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|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Pre-fillQI pre-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNFINPTNAMEFPTNAMELBIRTHDTSEXRACEETHNICITYCOHORTAGE | Patient SSNFINFirst NameLast NameBirth DateSexRaceEthnicityCohortAge | Pre-fill: no changePre-fill: no changePre-fill: no changePre-fill: no changePre-fill: no changePre-fill: **can change**Pre-fill: no changePre-fill: no changePre-fill: no change*Age: calculation (depends on study timeframe)*  |  |
|  |  | **Hospice** |  |  |

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| 1 | phospice | **Computer will prefill** the hospice encounter HCPCS code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric ornumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the hospice encounter HCPCS code.  |
| 2 | phospicedt | **Computer will prefill** the date of the hospice encounter. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2020 and <= 06/30/2022 |

 | **Computer will prefill** the hospice encounter date. |
| 3 | vhospice | On (computer display phospicedt), is there documentation of a hospice encounter in the medical record?1. Yes
2. No
 | 1,2If 1, go to lhosp1 | **Look for documentation on the date displayed for evidence of a hospice encounter or enrollment in a hospice program.****Acceptable:** Enrollment in a VHA or community-based hospice program**Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program**Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, history and physical, physician order, problem list, progress notes |
| 4 | ohospice | During the time frame from 6/01/2020 through 06/30/2022, is there documentation in the medical record the patient had a hospice encounter or was enrolled in a hospice program?1. Yes2. No  | 1, 2If 2, go to pbnmtrnas applicable | **Look for documentation during the specified time frame for evidence of a hospice encounter or enrollment in a hospice program.****Acceptable:** Enrollment in a VHA or community-based hospice program**Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program**Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, physician order, problem list, progress notes |
| 5 | lhosp1lhosp2lhosp3lhosp4lhosp5lhosp6lhosp7lhosp8lhosp9 | Select the data source(s) where documentation of a hospice encounter/enrollment was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Physician order
7. Problem list
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lhosp9 <> - 1, go to pbnmtrn as applicable | Review all relevant data sources for documentation of a hospice encounter/enrollment and select all that apply. |
| 6 | olhosp | Enter the name of the other data source where documentation of a hospice encounter/enrollment was found.

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 | Text box | Enter the other data source where documentation of hospice encounter was found in the medical record.  |
|  |  | **Bone Marrow Transplant** |  |  |
| 7 | pbnmtrn | **Computer will prefill** the bone marrow transplant ICD-10 procedure code. | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the bone marrow transplant ICD-10 procedure code. |
| 8 | pbnmtrndt | **Computer will prefill** the date associated with the bone marrow transplant procedure code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the bone marrow transplant procedure code. |
| 9 | vbnmtrn | On (computer display pbnmtrndt), is there documentation of a bone marrow transplant procedure in the medical record?1. Yes

2. No | 1,2If 1, go to 1bnmtrn1 | Look for documentation on the date displayed for evidence of a bone marrow transplant procedure. **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 10 | obnmtrn | During the time frame from 6/01/2021 through 06/30/2022, is there documentation of a bone marrow transplant procedure in the medical record?1. Yes2. No  | 1, 2If 2, go to pchemoencas applicable | **Look for documentation during the specified time frame for evidence of a bone marrow transplant procedure.****Suggested Data Sources:** community (non-VHA) provider note,**c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes  |
| 11 | lbnmtrn1lbnmtrn2lbnmtrn3lbnmtrn4lbnmtrn5lbnmtrn6lbnmtrn7lbnmtrn8lbnmtrn9 | Select the data source(s) where documentation of a bone marrow transplant procedure was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lbnmtrn9 <> - 1, go to pchemoenc as applicable | Review all relevant data sources for documentation of a bone marrow transplant procedure and select all sources that apply. |
| 12 | olbnmtrn | Enter the name of the other data source where documentation of a bone marrow transplant procedure was found.

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 | Text box | Enter the other data source where documentation of bone marrow transplant was found in the medical record.  |

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|  |  | **Chemotherapy Encounter or Procedure** |  |  |
| 13 | pchemoenc | **Computer will prefill** the chemotherapy ICD-10-CM encounter code. | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the chemotherapy ICD-10 encounter code. |
| 14 | pchemodt | **Computer will prefill** the date associated with the chemotherapy encounter code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the chemotherapy encounter code. |
| 15 | vchemoenc | On (computer display pchemodt), is there documentation of a chemotherapy encounter in the medical record?1. Yes

2. No | 1,2If 1, go to lchemo1 | **Look for documentation on the date displayed for evidence of a chemotherapy encounter.** Chemotherapy encounters includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy. **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, health factors, history and physical, problem list, procedure note, progress notes |
| 16 | ochemoenc | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a chemotherapy encounter? 1. Yes2. No  | 1, 2If 2, go to pchempxas applicable | **Look for documentation during the specified time frame for evidence of chemotherapy encounter.**Chemotherapy encounters includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy. **Suggested Data Sources:** community (non-VHA) provider note,**c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes  |
| 17 | lchemo1lchemo2lchemo3lchemo4lchemo5lchemo6lchemo7lchemo8lchemo9 | Select the data source(s) where documentation of a chemotherapy encounter was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lchemo9 <> - 1, go to pchempx as applicable | Review all relevant data sources for documentation of a chemotherapy encounter and select all sources that apply. |
| 18 | ochemo | Enter the name of the other data source where documentation of a chemotherapy encounter was found.

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 | Text box | Enter the other data source where documentation of a chemotherapy encounter was found in the medical record.  |
| 19 | pchempx | **Computer will prefill** the chemotherapy CPT procedure code or SNOMED CT code. | \_\_ \_\_ \_\_ \_\_ \_\_Numeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the chemotherapy CPT procedure code or SNOMED CT code.  |
| 20 | pchempxdt | **Computer will prefill** the date associated with the chemotherapy procedure code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the chemotherapy procedure code. |
| 21 | vchemopx | On (computer display pchempxdt), is there documentation of a chemotherapy procedure in the medical record?1. Yes

2. No | 1,2If 1, go to lchempx1 | **Look for documentation on the date displayed for evidence of a chemotherapy procedure.** Chemotherapy procedures includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy. **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 22 | ochempx | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a chemotherapy procedure? 1. Yes2. No  | 1, 2If 2, go to pimcompas applicable | **Look for documentation during the specified time frame for evidence of chemotherapy procedure.**Chemotherapy procedures includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy. **Suggested Data Sources:** community (non-VHA) provider note,**c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes  |
| 23 | lchempx1lchempx2lchempx3lchempx4lchempx5lchempx6lchempx7lchempx8lchempx9 | Select the data source(s) where documentation of a chemotherapy procedure was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lchempx9 <> - 1, go to pimcomp asapplicable | Review all relevant data sources for documentation of a chemotherapy procedure and select all sources that apply. |
| 24 | ochemopx | Enter the name of the other data source where documentation of a chemotherapy procedure was found.

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 | Text box | Enter the other data source where documentation of a chemotherapy procedure was found in the medical record.  |
|  |  | **Immunocompromising Condition** |  |  |
| 25 | pimcomp | **Computer will prefill** the immunocompromising condition ICD-10-CM diagnosis code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the immunocompromising condition ICD-10-CM diagnosis code.  |
| 26 | pimcompdt | **Computer will prefill** the date associated with the immunocompromising condition ICD-10-CM code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| > BIRTHDT and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the immunocompromising condition ICD-10-CM diagnosis code. |
| 27 | vimcomp | On (computer display pimcompdt), is there documentation of an immunocompromising condition in the medical record?1. Yes

2. No | 1,2If 1, go to limcomp1 | **Look for documentation on the date displayed for evidence of an immunocompromising condition.** * **Immunocompromising conditions may include but are not limited to:** immunoglobulin deficiencies, antibody deficiencies, other specified immune-deficiencies, graft-versus-host disease, end stage renal disease, organ transplants, and transplant rejection/failure.
* Refer to Table 1-Immunocompromising Conditions.

**Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, progress notes |
| 28 | oimcomp | At any time during the patient’s history through 06/30/2022, is there documentation in the medical record the patient had an immunocompromising condition? 1. Yes2. No  | 1, 2If 2, go to pasplenas applicable | **Look for documentation during the specified time frame for evidence of an immunocompromising condition.*** **Immunocompromising conditions may include but are not limited to:** immunoglobulin deficiencies, antibody deficiencies, other specified immune-deficiencies, graft-versus-host disease, end stage renal disease, organ transplants, and transplant rejection/failure.
* Refer to Table 1-Immunocompromising Conditions.

**Suggested Data Sources:** community (non-VHA) provider note,**c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure, note, progress notes  |
| 29 | limcomp1limcomp2limcomp3limcomp4limcomp5limcomp6limcomp7limcomp8limcomp9 | Select the data source(s) where documentation of an immunocompromising condition was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If limcomp9 <> - 1, go to paslpen as applicable | Review all relevant data sources for documentation of an immunocompromising condition and select all sources that apply. |
| 30 | olimcomp | Enter the name of the other data source where documentation of an immunocompromising condition was found.

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 | Text box | Enter the other data source where documentation of an immunocompromising condition was found in the medical record.  |

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|  |  | **Asplenia** |  |  |
| 31 | pasplen | **Computer will prefill** the anatomic or functional asplenia ICD-10-CM diagnosis code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the anatomic or functional asplenia ICD-10-CM diagnosis code.  |
| 32 | pasplendt | **Computer will prefill** the date associated with the anatomic or functional asplenia ICD-10-CM diagnosis code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the anatomic or functional asplenia ICD-10-CM diagnosis code. |
| 33 | vasplen | On (computer display pasplendt), is there documentation of anatomic or functional asplenia in the medical record?1. Yes

2. No | 1,2If 1, go to 1asplen1 | **Look for documentation on the date displayed for evidence of anatomic or functional asplenia.** **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 34 | oasplen |  During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had anatomic or functional asplenia?1. Yes2. No  | 1, 2If 2, go to psickleas applicable | **Look for documentation during the specified time frame for evidence of anatomic or functional asplenia.****Suggested Data Sources:** community (non-VHA) provider note,**c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 35 | lasplen1lasplen2lasplen3lasplen4lasplen5lasplen6lasplen7lasplen8lasplen9 | Select the data source(s) where documentation of anatomic or functional asplenia was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lasplen9 <> - 1, go to psickle as applicable | Review all relevant data sources for documentation of anatomic or functional asplenia and select all sources that apply. |
| 36 | olasplen | Enter the name of the other data source where documentation of anatomic or functional asplenia was found.

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 | Text box | Enter the other data source where documentation of anatomic or functional asplenia was found in the medical record.  |
|  |  | **Sickle Cell Disease** |  |  |
| 37 | psickle | **Computer will prefill** the Sickle cell or HB-S disease ICD-10-CM diagnosis code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the Sickle cell or HB-S disease ICD-10-CM diagnosis code.  |
| 38 | psickledt | **Computer will prefill** the date associated with the Sickle cell or HB-S disease ICD-10-CM diagnosis code.  | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| > BIRTHDT and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the Sickle cell or HB-S disease ICD-10-CM diagnosis code.  |
| 39 | vsickle | On (computer display psickledt), is there documentation of Sickle cell or HB-S disease in the medical record?1. Yes

2. No | 1,2If 1, go to lsickle1 | **Look for documentation on the date displayed for evidence of sickle cell or HB-S disease in the medical record.****Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 40 | osickle | At any time during the patient’s history through 06/30/2022, is there documentation in the medical record the patient had Sickle cell or HB-S?1. Yes2. No  | 1, 2If 2, go to pcsflas applicable | **Look for documentation during the specified time frame for evidence for documentation of Sickle cell or HB-S disease.** **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 41 | lsickle1lsickle2lsickle3lsickle4lsickle5lsickle6lsickle7lsickle8lsickle9 | Select the data source(s) where documentation of Sickle cell or HB-S disease was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lsickle9 <> - 1, go to pcsfl as applicable | Review all relevant data sources for documentation Sickle cell or HB-S disease and select all sources that apply. |
| 42 | olsickle | Enter the name of the other data source where documentation of Sickle cell or HB-S disease was found.

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 | Text box | Enter the other data source where documentation of Sickle cell or HB-S disease was found in the medical record.  |

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|  |  | **Cerebrospinal Fluid Leak** |  |  |
| 43 | pcsfl | **Computer will prefill** the cerebrospinal fluid leak ICD-10-CM diagnosis code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the cerebrospinal fluid (CSF) leak ICD-10-CM diagnosis code.  |
| 44 | pcsfldt | **Computer will prefill** the date associated with the cerebrospinal fluid leak ICD-10-CM code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with CSF ICD-10-CM code. |
| 45 | vcsfl | On (computer display pcsfldt), is there documentation that the patient had a cerebrospinal fluid (CSF) leak?1. Yes

2. No | 1,2If 1, go to lcsfl1 | **Look for documentation on the date displayed for evidence that the patient had a CSF leak.** **Documentation of an acute (current) CSF leak or history of CSF leak is acceptable**. **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 46 | ocsfl | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a CSF leak?1. Yes2. No  | 1, 2If 2, go to pcocimpas applicable | **Look for documentation on the date displayed for evidence that the patient had a CSF leak.** **Documentation of an acute (current) CSF leak or history of CSF leak is acceptable**. **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 47 | lcsfl1lcsfl2lcsfl3lcsfl4lcsfl5lcsfl6lcsfl7lcsfl8lcsfl9 | Select the data source(s) where documentation of a CSF leak was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lcsfl9 <> - 1, go to pcocimp as applicable | Review all relevant data sources for documentation of a CSF leak and select all sources that apply. |
| 48 | olcsfl | Enter the name of the other data source where documentation of a CSF leak was found.

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 | Text box | Enter the other data source where documentation of a CSF leak was found.  |
|  |  | **Cochlear Implant** |  |  |
| 49 | pcocimp | **Computer will prefill** the cochlear implant ICD-10-CM diagnosis code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the cochlear implant ICD-10-CM diagnosis code.  |
| 50 | pcocimpdt | **Computer will prefill** the date associated with the cochlear implant ICD-10-CM diagnosis code.  | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the cochlear implant ICD-10-CM diagnosis code.  |
| 51 | vcocimp | On (computer display pcocimpdt), is there documentation that the patient had a cochlear implant?1. Yes

2. No | 1,2If 1, go to 1cocimp1 | **Look for documentation on the date displayed for evidence that the patient had a cochlear implant.** **Documentation that the patient had a cochlear implant on the displayed date or history of a cochlear implant is acceptable.** **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 52 | ococimp | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a cochlear implant?1. Yes2. No  | 1, 2If 2, go to pcidas applicable | **Look for documentation during the specified time frame that the patient had a cochlear implant.****Documentation that the patient had a cochlear implant on the displayed date or history of a cochlear implant is acceptable.** **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 53 | lcocimp1lcocimp2lcocimp3lcocimp4lcocimp5lcocimp6lcocimp7lcocimp8lcocimp9 | Select the data source(s) where documentation of a cochlear implant was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lcocimp9 <> - 1, go to pcid as applicable | Review all relevant data sources for documentation of a cochlear implant and select all sources that apply. |
| 54 | olcocimp | Enter the name of the other data source where documentation of a cochlear implant was found.

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 | Text box | Enter the other data source where documentation of a cochlear implant was found in the medical record.  |
| 55 | pcid | **Computer will prefill** the cochlear implant device or system CPT or HCPCS code.  | \_\_ \_\_ \_\_ \_\_ \_\_Alphanumeric ornumeric values**Computer will prefill;****cannot modify** | **Computer will prefill** the cochlear implant device or system CPT or HCPCS code.  |
| 56 | pciddt | **Computer will prefill** the date associated with the cochlear implant device or system CPT or HCPCS code.  | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the cochlear implant device or system CPT or HCPCS code.  |
| 57 | vcid | On (computer display pciddt), is there documentation that the patient had a cochlear implant device or system?1. Yes

2. No | 1,2If 1, go to 1cid1 | **Look for documentation on the date displayed for evidence that the patient had a cochlear implant device or system.** **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 58 | ocid | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a cochlear implant device or system?1. Yes2. No  | 1, 2If 2, go to pflucvxas applicable | **Look for documentation during the specified time frame that the patient had a cochlear implant device or system.****Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, history and physical, problem list, procedure note, progress notes |
| 59 | lcid1lcid2lcid3lcid4lcid5lcid6lcid7lcid8lcid9 | Select the data source(s) where documentation of a cochlear implant device or system was found.**Select all that apply:**1. Community (non-VHA) provider note
2. Consultation note
3. Discharge summary
4. Health factors
5. History and physical
6. Problem list
7. Procedure note
8. Progress note
9. Other
 | 1,2,3,4,5,6,7,8,9If lcid9 <> - 1, go to pflucvx as applicable | Review all relevant data sources for documentation of a cochlear implant device or system and select all sources that apply. |
| 60 | olcid | Enter the name of the other data source where documentation of a cochlear implant device or system was found.

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 | Text box | Enter the other data source where documentation of a cochlear implant device or system was found in the medical record.  |
|  |  | **Influenza Vaccination** |  |  |
| 61 | pflucvx | **Computer will prefill** the influenza immunization CVX code. | \_\_ \_\_ \_\_Numeric values**Computer will prefill;****cannot modify** | **Computer will prefill** influenza immunization CVX code. |
| 62 | pflucvxdt | **Computer will prefill** the date associated with the influenza immunization CVX code. | mm/dd/yyyy**Computer will prefill;****cannot modify**

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| >= 06/01/2021 and <= 06/30/2022 |

 | **Computer will prefill** the date associated with the influenza immunization CVX code. |
| 63 | vflucvx | On (computer display pflucvxdt), is there documentation the patient received an influenza vaccination? 1. Yes

2. No | 1,2If 1, go to allerflu | **Look for documentation on the date displayed for evidence the patient received an influenza vaccination.** **Vaccine information in the immunization summary must be verified in a vaccine administration note.****Suggested data sources**: BCMA, immunization summary, nurses note, progress note |
| 64 | ofluvax | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient received an influenza vaccination?1. Yes2. No  | 1, 2If 2, go to allerflu | **Look for documentation during the specified time frame for evidence the patient received an influenza vaccination.** Vaccine information in the immunization summary must be verified in a vaccine administration note.**Suggested data sources**: BCMA, immunization summary, nurses note, progress note |
| 65 | fluvacdt | Enter the date influenza immunization was administered. | mm/dd/yyyy

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| > = 6/01/2021 and< = 6/30/2022 |

 | Enter the exact date the influenza immunization was administered. |
| 66 | allerflu | Is one of the following documented in the medical record?* Previous severe allergic reaction to any component of the influenza vaccine, or after a previous dose of any influenza vaccine
* History of Guillain-Barre Syndrome

1. Yes2. No | 1,2If 2, go to end | Severe allergic reaction to any influenza vaccine component must be documented in the medical record. Notation does not have to state “anaphylactic.” * A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.
* Signs of a severe allergic reaction can include: difficulty breathing, hoarseness or wheezing, swelling around the eyes or lips, hives, paleness, weakness, fast heart beat or dizziness.
* History of an allergy to eggs is no longer a contraindication to receiving the vaccine.
* History of Guillain-Barre Syndrome - may be anytime in the patient’s history and must be documented in the medical record.

**Suggested data sources**: Adverse/allergy reaction note, cover sheet, community (non-VHA) provider note, consultation note, health factors, pharmacy note, problem list, procedure note, progress note |
| 67 | lallerflu1lallerflu2lallerflu3lallerflu4lallerflu5lallerflu6lallerflu7lallerflu8lallerflu9lallerflu10lallerflu11 | Select the data source(s) where documentation of a contraindication (i.e., previous severe allergic reaction to influenza vaccine or history of Guillain-Barre Syndrome) to influenza vaccination was found.**Select all that apply:**1. Adverse/allergy reaction note
2. Cover sheet
3. Community (non-VHA) provider note
4. Consultation note
5. Discharge summary
6. Health factors
7. Pharmacy note
8. Problem list
9. Procedure note
10. Progress note
11. Other
 | 1,2,3,4,5,6,7,8,9,10,11If lallerflu11 <> - 1, go to end | Review all relevant data sources for documentation of a contraindication (i.e., previous severe allergic reaction to influenza vaccine or history of Guillain-Barre Syndrome) to influenza vaccination and select all sources that apply. |
| 68 | olallerflu | Enter the name of the other data source where documentation of a contraindication to influenza vaccination was found.

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 | Text box | Enter the other data source where documentation of a contraindication to influenza vaccination was found was found in the medical record.  |