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| --- | --- | --- | --- | --- |
|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN  First Name  Last Name  Birth Date  Sex  Marital Status  Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: **can change**  Auto-fill: no change  Auto-fill: no change |  |
| **Hematocrit Test** | | | | |
| 1 | hctval | Computer to prefill the value of hematocrit reported during the timeframe from 12/01/15 to 12/31/15. | \_\_ \_\_.\_\_   |  | | --- | | Must be > 0 | | Computer will prefill the hematocrit (HCT) value reported during the timeframe from 12/01/15 to 12/31/15.  For purpose of this study, hematocrit value < 30 is considered abnormal. |
| 2 | hctdt | Computer to prefill the date the hematocrit was reported. | mm/dd/yyyy   |  | | --- | | >= 12/01/2015 and <= 12/31/2015 | | Computer will prefill the date the hematocrit was reported. |
| 3 | admhct | During the timeframe from (computer display hctdt to hctdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to wbcval**  If 2 and hctval >= 30, go to nhctcom; else if 2, go to ahctcom | The intent is to determine if the patient was admitted to inpatient care at a community or VA facility during the specified timeframe.  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care |
| 4 | nhctcom | During the timeframe from (computer display hctdt to hctdt + 30 days), was the hematocrit result communicated to the patient?  1. Yes  2. No | 1,2  **\*If 2, go to wbcval** | **The documentation must indicate an attempt was made to communicate the test result to the patient; the attempt does not have to be successful.**  **Communication of hematocrit result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – Documentation of discussion of results within a patient visit is not required. * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Letter - does not have to be sent by certified mail. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * My HealtheVet Premium account   **Examples of acceptable documentation include:** attempted to contact patient by phone and left voice message to return call; statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to: Physician, APN (NP or CNS), physician assistant (PA), registered nurse, licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.** |
| 5 | nhctcomdt | Enter the **earliest** date the hematocrit result was communicated to the patient. | mm/dd/yyyy  **If nhctcom = 1, go to hctpro**   |  | | --- | | <= 30 days after hctdt or = to hctdt | | **Warning if > 14 days after hctdt** | | **If there is more than one attempt to communicate the hematocrit result to the patient, enter the date of the earliest attempt.**  Exact date must be entered. |
| 6 | ahctcom | During the timeframe from (computer display hctdt to hctdt + 14 days), was the abnormal hematocrit result communicated to the patient?  1. Yes  2. No | 1,2  If 1, go to ahctcomdt; else go to ahctcom2 | **Communication of hematocrit result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 7 | ahctcom2 | During the timeframe from (computer display hctdt + 15 days to hctdt + 30 days), was the abnormal hematocrit result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to wbcval** | **Communication of hematocrit result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN) licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 8 | ahctcomdt | Enter the **earliest** date the hematocrit result was communicated to the patient. | mm/dd/yyyy  If ahctcomdt – hctdt > 7 days, go to ahctact; else go to hctpro   |  | | --- | | If ahctcom = 1, <= 14 days after hctdt or = hctdt  If ahctcom2 = 1, >= 15 days after hctdt and <= 30 days after hctdt | | If there is more than one attempt to communicate the hematocrit result to the patient, enter the date of the earliest attempt.  Exact date must be entered. |
| 9 | ahctact | During the timeframe from (hctdt to hctdt + 7 days), did the ordering provider document the abnormal hematocrit test result required action?  1. Yes, provider documented test result required action  2. No, provider documented test result did not require action  99. NO documentation that the test result required action | 1,2,99  If 1, go to nohctcom  If 2 and ahctcom or ahctcom2 = 1, go to hctpro  **If 99, go to wbcval** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent hematocrit test entered for HCTDT.**  **Ordering provider** = physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The action must be linked to the hematocrit test result.** The action does not have to be implemented in order to answer “yes” to this question.  **Following are examples of test result actions:**   * starting treatment/medication * changing treatment/medication * referral/consult to any health care professional * follow up test * repeat test * patient education/counseling   **Please read the response options and answer accordingly. Examples:** Ordering provider notes, “Hematocrit decreased to 25. FIT positive. Refer for colonoscopy.” Select value 1.  Ordering provider notes, “Hematocrit 29 -- stable.” Select value 2.  **If there is no documentation regarding whether action is required for the hematocrit result, select value 99.**  Suggested data sources: provider progress notes, physician orders |
| 10 | nohctcom | During the timeframe from (computer display hctdt to hctdt + 14 days), is there documentation of a reason why the abnormal hematocrit result was not communicated timely to the patient?  1. Yes  2. No | 1,2  If 1 or 2 AND ahctcom or ahctcom2 = 1, go to hctpro; else go to wbcval | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |
| 11 | hctpro | Which health care staff communicated the hematocrit result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. All other health care staff (e.g., medical support assistant, MyHealtheVet premium account, pharmacist) | 1,2,3,4 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 12 | hctmeth | What method was used to notify the patient of the hematocrit result?  1. Certified letter  2. Face to face encounter  3. Letter (not certified)  4. My HealtheVet Premium account  5. Secure messaging  6. Telehealth (clinic based video)  7. Telephone (including Audiocare)  8. Other (e.g., fax) | 1,2,3,4,5,6,7,8 | **If more than one method was documented to communicate test result to the patient (e.g., telephone attempt and subsequent certified letter), enter the earliest method documented.**   * Telehealth refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
| **White Blood Cell (WBC) Test** | | | | |
| 13 | wbcval | Computer to prefill the value of the White Blood Cell (WBC) test reported during the timeframe from 12/01/15 to 12/31/15. | \_\_ \_\_ . \_\_ \_\_   |  | | --- | | Must be > 0 | | Computer will prefill the WBC value reported during the timeframe from 12/01/15 to 12/31/15.  **For purpose of this study, WBC > 15.0 (thousand per mL) considered abnormal.** |
| 14 | wbcdt | Computer to prefill the date the WBC was reported. | mm/dd/yyyy   |  | | --- | | >= 12/01/2015 and <= 12/31/2015 | | Computer will prefill the date the WBC was reported. |
| 15 | admwbc | During the timeframe from (computer display wbcdt to wbcdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to tshval**  If 2 and wbcval < = 15.0, go to nwbcom; else if 2, go to awbcom | The intent is to determine if the patient was admitted to inpatient care at a community or VA facility during the specified timeframe.  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care |
| 16 | nwbcom | During the timeframe from (computer display wbcdt to wbcdt + 30 days), was the WBC result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to tshval** | **The documentation must indicate an attempt was made to communicate the test result to the patient; the attempt does not have to be successful.**  **Communication of WBC result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – Documentation of discussion of results within a patient visit is not required. * Telehealth - refers to real time clinic based video encounter between the patient and provider. * Telephone * Letter - does not have to be sent by certified mail. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * My HealtheVet Premium account   **Examples of acceptable documentation include:** attempted to contact patient by phone and left voice message to return call; statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to: Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.** |
| 17 | nwbcomdt | Enter the **earliest** date the WBC result was communicated to the patient. | mm/dd/yyyy  **If nwbcom = 1, go to wbcpro**   |  | | --- | | <= 30 days after wbcdt or = wbcdt | | **Warning if > 14 days after wbcdt** | | **If there is more than one attempt to communicate the WBC result to the patient, enter the date of the earliest attempt.**  Exact date must be entered. |
| 18 | awbcom | During the timeframe from (computer display wbcdt to wbcdt + 14 days), was the abnormal WBC result communicated to the patient?  1. Yes  2. No | 1,2  If 1, go to awbcomdt; else go to awbcom2 | **Communication of WBC result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 19 | awbcom2 | During the timeframe from (computer display wbcdt + 15 days to wbcdt + 30 days), was the abnormal WBC result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to tshval** | **Communication of WBC result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN) licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 20 | awbcomdt | Enter the **earliest** date the WBC result was communicated to the patient. | mm/dd/yyyy  If awbcomdt –wbcdt > 7 days, go to awbcact; else go to wbcpro   |  | | --- | | If awbcom = 1, <= 14 days after wbcdt or = wbcdt  If awbcom2 = 1, >= 15 days after wbcdt and <= 30 days after wbcdt | | If there is more than one attempt to communicate the WBC result to the patient, enter the date of the earliest attempt.  Exact date must be entered. |
| 21 | awbcact | During the timeframe from (computer display wbcdt to wbcdt + 7 days), did the ordering provider document the abnormal WBC test result required action?  1. Yes, provider documented test result required action  2. No, provider documented test result did not require action  99. NO documentation that the test result required action | 1,2,99  If 1, go to nowbcom  If 2 and awbcom or awbcom2 = 1, go to wbcpro  **If 99, go to tshval** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent WBC test entered for WBCDT.**  **Ordering provider** = physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The action must be linked to the WBC test result.** The action does not have to be implemented in order to answer “yes” to this question.  **Following are examples of test result actions:**   * starting treatment/medication * changing treatment/medication * referral/consult to any health care professional * follow up test * repeat test * patient education/counseling   **Please read the response options and answer accordingly. Examples:** Ordering provider notes, “WBC trending down. Complete course of antibiotics.” Select value 1.  Ordering provider notes, “WBC stable.” Select value 2.  **If there is no documentation regarding whether action is required for the WBC result, select value 99.**  Suggested data sources: provider progress notes, physician orders |
| 22 | nowbcom | During the timeframe from (computer display wbcdt to wbcdt + 14 days), is there documentation of a reason why the abnormal WBC result was not communicated timely to the patient?  1. Yes  2. No | 1,2  If 1 or 2 AND awbcom or awbcom2 = 1, go to wbcpro; else go to tshval | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |
| 23 | wbcpro | Which health care staff communicated the WBC result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. All other health care staff (e.g., medical support assistant, MyHealtheVet premium account, pharmacist) | 1,2,3,4 | **Health care staff that may communicate test results include but are not limited to**: Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 24 | wbcmeth | What method was used to notify the patient of the WBC result?  1. Certified letter  2. Face to face encounter  3. Letter (not certified)  4. My HealtheVet Premium account  5. Secure messaging  6. Telehealth (clinic based video)  7. Telephone (including Audiocare)  8. Other (e.g., fax) | 1,2,3,4,5,6,7,8 | **If more than one method was documented to communicate test result to the patient (e.g., telephone attempt and subsequent certified letter), enter the earliest method documented.**   * Telehealth refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
| **Thyroid Stimulating Hormone (TSH) Test** | | | | |
| 25 | tshval | Computer to prefill the value of Thyroid Stimulating Hormone (TSH) test reported during the timeframe from 12/01/15 to 12/31/15. | \_\_ \_\_.\_\_ \_\_ \_\_   |  | | --- | | Must be > 0 | | Computer will prefill the TSH value reported during the timeframe from 12/01/15 to 12/31/15.  **For purpose of this study, TSH value > 10mIU/L is considered abnormal.** |
| 26 | tshdt | Computer to prefill the date the TSH was reported. | mm/dd/yyyy   |  | | --- | | >= 12/01/2015 and <= 12/31/2015 | | Computer will prefill the date the TSH was reported. |
| 27 | admtsh | During the timeframe from (computer display tshdt to tshdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to fobtval**  If 2 and tshval <= 10, go to ntshcom; else if 2, go to atshcom | The intent is to determine if the patient was admitted to inpatient care at a community or VA facility during the specified timeframe.  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care |
| 28 | ntshcom | During the timeframe from (computer display tshdt to tshdt + 30 days), was the TSH result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to fobtval** | **The documentation must indicate an attempt was made to communicate the test result to the patient; the attempt does not have to be successful.**  **Communication of TSH result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – Documentation of discussion of results within a patient visit is not required. * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Letter - does not have to be sent by certified mail. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters * My HealtheVet Premium account   **Examples of acceptable documentation include:** attempted to contact patient by phone and left voice message to return call; statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to: Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.** |
| 29 | ntshcomdt | Enter the **earliest** date the TSH result was communicated to the patient. | mm/dd/yyyy  **If ntshcom = 1, go to tshpro**   |  | | --- | | <= 30 days after tshdt or = tshdt | | **Warning if > 14 days after tshdt** | | **If there is more than one attempt to communicate the TSH result to the patient, enter the date of the earliest attempt.**  Exact date must be entered. |
| 30 | atshcom | During the timeframe from (computer display tshdt to tshdt + 14 days), was the abnormal TSH result communicated to the patient?  1. Yes  2. No | 1,2  If 1, go to atshcomdt; else go to atshcom2 | **Communication of TSH result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 31 | atshcom2 | During the timeframe from (computer display tshdt + 15 days to tshdt + 30 days), was the abnormal TSH result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to fobtval** | **Communication of TSH result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 32 | atshcomdt | Enter the **earliest** date the abnormal TSH result was communicated to the patient. | mm/dd/yyyy  If atshcomdt –tshdt > 7 days, go to atshact; else go to tshpro   |  | | --- | | If atshcom = 1, <= 14 days after tshdt or = tshdt  If atshcom2 = 1, >= 15 days after tshdt and <= 30 days after tshdt | | If there is more than one attempt to communicate the abnormal TSH result to the patient, enter the date of the earliest attempt.  Exact date must be entered. |
| 33 | atshact | During the timeframe from (tshdt to tshdt + 7 days), did the ordering provider document the abnormal TSH test result required action?  1. Yes, provider documented test result required action  2. No, provider documented test result did not require action  99. NO documentation that the test result required action | 1,2,99  If 1, go to notshcom  If 2 and atshcom or atshcom2 = 1, go to tshpro  **If 99, go to fobtval** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent TSH test entered for TSHDT.**  **Ordering provider** = physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The action must be linked to the TSH test result.** The action does not have to be implemented in order to answer “yes” to this question.  **Following are examples of test result actions:**   * starting treatment/medication * changing treatment/medication * referral/consult to any health care professional * follow up test * repeat test * patient education/counseling   **Please read the response options and answer accordingly. Examples:** Ordering provider notes, “TSH still a little high. Continue same dose of levothyroxine and repeat TSH in 1 month.” Select value 1.  Ordering provider notes, “TSH stable.” Select value 2.  **If there is no documentation regarding whether action is required for the TSH result, select value 99.**  Suggested data sources: provider progress notes, physician orders |
| 34 | notshcom | During the timeframe from (computer display tshdt to tshdt + 14 days), is there documentation of a reason why the abnormal TSH result was not communicated timely to the patient?  1. Yes  2. No | 1,2  If 1 or 2 AND atshcom or atshcom2 = 1, go to tshpro; else go to fobtval | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |
| 35 | tshpro | Which health care staff communicated the TSH result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. All other health care staff (e.g., medical support assistant, MyHealtheVet premium account, pharmacist) | 1,2,3,4 | **Health care staff that may communicate test results include but are not limited to**: Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 36 | tshmeth | What method was used to notify the patient of the TSH result?  1. Certified letter  2. Face to face encounter  3. Letter (not certified)  4. My HealtheVet Premium account  5. Secure messaging  6. Telehealth (clinic based video)  7. Telephone (including Audiocare)  8. Other (e.g., fax) | 1,2,3,4,5,6,7,8 | **If more than one method was documented to communicate test result to the patient (e.g., telephone attempt and subsequent certified letter), enter the earliest method documented.**   * Telehealth refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |
| **FOBT/FIT** | | | | |
| 37 | fobtval | Computer to prefill the result of the FOBT/FIT reported during the timeframe from 12/01/15 to 12/31/15. | \_\_\_\_\_\_\_   |  | | --- | | Must be positive or negative | | Computer will prefill the result (positive or negative) of the FOBT/FIT reported during the timeframe from 12/01/15 to 12/31/15. |
| 38 | fobtdt | Computer to prefill the date the FOBT/FIT was reported. | mm/dd/yyyy   |  | | --- | | >= 12/01/2015 and <= 12/31/2015 | | Computer will prefill the date the FOBT/FIT was reported. |
| 39 | admfobt | During the timeframe from (computer display fobtdt to fobtdt +7 days), was the patient admitted to an inpatient setting?  1. Yes  2. No | 1,2  **If 1, go to end**  If 2 and fobtval = negative, go to nfobtcom; else if 2, go to afobtcom | The intent is to determine if the patient was admitted to inpatient care at a community or VA facility during the specified timeframe.  **Inpatient admission includes:**  acute care admission, community living center (CLC), inpatient hospice, inpatient rehab, observation stay, other skilled care |
| 40 | nfobtcom | During the timeframe from (computer display fobtdt to fobtdt + 30 days), was the FOBT/FIT result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to end** | **The documentation must indicate an attempt was made to communicate the test result to the patient; the attempt does not have to be successful.**  **Communication of FOBT/FIT result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – Documentation of discussion of results within a patient visit is not required. * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Letter - does not have to be sent by certified mail. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters * My HealtheVet Premium account   **Examples of acceptable documentation include:** attempted to contact patient by phone and left voice message to return call; statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to: Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility.** |
| 41 | nfobtcomdt | Enter the **earliest** date the FOBT/FIT result was communicated to the patient. | mm/dd/yyyy  **If nfobtcom = 1, go to fobtpro**   |  | | --- | | <= 30 days after fobtdt or = fobtdt | | **Warning if > 14 days after fobtdt** | | **If there is more than one attempt to communicate the FOBT/FIT result to the patient, enter the date of the earliest attempt.**  Exact date must be entered. |
| 42 | afobtcom | During the timeframe from (computer display fobtdt to fobtdt + 14 days), was the abnormal FOBT/FIT result communicated to the patient?  1. Yes  2. No | 1,2  If 1, go to afobtcomdt; else go to afobtcom2 | **Communication of FOBT/FIT result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 43 | afobtcom2 | During the timeframe from (computer display fobtdt + 15 days to fobtdt + 30 days), was the abnormal FOBT/FIT result communicated to the patient?  1. Yes  2. No | 1,2  **If 2, go to end** | **Communication of FOBT/FIT result to the patient must be documented in the record and any of the following communication methods may be used:**   * Face to face encounter – **Documentation of discussion of results within patient visit in the progress note is required.** * Telehealth refers to real time clinic based video encounter between the patient and provider. * Telephone * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. * Letter   **NOTE:** Presence of My HealtheVet Premium account alone is not acceptable to answer “yes” to this question.  **Examples of acceptable documentation include:** statements indicating test results were reviewed with the patient; notations in the care plan that medications/treatments/interventions/consults were initiated/changed based on test results; or statements indicating the treatment plan was not altered or patient should continue with the current regimen based on test results.  **Staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 44 | afobtcomdt | Enter the **earliest** date the abnormal FOBT/FIT result was communicated to the patient. | mm/dd/yyyy  If afobtcomdt –fobtdt > 7 days, go to afobtact; else go to fobtpro   |  | | --- | | If afobtcom = 1, <= 14 days after fobtdt or = fobtdt  If afobtcom2 = 1, >= 15 days after fobtdt and <= 30 days after fobtdt | | If there is more than one attempt to communicate the abnormal FOBT/FIT result to the patient, enter the date of the earliest attempt.  Exact date must be entered. |
| 45 | afobtact | During the timeframe from (fobtdt to fobtdt + 7 days), did the ordering provider document the abnormal FOBT/FIT result required action?  1. Yes, provider documented test result required action  2. No, provider documented test result did not require action  99. NO documentation that the test result required action | 1,2,99  If 1, go to nofobtcom  If 2 and afobtcom or afobtcom2 = 1, go to fobtpro  **If 99, go to end** | **In order to answer this question, it is necessary to determine the VHA provider that ordered the most recent FOBT/FIT entered for FOBTDT.**  **Ordering provider** = physician/APN/PA or pharmacist that ordered the test or a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA). Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.  **The action must be linked to the FOBT/FIT result.** The action does not have to be implemented in order to answer “yes” to this question.  **Following are examples of test result actions:**   * starting treatment/medication * changing treatment/medication * referral/consult to any health care professional * follow up test * repeat test * patient education/counseling   **Please read the response options and answer accordingly. Examples:** Ordering provider notes, “FIT positive. Refer patient for colonoscopy.” Select value 1.  Ordering provider notes, “FOBT positive. Recent exacerbation of hemorrhoids. Had negative colonoscopy 1 year ago.” Select value 2.  **If there is no documentation regarding whether action is required for the FOBT/FIT result, select value 99.**  Suggested data sources: provider progress notes, physician orders |
| 46 | nofobtcom | During the timeframe from (computer display fobtdt to fobtdt + 14 days), is there documentation of a reason why the abnormal FOBT/FIT result was not communicated timely to the patient?  1. Yes  2. No | 1,2  If 1 or 2 AND afobtcom or afobtcom2 = 1, go to fobtpro; else go to end | In exceptional circumstances, it may be necessary to delay communication of test results beyond the required timeframes. For example, communicating the need for additional intensive diagnostic testing or a diagnosis of terminal cancer may require a face to face visit at a time convenient to the patient, which could extend beyond the 7 day timeframe.  If there is provider documentation indicating communication of test result was delayed due to sensitive extenuating circumstance, select “1”. |
| 47 | fobtpro | Which health care staff communicated the FOBT/FIT result to the patient?  1. Physician, APN (NP, CNS), PA  2. Registered Nurse (RN)  3. Licensed Practical (Vocational) Nurse (LPN/LVN)  4. All other health care staff (e.g., medical support assistant, MyHealtheVet premium account, pharmacist) | 1,2,3,4 | **Health care staff that may communicate test results include but are not limited to:** Physician, APN (NP or CNS), physician assistant (PA), registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), pharmacist, psychologist, social worker, and other staff as deemed appropriate by the medical facility. |
| 48 | fobtmeth | What method was used to notify the patient of the FOBT/FIT result?  1. Certified letter  2. Face to face encounter  3. Letter (not certified)  4. My HealtheVet Premium account  5. Secure messaging  6. Telehealth (clinic based video)  7. Telephone (including Audiocare)  8. Other (e.g., fax) | 1,2,3,4,5,6,7,8 | **If more than one method was documented to communicate test result to the patient (e.g., telephone attempt and subsequent certified letter), enter the earliest method documented.**   * Telehealth refers to real time clinic based video encounter between the patient and provider. * Secure messaging is a confidential message functionality of My HealtheVet similar to email between patient and provider for non-urgent matters. |