

Manage Clinical &lt;

Manage Clinical Periods

Patient Reporting &gt;

Clinical Depression

Pain Assessment

Version Number : CROWNWeb  
5.0.1-18534

## Clinical Depression Screening and Follow-Up Reporting

### Patient Selection

|   |   |  |
|---|---|--|
| <sup>1</sup> Facility CCN<br><input type="text"/>           | <sup>1</sup> Facility NPI<br><input type="text"/> <input type="button" value="Go"/> | <sup>1</sup> Facility DBA Name<br>DCI ALBANY WEST TOWN (600375456) ▼ |
| <sup>2</sup> Assessment Period<br>01/31/2016 - 08/17/2016 ▼ |   | <sup>3</sup> Patient<br>2Merge, 2Patient (2104871784) ▼              |

### Clinical Depression Screening and Follow-Up Reporting Options

In order to comply with the requirements of the PY 2018 QIP, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once between 1/1/2016 and 1/31/2017. This information is:

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

**Please select one of the following options describing the clinical depression screening and (when necessary) the follow-up plan documented for the selected patient.**

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Manage Clinical

Anemia Management

Adequacy

Mineral Metabolism

ESA

Infection

Iron

Fluid Weight Management

Hospitalization

Vaccination

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### Manage Patient Clinical Values

#### Info:

No clinical data for selected facility, patient and clinical month.

#### Patient Information

5 Facility CCN: 112704  
 5 Facility NPI:  Go  
 5 Facility DBA Name: DCI ALBANY WEST TOWN (600375456)

\*Collection Type: Hemodialysis  
 \*Clinical Month: October 2016 (Open)  
 Last Name Group: All  
 Display Patients: Without Clinical Values Go

\*Patient: 2Merge, 2Patient (2104871784)  
 Common Lab Test Date: mm/dd/yyyy

#### Patient Details

| Patient Number | Patient Name    | Date of Birth | SSN |
|----------------|-----------------|---------------|-----|
| 2104871784     | 2Patient 2Merge | 10/20/1988    |     |

Save Submit Reset Delete

No Clinical Data Available For All Collection Types

#### Clinical Values

##### Adequacy

\*Kt/V   N/A mm/dd/yyyy

Kt/V Method

\*Blood Urea Nitrogen (BUN) Pre-Dialysis (mg/dL)   N/A

\*BUN Post-Dialysis (mg/dL)   N/A

\*Pre-Dialysis Weight   N/A

\*Post-Dialysis Weight   N/A

\*Delivered Minutes of BUN Hemodialysis Session   N/A

\*Height   N/A

\*Serum Creatinine (mg/dL)   N/A mm/dd/yyyy

\*Normalized Protein Catabolic Rate (nPCR)   N/A mm/dd/yyyy

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## Pain Assessment and Follow-Up Reporting

### Patient Selection

|   |   |  |
|---|---|--|
| <sup>1</sup> Facility CCN<br><input type="text"/>           | <sup>1</sup> Facility NPI<br><input type="text"/> <input type="button" value="Go"/> | <sup>1</sup> Facility DBA Name<br>DCI ALBANY WEST TOWN (600375456) v |
| <sup>2</sup> Assessment Period<br>09/07/2016 - 09/11/2016 v |   | <sup>3</sup> Patient<br>2Merge, 2Patient (2104871784) v              |

### Pain Assessment and Follow-Up Reporting Options

In order to comply with the requirements of the PY 2018 QIP, you must submit Pain Assessment and Follow-Up Plan Information for each eligible patient once between 1/1/2016 and 7/31/2016 and once between 7/1/2016 and 1/31/2017. This information is:

- Only required to be submitted for patients 18 years or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

**Please select one of the following options describing the pain assessment and (when necessary) the follow-up plan documented for the selected patient.**

- Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- Pain assessment documented as positive, a follow-up plan is not documented and the facility possesses documentation that the patient is not eligible
- Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented and no reason is given
- Pain assessment using a standardized tool is documented as negative and no follow-up plan required
- No documentation of pain assessment and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool
- No documentation of pain assessment and no reason is given