code
99222	CPT	Inpatient admission	10/2/2011	Cholelithiasis	77528005 – SNOMED-CT

Smoking Status

Element Description	Description	Start Date	End Date	Code	Code System
Smoking status	Current every day smoker	6/24/1984	-	449868002	SNOMED-CT

Vitals

Vitals	Date	Value
Height	11/1/2010	74 in
Weight	11/1/2010	205 lbs
Blood Pressure	11/1/2010	132/86 mmHg
BMI	11/1/2010	26.3

TD170.314.b.7 - Encounter 2

Demographics

Name	Sex	Date of Birth	Race	Ethnicity	Preferred Language	Preferred Language Code System
James Smith	M	9/1/1965	White	Not Hispanic or Latino	Eng*	ISO 639-2 alpha 3 code

Encounter Diagnosis

Code	Code System	Description	Date	Finding	Finding Code
99222	CPT	Inpatient admission	Test date	Pneumonia	233604007– SNOMED-CT

Vitals

Vitals	Date	Value
Height	10/2/2011	74 in
Weight	10/2/2011	218 lbs
Blood Pressure	10/2/2011	141/87
BMI	10/2/2011	28.0

Immunizations

Vaccine Code	Code System	Vaccine Name	Date	Status
09	CVX	Tetanus-diphtheria adult	10/2/2011	Completed

Care Plan, Goals, and Instructions (Examples and sample format provided; Vendor-supplied data that includes care plan goals and instructions is permitted.)

Goal	Instructions
Smoking cessation	Resources and instructions provided during visit
Weight loss	Diet and exercise counseling provided during visit

TD170.314.b.7 - Encounter 3

This test data will be selected by the Tester during the test.

Demographics

Name	Sex	Date of Birth	Race	Ethnicity	Preferred Language	Preferred Language Code System
James Smith	M	9/1/1965	White	Not Hispanic or Latino	Eng	ISO 639-2 alpha 3 code

Encounter Diagnosis

Code	Code System	Description	Date	Finding	Finding Code
99222	CPT	Inpatient admission	Test date	Pneumonia	233604007 – SNOMED-CT

Problems

Code	Code System	Problem Name	Start Date	End Date	Status
233604007	SNOMED-CT	Pneumonia	Test date	-	Active
48440001	SNOMED-CT	Gout	Test date	-	Active
195967001	SNOMED-CT	Type II Diabetes	Select any date	-	Active
363746003	SNOMED-CT	Hypertension	Select any date	-	Active
195967001	SNOMED-CT	Asthma	11/1/2010	*Select any date* (after 11/1/2010)	Resolved
77528005	SNOMED-CT	Cholelithiasis	10/2/2011	*Select any date* (after 10/2/2011)	Resolved

Medications

Code	Code System	Medication	Start Date	Route	Dose	Status	Fill Instructions
197319	RxNorm	allopurinol	Test date	Oral	*Select dose* (Range: 200 mg to 600 mg in multiples of 100) tablet, once daily	Active	Generic substitution allowed
197517	RxNorm	clarithromycin	Test date	Oral	*Select dose* (250 mg or 500 mg) tablet, twice daily for 7 days	Active	Generic substitution allowed

258395	RxNorm	lisinopril	Select any date	Oral	**Select dose** (5 mg to 40 mg in multiples of 5) tablet, once daily	Active	Generic substitution allowed
860978	RxNorm	metformin	Select any date	Oral	**Select dose** (500 mg or 850 mg) tablet, twice daily	Active	Generic substitution allowed

Medication Allergies

Code	Code System	Allergy Substance	Reaction	Severity	Status
7982	RxNorm	Penicillin G benzathine	Select reaction (e.g., Hives, Swelling, Shortness of Breath, or Anaphylaxis)	**Select severity** (e.g., Mild, Moderate, or Severe)	Active
2670	RxNorm	Codeine	Select reaction (e.g., Hives, Swelling, Shortness of Breath, or Anaphylaxis)	**Select severity** (e.g., Mild, Moderate, or Severe)	Active
1191	RxNorm	Aspirin	Select reaction (e.g., Hives, Swelling, Shortness of Breath, or Anaphylaxis)	**Select severity** (e.g., Mild, Moderate, or Severe)	Active

Laboratory Values

Test Code	Code System	Name	Actual Result	Date
30313-1	LOINC	HGB	**Select value** (Range: 13.5 g/dl to 18.0 g/dl)	Test date
20570-8	LOINC	HCT	**Select value** (Range: 41% to 53%)	Test date
33765-9	LOINC	WBC	**Select value** (Range: 4.3 to 10.8) (10^3/ul)	Test date
26515-7	LOINC	PLT	**Select value** (Range: 150 to 400) (10^3/ul)	Test date

Vitals

Vitals	Date	Value
Height	Test date	74 in
Weight	Test date	218 lbs
Blood Pressure	Test date	**Select systolic** (Range: 120 mmHg – 150 mmHg) **and diastolic** (Range: 80 mmHg to 95 mmHg)
BMI	Test date	28.0

Procedures

Code	Code System	Procedure Name	Target Site	Date of Procedure
168731009	SNOMED-CT	Chest X-Ray, PA and Lateral Views	82094008 (Lower respiratory tract structure)	Test date
441987005	SNOMED-CT	Abdominal ultrasound	Abdomen	10/2/2011

Cognitive and Functional Status

Functional Condition	Code	Code System	Date	Status
Dependence on Walking Stick	105504002	SNOMED-CT	Test date	Active
Memory Impairment	386807006	SNOMED-CT	Test date	Active

Discharge Instructions

Mr. Smith, you were admitted to Local Community Hospital on Current date with a diagnosis of community acquired pneumonia. You were treated with IV antibiotics for pneumonia and your condition improved. You were also treated for gout. You are being discharged from Local Community Hospital today. Dr. Healthy has provided the following instructions for you at this time; should you have any questions prior to discharge, please contact a member of your healthcare team. If you have left the hospital and have any questions, please contact your primary care physician.

Instructions:
1. Take all medications as prescribed
2. Activity as tolerated
3. If you experience any of the following symptoms, call your primary care physician or return to the Emergency Room:
    a. Chest pain
    b. Shortness of breath
    c. Dizziness or light-headedness
    d. Intractable nausea or vomiting
    e. Pain or redness at the site of any previous intravenous catheter
    f. Any other unusual symptoms
4. Schedule a follow up appointment with your primary care physician in one week

TD170.314.B.7 – EXPECTED RESULTS

The Consolidated CDA for the test patient should include the information within this section, which represents a minimum compilation of most current clinical information for Data Portability across Inpatient Encounters 1, 2, and 3. The Vendor may include additional longitudinal information for laboratory test results, immunizations, and procedures, and other data elements in the export summary; this information is encouraged, but is not required for the export summary in Consolidated CDA format.

Asterisks indicate the Consolidated CDA data element required for the export summary, based upon the Data Portability certification criteria and requirements for vocabulary standards, and based on associated certification criteria. Where no asterisk is noted, there is no specific format or requirement for organizing the information within the Consolidated CDA.

Demographics

Name	Sex	Date of Birth	Race	Ethnicity	Preferred Language	Preferred Language Code System
James Smith*	M*	9/1/1965*	White*	Not Hispanic or Latino*	Eng*	ISO 639-2 alpha 3 code

Smoking Status

Element Description	Description	Start Date	End Date	Code	Smoking Status Code System
Smoking status	Current every day smoker*	6/24/1984	-	449868002*	SNOMED-CT

Problems

Code	Code System	Problem Name	Start Date	End Date	Status
233604007*	SNOMED-CT	Pneumonia	Test date	-	Active
48440001*	SNOMED-CT	Gout	Test date	-	Active
195967001*	SNOMED-CT	Type II Diabetes	Selected date	-	Active
363746003*	SNOMED-CT	Hypertension	Selected date	-	Active

Medications

Code	Code System	Medication	Start Date	Route	Dose	Status	Fill Instructions
197319*	RxNorm	allopurinol	Test date	Oral	Selected dose* (Range: 200 mg to 600 mg in multiples of 100) tablet, once daily	Active	Generic substitution allowed

197517*	RxNorm	clarithromycin	Selected date	Oral	Selected dose* (250 mg or 500 mg) tablet, twice daily for 7 days	Active	Generic substitution allowed
258395*	RxNorm	lisinopril	Selected date	Oral	Selected dose* (5 mg to 40 mg in multiples of 5) tablet, once daily	Active	Generic substitution allowed
860978*	RxNorm	metformin	Selected date	Oral	Selected dose* (500 mg or 850 mg) tablet, twice daily	Active	Generic substitution allowed

Medication Allergies

Code	Code System	Allergy Substance	Reaction	Severity	Status
7982*	RxNorm	Penicillin G benzathine	Selected reaction (e.g., Hives, Swelling, Shortness of Breath, or Anaphylaxis)	Selected severity (e.g., Mild, Moderate, or Severe)	Active
2670*	RxNorm	Codeine	Selected reaction (e.g., Hives, Swelling, Shortness of Breath, or Anaphylaxis)	Selected severity (e.g., Mild, Moderate, or Severe)	Active
1191*	RxNorm	Aspirin	Selected reaction (e.g., Hives, Swelling, Shortness of Breath, or Anaphylaxis)	Selected severity (e.g., Mild, Moderate, or Severe)	Active

Laboratory Tests and Values

Test Code	Code System	Name	Actual Result	Date
30313-1*	LOINC	HGB	Selected value* (Range: 13.5 g/dl to 18.0 g/dl)	Test date*
20570-8*	LOINC	HCT	Selected value* (Range: 41% to 53%)	Test date*
33765-9*	LOINC	WBC	Selected value* (Range: 4.3 to 10.8) (10^3/ul)	Test date*
26515-7*	LOINC	PLT	Selected value* (Range: 150 to 400) (10^3/ul)	Test date*

Vitals

Vitals	Date	Value
Height	Test date	74 in*
Weight	Test date	218 lbs*
Blood Pressure	Test date	Selected systolic* (Range: 120 mmHg – 150 mmHg) and diastolic* (Range: 80 mmHg to 95 mmHg)

BMI	Test date	28.0*

Care Plan, Goals, and Instructions (Examples and sample format provided; Vendor-supplied data that includes care plan goals and instructions is permitted.)

Goal	Instructions
Smoking cessation	Resources and instructions provided during visit
Weight loss	Diet and exercise counseling provided during visit

Procedures

Code	Code System	Procedure Name	Target Site	Date of Procedure
168731009*	SNOMED-CT	Chest X-Ray, PA and Lateral Views	82094008 (Lower respiratory tract structure)	Test date

Care Team Members

Care Team Members
Admitting provider – Dr. Bruce Healthy Consulting provider – Dr. Isaac Jones Wife – Julie Smith

Encounter Diagnosis

Code	Code System	Description	Date	Finding	Finding Code
99222*	CPT	Inpatient admission	10/2/2011	Cholelithiasis	77528005 – SNOMED-CT

Immunizations

Vaccine Code	Code System	Vaccine Name	Date	Status
09*	CVX	Tetanus-diphtheria adult	10/2/2011*	Completed

Cognitive and Functional Status

Functional Condition	Code	Code System	Date	Status
Dependence on Walking Stick	105504002	SNOMED-CT	Test date	Selected status (Inactive or Active)
Memory Impairment	386807006	SNOMED-CT	Test date	Selected status (Inactive or Active)

Discharge Instructions

Mr. Smith, you were admitted to Local Community Hospital on Current date with a diagnosis of community acquired pneumonia. You were treated with IV antibiotics for pneumonia and your condition improved. You were also treated for gout. You are being discharged from Local Community Hospital today. Dr. Healthy has provided the following instructions for you at this time; should you have any questions prior to discharge, please contact a member of your healthcare team. If you have left the hospital and have any questions, please contact your primary care physician.

Instructions:
1. Take all medications as prescribed
2. Activity as tolerated
3. If you experience any of the following symptoms, call your primary care physician or return to the Emergency Room:
   a. Chest pain
      b. Shortness of breath
      c. Dizziness or light-headedness
      d. Intractable nausea or vomiting
      e. Pain or redness at the site of any previous intravenous catheter
      f. Any other unusual symptoms
4. Schedule a follow up appointment with your primary care physician in one week