Changes to 2014 Outpatient Department Patient Record Form (PRF)

Proposed changes are indicated in **RED**.

- Modified-Patient Information Questions (OPD &ASL combined)

"Patient Information" Section	
• Modified-Where visit occurred	
CLIN_LOC (OPD) and PROC_LOC (ASL):	
Old • OPD clinic where visit occurred • Procedure location where procedure was performed	**New** • **Hospital location where visit occurred**

• Deleted-Last menstrual period (LMP)	
LMP:	
Old • Last menstrual period – Month, day, year	**New** • ~~Last menstrual period – Month, day, year~~

• Modified-Checkbox list of Expected source(s) of payment for this visit	
PAY_SOURCE:	
Old • Private insurance • Medicare • Medicaid or CHIP • Worker's compensation • Self-pay • No charge/Charity • Other • Unknown	**New** • Private insurance • Medicare • Medicaid or CHIP **or other state-based program** • Workers' compensation • Self-pay • No charge/Charity • Other • Unknown

- Modified-Tobacco use (OPD)

USETOBAC:	
Old • Not current • Current • Unknown	**New** • Not current • **Never** • **Former** • **Unknown** • Current • Unknown

- Deleted-Vital Signs – Temperature Type (OPD)

"Biometrics/Vital Signs" Section	
TTEMP:	
Old Celsius and Fahrenheit	**New** ~~Celsius and Fahrenheit~~

- Modified-Reason for Visit Questions (OPD)

"Reason **for Visit**" Section	
VRFV1-3:	**VRFV1-5:**
Old • Patient's complaint(s), symptoms(s). or other reason(s) for this visit – *Use patient's own words if provided.* If there are more than 3 reasons, enter the first 3 documented in the chart. • Allow up to 3 lines of Reason for visit verbatim and look-up	**New** • **List the first 5 reasons for visit (i.e., complaint(s), symptom(s), problem(s), concern(s) of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons.** • **Allow up to 5 lines of Reason for visit verbatim and look-up table entries.**
MAJOR:	
Old • Major reason for this visit checkboxes 1. New problem (<3 mos. onset) 2. Chronic problem, routine 3. Chronic problem, flare-up 4. Pre/Post surgery 5. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)	**New** • Major reason for this visit checkboxes 1. New problem (<3 mos. onset) 2. Chronic problem, routine 3. Chronic problem, flare-up 4. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams) **5. Pre-surgery/procedure** **6. Post-surgery/procedure** **7. Surgery/Procedure**

- Modified-Injury/Poisoning/Adverse Effect Questions (OPD)

"Injury/**Trauma/Overdose/Poisoning/Adverse Effect**" Section	
INJURY:	
Old • Is this visit related to an injury, overdose, poisoning, or adverse effect of medical or surgical treatment? 1. Yes, injury/trauma 2. Yes, poisoning 3. Yes, adverse effect of medical or surgical treatment 4. No 5. Unknown	**New** • Is this visit related to an injury**/trauma**, overdose/ poisoning, or adverse effect of medical /surgical treatment? 1. Yes, injury/trauma 2. Yes, **overdose**/poisoning 3. Yes, adverse effect of medical/surgical treatment **or adverse effect of a medicinal drug** 4. No 5. Unknown
	INJURY72:
Old …	**Add new question on recent timing of injury.** • **If INJURY=Yes, then ask: Did the injury/trauma or overdose/poisoning occur within 72 hours prior to the date and time of this visit?** **1-Yes** **2-No** **3-Unknown** **4-Not applicable**
INTENTO:	
• Is this injury/poisoning unintentional or intentional? 1. Unintentional 2. Intentional 3. Unknown	**New** • Is this injury**/trauma** or **overdose/**poisoning intentional ~~or unintentional~~? 1. **Yes,** intentional **self-harm/suicide attempt** 2. **Yes, intentional harm by another person (e.g., assault, poisoning)** 3. **No,** unintentional (e.g., accidental) **4. Intent unclear**
	VCAUSE1-5:
Old …	**Add new question to allow up to 5 lines of causes of injury verbatim and look-up table entries: "Cause of injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment - Describe the place and circumstances that preceded the injury/trauma, overdose/poisoning,**

	or adverse effect."

- Modified-Diagnosis Verbatim and Look-up Table (OPD &ASL combined)

"Provider's Diagnosis For This Visit" Section	
VDIAG1-3:	**VDIAG1-5:**
Old: • As specifically as possible, list diagnoses related to this visit including chronic conditions. • Allow up to 3 diagnoses verbatim and Look-up table entries	**New:** • As specifically as possible, list diagnoses related to this visit including chronic conditions. **List primary diagnosis first.** • **Allow up to 5 diagnoses verbatim and look-up table entries**

- Added-Optional ICD-10-CM diagnosis codes (OPD &ASL combined)

VDIAG1-3_CODE:	**VDIAG1-5_CODE:**
Old …	**New** **Allow entry of ICD-10-CM diagnosis and V codes**

- Modified-Checkbox list of patient's underlying chronic conditions (OPD &ASL combined)

"Conditions" Section	
PATIENT_HAVE (OPD) and OTH_DIAG (ASL) combined:	
Regardless of the diagnoses previously entered, does the patient now have -	
Mark all that apply.	
Old	**New**
Airway problem	Airway problem
---	**Alcohol abuse, misuse, or dependence**
---	**Alzheimer's disease/Dementia**
Arthritis	Arthritis
Asthma	Asthma
Cancer	Cancer
Cardiac surgery history	Cardiac surgery history
Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)	Cerebrovascular disease/History of stroke **(CVA)** or transient ischemic attack (TIA)
Chronic renal failure	**Chronic kidney disease (CKD)**
Chronic obstructive pulmonary disease (COPD)	Chronic obstructive pulmonary disease (COPD)
Congestive heart failure	Congestive heart failure **(CHF)**
Coronary heart disease (CAD) (on ASL) Ischemic heart disease (IHD) (on OPD)	Coronary heart disease (CAD), ischemic heart disease (IHD), **or history of myocardial infarction (MI)**
Depression	Depression
Diabetes	Diabetes **mellitus (DM), Type I**

Diabetes	Diabetes **mellitus (DM), Type II**
Diabetes	Diabetes **mellitus (DM), Type Unspecified**
Chronic renal failure	**End-stage renal disease (ESRD)**
---	**History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)**
---	**HIV Infection/AIDS**
Hyperlipidemia	Hyperlipidemia
Hypertension	Hypertension
Obesity (on OPD) Morbid obesity (on ASL)	Obesity
Obstructive sleep apnea (OSA) (on ASL)	Obstructive sleep apnea (OSA)
Osteoporosis	Osteoporosis
---	**Substance abuse, misuse, or dependence**
None of the above or not documented	None of the above ~~or not documented~~

- Modified-Checkbox list of Services (OPD)

"Services" Section	
DIAG_SERVICE:	

Enter all examinations/**screenings**, **laboratory** tests, imaging, procedures, treatments, health education/ **counseling and other services not listed** ORDERED or PROVIDED.

- **NO SERVICES**

Examinations/Screenings:

- **Alcohol abuse screening (includes AUDIT, MAST, CAGE, T-ACE)**
- Breast
- Depression screening
- **Domestic violence screening**
- Foot
- ~~General physical exam~~
- Neurologic
- Pelvic
- Rectal
- Retinal**/Eye Exam**
- Skin
- **Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)**

~~**Blood tests**~~ **Laboratory tests:**

- **BMP (Basic metabolic panel)**
- CBC
- **Chlamydia test**

- **CMP (Comprehensive metabolic panel)**
- **Creatinine /Renal function panel**
- **Culture, blood**
- **Culture, throat**
- **Culture, urine**
- **Culture, other**
- Glucose, **serum**
- **Gonorrhea test**
- HbA1c (Glycohemoglobin)
- **Hepatitis panel**
- HIV test
- HPV DNA test
- Lipid profile**/panel**
- **Liver enzymes/Hepatic function panel**
- PAP test
- Pregnancy/HCG test
- PSA (prostate specific antigen)
- Rapid strep test
- **TSH/Thyroid panel**
- Urinalysis
- **Vitamin D test**

Imaging:

- Bone mineral density
- CT scan
- Echocardiogram
- **Other** Ultrasound
- Mammography
- MRI
- X-ray

~~**Other tests and procedures**~~**: Procedures:**

- Audiometry
- Biopsy
- Cardiac stress test
- Colonoscopy
- **Cryosurgery (cryotherapy)/ Destruction of tissue**
- EKG/ECG
- Electroencephalogram (EEG)
- Electromyogram (EMG)
- Excision of tissue
- Fetal monitoring
- Peak flow
- Sigmoidoscopy
- Spirometry
- Tonometry
- **Tuberculosis skin testing/PPD**
- **Upper gastrointestinal endoscopy (EGD)**

~~Non-medication treatment:~~ Treatments:

- Cast/splint/wrap
- Complementary and alternative medicine (CAM)
- Durable medical equipment
- Home health care
- Mental health counseling, excluding psychotherapy
- **Occupational therapy**
- Physical therapy
- Psychotherapy
- Radiation therapy
- Wound care

Health education/Counseling:

- **Alcohol abuse counseling**
- Asthma
- Asthma action plan given to patient
- **Diabetes education**
- Diet/Nutrition
- Exercise
- Family planning/Contraception
- **Genetic counseling**
- Growth/Development
- Injury prevention
- STD prevention
- Stress management
- **Substance abuse counseling**
- Tobacco use/Exposure
- Weight reduction

Other services not listed:

- Other service - Specify_____
- Other service - Specify_____
- Other service - Specify_____
- Other service - Specify_____
- Other service - Specify_____

- Modified-Tests (OPD)

"Tests" Section	
LAB_TEST:	
Old Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit? 1-Yes 2-No	**New** Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit? 1-Yes **2-No tests found**
CHOLDATE-SERUMDATE:	
Old Date of Test	**New** **Date of blood draw**

- Modified-Medications and Immunizations (OPD)

"Medication & Immunizations" Section	
NOMED:	
• NONE **Enter medications that were ordered, supplied, administered, or continued during this visit.** *Include Rx and OTC medications, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements*.	**New** **NOMED=Were any prescription or non-prescription medications ORDERED or PROVIDED (by any route of administration) at this visit? 1 ☐ Yes 2 ☐ No Include Rx and OTC medications, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered, or continued during this visit. Include medications prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the medication. Enter XXX if medication cannot be found. Enter 0 for No more.**
VMED, NCMED:	
Old: Allow up to 10 drug entries (verbatim and look-up table) 1-New 2-Continued	**New:** **Allow up to 30 drug entries (verbatim and look-up table)** 1-New 2-Continued 3-**Administered at this visit** **4-Unknown**

- Deleted-Medications (ASL)

"Medication(s)" Section	
VMEDA:	
Old: Mark all drugs and anesthetics that were administered and whether they were administered preoperatively, intraoperatively, and/or postoperatively. 1-NONE 2-Fentanyl 3-Lidocaine 4-Nitrous oxide 5-Oxygen 6-Pentothal 7-Propofol 8-Versed (Midazolam) 9-Zofran (Ondanestron) 10-Other, specify Preoperatively, Intraoperatively, Postoperatively.	…

- Modified- Procedures (ASL)

"Procedure(s)" Section	
VPROC1:	
Old As specifically as possible, list all diagnostic and surgical procedures performed during this visit. • NONE	**New** As specifically as possible, list all diagnostic and surgical procedures performed during this visit. ~~• NONE~~ **Code each procedure using the lookup list. Once all procedures have been entered, enter 0.**

- Added-Optional ICD-10-CM procedure codes (ASL)

"Procedure(s)" Section	
ICD10CM1:	
Old …	**New** **Allow entry of ICD-10-CM procedure codes.**

- Modified and Deleted-Procedure times (ASL)

"Procedure(s)" Section	
~~ORIN_DATE, ORIN_TIME,~~ SURB_DATE, SURB_TIME, SURE_DATE, SURE_TIME, ~~OROUT_DATE, OROUT_TIME, POIN_DATE, POIN_TIME, POUT_DATE, POUT_TIME~~:	
Old	**New**
• Date and time into operating room • Date and time surgery began • Date and time surgery ended • Date and time out of operating room • Date and time into postoperative care • Date and time out of postoperative care	• ~~Date and time into operating room~~ • Date and time surgery**/procedure** began • Date and time surgery**/procedure** ended • ~~Date and time out of operating room~~ • ~~Date and time into postoperative care~~ • ~~Date and time out of postoperative care~~

- Modified-Anesthesia types (ASL)

"Anesthesia" Section	
ANESTH:	
Old	**New**
• NONE • General • IV sedation • MAC (Monitored Anesthesia Care) • Topical/Local • Regional epidural • Regional spinal • Regional retrobulbar block • Regional peribulbar block • Other regional block • Other • Not documented	• NONE • General • **Conscious/**IV sedation/MAC (Monitored Anesthesia Care) • Local/Topical • Regional epidural • Regional peribulbar block • **Regional peripheral nerve** • Regional retrobulbar block • Regional spinal (subarachnoid) • Other regional block • Other • **Not applicable - no procedure performed**

- Modified-Follow-up Information ASL)

"Follow-up Information" Section	
FUSURG:	
Old **Did someone attempt to follow-up with the patient within 24 hours after the surgery?** • Yes • No • Unknown	**New** **Did someone attempt to follow-up with the patient within 24 hours after the surgery?** • Yes • No • Unknown • **Not applicable – No procedure performed**
LEARNED:	
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 **medical or surgical** problems • Patient reported problems and sought medical care • Patient reported problems and was advised by staff to seek medical care • Patient reported problems, but no follow-up medical care was needed • Other • Unknown

- Modified-Visit disposition (OPD &ASL combined)

"Visit disposition" Section	
VISIT_DISP:	
Old OPD • Mark (X) all that apply. 1. Refer to other physician 2. Return at specified time 3. Refer to ER/Admit to hospital 4. Other **Old ASL** • Mark (X) all that apply. 1. Routine discharge to customary residence 2. Patient was moved to observation/post-surgical/recovery care area in same facility, i.e., not admitted as an inpatient 3. Admitted to hospital as inpatient 4. Referred to ED 5. Surgery terminated Reason for termination Allergic reaction Unable to intubate Other 6. Procedure cancelled on arrival to ambulatory surgery unit Reason for cancellation Patient not n.p.o. Incomplete or inadequate medical evaluation Surgical issue 7. Other 8. Unknown	**New** • Mark (X) all that apply 1. Admit to hospital ~~as inpatient~~ **2. Discharge to observation status** **3. Discharge to post-surgery/recovery area in same facility, i.e., not admitted as an inpatient** 4. Move to observation/post-surgical/recovery care area in same **hospital,** i.e., not admitted as an inpatient **5.** Procedure canceled on arrival to **clinic**/ambulatory surgery **location** Reason for cancellation Patient not n.p.o. Incomplete or inadequate medical evaluation Surgical issue Other - **Specify**_____ **Unknown** 6. Refer to ED **7.** Refer to other physician/**provider** 8. **Return to referring physician/provider** **9. Return in less than 1 week** **10. Return in 1 week to less than 2 months** **11. Return in 2 months or greater** **12. Return at unspecified time** **13. Return as needed (p.r.n.)** 14. Routine discharge to customary residence 15. Surgery terminated Reason for termination Allergic reaction Unable to intubate Other **Unknown** 16. Other 17. Unknown

- Deleted-Lookback module (OPD)

- Deleted-Colorectal cancer screening questions (ASL)

Attachment V: OPD PRF Changes