

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<sup>1</sup> Facility NPI

Go

<sup>1</sup> Facility DBA Name

DCI ALBANY WEST TOWN (600375456)

<sup>2</sup> Assessment Period

01/31/2016 - 08/17/2016

<sup>2</sup> Patient

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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Patient Reporting

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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

Save Submit Reset Delete

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## Pain Assessment and Follow-Up Reporting

### Patient Selection

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

### 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