

## KEY CLINICAL PERFORMANCE OBJECTIVES

### “Cheat Sheet” for PCC Documentation and Data Entry

**Recommended Use for This Material:** each facility should 1) identify their three or four key clinical problem areas; 2) review the attached information; 3) customize the Provider and Data Entry documentation instructions, if necessary; 4) train staff on appropriate documentation, and 5) post the 1-2 page Cheat Sheet in exam rooms.

**NOTE:** The purpose of this document is to provide information to both providers and to data entry on the most appropriate way to document key clinical procedures in RPMS. It does not include all of the codes CRS checks for when determining if an indicator is met. To view that information, view the CRS short version logic at:

[http://www.ihs.gov/misc/links\\_gateway/download.cfm?doc\\_id=7428&app\\_dir\\_id=4&doc\\_file=CRS\\_v\\_5\\_\(2005\)\\_Indicators\\_\(Short\)-rev1.pdf](http://www.ihs.gov/misc/links_gateway/download.cfm?doc_id=7428&app_dir_id=4&doc_file=CRS_v_5_(2005)_Indicators_(Short)-rev1.pdf)

Objective	Standard	Provider Documentation	Data Entry
Depression Screening	Adult patients 18 years of age and older should be screened for depression <i>at least annually</i> .	<b>Primary Care Providers:</b> Enter narrative “Screening for Depression” or “Depression Screening.”	Standard PCC data entry: <i>Mnemonic PV: V79.0, Special Screening for Mental Disorders and Developmental Handicaps, Depression</i>
		<b>Behavioral Health Providers:</b> Enter BHS problem code 14.1 or narrative “Screening for Depression.”  <b>NOTE:</b> BHS code 14.1 maps to ICD-9 V79.0.	Standard BHS data entry: Enter BHS problem code 14.1 or narrative “Screening for Depression.”  <b>NOTE:</b> BHS code 14.1 maps to ICD-9 V79.0.

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Domestic (Intimate Partner) Violence Screening (DV/IPV)	Adult females should be screened for domestic violence at <i>new encounter</i> and <i>at least annually</i> Prenatal <i>once each trimester</i> (Source: Family Violence Prevention Fund National Consensus Guidelines)	<b>Primary Care and Behavioral Health Providers:</b> EXAM—DV (or IPV) Screen Negative - denies being a current or past victim of DV Present - admits being current victim of DV Past - denies being a current victim, but admits being a past victim of DV Refused - patient declined exam/screen Unable to screen	Exam <i>Mnemonic EX</i> : 34 or INTIMATE PARTNER VIOLENCE SCREEN (AUM 4.1 patch 1; AUPN patch 11) N Negative PR Present PA Past Refusals <i>Mnemonic: REF</i> Exam Exam Value: <b>INT (or 34)</b> Date Refused: Unable to Screen: <i>mnemonic UAS</i> (PCC Data Entry patch 7) Exam Exam Value: <b>INT (or 34)</b> Date Refused:

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Alcohol Screening for Women	<p>Pregnant women should be screened for alcohol use at least on their first visit; education and follow-up provided as appropriate</p> <p>Women of childbearing age should be screened at least annually</p>	<p>Use the CAGE questionnaire, which asks the following 4 questions:</p> <ol style="list-style-type: none"> <li>1. Have you ever felt the need to <b>Cut</b> down on your drinking (or drug use)?</li> <li>2. Have people <b>Annoyed</b> you by criticizing your drinking (drug use)?</li> <li>3. Have you ever felt bad or <b>Guilty</b> about your drinking (drug use)?</li> <li>4. Have you ever needed an <b>Eye</b> opener the first thing in the morning to steady your nerves or get rid of a hangover?</li> </ol> <p>Tolerance: How many drinks does it take you to get high?</p> <p>Based on how many YES answers were received, document Health Factor on PCC:            HF – CAGE 0/4 (all No answers)            HF – CAGE 1/4            HF – CAGE 2/4            HF – CAGE 3/4            HF – CAGE 4/4</p> <p>Optional values:            Level/Severity: Mild, Moderate, or Severe            Quantity: # of drinks daily OR            T (Tolerance) -- # drinks to get high (e.g. T-4)</p>	<p><i>Under mnemonic <b>HF</b>, enter:</i></p> <p>CAGE 0/4 (all No answers)            CAGE 1/4            CAGE 2/4            CAGE 3/4            CAGE 4/4</p> <p>Level/Severity            Provider            Quantity</p>

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Calculate BMI (Body Mass Index)	<p>Children (through age 18) should have both height and weight taken <u>on the same day</u> at least annually (at every visit is recommended)</p> <p>Adults 19-50, height and weight at least <u>every 5 years</u>, not on same day</p> <p>Adults over 50, height and weight taken <u>every 2 years</u></p>	<p>Standard PCC documentation</p> <p>To document Refusals on PCC: Write "Refused" in Height or Weight boxes at upper right</p>	<p>Standard PCC data entry</p> <p>Refusals: <i>mnemonic REF</i></p> <p>Measurements</p> <p>Measurement Type: <b>HT</b> or <b>WT</b></p> <p>Date Refused:</p>
Childhood Immunizations	<p>Children age 19-35 months will be up-to-date for all ACIP recommended immunizations</p> <p>This is the 43133 combo:</p> <p>4 DTaP</p> <p>3 IPV</p> <p>1 MMR</p> <p>3 Hib</p> <p>3 Hepatitis B</p>	<p>Standard PCC documentation for immunizations performed at the facility</p> <p>Ask about off-site IZ and <i>record historical information</i> on PCC:</p> <p>IZ type</p> <p>Date received</p> <p>Location</p> <p>To document Refusals on PCC: Write "Refused [shot type]" in POV section OR "Refused" in appropriate Order box at right</p>	<p>Standard PCC data entry</p> <p>For historical, use <i>mnemonic HIM</i></p> <p>Date</p> <p>Type</p> <p>Location of Encounter</p> <p>Immunization Type(s) and Series</p> <p>Refusals: <i>mnemonic REF</i></p> <p>Immunization</p> <p>Immunization Value:</p> <p>Date Refused (can be month and year only)</p>

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<p>Adult Immunization: Flu Vaccine</p>	<p>All adults ages 65 and older should have an annual flu shot</p> <p>Adults 55-64 are strongly recommended to have annual flu shot</p> <p>All adult (18 and older) diabetic patients are strongly recommended to have annual flu shot</p> <p>Refusals should be documented.</p>	<p>Standard PCC documentation for immunizations performed at the facility</p> <p>Ask about off-site IZ and <i>record historical information</i> on PCC:            IZ type            Date received            Location</p> <p>To document Refusals on PCC:            Write “Refused Flu Shot” in POV section OR “Refused” in Influenza Order box at right</p>	<p>Standard PCC data entry</p> <p>For historical, use <i>mnemonic HIM</i></p> <p>Date            Type            Location            Immunization Type: <b>88 Inf Virus Vaccine NOS (other options are 111 Inf Virus Vac Intranasal; 15 Inf Virus Vac SV; or 16 Inf Virus Vac WV)</b></p> <p>Refusals: <i>mnemonic REF</i></p> <p>Immunization            Immunization Value:            Date Refused</p>
<p>Adult Immunization: Pneumococcal Vaccine</p>	<p>All adults ages 65 and older will have a pneumovax</p> <p>All adult (18 and older) diabetic patients are strongly recommended to have a pneumovax</p> <p>Refusals should be documented.</p>	<p>Standard PCC documentation for immunizations performed at the facility</p> <p>Ask about off-site IZ and <i>record historical information</i> on PCC:            IZ type            Date received            Location</p> <p>To document Refusals on PCC:            Write “Refused Pneumovax” in POV section OR “Refused” in Pneumo Vax Order box at right</p>	<p>Standard PCC data entry</p> <p>For historical, use <i>mnemonic HIM</i></p> <p>Date            Type            Location            Immunization Type: <b>33 Pneumo Polysac Vac (other options are 100 Pneumo Conj Vacc, or 109 Pneumo NOS)</b></p> <p>Refusals: <i>mnemonic REF</i></p> <p>Immunization            Immunization Value:            Date Refused</p>

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Prevent colorectal cancer (CRC)	<p>Adults ages 50 and older should be screened for CRC (USPTF). IHS recommends any of the following:</p> <ol style="list-style-type: none"> <li>1. Fecal occult blood test (FOBT) or rectal exam annually or at least every two years</li> <li>2. Flexible sigmoidoscopy or double contrast enema every 5 years</li> <li>3. Annual FOBT/rectal exam plus flexible sigmoidoscopy every 5 years</li> <li>4. Colonoscopy every 10 years</li> </ol> <p>Refusals should be documented</p>	<p>Standard PCC documentation for procedures performed at the facility (Radiology, Lab, provider)</p> <p>Guaiac cards returned by patients to providers should be sent to Lab for processing</p> <p>Ask and <i>record historical information</i> on PCC: date received and location</p> <ul style="list-style-type: none"> <li>Telephone visit with patient</li> <li>Verbal or written lab report</li> <li>Patient's next visit</li> </ul> <p>Discuss with Data Entry staff and ensure they know where refusals are documented on the PCC form.</p>	<p>Standard PCC data entry process for procedures, Lab or Radiology</p> <p><i>Mnemonics for Historical:</i></p> <ul style="list-style-type: none"> <li><b>HBE</b> Historical Barium Enema</li> <li><b>HCOL</b> Historical Colonoscopy</li> <li><b>HFOB</b> Historical FOBT (Guaiac)</li> <li><b>HSIG</b> Historical Sigmoidoscopy</li> </ul> <p>Date</p> <p>Type</p> <p>Location of Encounter</p> <p>Refusals Mnemonic: <b>REF</b></p> <p>Lab Test Value: Fecal Occult Blood Test Exam: Rectal Screen</p> <p>Exam Value: 14</p> <p>Date Refused:</p>
Prevention of cancer of the uterine cervix	<p>Women ages 18-64 should have a Pap Smear every 3 years</p> <p>Refusals should be documented.</p>	<p>Standard PCC documentation for tests performed at the facility</p> <p>Ask about off-site tests and <i>record historical information</i> on PCC:</p> <ul style="list-style-type: none"> <li>Date received</li> <li>Location</li> </ul> <p>To document Refusals on PCC:</p> <p>Write "Refused Pap Smear" in POV section OR "Refused" in Pap Order box at right</p>	<p>Data entry through Women's Health program or standard PCC data entry for tests performed at the facility</p> <p>Historical Pap Mnemonic: <b>HPAP</b></p> <ul style="list-style-type: none"> <li>Date</li> <li>Location of Encounter</li> <li>Outside Location</li> <li>Results</li> </ul> <p>Refusals Mnemonic: <b>REF</b></p> <p>Lab Test Value: Pap Smear</p> <p>Date Refused:</p>

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Breast Cancer Prevention	<p>Women ages 50-69 should have a mammogram every 2 years</p> <p>Refusals should be documented.</p>	<p>Standard PCC documentation for Radiology performed at the facility</p> <p>Ask and <i>record historical information</i> on PCC: date received and location</p> <p>Telephone visit with patient</p> <p>Verbal or written lab report</p> <p>Patient's next visit</p> <p>To document Refusals on PCC:</p> <p>Write "Refused Mammogram" in POV section OR "Refused" in Mammogram Order box at right</p>	<p>Data entry through Women's Health program or standard PCC data entry for tests performed at the facility</p> <p>Historical <i>Mnemonic: HRAD</i></p> <p>Date</p> <p>Location of Encounter</p> <p>Procedure Type: [76090-76092]</p> <p>Impression</p> <p>Abnormal</p> <p>Refusals Mnemonic: <b>REF</b></p> <p>Mammogram</p> <p>Radiology Procedures Value (CPT):</p> <p>Date Refused</p>
Diabetic dilated eye exam	Diabetes patients will have had a dilated eye exam in the past 12 months	<p>EXAM—DM Eye Exam</p> <p>To document Refusals on PCC:</p> <p>Write "Refused DM Eye Exam" in POV section</p>	<p><i>Under mnemonic EX enter</i></p> <p>DIABETIC EYE EXAM</p> <p>Refusals Mnemonic: <b>REF</b></p> <p>Exam</p> <p>Exam Value: <b>03</b></p> <p>Date Refused:</p>

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Screening for tobacco use and exposure to ETS	Ask all patients age five and over about tobacco use <i>at least annually</i>	<p>Document on designated Health Factors section of form:</p> <p>HF—Non-Tobacco User  HF—Smoker  HF—Smokeless  HF – Smoker &amp; Smokeless  HF – Previous Smoker [or Smokeless] (quit &gt; 6 months)  HF – Cessation Smoker [or Smokeless] (quit or actively trying &lt; 6 months)  HF – Smoker in Home  HF – Ceremonial  HF – Exp to ETS (Second Hand Smoke)  HF – Smoke Free Home</p> <p>NOTE: if your site uses other expressions (e.g., "Chew" instead of "Smokeless;" "Past" instead of "Previous"), be sure Data Entry staff know how to "translate"</p> <p>Optional values:  Level/Severity: Mild, Moderate, or Severe  Quantity: e.g., # of cigarettes smoked daily</p>	<p><i>Under mnemonic <b>HF</b> enter</i></p> <p>NON-TOBACCO USER  CURRENT SMOKER  CURRENT SMOKELESS  CURRENT SMOKER &amp; SMOKELESS  PREVIOUS SMOKER [or SMOKELESS]  CESSATION SMOKER [or SMOKELESS]  SMOKER IN HOME  CEREMONIAL (new)  EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE  SMOKE FREE HOME</p> <p>Level/Severity  Provider  Quantity</p>

Objective	Standard	Provider Documentation	Data Entry
HIV Testing in Women	Pregnant women should be tested for HIV at least on their first visit; education and follow-up provided as appropriate	Standard PCC documentation for tests performed at the facility  To document Refusals on PCC: Write “Refused HIV test” in POV section	Standard PCC data entry for tests performed at the facility  Historical Mnemonic: <b>HLAB</b> Date of Test: Name of Lab Test: Results: Refusals Mnemonic: <b>REF</b> Lab Test Value: Date Refused:
Medication Education	Patients receiving medications should be educated about appropriate use and potential risks	Provider and/or pharmacist should document <b>all 5</b> PFE elements: Disease state—Education Topic – Level of Understanding – Who Taught – Time spent (in minutes)  DMC-IN (Diabetes medicine – Insulin) M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow-up) M-L (Medication patient education literature) [any disease]-M (medication)  Level of Understanding = P (Poor), F (Fair), G (Good), Group, R (Refused)	<b>Mnemonic PED:</b> Education Topic DMC-IN (Diabetes medicine - Insulin) M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow-up) M-L (Medication patient education literature) [any disease]-M (medication) Provider Level of Understanding: P, G, F, Group, R Length of Education (minutes)