**Attachment D**

**Changes to 2014 Ambulatory Surgery Patient Record Form (PRF)**

Proposed changes are indicated in **RED**.

* Modified-Expected source(s) of payment for this visit

|  |  |
| --- | --- |
| **Old** Answer list* Private insurance
* Medicare
* Medicaid or CHIP
* Worker’s compensation
* Self-pay
* No charge/Charity
* Other
* Unknown
 | **New** Answer list* Private insurance
* Medicare
* Medicaid or CHIP **or other state-based program**
* Worker**s’** compensation
* Self-pay
* No charge/Charity
* Other
* Unknown
 |

* Modified-Diagnosis Verbatim and Look-up Table

|  |  |
| --- | --- |
| **Old**: Allow up to 3 diagnoses verbatim and Look-up table entries | **New: Allow up to 5 diagnoses verbatim and look-up table entries** |

* Modified-Checkbox list of patient’s underlying chronic conditions

|  |
| --- |
| **Does patient have any of the following conditions? (Note: These conditions could impact this surgery or procedure)**  |
| *Mark all that apply.* |  |
| **Old** | **New** |
| Airway problem | Airway problem **(Add HELP text)** |
| Asthma | Asthma |
| Cardiac surgery history | Cardiac surgery history**(Add HELP text)** |
| Cerebrovascular disease/History of stroke or transient ischemic attack (TIA) | **Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)** |
| Chronic obstructive pulmonary disease (COPD) | Chronic obstructive pulmonary disease (COPD) |
| Renal failure | **Chronic kidney disease (CKD)** |
| Renal failure | **End-stage renal disease (ESRD)** |
| Congestive heart failure (CHF) | Congestive heart failure (CHF) |
| Diabetes | Diabetes **mellitus (DM), Type I** |
| Diabetes | Diabetes **mellitus (DM), Type II** |
| Diabetes | Diabetes **mellitus (DM), Type Unspecified** |
| Hypertension | Hypertension |
| Coronary artery disease (CAD) | **Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)** |
| Morbid obesity | **Obesity** |
| Obstructive sleep apnea | Obstructive sleep apnea **(OSA)** |
| None of the above | None of the above |

* Modified-Medications and Immunizations

|  |  |
| --- | --- |
| **Old**: Allow up to 10 drug entries (verbatim and look-up table) | **New: Allow up to 30 drug entries (verbatim and look-up table)** |

* Modified- Disposition

|  |  |
| --- | --- |
| **Old*** Reason for cancellation
* Patient not n.p.o.
* Incomplete or inadequate medication evaluation
* Surgical issue
* Other
 | **New*** Reason for cancellation
* Patient not n.p.o. **(fasting)**
* Incomplete or inadequate medication evaluation
* Surgical issue
* Other
 |

* Modified- Follow-up information

|  |  |
| --- | --- |
| **Old*** What was learned from this follow-up?
* Unable to reach patient
* Patient reported no problems
* Patient reported problems and sought medical care
* Patient reported problems and was advised by ASC staff to seek medical care
* Patient reported problems, but no follow-up medical care was needed
* Other
* Unknown
 | **New*** What was learned from this follow-up?
* Unable to reach patient
* Patient reported no problems
* Patient reported problems and sought medical care
* Patient reported problems and was advised by ~~ASC~~ **ambulatory surgery** staff to seek medical care
* Patient reported problems, but no follow-up medical care was needed
* Other
* Unknown
 |