Preface

The richness of the Patient Care Component (PCC) database, as well as the functional need for retrieving data in an organized manner for administrative and clinical management purposes, led to the development of the PCC Management Reports module. The options available in this module allow users to quickly and easily generate reports containing the data they need from the PCC.

PCC Management Reports provides numerous reports for patient and program management. This module facilitates the retrieval of data from the PCC by offering the user predefined report options as well as tools for custom-report generation. Users specify the parameters for each of the reports in order to retrieve the data of interest. Reports are organized by category on the main menu for ease of use.

This manual has been written for Resource and Patient Management System users who will utilize the PCC Management Reports module and other data retrieval tools for clinical and administrative functions. Separate installation and technical manuals for this module are available for Information Resources Management personnel responsible for installing and maintaining this module.
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1.0 Introduction

The Patient Care Component (PCC) database is the central repository for data in the Resource and Patient Management System (RPMS).

The following RPMS components comprise the PCC suite:

- IHS Dictionaries (AUPN)
- Standard Tables
- PCC Health Summary, including Health Maintenance Reminders (APCH)
- PCC Data Entry (APCD)
- PCC Management Reports, including PGEN/VGEN (APCL)
- Designated Specialty Provider Management (DP)
- Q-Man (Query Manager) (AMQQ)
- Taxonomy Management (ATX)

The PCC Management Reports Module provides numerous reports for patient and program management. Access to the PCC Management Reports menus is restricted to authorized individuals and is controlled by the facility local Site Manager through the use of security keys (code words assigned to the user that allow access to a menu).

This manual provides detailed information on the use of the PCC Management Reports menus. All users should take the time to read through this guide prior to using PCC Management Reports. This manual contains special information about the report options available and includes a sample of each report.

Many of these reports can be printed instantaneously; however, some will take a considerable amount of time to generate. Notes on run time are included for reports that require longer processing times. These printouts can be queued to specific devices so that printing can occur after regular business hours.
2.0 Release Notes
BJPC v2.0 patch 6 contains the following modifications and enhancements.

2.1 PCC Data Entry (APCD)
Problem List Update Menu: The LR action, Problem List Reviewed, now retains the date the user enters at the “Enter the Date the Provider Reviewed the Problem List:” prompt. Previously, the date entered in the system overrode the review date the user entered.

2.2 PCC Health Summary (APCH)
The Health Summary Adverse Reaction Components now filter inactivated adverse reactions. This change accommodates GMRA application changes.

2.3 Patient Wellness Handout
Added two new components: Recent Lab Results and Your Health Problems (Problem List).

2.4 PCC Management Reports (APCL)
- Added menu option “Meaningful Use Performance Reports” (MUR). This option contains four reports to help sites meet Meaningful Use Performance Measures.
- Added menu option “Establish Meaningful Use ‘Clean Date’” (MUCD) to the Meaningful Use Performance Reports menu. The option displays EHR order check parameters that are set incorrectly and sets the system “clean date” for Meaningful Use reporting.
- Added menu option “Improving Patient Care Collaborative (IPC) Reports” which includes two new IPC reports, “Continuity of Care to a Primary Care Provider” and “Percent Empanelled”.
3.0 PCC Management Reports Menu

The PCC Management Reports menu, shown below, consists of several categories of reports from various PCC files. Each menu option represents a submenu that contains a number of reports within that category. Note that any menu option followed by an ellipses (…) contains a submenu.

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<th>Meaningful Use Performance Reports ...</th>
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<td>APC Reports ...</td>
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<td>PCC Ambulatory Visit Reports ...</td>
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<td>Billing Reports ...</td>
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<tr>
<td>BMI</td>
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<td>ACT</td>
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<td>CNTS</td>
<td>Dx &amp; Procedure Count Summary Reports ...</td>
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<tr>
<td>IMM</td>
<td>Immunization Reports ...</td>
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<tr>
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<td>Delimited Output Reports ...</td>
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<td>TS</td>
<td>Taxonomy Setup</td>
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</table>

Select PCC Management Reports Option:

Figure 3-1: Example of PCC Management Reports menu screen

Extended help is available for most of the options. To access a help screen, type a question mark (?) and the label for the menu option for which the user requires help; for example, type ?PLST to display a description of the Patient Listings option.

The following sections of this manual provide detailed information for each of the report categories shown above. The categories are presented in the order in which they appear on the report menu. A brief description of each submenu screen (for example, Patient Listings) is provided, followed by examples and descriptions of each report contained in that submenu.
3.1 Queuing Output

Do not run reports or retrievals requiring lengthy processing time during normal working hours, unless the user is operating an upgraded RISC 6000 CPU or is at a very small facility. Jobs that require lengthy processing times should be queued to run after business hours or on weekends. Throughout this manual, notations indicate which reports might have lengthy processing times. Please contact the local site manager with questions regarding report queuing.

To queue a job,

1. Type Q at the “Device” prompt and press Enter.
2. Then type an appropriate device number and press Enter.
3. Answer the question about when to print by typing an after-hours date and time, such as “T@6PM,” to have the job processed Today at 6:00 p.m.

3.2 DEMO/TEST Patients

All PCC Management reports have been updated to prompt the user whether to include their site’s DEMO/TEST patients in the report.
4.0 **Meaningful Use Reports**

These reports will calculate and determine if the minimum requirements to achieve Meaningful Use have been met. For Stage 1 of the CMS EHR Incentive Program, there are 15 core Performance Measures for eligible providers (EP) and 14 core Performance Measures for eligible hospitals (including CAHs) that must be met simultaneously during the EHR reporting period. Additionally, both eligible providers and eligible hospitals must meet 5 of the 10 menu set Performance Measures simultaneously, one of which must be designated as a Public Health Performance Measure. Public Health measures will be identifiable by an asterisk throughout the report.

**PCC Management Reports**
**Meaningful Use Performance Reports**
******************************************
IHS PCC Suite Version 2.0

DEMO IHS CLINIC
MU1P Stage 1 MU Performance Report-EPs
PLP Stage 1 MU Patient Lists-EPs
MU1H Stage 1 MU Performance Report-Hospitals
HPL Stage 1 MU Patient List-Hospitals
MUCD Establish Meaningful Use 'Clean Date'

Select Meaningful Use Performance Reports Option:

4.1 **Estimated Run Time**

Users may want to generate these reports at a low volume time. The run time will depend on the size of your site’s database.

4.2 **Establish Meaningful Use ‘Clean Date’ (MUCD)**

Option MUCD “Establish Meaningful Use ‘Clean Date’” was created to allow sites to see EHR order check parameter settings, related to Meaningful Use measures, which are set incorrectly. This option runs a sub-routine in the MU report that checks all the EHR Order Check Configuration parameters that are required by Meaningful Use. Sites should use the data to correct any discrepancies. NOTE: The Meaningful Use Report will fail one or more of its core elements until the parameters are set properly.

When the site is configured correctly, the “Establish Meaningful Use ‘Clean Date’” option will run to completion and set the Meaningful Use ‘Clean Date’ equal to that day’s date. Running the option again doesn’t reset the date. The initial clean date remains the same.
** PCC Management Reports **
** Meaningful Use Performance Reports **
*************************************************************************
IHS PCC Suite Version 2.0

2010 DEMO HOSPITAL

MU1P  Stage 1 MU Performance Report-EPs
PLP  Stage 1 MU Patient Lists-EPs
MU1H  Stage 1 MU Performance Report-Hospitals
HPL  Stage 1 MU Patient List-Hospitals
MUCD  Establish Meaningful Use 'Clean Date'

Select Meaningful Use Performance Reports Option: MUCD Establish Meaningful Use 'Clean Date'
Yes
Meaningful Use 'Clean Date' set to APR 13, 2011

Figure 4-2: Meaningful Use 'Clean Date" displays after Order Check Parameters corrected.

4.3 Steps to Run the Interim MU Performance Reports for Eligible Providers (MU1P)

The message shown below displays when the user chooses the Stage 1 Interim MU Performance Report for EPs. The sections below describe the steps that occur after the user has selected the report.

*** IHS 2011 Stage 1 Meaningful Use Performance Report for EPs ***

This report determines if primary and secondary providers have met the minimum requirements to achieve Meaningful Use. The report identifies the 15 Core Performance Measures and 10 Menu Set Performance Measures designated by the CMS Final Rule for Stage 1, July 28, 2010.

In order to achieve Meaningful Use, a provider must meet all 15 Core Performance Measures simultaneously. They must also meet 5 of the 10 Menu Set Performance Measures simultaneously, one of which must be a designated Public Health Performance Measure. Public Health measures are identified within the report by an asterisk.

Press Enter to Continue:

Figure 4-3: Example of Report Definition
4.3.1 Eligibility Notice for EPs

This interim report does not verify participation eligibility. It is important to note that this report can indicate a professional who is not eligible to participate in the program has achieved Meaningful Use. Eligibility is determined by running the Meaningful Use Patient Volume Report for Eligible Professionals (PVP) located in the Third-Party Billing application. The notice below displays before the user is given the option to run the report. A “yes” entry brings the user to Patient List set up. A “no” entry returns the user to the main menu.

******** IMPORTANT NOTICE ********

This interim report does not verify CMS Medicare or Medicaid EHR Incentive Program eligibility. Please speak to your Area Meaningful Use Coordinator for guidance in determining eligibility.

Do you wish to continue to report? Y//

Figure 4-4: Example of Important Eligibility Notice

4.3.2 Full Report or Summary Report Selection

The user may generate a full report or a summary report. A full report includes the Cover Page and details on each Performance Measure along with corresponding logic. The Full Report also includes a Summary Report. The Summary Report does not include programming logic. Both reports display previous and current performance results as well as Stage 1 targets.

A full report will include an itemized listing of all Performance Measures and will include a summary report. The summary report excludes itemized data. The full report will produce approximately 40 pages of data for each provider. Please take this into consideration when running print jobs, ensuring dedicated time on your printer and sufficient paper supplies to complete your job.

Select one of the following:

F  Full Report
S  Summary Report

Enter Selection: F//

Figure 4-5: Example of Full or Summary Report Selection Screen
4.3.3 Report Period Selection

Users can choose to run the report for a full year or a 90-day period. These two options coincide with the CMS program parameters for reporting periods. NOTE: This report can be run for any date; however, per CMS guidelines, Meaningful Use cannot be achieved with the RPMS EHR prior to its date of certification and installation. For example, if the certified version of RPMS EHR is installed at your site on July 27th, users may run this report for periods prior to this date, but Meaningful Use can only be achieved on performance for a period that begins on or after July 28th.

<table>
<thead>
<tr>
<th>Report Period Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Users can choose to run the report for a full year or a 90-day period. These two options coincide with the CMS program parameters for reporting periods. NOTE: This report can be run for any date; however, per CMS guidelines, Meaningful Use cannot be achieved with the RPMS EHR prior to its date of certification and installation. For example, if the certified version of RPMS EHR is installed at your site on July 27th, users may run this report for periods prior to this date, but Meaningful Use can only be achieved on performance for a period that begins on or after July 28th.</td>
</tr>
</tbody>
</table>

Report may be run for a 90-day or a one year period.
Select one of the following:

A. January 1 – December 31
B. User Defined 90-Day Report

Select Report Period: [A/B]

4.3.3.1 Calendar Year Selection

The Meaningful Use program for eligible providers runs on a calendar year. Users are prompted to enter a calendar year for which they wish to run the report.

<table>
<thead>
<tr>
<th>Calendar Year Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Meaningful Use program for eligible providers runs on a calendar year. Users are prompted to enter a calendar year for which they wish to run the report.</td>
</tr>
</tbody>
</table>

Enter Calendar Year for which report is to be run. Use a 4 digit year, e.g. 2011.

Enter Year: [CCYY]

4.3.3.2 Calculating Previous Period Option for Calendar Year

If the user chooses to include previous period data, data is calculated from the calendar year immediately preceding the selected year in the previous step. If the user chooses not to include the previous period, N/A displays under the “Previous Period” column in the report output.

<table>
<thead>
<tr>
<th>Calculating Previous Period Option for Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the user chooses to include previous period data, data is calculated from the calendar year immediately preceding the selected year in the previous step. If the user chooses not to include the previous period, N/A displays under the “Previous Period” column in the report output.</td>
</tr>
</tbody>
</table>

Historical data from the previous calendar year can be included in this report? IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y//

4.3.3.3 User Defined 90-Day Report Selection

Enter a start date for the 90-day report.
4.3.3.4 Calculating Previous Period Option for 90-Day Report Period

If the user chooses to include previous period data, data is calculated from the period immediately preceding the selected 90-day report period in the previous step. For example, if the user selects June 1, 2011 – August 31, 2011, report would also display March 1, 2011 – May 31, 2011. If the user chooses not to include the previous period, N/A displays under the “Previous Period” column in the report output.

Historical data from the 90-days immediately preceding the currently selected report period can be included? IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y//

4.3.4 Provider Selection

The user may choose one of the provider options below.

Select one of the following:

- IP Individual Provider
- SEL Selected Providers (User Defined)
- TAX Provider Taxonomy List

Enter Selection: [XXX]

4.3.4.1 Individual Provider (IP)

If Individual Provider is chosen, the user is prompted to enter the provider name. Either the full or summary report as previously selected will be generated for the designated provider. Reminder: this report does not verify the selected provider is eligible to participate.

Enter the name of the provider for whom the Meaningful Use Report will be run.

Enter PROVIDER NAME: [Provider Name]
4.3.4.2 Selected Providers (SEL)
If Selected Providers is chosen, the user is prompted to enter multiple provider names. Either the full or summary report as previously selected will be generated for each designated provider. Reminder: this report does not verify the selected provider is eligible to participate.

Enter the name of the provider for whom the Meaningful Use report will be run.

Enter PROVIDER NAME: [Provider Name]
Enter PROVIDER NAME: [Provider Name]
Enter PROVIDER NAME: [Provider Name]
Enter PROVIDER NAME: [Provider Name]
Enter PROVIDER NAME: [Provider Name]

Figure 4-13: Example of Selected Provider Report Type for EPs

4.3.4.3 Provider Taxonomy List (TAX)
If taxonomy list is chosen, the user is prompted for the taxonomy list name. Either the full or summary report as previously selected will be generated for each provider on the list.

Enter PROVIDER TAXONOMY NAME: [Taxonomy List Name]

Figure 4-14: Example of Report Definition

4.3.5 Demo Patient Selection
Users may choose to include or exclude demo patients in their report.

Select one of the following:
I Include ALL Patients
E Exclude DEMO Patients
O Include ONLY DEMO Patients

Demo Patient Inclusion/Exclusion: E//

Figure 4-15: Example of Demo Patient Options

4.3.6 Attestation Performance Measures for EPs
The interim version of the Meaningful Use report calculates all rate performance measures – measures that have a numerator and denominator. For all attestation measures, the user will be prompted to answer a yes or no attestation question for each provider for whom the report is being run.
Clinical Quality Measures: Were ambulatory quality measures reported to CMS during the EHR reporting period? 
Does Provider Name attest to this? Y//Y
Do you wish to continue? Y//

Figure 4-16: Example of Attestation Question

NOTE: Although Timely Electronic Access to Health Information is a rate measure, it is being answered via attestation at this time.

4.3.7 Output Selection

A summary of the selections the user made in the previous steps displays. The user may choose from the following output selections:

- P Print Report on Printer or Screen
- D Create Delimited output file (for use in Excel)
- B Both a Printed Report and Delimited File

**SUMMARY OF 2011 MEANINGFUL USE REPORT TO BE GENERATED**

The date ranges for this report are:
- Report Period: [Specified Report Period]
- Previous Period: [Period Immediately Preceding Specified Report Period]

Providers:
[Provider Name]
[Provider Name]

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:
- P Print Report on Printer or Screen
- D Create Delimited output file (for use in Excel)
- B Both a printed Report and Delimited File

Select an Output Option: P//

Figure 4-17: Example of Output Selection

At the “Device” prompt, specify the device to print/display the report.

4.4 Patient List for Eligible Providers (PLP)

The PLP option provides users with a patient list in addition to a Full or Summary report for EPs (M1IP). The Patient List includes patient-specific information for each measure that is selected. The user defines which measures to include in the report and is given the following options or each selected performance measure:
• Include Patients who met the measure
• Include Patients who did not meet the measure
• Include patients who met and did not meet the measure.

After choosing the Patient List options, the user is guided through the steps of section 4.3 for running the EP reports.

4.4.1 Steps to Run the Patient List for Eligible Providers (PLP)

The message shown below displays when the user chooses the PLP report. The User must press enter to continue.

```
*** IHS 2011 Stage 1 Interim Meaningful Use Patient List for EPs ***
This Patient List will display patient-specific data used to calculate the results documented in the Meaningful Use Performance Report. One or more lists may be selected.
Press Enter to Continue:
```

Figure 4-18: Example of Patient List Selection

4.4.1.1 Eligibility Notice for EPs

The message below displays before the EP is able to set up a Patient List and run the EP report. This interim report does not verify participation eligibility. It is important to note that this report can indicate a professional who is not eligible to participate in the program has achieved Meaningful Use. Eligibility is determined by running the Meaningful Use Patient Volume Report for Eligible Professionals (PVP) located in the Third-Party Billing application.

At the “Do you wish to continue to report” prompt, A “yes” entry brings the user to Patient List set up. A “no” entry returns the user to the main menu.

```
******* IMPORTANT NOTICE ********
This interim report does not verify CMS Medicare or Medicaid EHR Incentive Program eligibility. Please speak to your Area Meaningful Use Coordinator for guidance in determining eligibility.
Do you wish to continue to report? Y//
```

Figure 4-19: Example of Important Eligibility Notice

4.4.1.2 Patient List Type Selection

The user is prompted to select a patient list type.
Select one of the following reports:

- S  Selected set of MU Performance Measures
- A  All MU Performance Measures

Run the report on: S//

Figure 4-20: Example of Patient List Options

### 4.4.1.2.1  Selected set of MU Performance Measures for EPs

The user may select for which of the 16 rate-calculated performance measures to generate a patient list. If no measure is selected, user is returned to Full or Summary report Selection in order to run MU Performance Report for EPs without a patient list. The user can select all measures, individual measures or they can select all core or all menu set measures. NOTE: Although Timely Electronic Access to Health Information is a rate measure, it is being answered via attestation at this time and will not appear in this list.

![PERFORMANCE MEASURE SELECTION](image)

Figure 4-21: Example of List of Measures for Patient List

### 4.4.1.2.2  All MU Performance Measures for EPs

The User is prompted to specify if patient lists are desired for any of the measures. A “no” entry brings the User to the Full or Summary Report Selection in the M1IP report. You may complete the selection criteria to run the MU Performance Report for EPs with a Patient List. A “yes” entry displays the MU Measure List Selection. The user may choose the measures for which a patient list is desired.
**PATIENT LISTS**

Do you want patient lists for any of the measures? N//

Figure 4-22: Example of Patient List Confirmation

### 4.5 Steps to Run Stage 1 Interim MU Performance Report-Hospitals (MU1H)

The message shown below displays if the user chooses the Stage 1 Interim MU Performance Report for Eligible Hospitals. The sections below describe the steps that occur after the user has selected the report.

---

*** IHS 2011 Stage 1 Interim MU Performance Report for Hospitals & CAHs ***

This report determines if a hospital or CAH has met the minimum requirements to achieve Meaningful Use. Primary and secondary providers are included in Meaningful Use calculations. The report identifies the 14 Core Performance Measures and 10 Menu Set Performance Measures designated by the CMS Final Rule for Stage 1, July 28, 2010.

In order to achieve Meaningful Use, a hospital or CAH must meet all 14 Core Performance Measures simultaneously. They must also meet 5 of the 10 Menu Set Performance Measures simultaneously, one of which must be a designated Public Health Performance Measures. Public Health measures are identified within the report by an asterisk.

Press Enter to Continue:

---

Figure 4-23: Example of Report Definition

### 4.5.1 Eligibility Notice for Eligible Hospitals and CAHs

This interim report does not verify participation eligibility. It is important to note that this report can indicate Meaningful Use has been achieved by a facility that is not eligible to participate in the program. Eligibility is determined by running the Meaningful Use Patient Volume Report for Eligible Hospitals (PVH) located in the Third-Party Billing. The notice below displays before the user is given the option to run the report. A “yes” entry brings the user to Patient List set up. A “no” entry returns the user to the main menu.

---

******** IMPORTANT NOTICE ********

This interim report does not verify CMS Medicare or Medicaid EHR Incentive Program eligibility. Please speak to your Area Meaningful Use Coordinator for guidance in determining eligibility.

Do you wish to continue to report? Y//

---

Figure 4-24: Example of Important Eligibility Notice
4.5.2 Full Report or Summary Report Selection

The user may generate a full report or a summary report. A full report includes the Cover Page and details on each Performance Measure along with corresponding logic. The Full Report also includes a Summary Report. The Summary Report does not include programming logic. Both reports display previous and current performance results as well as Stage 1 targets.

A full report will include an itemized listing of all Performance Measures and will include a summary report. The summary report excludes itemized data. The full report will produce approximately 40 pages of data for the facility. Please take this into consideration when running print jobs, ensuring dedicated time on your printer and sufficient paper supplies to complete your job.

Select one of the following:

F Full Report
S Summary Report

Enter Selection: F//

Figure 4-25: Example of Full or Summary Report Selection Screen

4.5.3 Report Period Selection

Users may choose to run the report for a full year or a 90-day period. These two options coincide with the CMS program parameters for reporting periods. NOTE: This report can be run for any date; however, per CMS guidelines, Meaningful Use cannot be achieved with the RPMS EHR prior to its date of certification and installation. For example, if the certified version of RPMS EHR is installed at your site on July 27th, users may run this report for periods prior to this date, but Meaningful Use can only be achieved on performance for a period that begins on or after July 28th.

Report may be run for a 90-day or a one year report period.

Select one of the following:

A October 1 – September 30
B User Defined 90-Day Report

Select Report Period: [A/B]

Figure 4-26: Example of Reporting Period Selection

4.5.3.1 Federal Fiscal Year Selection

The Meaningful Use program for eligible hospitals/CAHs runs on a fiscal year. Users are prompted to enter the fiscal year for which they wish to run report.
Enter the Federal Fiscal Year for which report is to be run. Use a year, e.g. 2011.

Enter Year: [FFYY]

Figure 4-27: Example of Federal Fiscal Year Reporting Period for EPs

### 4.5.3.2 Calculating Previous Period Option for Federal Fiscal Year

If the user chooses to include previous period data, data is calculated from the federal fiscal year immediately preceding the selected year in the previous step. If the user chooses not to include the previous period, N/A displays under the “Previous Period” column in the report output.

Would you like to include historical data from the previous federal fiscal year? IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y//

### 4.5.3.3 User Defined 90-Day Report

Enter a start date for the 90-day report.

IMPORTANT NOTE: This report may be run for any 90-day period. For submission to CMS, the report should not span Federal Fiscal Years.

Enter Start Date for the 90-day Report (e.g. 01/01/2011):

Figure 4-28: Example of 90-Day Reporting Period Selection

### 4.5.3.4 Calculating Previous Period Option for 90-Day Report Period

If the user chooses to include previous period data, data is calculated from the period immediately preceding the selected 90-day report period in the previous step. For example, if user selects June 1, 2011 – August 31, 2011, report would also display March 1, 2011 – May 31, 2011. If the user chooses not to include the previous period, N/A displays under the “Previous Period” column in the report output.

Historical data from the 90-days immediately preceding the currently selected report period can be included? IMPORTANT NOTICE: Including previous period data may significantly increase run time.

Do you wish to include the previous period? Y//

### 4.5.4 Hospital or CAH Selection

Specify the Hospital or CAH you want to include in the report.
4.5.5 Demo Patient Selection

Users may choose to include or exclude demo patients in their report.

<table>
<thead>
<tr>
<th>Select one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I   Include ALL Patients</td>
</tr>
<tr>
<td>E   Exclude DEMO Patients</td>
</tr>
<tr>
<td>O   Include ONLY DEMO Patients</td>
</tr>
</tbody>
</table>

Demo Patient Inclusion/Exclusion: E//

4.5.6 Attestation Performance Measures for Hospitals

The interim version of the Meaningful Use report calculates all rate performance measures – measures that have a numerator and denominator. For all attestation measures, the user will be prompted to answer a yes or no attestation question for each provider for whom the report is being run.

Several Stage 1 Meaningful Use Performance Measures require an attestation of Yes or No for each provider for which the report is being run.

Do you wish to continue? Y//

4.5.7 Output Selection

A summary of the selections the user made in the previous steps displays. The user may choose from the following output selections:

P Print Report on Printer or Screen
D Create Delimited output file (for use in Excel)
B Both a Printed Report and Delimited File
<table>
<thead>
<tr>
<th>SUMMARY OF 2011 MEANINGFUL USE REPORT TO BE GENERATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>The date ranges for this report are:</td>
</tr>
<tr>
<td>Report Period: [Specified Report Period]</td>
</tr>
<tr>
<td>Previous Period: [Period Immediately Preceding Specified Report Period]</td>
</tr>
<tr>
<td>Hospital: DEMO ISH CLINIC</td>
</tr>
<tr>
<td>Please choose an output type. For an explanation of the delimited file please see the user manual.</td>
</tr>
<tr>
<td>Select one of the following:</td>
</tr>
<tr>
<td>P Print Report on Printer or Screen</td>
</tr>
<tr>
<td>D Create Delimited output file (for use in Excel)</td>
</tr>
<tr>
<td>B Both a printed Report and Delimited File</td>
</tr>
<tr>
<td>Select an Output Option: P//</td>
</tr>
</tbody>
</table>

Figure 4-32: Example of Output Selection

At the “Device” prompt, specify the device to print/display the report.

### 4.6 Patient List for Eligible Hospitals and CAHs (PLH)

The PLH option provides users with a patient list in addition to a Full or Summary report for hospitals/CAH (M1IH). The Patient List includes patient-specific information for each measure that is selected. The user defines which measures to include in the report and is given the following options for each selected performance measure:

- Include Patients who met the measure
- Include Patients who did not meet the measure
- Include patients who met and did not meet the measure.
- After choosing the Patient List options, the user is guided through the steps of section 4.3 for running the EP reports.

#### 4.6.1 Steps to Run the Patient List for Eligible Hospitals and CAHs (PLH)

The message shown below displays when the user chooses the PLH report. User must press enter to continue.
4.6.1.1 Eligibility Notice for Eligible Hospitals and CAHs
This interim report does not verify participation eligibility. It is important to note that this report can indicate a Meaningful Use has been achieved by a facility that is not eligible to participate in the program. **Eligibility is determined by running the Meaningful Use Patient Volume Report for Eligible Hospitals (PVH) located in the Third-Party Billing application.** The notice below displays before the user is given the option to run the report. A “yes” entry brings the user to Patient List set up. A “no” entry returns the user to the main menu.

```
********** IMPORTANT NOTICE **********
This interim report does not verify CMS Medicare or Medicaid EHR Incentive Program eligibility. Please speak to your Area Meaningful Use Coordinator for guidance in determining eligibility.
Do you wish to continue to report? Y//
```

Figure 4-34: Example of Important Eligibility Notice

4.6.1.2 Patient List Type Selection
The user is prompted to select a patient list type.

```
Select one of the following reports:
  S  Selected set of MU Performance Measures
  A  All MU Performance Measures
Run the report on: S//
```

Figure 4-35: Example of Patient List Options

4.6.1.2.1 Selected set of MU Performance Measures for Hospitals
The user may select for which of the 16 rate-calculated performance measures to generate a patient list. If no measure is selected, the user is returned to Full or Summary report Selection in order to run MU Performance Report for eligible hospitals without a patient list. The user can select all measures, individual measures or they can select all core or all menu set measures.
PERFORMANCE MEASURE SELECTION Mar 15, 2011 15:57:36 Page: 1 of 2

IHS MU PERFORMANCE MEASURE
* Indicates the Performance Measure has been selected.

1) (C) CPOE Medications
2) (C) Demographics
3) (C) Problem List
4) (C) Medication List
5) (C) Medication Allergy List
6) (C) Vital Signs
7) (C) Smoking Status
8) (C) Electronic Copy of Health Information
9) (C) Electronic Copy of Discharge Instructions
10) (C) Drug-Drug & Drug-Allergy Checks
11) (C) Clinical Decision Support
12) (C) Exchange of Key Clinical Information
13) (C) Privacy/Security
14) (C) Clinical Quality Measures
15) (M) Advance Directives
16) (M) Lab Results into EHR
+ Enter ?? for more actions
S Select Measure       C Core Measures        Q Quit
D De Select Measure    M Menu Set Measures

Select Action:+//

Figure 4-36: Example of List of Measures for Patient List

4.6.1.2.2 All MU Performance Measures for Eligible Hospitals and CAHs
The User is prompted to verify if patient lists are desired for any of the measures. A “yes” must be entered here to continue. After patient list selection, the user is directed to Full or Summary Report Selection in the M1IH report. The user may completes the selection criteria to run the MU Performance Report with a Patient List.

PATIENT LISTS
Do you want patient lists for any of the measures? N//

Figure 4-37: Example of Patient List Confirmation
5.0 Patient Listings (PLST)

The PLST option in the PCC Management Reports menu takes the user to the Patient Listings menu. This set of reports allows the user to list groups of patients. The reports include patient listings by Date of Birth (DOB), Current Community, Date of Death (DOD), Sex, Eligibility, Classification/Beneficiary, and Tribe of Membership. In most cases, the report includes the patient’s name, chart number, and DOB.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC</td>
<td>Living Patients by Community of Residence (*)</td>
</tr>
<tr>
<td>DOB</td>
<td>Living Patients by Date of Birth (*)</td>
</tr>
<tr>
<td>DEM</td>
<td>Living Patients by Multiple Demographic Variables</td>
</tr>
<tr>
<td>DOD</td>
<td>Deceased Patients by Date of Death (*)</td>
</tr>
<tr>
<td>PGEND</td>
<td>Patient General Retrieval</td>
</tr>
<tr>
<td>DP</td>
<td>Patient Listing by Primary Care Provider</td>
</tr>
<tr>
<td>VDP</td>
<td>Patients by Primary Care Provider w/ Visit Counts</td>
</tr>
<tr>
<td>DMG</td>
<td>Detailed Patient Register R-DMG-510</td>
</tr>
<tr>
<td>DPL</td>
<td>Deceased Patients Listing</td>
</tr>
<tr>
<td>ELFA</td>
<td>Tally of Elder Pt's with Functional Assessment</td>
</tr>
<tr>
<td>ELFC</td>
<td>Tally of Elder Care Functional Status Change</td>
</tr>
<tr>
<td>ELFT</td>
<td>Tally of Elder Care Data Items</td>
</tr>
<tr>
<td>ELNH</td>
<td>Elder Pts w/Needs Help or Dependent Assessments</td>
</tr>
<tr>
<td>IF</td>
<td>Infant Feeding Statistical Reports ...</td>
</tr>
<tr>
<td>PCR</td>
<td>Prescription Cost Report</td>
</tr>
<tr>
<td>PINT</td>
<td>Tally of Patient Internet Access</td>
</tr>
<tr>
<td>SCR</td>
<td>Screening Reports (IPV/DV, Alcohol, Depression) ...</td>
</tr>
<tr>
<td>SUIC</td>
<td>Suicide Form Data Reports ...</td>
</tr>
<tr>
<td>THI</td>
<td>Patients w/Total Household Income/ in Household</td>
</tr>
<tr>
<td>UPLP</td>
<td>Upload Patients from Text file to Search Template</td>
</tr>
</tbody>
</table>

Select Patient Listings Option:

![Figure 5-1: Sample of PCC Management Reports patient listings screen](image)

The asterisk (*) listed after an option denotes that report generation is instantaneous.

5.1 Living Patients by Community of Residence (*) (CRS)

The Community of Residence (CRS) report displays a list of living patients by community, along with their DOBs, sex, and tribes of membership.

1. At the “Your choice” prompt, type either 1 (Current Community) or 2 (Patient Name) to specify how to sort the report. One or both attributes can be used.

   - If 1 (Current Community) is entered, the system displays the “Do you want to sort by a particular Current Community?” prompt. Type Y (Yes) or N (No).
If Y (Yes) is entered, the system displays the “Which Current Community” prompt. Specify the community.

The system displays the “Within Current Community, want to sort by another attribute” prompt. Type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for an attribute. The system lists attributes used to sort the report, and asks if the user wants to sort by a particular attribute (the name of the attribute displays in the prompt); type Y (Yes) or N (No).

If 2 (Patient Name) is entered, the system displays the “Do you want to sort by a particular Patient Name?” prompt. Type Y (Yes) or N (No).

If Y (Yes) is entered, the system displays the “Which Patient Name” prompt; type the patient name.

At the “Within Patient Name, Want To Sort By Another Attribute?” prompt; type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for an attribute. The system lists attributes that can be used to sort the report and asks if the user wants to sort by the particular attribute (the name of the attribute will show in the prompt); type Y (Yes) or N (No).

2. At the “Please enter a title for this report” prompt, type the title of the report, or press Enter to use the default.

3. At the “Device” prompt, specify the device to print/display the report. Press ENTER to go to the next page of the report.

![Patient Listings](image)

**5.2 Living Patients by Date of Birth (*) (DOB)**

The DOB report displays a list of all living patients by date of birth.
1. At the “Your choice” prompt, type either 1 (DOB) or 2 (Patient Name) to indicate how the report should be sorted. One or more attributes can be used.
   - If DOB was specified:
     - At the “Start with what date” prompt, type the beginning date of the date range.
     - At the “End with what date” prompt, type the ending date of the date range.
     - At the “Within DOB, want to sort by another attribute” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for the attribute.
   - If Patient Name was specified:
     - At the “Do you want to sort by a particular patient name?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for the patient’s name.
     - At the “Within Patient Name, want to sort by another attribute?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for the attribute.

2. At the “Please enter a title for this report” prompt, type the title of the report or press ENTER to use the default.

3. At the “Device” prompt, specify the device to print/display the report.

The following is a report listing patients by DOB.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
<th>CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMBDA, SARAH</td>
<td>JAN 1,1944</td>
<td>77467</td>
</tr>
<tr>
<td>LAMBDA, MARTIN</td>
<td>JAN 1,1944</td>
<td>99009</td>
</tr>
<tr>
<td>LAMBDA, THERESA</td>
<td>FEB 1,1944</td>
<td>98775</td>
</tr>
<tr>
<td>LAMBDA, JIM</td>
<td>FEB 1,1944</td>
<td>31382</td>
</tr>
<tr>
<td>RHOOOOO, GEORGIE WAKEFIELD</td>
<td>FEB 22,1944</td>
<td>53466</td>
</tr>
<tr>
<td>LAMBDA, JAMES</td>
<td>MAR 5,1944</td>
<td>90774</td>
</tr>
<tr>
<td>CHIII, SUSIE</td>
<td>APR 8,1944</td>
<td>14495</td>
</tr>
<tr>
<td>GAMMA, DARLENE</td>
<td>MAY 1,1944</td>
<td>21087</td>
</tr>
<tr>
<td>SIGMAAA, SALLY ANN</td>
<td>MAY 14,1944</td>
<td>23545</td>
</tr>
<tr>
<td>OMEGA, THERESA</td>
<td>JUN 1,1944</td>
<td>94867</td>
</tr>
<tr>
<td>OMICRON, DIANE</td>
<td>JUL 1,1944</td>
<td>29574</td>
</tr>
</tbody>
</table>

COUNT 11

Figure 5-3: Sample of report listing patients by their dates of birth

The following is a report listing patients by Patient Name:
5.3 Living Patients by Multiple Demographic Variables (DEM)

The DEM report option produces the Demographic Information Report. This report can be sorted by one or more specified attributes.

1. At the “Your choice” prompt, use one or more of the following attributes (mandatory) for sorting the report:
   - 1–DOB
   - 2–SEX
   - 3–CURRENT COMMUNITY
   - 4–TRIBE
   - 5–CLASSIFICATION/BENEFICIARY
   - 6–ELIGIBILITY
   - 7–PATIENT NAME

   If the user types 2, 4, 5, 6, or 7, additional prompts display.

2. At the “Start with what date” prompt, type the beginning of the date range.

3. At the “End with what date” prompt, type the ending of the date range.

4. At the “Please enter a title for this report” prompt, type the title of the report, or press Enter to use the default.

5. At the “Device” prompt, specify the device to print/display the report.

The following example report lists patients by community and date of birth.
5.3.1 Estimated Run Time

For facilities with numerous patient files, this report can take a long time to run unless the first sort variable selected is a specific current community. If a specific community was selected, the run time for the report will be a function of the size of that community and the number of other variables chosen for sorting. For example, a report sorting first by a small community and then by date of birth would run quickly. A report sorting first by a large community (over 1,000 patients) and then by tribe and date of birth would take a longer time.

5.4 Deceased Patients by Date of Death (DOD)

The DOD report lists deceased patients by Date of Death. The user can limit the range of dates or generate report for all patients with a DOD recorded. The user can optionally choose just one patient.

The report can be sorted by HRN, Terminal Digit HRN, Date of Death, Community, Tribe, or Patient Name.

1. At the “Which Date of Death range” prompt, type any of the following:
   - A–All Patient with Date of Death Recorded
   - D–A Range of Dates for DOD
   - O–One Patient

   If the user types D or O, additional prompts display.

2. At the “Sort Report by” prompt, type one of the following:
   - D–Date of Death
3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   • I–Include All patients
   • E–Exclude Demo patients
   • O–Include only demo patients
4. At the “Device” prompt, specify the device to print/display the report.

The following report is for all patients with recorded DOD and sorted by patient name:

```
DEASEASEED PATIENTS REPORT
Date of Death: Jan 01, 1801 - Jan 20, 2009

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>HRN</th>
<th>DOB</th>
<th>Age at DOD</th>
<th>Tribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGMAAAA, EDWIN</td>
<td>117204</td>
<td>11/25/1917</td>
<td>15</td>
<td>03/15/1933 DEMO TRIBE, NM</td>
</tr>
<tr>
<td>Underlying Cause of Death:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Visit:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Inpatient Visit:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community of Residence:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAMMAA, KENSEN WINTER</td>
<td>103600</td>
<td>07/07/1872</td>
<td>84</td>
<td>04/20/1957 DEMO TRIBE, NM</td>
</tr>
<tr>
<td>THETAAAA, LINDA</td>
<td>100144</td>
<td>09/30/1896</td>
<td>69</td>
<td>06/15/1966 DEMO TRIBE, NM</td>
</tr>
</tbody>
</table>

Figure 5-6: Example report for DOD option

The cause of death will be displayed to the extent it has been entered through the ADT Inpatient or the PCC data entry process.

5.5 Patient General Retrieval (PGEN)

Use the PGEN option to type the PCC Patient General Retrieval.

This report lists or counts patients based on selection criteria entered by the user. There are three separate steps for this option: selection criteria must be identified,
attributes to display for each patient must be chosen, and the sorting order for the list must be determined. The logic used to produce the report can be saved for future use. If a report is designed that is 80 characters or less in width, it can display on the screen or be printed. If the report is 81-132 characters wide, it must be printed, and only on a printer capable of producing 132 character lines. The patients in the report can be limited to pre-established Search Templates created in QMan, Case Management, or other RPMS tools.

An example of a Search Template of Patients would be if the template was created in Case Management or in QMan using Patients as the Search Subject.

When the list of items for selection, print, and sort display in list manager they can be sorted alphabetically or in a predefined order. The predefined order is set by the software and is how the list has historically been displayed.

1. At the “What order would you like the Items displayed” prompts, type one of the following:
   - P–Predefined Order (the original ordering
   - A–Alphabetical Order
   - G–Groups of Related items

   The predefined order is set by the software and is how the list has historically been displayed. See Section Appendix B: for a complete listing of PGEN/VGEN selection, sort, and print options.

2. At the “Select Patient List from” prompt, type one of the following:
   - S–Search Template of Patients
   - P–Search All Patients
   - Q–Qman Search
   - R–CMS Register of Patients

   To use a search template of patients, the system prompts for the name of the template. After typing the name of the template, a print item selection list displays. Select items to print by following the directions below.

   If P is entered, the system searches all patients in the database, and provides the option of using report logic saved from a previous report generated with PGEN. To use previously saved report logic, type the name assigned to the report and press ENTER to run the report. If a new report is created, use the instructions that follow for selecting search criteria.

   Choosing Q-Man Search transfers the user to Q-Man to create a search template. (Refer to the Q-Man user manuals for specific instructions on using Q-Man.)
After creating the template, the user is returned to PGEN to select the type of report to be created.

Choosing the CMS Register of patients allows access to the case management system’s register system.

3. At the “Do you want to use a previously defined report?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, additional prompts display.

4. The system displays the Patient Selection menu.

```
GENERAL RETRIEVAL        Jan 20, 2009 11:17:04        Page:  1 of 3
PATIENT Selection Menu

Patients can be selected based upon any of the following items. Select as many as you wish, in any order or combination. An (*) asterisk indicates items already selected. To bypass screens and select all patients, hit Q.

1) Name/Chart /SSN  31) Medicaid Plan Name  61) Most Recent STAGED DM
2) Sex  32) Pvt Ins Plan Name  62) Most Recent Barriers H
3) Date of Birth  33) Priv Ins Verified  63) Most Recent LEARNING P
4) Birth Month  34) HRN Record Status  64) Most Recent RUBELLA HF
5) Birth Weight (grams)  35) HRN Disposition  65) Date Last Alcohol Scre
6) Birth Weight (Kgs)  36) Patient's Last Visit  66) Date Last Barriers H
7) Race  37) Desig Prim Care Prov  67) Date Last IPV/DV Scre
8) Age  38) User Updating PCP  68) Date Last Depression S
9) Age in Months  39) Date PCP Updated  69) Date Last Colonoscopy
10) Veteran Status Y/N  40) EDC  70) Date Last Mammogram
11) Date of Death  41) Date EDC Determined  71) Date Last Smear
12) Date Patient Establish  42) Contraception Method  72) Date Last Tobacco Scre
13) Mlg Address-State  43) EDC Determination  73) Date Last Fall Risk As
14) Mlg Address-Zip  44) Last Menstrual Period  74) Date Last Tonometry

* Enter ?? for more actions
S    Select Item(s)  +  Next Screen  Q    Quit Item Selection
R    Remove Item(s) - Previous Screen  E    Exit Report
Select Action: S//
```

Figure 5-7: Options on the Patient Selection Menu

To choose the criteria for the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. An asterisk (*) indicates that an item has been
selected. To select all visits, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

5. At the “Choose Type of Report” prompt, type one of the following:

- T – Total Count Only
- S – Subcounts and Total Count
- C – Cohort/Template Save
- D – Detailed Patient Listing
- L – Delimited Output File for use in Excel

The total count report prints only the total number of patients that match the selection criteria the user chose at the PATIENT Selection Menu.

The subcounts and total count report lists the total number of matches, as well as the subtotal of each different category of the sort variable selected; for example, if the report was sorted by sex, the number of males and the number of females in the group would be displayed in separate categories and subtotals.

The Cohort/Template Save option saves the patients that match the selection criteria in a template. Only the total number of matching patients is displayed. The template can be used to generate reports, and can be used to select the print and sort criteria needed each time.

The detailed patient listing allows a report to be created that prints only the data items to be sorted by the variable selected. If the detailed patient listing was selected, read the sections below for instructions on selecting the print items and sort category.

The Delimited Output File option allows a file to be generated for use in Microsoft Excel.

6. The system displays the Print Item Selection Menu.
The following data items can be printed. Choose the items in the order you want them to appear on the printout. Keep in mind that you have an 80 column screen available, or a printer with either 80 or 132 column width.

1) Patient Name          38) Beneficiary Class      75) Family Hx and Relation
2) First, Last Name      39) Cause of Death         76) Family History Relation
3) Chart                40) Medicare               77) Family Hx Narrative
4) Terminal Digit       41) MEDICARE Y/N           78) Family Hx Description
5) SSN                   42) Medicare Part B    79) Hx of Surgery
6) Sex                   43) Medicare Part D    80) Most Recent TOBACCO HF
7) Date of Birth         44) Medicaid             81) Most Recent TB STATUS
8) Birth Month           45) MEDICAID Y/N        82) Most Recent ALCOHOL HF
9) Birth Weight (grams)  46) Private Insurance    83) Most Recent STAGED DM
10) Birth Weight (Kgs)   47) PRIVATE INSURANCE Y/N 84) Most Recent Barriers H
11) Race                 48) Third Party Eligibility 85) Most Recent LEARNING P HF
12) Age                  49) Medicaid Plan Name  86) Most Recent RUBELLA HF
13) Age in Months        50) Pvt Ins Plan Name   87) Date Last Alcohol Scre
14) Father's Name        51) Priv Ins Verified    88) Date Last Depression S
+ Enter ?? for more actions
S Select Item(s)         + Next Screen  Q Quit Item Selection
R Remove Item(s)         - Previous Screen  E Exit Report
Select Action: S//

Figure 5-8: Items in the Print Item Selection menu

7. Select the items to list on the report.

8. After selecting an item, the system prompts for the column width for the item (a default is shown). Press Enter to select the default or specify the width.

9. The system displays the Sort Item Selection menu.
The patients displayed can be SORTED by ONLY ONE of the following items. If you don't select a sort item, the report will be sorted by patient name.

1) Patient Name  
2) First, Last Name  
3) Chart  
4) Terminal Digit  
5) Sex  
6) Date of Birth  
7) Birth Month  
8) Birth Weight (grams)  
9) Birth Weight (Kgs)  
10) Race  
11) Age  
12) Age in Months  
13) Father's Name  
14) Mother's Name  
29) Cause of Death  
30) MEDICARE Y/N  
31) Medicare Part B  
32) Medicare Part D  
33) MEDICAID Y/N  
34) PRIVATE INSURANCE Y/N  
35) Any Third Party Coverage  
36) Third Party Eligibility  
37) Medicaid Plan Name  
38) Pvt Ins Plan Name  
39) Pvt Ins Plan Type  
40) HRN Record Status  
41) HRN Disposition  
42) Patient's Last Visit  
43) Patient's Last Visit  
44) Patient's Last Visit  
45) Date Last Alcohol Scre  
46) Date Last Alcohol Scre  
47) Date Last Alcohol Scre  
48) Date Last Alcohol Scre  
49) Date Last Alcohol Scre  
50) Date Last Alcohol Scre  
51) Date Last Alcohol Scre  
52) Date Last Alcohol Scre  
53) Date Last Alcohol Scre  
54) Date Last Alcohol Scre  
55) Date Last Alcohol Scre  
56) Date Last Alcohol Scre  
57) Most Recent ALCOHOL HF  
58) Most Recent STAGED DM  
59) Most Recent Barriers  
60) Most Recent LEARNING HF  
61) Most Recent RUBELLA HF  
62) Date Last Alcohol Scre  
63) Date Last Depression Scre  
64) Date Last IPV/DV Scre  
65) Date Last Colonoscopy  
66) Date Last Flex Sig  
67) Date Last Tobacco  
68) Date Last PAP Smear  
69) Date Last PAP Smear  
70) Date Last PAP Smear  

+ Enter ?? for more actions  
S Select Item(s)  
R Remove Item(s)  
  + Next Screen  
  - Previous Screen  
  Q Quit Item Selection  
  E Exit Report

Select Action: S/

Figure 5-9: Options on the SORT ITEM SELECTION MENU

10. Select one of the options listed on the SORT ITEM SELECTION MENU to specify how to sort patients. To sort patients by name, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

11. At the “Do you want a separate page for each Patient Name” prompt, type Y (Yes) or N (No).

12. At the “Would you like a custom title for this report?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for the custom title.

13. At the “Do you wish to save this search/print/sort logic for future use?” prompt type Y (Yes) or N (No). If Y (Yes) is entered, the system prompts for a name.

14. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
• E–Exclude Demo patients
• O–Include only demo patients

15. At the “Select one of the following” prompt, type P to print the output or B to browse the output on the screen.

The system displays the Summary Page with the criteria selected for the report; for example,

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
<th>WT (GMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABETAAAAA, LAURA</td>
<td>02/07/1947</td>
<td>51.22</td>
</tr>
<tr>
<td>ABETAAAAA, MARGARET</td>
<td>12/08/1995</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, MARIE</td>
<td>05/26/1957</td>
<td>88.78</td>
</tr>
<tr>
<td>ABETAAAAA, MARTHA AGN</td>
<td>10/10/1955</td>
<td>68.9</td>
</tr>
<tr>
<td>ABETAAAAA, MICHAEL</td>
<td>12/24/1973</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, MICHAEL A</td>
<td>12/15/1983</td>
<td>93.94</td>
</tr>
<tr>
<td>ABETAAAAA, NATHANIEL</td>
<td>12/09/1994</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, PEGGY</td>
<td>01/05/1945</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, ROBERT</td>
<td>02/17/1995</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, ROBIN D</td>
<td>04/06/1940</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, SHERRENE</td>
<td>06/18/1961</td>
<td>--</td>
</tr>
<tr>
<td>ABETAAAAA, TRISTEN DW</td>
<td>07/29/1944</td>
<td>--</td>
</tr>
<tr>
<td>BETAA, JANET LOU</td>
<td>05/08/1965</td>
<td>99.29</td>
</tr>
<tr>
<td>BETAAA, JAMES</td>
<td>04/25/1904</td>
<td>45.24</td>
</tr>
</tbody>
</table>

Enter RETURN to continue or '^' to exit:

Figure 5-10: Example report for PGEN option

At the “Select Action” prompt, do one of the following:

• Type Q (Quit) to quit the report.
• Type a plus sign (+) to display the next screen. This option is not available for the last screen.
• Type a minus sign (–) to display the previous screen. This option is not available for the first screen.

5.6 Patient Listing by Primary Care Provider (DP)

The DP report generates a list of patients for a specific primary care provider or for all primary care providers at the facility.

The following sample displays patients for all primary care providers. Note that the list of patients for each provider prints on a separate page.
5.7 Patients by Primary Care Provider with Visit Counts (VDP)

The VP report produces a list of patients by primary care provider. It includes the patient’s name, chart number, age, number of times seen by the primary care provider, number of times seen by other primary providers, and diagnoses.

The following sample displays all designated providers for the time period from October 1, 1993 to June 30, 1994. Note that the report for each provider prints on a separate page.

![Sample report](image-url)
5.8 Detailed Patient Register R-DMG-510 (DMG)

Use the DMG option to search the Patient file for all patients selected. A report is created resembling the output from the R-DMG-510 report from the data center. The facility’s chart number needs to be selected for this report.

Two additional screens display: The first screen prompts the user to search for a selected group of patients, and the second screen sorts the report output as desired.

To continue, type either Y (Yes) or N (No) at the “Select Action” prompt and press Enter. If Y (Yes) is entered, additional prompts display.

Follow these steps:

1. At the “Run report for patients registered at which Facility” prompt, type the name of the facility.

   The system displays information about the facility and displays the General Retrieval window with the PATIENT Selection Menu.

   
   GENERAL RETRIEVAL Jan 20, 2009 11:17:04 Page: 1 of 3
   PATIENT Selection Menu

   Patients can be selected based upon any of the following items. Select as many as you wish, in any order or combination. An (*) asterisk indicates items already selected. To bypass screens and select all patients hit Q.

   1) Name/Chart /SSN 31) Medicaid Plan Name 61) Most Recent STAGED DM
   2) Sex 32) Pvt Ins Plan Name 62) Most Recent Barriers H
   3) Date of Birth 33) Priv Ins Verified 63) Most Recent LEARNING P
   4) Birth Month 34) HRN Record Status 64) Most Recent RUBELLA HF
   5) Birth Weight (grams) 35) HRN Disposition 65) Date Last Alcohol Scre
   6) Birth Weight (Kgs) 36) Patient’s Last Visit 66) Date Last Depression S
   7) Race 37) Desig Prim Care Prov 67) Date Last IPV/DV Scre
   8) Age 38) User Updating PCP 68) Date Last Colonoscopy
   9) Age in Months 39) Date PCP Updated 69) Date Last Flex Sig
  10) Veteran Status Y/N 40) EDC 70) Date Last Mammogram
  11) Date of Death 41) Date EDC Determined 71) Date Last PAP Smear
  12) Date Patient Establish 42) Contraception Method 72) Date Last Tobacco Scre
  13) Mlg Address-State 43) EDC Determination 73) Date Last Fall Risk As
  14) Mlg Address-Zip 44) Last Menstrual Period 74) Date Last Tonometry
  + Enter ?? for more actions

   S Select Item(s) + Next Screen Q Quit Item Selection
   R Remove Item(s) - Previous Screen E Exit Report
   Select Action: S/

   Figure 5-13: Options in the Patient Selection menu

   2. Criteria can be listed in any order at the “Select Action” prompt. To choose criteria on the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. An asterisk (*) indicates that an item has been selected.
To select all visits, type **Q** (Quit Item Selection) at the “Select Action” prompt and press Enter.

The system displays the GENERAL RETRIEVAL screen for the SORT ITEM SELECTION MENU.

![Figure 5-14: Options in the Sort Item Selection menu](image)

3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:

- **I**–Include all patients
- **E**–Exclude demo patients
- **O**–Include only demo patients

4. At the “Device” prompt, specify the device to print/display the report.
Figure 5-15: Sample of DMG report

5.9 Deceased Patients Listing (DPL)

The DPL report generates a list of all patients who have a DOD entered into RPMS.

1. At the “Enter beginning Date of Death” prompt, type the beginning DOD.
2. At the “Enter ending Date of Death” prompt, type the ending DOD.
3. At the “List patients who are members of” prompt, type one of the following:
   - O–One particular Tribe
   - A–All tribes
   - S–Selected Set of Tribes (Taxonomy)
   If the user types O or S, additional prompts display.
4. At the “Sort Report by” prompt, type one of the following:
   - D–Date of Death
   - H–HRN
   - R–Terminal Digit HRN
   - C–Community
   - T–Tribe
   - N–Patient Name
5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include all patients
• E–Exclude demo patients
• O–Include only demo patients

6. At the “Device” prompt, specify the device to print/display the report.

<table>
<thead>
<tr>
<th>XXX</th>
<th>Jan 20, 2008</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEACEASED PATIENTS REPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Death: Jun 02, 2007 - Mar 28, 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Name</td>
<td>HRN</td>
<td>DOB</td>
</tr>
<tr>
<td>SIGMA, JOHN</td>
<td>000000</td>
<td>12/01/1949</td>
</tr>
<tr>
<td>Underlying Cause of Death:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Visit: 04/03/1990 DEMO INDIAN HOSPITAL - AMBULATORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Inpatient Visit: 01/23/1993 DEMO INDIAN HOSPITAL - HOSPITALIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community of Residence: SPRINGFIELD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5-16: Sample of DPL report

5.10 Tally of Elder Patients with Functional Assessment (ELFA)

The ELFA report tallies by age and sex all patients who have had a functional assessment in a specified date range. The desired age range of patients must also be specified.

To determine the denominator or population of patients to review specify the following:

• A community or set of communities.
• The minimum number of times patients have been seen in the three years prior to the end of the date range.

The ELFA report provides a tally of patients only, or a tally and a list of the patients.

1. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter Ending Visit Date” prompt, type the end of the date range.
3. At the “Enter an Age Range (e.g. 55-100, 55-75)” prompt, type the age range of patients to display on the report.
4. At the “Review Patients Who Live In” prompt, type one of the following:
   • O–One particular community
   • A–All communities
• S–Selected Set of Communities (Taxonomy)
  If the user types O or S, additional prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   • I–Include all patients
   • E–Exclude demo patients
   • O–Include only demo patients

6. At the “Device” prompt, specify the device to print/display the report.

```
********** CONFIDENTIAL PATIENT INFORMATION **********
XXX   Page 1
DEMO HOSPITAL
PATIENTS WITH FUNCTIONAL ASSESSMENT DOCUMENTED
All Communities

<table>
<thead>
<tr>
<th></th>
<th>FEMALES</th>
<th></th>
<th>MALES</th>
<th></th>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N  %</td>
<td></td>
<td>N  %</td>
<td></td>
<td>N  %</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>55</td>
<td>0 57 0.0</td>
<td>0 34 0.0</td>
<td>0   91 0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>0 49 0.0</td>
<td>0 50 0.0</td>
<td>0   99 0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>0 60 0.0</td>
<td>0 32 0.0</td>
<td>0   92 0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>0 46 0.0</td>
<td>0 38 0.0</td>
<td>0   84 0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>0 60 0.0</td>
<td>0 45 0.0</td>
<td>0 105 0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>0 44 0.0</td>
<td>1 60 1.7</td>
<td>1 104 1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

Figure 5-17: Example DPL report

The last page provides a Total line for the various columns containing data.

### 5.11 Tally of Elder Care Functional Status Change (ELFC)

The Elder Care Functional Status Change (ELFC) report tallies by age all patients who have had a change in functional status documented in a specified date range. In addition, patients who have had a decline in functional status are listed.
Figure 5-18: Example of an ELFC report

The last page of the report provides a Total for the various columns containing data.

Pressing Enter at the “Press ENTER” prompt at the end of the report displays a list of patients with a documented decline in functional status.

Figure 5-19: Example last page of ELFC report

5.12 Tally of Elder Care Data Items (ELFT)

The Elder Care Data Items (ELFT) report tallies all items from the elder care PCC form.
5.13 Elder Patients with Needs Help or Dependent Assessments (ELNH)

This report tallies the number of patients who have had two or more items in the ADL and two or more items in the IADL groups documented as Needs Help or Totally Dependent. All patients who have had a functional assessment in the year prior the “as of” date will be reviewed. A list of patients displays.

5.14 Infant Feeding Statistical Reports (IF)

Two reports can be run from this option: IF1 and IF2.

5.14.1 Birth and Six-Month Breastfeeding Statistics (IF1)

The IF1 option produces a report of how many infants were documented as being breast fed at birth and at age six months. Select the “as of” date (Report end date) and communities to report on. The report first identifies all patients aged 12–23 months in the “as of” date the user defined. The report then calculates which infants to report on from this initial population.

Birth breastfeeding statistics

- Denominator:
Number of infants with a visit.
Patients who had at least one visit to a primary care clinic between birth and six months (ages 1–179 days old).

Numerators:

- Infants with feeding data. Any patient with a visit with any infant feeding choice documented between birth and six months (0–179 days old)
- Infants breastfeeding. Of the patients with feeding data (numerator 1), those with any infant feeding choice that includes breastfeeding (e.g., not formula only). The report sorts chronologically all visits in the time frame with feeding documentation and counts the patient as meeting the numerator as soon as the first feeding choice is found that includes breastfeeding.

Six-month statistics

- Same as Birth, except the visits reviewed are those that occurred between ages 180–365 days.

<table>
<thead>
<tr>
<th>2003</th>
<th>DEMO HOSPITAL</th>
<th>HP 2010</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA RATE</td>
<td>AI/AN</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

BREASTFEEDING AT BIRTH

- w/visit 0
- w/data recorded 0 0.0
- Breastfeeding 0 0.0 75% 71% 69%

BREASTFEEDING AT 6 MONTHS

- w/visit 0
- w/data recorded 0 0.0
- Breastfeeding 0 0.0 50% 36% 32%

End of report. PRESS ENTER:

Figure 5-21: Example of IF1 report

5.14.2 Breastfeeding Statistics by Age Group (IF2)

The IF2 option produces a report of how many infants were documented as being breast fed at birth and at age six months. Select the “as of” date (report end date) and the communities on which the user wants to report. The report first identifies all patients who are ages 12–23 months on the “as of” date the user defined. The report calculates the infants to report on from this initial population.
Birth breastfeeding statistics

- Denominator:
  - Number of infants with a visit.
  - Patients who had at least one visit to a primary care clinic between birth and six months (ages 1–179 days old).

- Numerators:
  - Infants with feeding data. Any patient with a visit with any infant feeding choice documented between birth and six months (0–179 days old).
  - Infants breastfeeding. Of the patients with feeding data (numerator 1), those with any infant feeding choice that includes breastfeeding (e.g., not formula only). The report sorts chronologically all visits in the time frame with feeding documentation, and counts the patient as meeting the numerator as soon as the first feeding choice is found that includes breastfeeding.

Six-month statistics

- Same as Birth, except the visits reviewed are those that occurred between 180–365 days old.

The system displays a cover page that reviews the criteria selected.

<table>
<thead>
<tr>
<th>DEMO HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANT BREASTFEEDING STATISTICS, as of Dec 23, 2006</td>
</tr>
<tr>
<td>Patients born Dec 22, 2005 - Dec 23, 2006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREASTFEEDING AT BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>w/visit                  67</td>
</tr>
<tr>
<td>w/data recorded         11  16.4</td>
</tr>
<tr>
<td>Breastfeeding           8   72.7 75% 71% 69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREASTFEEDING AT 6 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>w/visit                  80</td>
</tr>
<tr>
<td>w/data recorded          7   8.8</td>
</tr>
<tr>
<td>Breastfeeding            3   42.9 50% 36% 32%</td>
</tr>
</tbody>
</table>

Figure 5-22: Example of IF2 report

5.15 Prescription Cost Report (PCR)

The Prescription Cost Report (PCR) can be used by a site to determine the prescription cost for a user-specified group of patients in a specified date range. The
The report allows sites to prepare for the Medicare Part D Prescription Drug Coverage that begins on January 2006.

### 5.16 Tally of Patient Internet Access (PINT)

The Tally of Patient Internet Access (PINT) report tallies the number of patients with documented internet access and the method of internet access. This report can be run for the user population, GPRA-defined active clinical population, search template of patients, or for all patients.

#### SAMPLE REPORT:

```
*** PATIENT INTERNET ACCESS ***

Date Report Run: Apr 01, 2008
Site where Run: DEMO HOSPITAL
Report Generated by: USER1
Internet Access as of Date:  Mar 02, 2008

----------------------------------

Total  of Patients                                 7,949
Total  w/Internet Access Screening               5,268      66%
     with Internet Access w/% of those screened    1,859      35%

GENDER BREAKDOWN:
    Females w/internet access
        with % of those with access               1,147      62%
    Males w/internet access
        with % of those with access              712       38%

AGE BREAKDOWN:
    < 18 yrs old w/internet access
        with % of those with access              570      31%
    18-35 yrs old w/internet access
        with % of those with access              512      28%
    36-55 yrs old w/internet access
        with % of those with access              603      32%
    > 55 yrs old w/internet access
        with % of those with access              174      9%
```

Figure 5-23: Example portion of PINT report

### 5.17 Screening Reports (IPV/DV, Alcohol, Depression) (SCR)

The SCR option prompts the user to choose from the following suboptions: IPV/DV reports, alcohol screening reports, and depression screening reports.

The IPV/DV menu contains several options:

- **Tally/List Patients with IPV/DV Screening (DVP):** This report tallies and optionally lists all patients who have had IPV screening (Exam Code 34) or a refusal documented in the time frame specified by the user. This report tallies the
patients by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

**Note:** The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest screening is used in this report. This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

- **Tally/List IPV/DV Screenings (DVS):** This report tallies and optionally lists all visits in which IPV screening (Exam Code 34) or a refusal was documented in the time frame specified by the user. This report tallies the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

**Note:** This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

- **List IPV/DV Screenings for Selected Patients (SSP):** This report lists all patients selected who have had IPV screening (Exam Code 34) or a refusal documented in a specified time frame. Select patients based on age, gender, result, provider, or clinic where the screening was done.

**Note:** All screenings done in the specified time period for the patients selected will be displayed in the report.

- **Tally/List Patients in Search Template w/IPV Screening (PST):** This report tallies and lists all patients who are members of a user-defined search template. It tallies and lists the latest IPV screening (Exam Code 34) or a refusal documented in the time frame specified by the user. This report tallies the patients by age, gender, result, screening provider, primary provider of the visit, designated primary care provider, and date of screening/refusal.

**Note:** The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest is used in this report. This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

- **Tally/List IPV Screenings for Template of Patients (VST):** This report tallies and optionally lists all visits on which IPV screening (Exam Code 34) or a refusal was documented in the time frame specified by the user. This report tallies the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.
The alcohol screening menu contains several options. Note that an Alcohol Screening is defined as any of the following:

- **Alcohol Screening Exam (Exam Code 35)**
- Measurements: AUDC, AUDT, CRFT
- Health Factor with Alcohol/Drug Category (CAGE)
- Diagnoses V79.1, 29.1 (Behavioral Health Problem Code)
- Education Topics: AOD-SCR, CD-SCR
- CPT Codes: 99408, 99409, G0396, G0397, H0049
- Refusal of Exam Code 35

**Tally/List Patients with ALCOHOL Screening (DVP):** This report tallies and optionally lists all patients who have had an alcohol screening or a refusal documented in the time frame specified by the user. This report tallies the patients by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

**Note:** The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest screening is used in this report. This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

**Tally/List ALCOHOL Screenings (DVS):** This report tallies and optionally lists all visits on which alcohol screening or a refusal was documented in the time frame specified by the user. This report tallies the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

**Note:** This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

**List Alcohol Screenings for Selected Patients (SSP):** This report lists all patients selected who have had alcohol screening or a refusal documented in a specified time frame. Select patients based on age, gender, result, provider, or clinic where the screening was done.

**Note:** All screenings done in the time period for the patients selected will display in the report.
• **Tally/List Pts in Search Template w/Alcohol Screening (PST):** This report tallies and lists all patients who are members of a user-defined search template. It tallies and lists the latest alcohol screening or a refusal documented in the time frame specified by the user. This report tallies the patients by age, gender, result, screening provider, primary provider of the visit, designated primary care provider, and date of screening/refusal.

  **Note:** The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest screening is used in this report. This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

• **Tally/List Alcohol Screenings for Template of Pts (VST):** This report tallies and optionally lists all visits on which alcohol screening or a refusal was documented in the time frame specified by the user. This report tallies the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

  **Note:** This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

The Depression Screening Menu has several options:

• **Tally/List Patients with Depression Screening (DVP):** This report tallies and optionally lists all patients who have a documented Depression Screening in the time frame specified by the user. This report tallies patients by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal. A Depression Screening is defined as any of the following:
  - Depression Screening Exam (Exam Code 36)
  - Measurements: PHQ2, PHQ9
  - Diagnoses V79.0, 14.1 (Behavioral Health Problem Code)
  - Education Topics: DEP-SCR
  - Refusal of Exam Code 36

  **Note:** The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest screening is used in this report. This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.
**Tally/List Depression Screenings (DVS):** This report tallies and optionally lists all visits on which depression screening or a refusal was documented in the time frame specified by the user. This report tallies the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

**Note:** This report optionally looks at both PCC and the Behavioral Health databases for evidence of screening/refusal.

**List Depression Screenings for Selected Patients (SSP):** This report lists all patients selected who have had depression screening or a refusal documented in a specified time frame. Select patients based on age, gender, result, provider, or clinic where the screening was done.

**Note:** All screenings done in the time period for the patients selected display in the report.

**Tally/List Patients in Search Template w/ Depression Screening (PST):** This report tallies and lists all patients who are members of a user-defined search template. It tallies and lists their latest depression screening or a refusal documented in the time frame specified by the user. This report tallies the patients by age, gender, result, screening provider, primary provider of the visit, designated primary care provider, and date of screening/refusal.
Note: The last screening/refusal for each patient is used. If a patient was screened more than once in the time period, only the latest screening is used in this report. This report will optionally look at both PCC and the Behavioral Health databases for evidence of screening/refusal.

- Tally/List Depression Screenings for Template of Patients (VST): This report tallies and optionally lists all visits on which depression screening or a refusal was documented in the time frame specified by the user. This report tallies the visits by age, gender, result, provider (either exam provider, if available, or primary provider on the visit), and date of screening/refusal.

Note: This report optionally looks at both PCC and the Behavioral Health databases for evidence of screening/refusal.

5.18 Suicide Form Data Reports (SUIC)

There are two reports available.

- The Output Suicide Form Data in Delimited Format report extracts all data elements of the Suicide Form in a delimited form for a date range specified by the user.

- The Aggregated Data from Suicide Reporting Forms report tallies the data items specific to the Suicide Reporting form for a date range and community specified by the user.

Figure 5-25: Example report of aggregated data from suicide reporting forms
At the “Select Action” prompt, do one of the following:

- Type Q (Quit) to quit the report.
- Type a plus sign (+) to display the next screen. This option is not available for the last screen.
- Type a minus sign (−) to display the previous screen. This option is not available for the first screen.

### 5.19 Patients with Total Household Income/in Household (THI)

Use the THI option to produce a report of all patients who have the number in household or total household income recorded. The report can list all patients from a particular community or tribe. The report can be sorted by HRN, Terminal Digit HRN, Community, Tribe, Household Income, Number in Household, or Patient Name. An average of the household income and number in household also displays.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>HRN</th>
<th>BENI COMMUNITY</th>
<th>ZIP</th>
<th>TRIBE</th>
<th>IN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHAAAAAA, DAVID BR</td>
<td>102982</td>
<td>01</td>
<td>BIG COVE 28719</td>
<td>DEMO TRIBE</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>ALPHAAAAAA, MARTHA AGN</td>
<td>100881</td>
<td>01</td>
<td>SOUTH CAR 29356</td>
<td>DEMO TRIBE</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>ALPHAAAAA, MICHAEL A</td>
<td>121082</td>
<td>01</td>
<td>PAINTTOWN 28719</td>
<td>DEMO TRIBE</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>ALPHAAAAA, CAROL ANN</td>
<td>100351</td>
<td>01</td>
<td>BIRDTOWN 28719</td>
<td>DEMO TRIBE</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, MARGARET D</td>
<td>108025</td>
<td>01</td>
<td>VAASALBOR 28719</td>
<td>DEMO TRIBE</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, BARBARA</td>
<td>119344</td>
<td>01</td>
<td>BIRDTOWN 28719</td>
<td>DEMO TRIBE</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, DANI SUE</td>
<td>165877</td>
<td>01</td>
<td>BETHEL 74724</td>
<td>CHOCTAW NA</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, FREDIA ANN</td>
<td>122649</td>
<td>01</td>
<td>MARBLE 28905</td>
<td>DEMO TRIBE</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, GREGORY PAUL</td>
<td>103558</td>
<td>01</td>
<td>BIRDTOWN 28719</td>
<td>DEMO TRIBE</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, JAKELI BRADFOR</td>
<td>118981</td>
<td>01</td>
<td>WHITTLER 28789</td>
<td>DEMO TRIBE</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, JOSEPHINE</td>
<td>124463</td>
<td>01</td>
<td>NORTH CAR 28761</td>
<td>DEMO TRIBE</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, JOSIE</td>
<td>122784</td>
<td>01</td>
<td>MURPHY 28906</td>
<td>DEMO TRIBE</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>ALPHA, TRISTA L</td>
<td>155765</td>
<td>01</td>
<td>BIRDTOWN 28719</td>
<td>DEMO TRIBE</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Enter RETURN to continue or ‘^’ to exit:

Figure 5-26: Example THI report

### 5.20 Upload Patients from Text File to Search Template (UPLP)

Use the UPLP option to upload patients from a file that is in the format ASUFAC^HRN^DOB and store those patients in a search template. The system prompts for the directory path and filename where the file resides. The system also prompts for the name of the search template that will be created.
When entering the directory path, type a full path name with the ending ‘/’; for example,

/usr/spool/uucppublic/ or /usr/mumps/

When typing the filename, type the extension as well; for example,

MYFILE.TXT
6.0 Resource Allocation/Workload Reports (RES)

The Resource Allocation/Workload Reports provide data on the number of registered patients at a Service Unit or facility and the number of active patients, visits, APC visits, and primary care provider visits by those registered patients.

This menu includes Operations Summary submenu report options; for example,

```
********************************************
**         PCC Management Reports         **
**         Resource Allocation/Workload Reports  **
********************************************
```

Figure 6-1: Example of Resource Allocation/Workload Reports menu screen

6.1 Estimated Run Time

These reports may have lengthy run times, depending on the parameters specified. For assistance determining which reports to queue, please contact the local site manager.

6.2 Operations Summary for a Service Unit or Facility (OPS)

The following reports are available from the Operations Summary menu.

```
OPS  Operations Summary for a Service Unit or Facility ...  
RPVC Registered Patients and Visits by Community  
RPVT Registered Patients and Visits by Tribe  
RPVS Registered Pts and Visits by SU of Residence  
AGE  Registered Patients by Age, Sex, Tribe, Community  
ACC  Active Patient Count by Community of Residence  
ACS  Active Patient Count by SU of Residence  
ACT  Active Patient Count by Tribe  
CH   Community Health Profile Summary  
CHWL Clinic Hourly Workload Report  
INPC Inpatient Discharges/Days by Community  
INPS Inpatient Discharges/Days by SU of Residence  
INPT Inpatient Discharges/Days by Tribe  
PPDS Provider Practice Description Report  
```

Select Resource Allocation/Workload Reports Option:
6.2.1 Operations Summary (OS)

Use the OS option to produce a report that summarizes data for a single month or FY-to-date for a specific facility, a selected group of facilities, or the entire Service Unit (SU), if all data for the SU is processed on the user’s computer.

When selecting the period to run the report, consider whether all data has been entered for that period. The report serves the entire patient file.

Follow these steps:

1. At the “Select operation summary type” prompt, choose the operation summary type for the report.

2. At the “Please identify your service unit” prompt, choose the SU for the report.

3. At the “Enter a code indicating what facilities/location are of interest” prompt, type one of the following codes:
   - O—One particular Facility/Location
   - S—All facilities with the unit
   - T—A taxonomy or select set of facilities
   If the user types O or T, additional prompts display.

4. At the “Run report for” prompt, type one of the following:
   - 1—A single month
   - 2—Fiscal year
   - 3—Date Range
   Additional prompts display when 1 or 3 is chosen.

5. At the “Do you wish to exclude any diagnoses codes from the ambulatory section” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts
display. For example, to eliminate pharmacy refill diagnoses, exclude V68.1 from the report.

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:

- I–Include All patients
- E–Exclude Demo patients
- O–Include only demo patients

7. At the “Device” prompt, specify the device to print/display the report.

The following sample report displays a Complete Operations Summary.
OPERATIONS SUMMARY FOR MEMORIAL HOSPITAL
FOR FY94-To-Date as of 9-30-94

Note: In parentheses (following each statistic) is the percent increase or
decrease from the same time period in the previous year. "***" indicates no
data is present for one of the two time periods.

PATIENT REGISTRATION
There are 29,275 living patients (+9%) registered at this SU. This number
does not represent the 'Active User Population' which is found elsewhere in
PCC Reports. There have been 1,730 new patients (+12%) registered during
this time period. 317 births (-8%) and 291 deaths (+2%) occurred in this
period based on data in the Patient Registration File.

THIRD PARTY ELIGIBILITY
There were 277 patients (+7%) enrolled in Medicare Part A and 231
patients (+11%) enrolled in Part B at the end of this time period.
There were also 1,137 patients (+20%) enrolled in Medicaid and 412
patients (+36%) with an active Private Insurance policy as of that date.

CONTRACT HEALTH SERVICES
Total CHS expenditures (obligations adjusted by payments) for this period
were $564,296 (+16%). The number and dollar amount of authorizations by
type were:
- 43 - Hospitalization 296 (+2%) $312,196 (+18%)
- 57 - Dental 351 (+8%) $80,500 (-4%)
- 64 - Non-Hospital Service 1,163 (+19%) $171,600 (+15%)

DIRECT INPATIENT
There were 1,437 discharges (+6%) during this period, accounting for 6,754
patient days (+2%). The average length of stay was 4.7 days compared to an
ALOS of 4.6 during this period last year.
The five leading primary diagnoses for hospitalizations were:
1 - Normal Delivery 104 (-15%)
2 - Pneumonia 72 (+8%)
3 - Diabetes Mellitus 71 (+12%)
4 - Ischemic Heart Disease 65 (-16%)
5 - Appendicitis 60 (+26%)

AMBULATORY CARE VISITS
There were a total of 47,291 ambulatory visits (+7%) during the period
for all visit types except CHS.
They are broken down below by Type, Location, Service Category, Provider
Discipline and leading Diagnoses. These do not equate to "official" APC
Visits which are identified in other PCC reports.

By Type:
- IHS 47,001 (+7%)
- 638 0 ( )
- Other 290 (+2%)

By Location:
- DEMO Hosp. 45,800 (+9%)
- San Xavier Clinic 0 ( )
- San Rosa Clinic 0 ( )
- Home 920 (-2%)
### School

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Value</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory</td>
<td>46,601</td>
<td>+7%</td>
</tr>
<tr>
<td>Telecommunication</td>
<td>250</td>
<td>0%</td>
</tr>
<tr>
<td>Not Found</td>
<td>440</td>
<td>0%</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### By Service Category:

#### By Clinic Type

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Value</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory</td>
<td>46,601</td>
<td>+7%</td>
</tr>
<tr>
<td>Audiology</td>
<td>250</td>
<td>0%</td>
</tr>
<tr>
<td>Well Child</td>
<td>440</td>
<td>0%</td>
</tr>
</tbody>
</table>

### By Provider Type (Primary and Secondary Providers):

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Value</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phys</td>
<td>29,500</td>
<td>+5%</td>
</tr>
<tr>
<td>RN</td>
<td>14,200</td>
<td>+19%</td>
</tr>
<tr>
<td>LPN</td>
<td>11,150</td>
<td>+6%</td>
</tr>
<tr>
<td>CHN</td>
<td>4,111</td>
<td>-14%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>21,520</td>
<td>+16%</td>
</tr>
<tr>
<td>Surgeon</td>
<td>421</td>
<td>-8%</td>
</tr>
<tr>
<td>Internist</td>
<td>1,811</td>
<td>-12%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>710</td>
<td>+4%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>1,111</td>
<td>-2%</td>
</tr>
<tr>
<td>Nurse Pract.</td>
<td>297</td>
<td>-37%</td>
</tr>
<tr>
<td>Total</td>
<td>84,831</td>
<td>+10%</td>
</tr>
</tbody>
</table>

The ten leading purposes of ambulatory visits by individual ICD Code and by APC groups are listed below. Both primary and secondary diagnoses are included in the counts.

#### By ICD Diagnosis

1. Upper Respiratory Inf. 4,722 (+8%)
2. Prenatal Care 3,691 (-12%)
3. Diabetes Mellitus 3,480 (-9%)
4. Otitis Media 3,217 (+17%)
5. Impetigo 1,911 (+3%)
6. Complications of Pregnancy 1,271 (-8%)
7. Laceration 862 (-8%)
8. Sprains/Strains 490 (+11%)
9. Rheumatoid Arthritis 487 (+4%)
10. Gastroenteritis 452 (-22%)

#### By APC Grouping

1. URI 5,110 (+4%)
2. Diabetes Mellitus 3,890 (+10%)
3. Influenza 2,001 (-10%)
4. Impetigo 2,150 (-4%)
5. Prenatal Care 1,200 (+8%)
6. Well Child Care 1,180 (-11%)
7. Conjunctivitis 850 (+17%)
8. Physical Exams 710 (-2%)
9. Anemia 666 (-2%)
10. Alcoholism 652 (+5%)

### INJURIES

There were 5,217 visits for injuries (-11%) reported during this period. Of these, 1,252 were new injuries (+8%). The five leading causes were:
1 - Falls               221   (+5%)
2 - Motor Vehicle       190   (-12%)
3 - Stings & Venoms     101   (-2%)
4 - Purposely Inflicted  72   (+19%)
5 - Undetermined         66   (+4%)

EMERGENCY ROOM
There were 2,911 visits (+16%) to the ER (Clinic Code=30). Of these 1,216 had an injury diagnosis (-12%) and 621 had an alcohol-related diagnosis (+4%).

PHARMACY
There were 21,000 new prescriptions (+17%) and 39,000 refills (+12%) during this period.

DENTAL
There were 4,920 patients (+12%) seen for Dental Care. They accounted for 7,826 visits (+19%). The five leading service categories were:

1 - Restoration               (+8%)
2 - Extraction                (+24%)
3 - Fluoridation              (+12%)
4 - Exam                      (-1%)
5 - Sealants                  (+16%)

Figure 6-3: Example of a complete Operations Summary report

6.2.2 List PCC Operations Summary Sections (SECT)
Use the SECT option to produce a report that lists the summary types available for the operations reports. A sample display is shown in Figure 5-4.

Figure 6-4: Example of SECT screen

6.2.3 Create/Edit Operations Summary Type (TYPE)
Use the TYPE option to edit an Operations Summary Type or create a new one.

Begin by typing the name of the summary type to create or the name of an existing summary type to edit. Follow the prompts to specify the components of the summary type and to indicate the listing order for the operations reports.

6.2.4 Display an Operations Summary Type (DISP)
Use the DISP option to display the components of a specified Operations Summary Type report. The components of each Operations Summary type are shown in the order in which they will display in a report.

The following sample shows the Complete Operations Summary type.

![Screen listing operations summary types](image)

**Figure 6-5: Example of a screen listing operations summary types**

### 6.3 Registered Patients and Visits Report Types

There are three Registered Patients and Visits Report types:

- RPVC Registered Patients and Visits by Community
- RPVT Registered Patients and Visits by Tribe
- RPVS Registered Patients and Visits by SU of Residence

All three report options search the patient files and print the following:

- The number of living patients registered at the facility or SU selected
- The number of patients receiving any service
- The number of PCC services (visits) by those patients
- The number of APC visits by those patients
- The number of APC primary care provider (PCP) visits by those patients

The report can be sorted by Community of Residence, Tribe of Membership, or Service Unit of Residence.

Select which portions of the patient database to include in the report by responding to questions at the beginning of the report generation. Help screens are available.

Definitions of Registered Patients, Patients Receiving a Service, PCC Services (All PCC Visits), APC Visits, and PCP Visits are available in help screens.

This is a sample RPVC report.
Registration and Visit Counts for all Patients Registered at DEMO HOSPITAL/CLINIC Facility.
The report is sorted by Community of Residence. A '*' after the Community name indicates a Non-Service Unit Community.

<table>
<thead>
<tr>
<th>Current Community of residence</th>
<th>Reg Pts</th>
<th>Patients As of Today</th>
<th>Service</th>
<th>Rec'ing Srvs</th>
<th>PCC Visits</th>
<th>APC Visits</th>
<th>PCP Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALI OIDAK</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANEGAM</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARIVACA*</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTESA</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAKA</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LITTLE TUCSON</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARANA</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Total: 37 | 9 | 19 | 12 | 11

Figure 6-6: Example of the RPVC report

6.4 Registered Patients by Age, Sex, Tribe, Community (AGE)

The Age Bucket report describes the demographics and epidemiology of a service population. Parameters can be defined for the age groups that appear across the top of the page, or predefined groups can be used. Sex, Tribe of Membership, or Community of Residence displays down the left side of the page. Cross-tabulations and column subtotals also display.

The report includes all living patients registered through patient registration at the facility or SU selected.
TRIBE OF MEMBERSHIP By AGE GROUP
All Living Patients Registered at DEMO HOSPITAL/CLINIC
JAN 26, 1995

<table>
<thead>
<tr>
<th>AGE GROUPS</th>
<th>0</th>
<th>1-4</th>
<th>5-14</th>
<th>15-19</th>
<th>20-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65-125</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKAN INDI</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>APACHE</td>
<td>.</td>
<td>2</td>
<td>.</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>ARAPHOE TRIB</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td></td>
<td>.</td>
<td>.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEMEHUEVI T</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHEROKEE NAT</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>.</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHINESE</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COCOPAH TRIB</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CREEK NATION</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CROW TRIBE O</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAKOTA (SIOU)</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>2</td>
<td>.</td>
<td>3</td>
</tr>
<tr>
<td>TOHONO O’ODH</td>
<td>21</td>
<td>77</td>
<td>38</td>
<td>42</td>
<td>136</td>
<td>68</td>
<td>61</td>
<td>443</td>
<td></td>
</tr>
<tr>
<td>UNSPECIFIED</td>
<td>.</td>
<td>.</td>
<td>3</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>26</td>
<td>79</td>
<td>41</td>
<td>48</td>
<td>143</td>
<td>74</td>
<td>61</td>
<td>472</td>
</tr>
</tbody>
</table>

Figure 6-7: Example Age Bucket report

6.5 Active Patient Count Report Types

There are three Active Patient Count Report types:

- ACC Active Patient Count by Community of Residence
- ACS Active Patient Count by SU of Residence
- ACT Active Patient Count by Tribe

All three report options search the patient file and print the following:

- The number of living patients registered at the facility or SU selected
- The number of active patients registered at the facility or SU selected

The report can be sorted by Community of Residence, Tribe of Membership, or Service Unit of Residence.

Select which portions of the patient database to include in the report by responding to questions at the beginning of the report generation. Help screens are available. Definitions of Registered Patients and Active Patients are also available in help screens.

This is a sample ACT report.
The report is sorted by Tribe of Membership.

Active Patients were those seen between OCT 01, 1994 and FEB 5, 1995.

<table>
<thead>
<tr>
<th>Tribe of Membership</th>
<th>Reg Pts Living</th>
<th>Active Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As of Today</td>
<td></td>
</tr>
<tr>
<td>ALASKAN INDIAN</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>NON-INDIAN BENEFICIARY</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOHONO O’ODHAM NATION OF ARIZONA</td>
<td>91</td>
<td>61</td>
</tr>
<tr>
<td>Total:</td>
<td>93</td>
<td>63</td>
</tr>
</tbody>
</table>

Figure 6-8: Example of ACT report

6.6 Community Health Profile Summary (CH)

Use the CH option to display a profile of healthcare for patients who reside in the particular community or communities. This report compares the clinical data from selected communities with clinical data from the entire SU. The data categories included in this report are as follows:

- Patient Registration
- Top 15 POVs for Direct, Contract, and Outpatient Visits
- Top 15 Inpatient Diagnoses
- Leading Surgical Procedures
- Top 10 Causes of Injuries
- Top Dental Services

To generate the report, type a date range and identify the community or communities of interest. The example report on the following pages was generated for the Little Tucson community in the Demo Service Unit for the 1995 calendar year.
***** COMMUNITY HEALTH PROFILE *****
Jan 01, 1993 to Dec 31, 1995
DEMO

There are 274 living patients registered at DEMO HOSPITAL/CLINIC. 173 received health care services during this time period. 8 are currently enrolled in Medicare Part A; 14 in Medicare Part B; 100 in Medicaid; and 11 have Private Insurance. There were 3 births and 1 deaths during this period.

AGE/SEX Distribution as of Apr 19, 1996

<table>
<thead>
<tr>
<th></th>
<th>0-4</th>
<th>5-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>12</td>
<td>11</td>
<td>16</td>
<td>28</td>
<td>22</td>
<td>21</td>
<td>13</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>136</td>
</tr>
<tr>
<td>FEMALE</td>
<td>16</td>
<td>14</td>
<td>14</td>
<td>33</td>
<td>19</td>
<td>12</td>
<td>14</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>137</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28</td>
<td>25</td>
<td>30</td>
<td>61</td>
<td>41</td>
<td>33</td>
<td>27</td>
<td>12</td>
<td>13</td>
<td>3</td>
<td>273</td>
</tr>
</tbody>
</table>

The Top 15 Purposes of Direct and Contract Outpatient Visits were:

LITTLE TUCSON DEMO Service Unit

DM UNCOMPL/T-II/NIDDM,NS (169) DENTAL EXAMINATION (4409)
DENTAL EXAMINATION (162) DM UNCOMPL/T-II/NIDDM,NS (4289)
HYPERTENSION NOS (104) CHRONIC RENAL FAILURE (3395)
COUNSELING,NOS (80) ENCRT EXTRACORP DIALYSIS (2710)
OTH ACQ LIMB DEFORMITY (70) ISSUE REPEAT PRESCRIPT (2285)
OTITIS MEDIA NOS (41) HYPERTENSION NOS (2133)
PHYSICAL THERAPY NEC (39) OTITIS MEDIA NOS (1749)
ACUTE URI NOS (33) ACUTE URI NOS (1568)
IMPETIGO (32) SUPERVIS OTH NORMAL PREG (1503)
CHRONIC ULCER OF LEG (29) COUNSELING,NOS (1413)
ISSUE REPEAT PRESCRIPT (24) ASTHMA W/O STATUS ASTHM (1297)
URIN TRACT INFECTION NOS (23) RHEUMATOID ARTHRITIS (1160)
DERMATOPHYTOSIS OF FOOT (20) URIN TRACT INFECTION NOS (930)
ASTHMA W/O STATUS ASTHM (18) BRONCHITIS NOS (834)
ankylosing spondylitis (15) DERMATOPHYTOSIS OF FOOT (768)

The Top 15 Inpatient Diagnoses were:

LITTLE TUCSON DEMO Service Unit

URIN TRACT INFECTION NOS (23) DM UNCOMPL/T-II/NIDDM,NS (109)
HYPOPOTASSEMIA (18) HYPERTENSION NOS (53)
HYPERTENSION NOS (17) CELLULITIS OF LEG (43)
CHRONIC ULCER OF LEG (15) ALCOHOL DEP NEC/NOS-UNSPEC (41)
PNEUMONIA, ORGANISM NOS (10) URIN TRACT INFECTION NOS (39)
DIS PLAS PROTEIN MET NEC (10) POSTSURG AFTERCARE NEC (38)
ANEMIA NOS (8) OBESITY (30)
STAPHYLOCOCC SEPTICEMIA (7) HYPOVOLEMIA (15)

The Leading Surgical Procedures were:

LITTLE TUCSON DEMO Service Unit

EXCISIONAL DEBRIDEMENT WO (13) EXCISIONAL DEBRIDEMENT WO (402)
INJECT ANTIBIOTIC (9) INJECT ANTIBIOTIC (140)
NAIL REMOVAL (5) VAGINOSCOPY (98)
INJECT/INFUSE ELECTROLYT (3) INJECT/INFUSE ELECTROLYT (47)
The Top 10 Causes of Injury were:

<table>
<thead>
<tr>
<th>Little Tucson</th>
<th>Demo Service Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault Nos</td>
<td>(16)</td>
</tr>
<tr>
<td>Fall Nec Nos</td>
<td>(14)</td>
</tr>
<tr>
<td>Struck by Obj/Person Nec</td>
<td>(7)</td>
</tr>
<tr>
<td>Fire Accident Nos</td>
<td>(3)</td>
</tr>
<tr>
<td>Hornet/Wasp/Bee Sting</td>
<td>(1)</td>
</tr>
<tr>
<td>Dog Bite</td>
<td>(7)</td>
</tr>
<tr>
<td>Struck in Sports</td>
<td>(6)</td>
</tr>
<tr>
<td>Little Tucson</td>
<td>Demo Service Unit</td>
</tr>
<tr>
<td>Assault Nos</td>
<td>(121)</td>
</tr>
<tr>
<td>Fall Nec Nos</td>
<td>(185)</td>
</tr>
<tr>
<td>Traffic Acc Nos-Pers Nos</td>
<td>(47)</td>
</tr>
<tr>
<td>Acc-Cutting Instrum Nec</td>
<td>(35)</td>
</tr>
<tr>
<td>Struck by Obj/Person Nec</td>
<td>(34)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Top Dental Services were:

<table>
<thead>
<tr>
<th>Little Tucson</th>
<th>Demo Service Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Revisit</td>
<td>(54)</td>
</tr>
<tr>
<td>First Visit</td>
<td>(44)</td>
</tr>
<tr>
<td>Other Drugs/Medicaments</td>
<td>(36)</td>
</tr>
<tr>
<td>Intraoral Periapical, Sin</td>
<td>(26)</td>
</tr>
<tr>
<td>Oral Examination, Initial</td>
<td>(22)</td>
</tr>
<tr>
<td>Little Tucson</td>
<td>Demo Service Unit</td>
</tr>
<tr>
<td>Patient Revisit</td>
<td>(2311)</td>
</tr>
<tr>
<td>First Visit</td>
<td>(2062)</td>
</tr>
<tr>
<td>Other Drugs/Medicaments</td>
<td>(1004)</td>
</tr>
<tr>
<td>Oral Examination, Initial</td>
<td>(987)</td>
</tr>
<tr>
<td>Intraoral Periapical, Sin</td>
<td>(977)</td>
</tr>
</tbody>
</table>

End of Report. This report is based on visit data processed on the Demo Hospital/Clinic computer.

Run Time (H.M.S): 0.1.19
End of report. HIT RETURN:

6.7 Clinic Hourly Workload Report (CHWL)

The CHWL report generates a 24-hour period visit count by clinic for a specific date range. The report counts all visits, except the following:

- Visit Types: Contract and VA
- Visit Service Categories
- Chart Review
- In-Hospital
- Ancillary
- Hospitalizations
- Events
- Telecommunications
- Visits WITHOUT a Primary Provider and Purpose of Visit

Visits must have a Primary Provider and Purpose of Visit.
The report is totaled by hourly time frames.

Follow these steps:

1. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter Ending Visit Date” prompt, type the end of the date range.
3. At the “Select Facility” prompt, type the name of the facility.
4. At the “Include visits from all clinics?” prompt, type Y (Yes) or N (No). If N (No) is entered, specify the clinics to include.
5. At the “Would you like to restrict the report by Patient age range?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, specify the age range.
6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients
7. At the “Device” prompt, specify the device to print/browse the report.

The output must be printed on 132-column paper or on a printer that is set for condensed print.

The following sample report is a workload report for the Emergency Medicine clinic from July 12 to July 14, 1996. The data reported includes patients from one to 18 years of age only. The facility selected is Demo Hospital and data for all providers is included.
CLINIC HOU RALY WORKLOAD REPORT
LOCATION OF VISITS: DEMO HOSPITAL/CLINIC
CLINIC: EMERGENCY MEDICINE
VISIT DATES: JUL. 12, 1994 TO JUL 14, 1996
AGE RANGE: 1-18

<table>
<thead>
<tr>
<th>DATE</th>
<th>DOW</th>
<th>12AM</th>
<th>1AM</th>
<th>2AM</th>
<th>3AM</th>
<th>4AM</th>
<th>5AM</th>
<th>6AM</th>
<th>7AM</th>
<th>8AM</th>
<th>9AM</th>
<th>10AM</th>
<th>11AM</th>
<th>12PM</th>
<th>1PM</th>
<th>2PM</th>
<th>3PM</th>
<th>4PM</th>
<th>5PM</th>
<th>6PM</th>
<th>7PM</th>
<th>8PM</th>
<th>9PM</th>
<th>10P</th>
<th>11P</th>
<th>12P</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/12</td>
<td>MON</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>.</td>
<td>.</td>
<td>.</td>
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<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>07/13</td>
<td>TUE</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>.</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>07/14</td>
<td>WED</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

TOTALS

| DATE | DOW | 12AM | 1AM | 2AM | 3AM | 4AM | 5AM | 6AM | 7AM | 8AM | 9AM | 10AM | 11AM | 12PM | 1PM | 2PM | 3PM | 4PM | 5PM | 6PM | 7PM | 8PM | 9PM | 10P | 11P | 12P |
|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 4    | 2   | 30   | 30  | 24  | 6   |

Figure 6-10: Example of hourly workload report

6.8 Inpatient Discharges/Days by Community (INPC)

Use the INPC option to produce a report of inpatient counts in a specified discharge date range by community. This option searches the Patient file for all patients registered at the SU or the facility selected. The report sorts by Community of Residence. This report supplies the following tallies:

- Adult/Pediatric Discharges in the date range specified
- Inpatient Days by Adult/Peds
- Newborn discharges
- Newborn Days
- Transfers in
- MCR/MCD/PI on the date of admission

Follow these steps:

1. At the “Do you wish to include only INDIAN patients?” prompt, type Y (Yes) or N (No).
2. At the “Starting Discharge Date for Inpatient Counts” prompt, specify the start of the date range.
3. At the “Ending Discharge Date for Inpatient Counts” prompt, specify the end of the date range.
4. At the “Do you wish to Sub-Total by Tribe?” prompt, type Y (Yes) or N (No).
5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:

- I–Include All patients
- E–Exclude Demo patients
- O–Include only demo patients

6. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>Inpatient Discharges and Days for all Patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Hospitalization: DEMO HOSPITAL</td>
</tr>
<tr>
<td>The report is sorted by Community of Residence and by Tribe of Membership.</td>
</tr>
<tr>
<td>A '*' after the Community name indicates a Non-Service Unit Community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Community of residence</th>
<th>Adult /Peds</th>
<th>Adult /Peds</th>
<th>NB</th>
<th>NB</th>
<th>TX</th>
<th>MCR</th>
<th>MCD</th>
<th>PI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dsch</td>
<td>Days</td>
<td>IN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>32-HNDRD ACR *</td>
<td>6</td>
<td>36</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>DEMO TRIBE, NM</td>
<td>30</td>
<td>95</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Subtotal:</td>
<td>36</td>
<td>131</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

<p>| ALMOND *                      | 2            | 7            | 0  | 0  | 0  | 0   | 0   | 0  |
| DEMO TRIBE, NM                |              |              |    |    |    |     |     |    |</p>
<table>
<thead>
<tr>
<th>NON-INDIAN BENEFICIA</th>
<th>2</th>
<th>6</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal:</td>
<td>4</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 6-11: Example of INPC report

6.9 Inpatient Discharges/Days by SU of Residence (INPS)

Use the INPS option to produce a report of inpatient counts in a specified discharge date range by service unit (SU). This option searches the Patient file for all patients registered at the SU or the facility selected. The report sorts by SU of Residence. This report supplies the following tallies:

- Adult/Pediatric Discharges in the date range specified
- Inpatient Days by Adult/Peds
- Newborn discharges
- Newborn Days
- Transfers in
- MCR/MCD/PI on the date of admission

The report searches the entire patient and visit files.
Inpatient Discharges and Days for all Patients  
Location of Hospitalization: DEMO HOSPITAL  

The report is sorted by Service Unit of Residence and by Community of Residence. A '*' after the Community name indicates a Non-Service Unit Community.

<table>
<thead>
<tr>
<th>Service Unit of Residence</th>
<th>Adult Ad Flo</th>
<th>Adult Ad Days</th>
<th>NB Dsch</th>
<th>NB Days</th>
<th>TX</th>
<th>MCR</th>
<th>MCD</th>
<th>PI</th>
<th>Dsch</th>
<th>Days</th>
<th>IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEROKEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIRDTOWN *</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PAINTTOWN *</td>
<td>1</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WHITTIER *</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Subtotal: 3 19 0 0 0 1 0 0

Figure 6-12: Example of INPS report

### 6.10 Inpatient Discharges/Days by Tribe (INPT)

Use the INPT option to produce a report for inpatient counts in a specified discharge date range by Tribe. This option searches the Patient file for all patients registered at the SU or the facility selected. The report sorts by Tribe of Membership.

This report supplies the following tallies:

- Adult/Pediatric Discharges in the date range specified
- Inpatient Days by Adult/Peds
- Newborn discharges
- Newborn Days
- Transfers in
- MCR/MCD/PI on the date of admission
Inpatient Discharges and Days for all Patients  
Location of Hospitalization: DEMO HOSPITAL  
The report is sorted by Tribe of Membership and by Community of Residence. 
A '*' after the Community name indicates a Non-Service Unit Community.

<table>
<thead>
<tr>
<th>Tribe of Membership</th>
<th>Adult /Feds</th>
<th>Adult /Feds</th>
<th>NB Dsch</th>
<th>NB Days</th>
<th>TX IN</th>
<th>MCR IN</th>
<th>MCD IN</th>
<th>PI IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO TRIBE, NM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAINTTOWN *</td>
<td>1</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WHITTIER *</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>---------</td>
<td>---------</td>
<td>------</td>
<td>--------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>Subtotal:</td>
<td>2</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 6-13: Example of INPT report

6.11 Provider Practice Description Report (PPDS)

Use the PPDS option to produce a report that presents a profile of services provided by a selected provider. The user is prompted to enter a date range and to identify the provider’s name. The user is prompted for either a long version (10 items in each list) or a short version (five items in each list) of the report.
1 - Designated Primary Provider Panel

You are the Designated Primary Provider for 0 patients. In this time period you have provided services (any type) to 0 (0%) patients from your Designated Primary Provider Panel.

In this time period, you provided ambulatory services at least twice to 0 patients who have no Designated Primary Provider identified.

2 - Demographics and Workload for All Patients Served (Any Type of Service)

In this time period you have provided services (any type) to 7 patients. 0 (0%) are from your Designated Primary Provider Panel. 7 (100%) are not from your Designated Primary Provider Panel.

29% of your patients were Male and 71% Female.
43% were 18 and under; 14% were 19-49; 43% were 50-64; and 0% were 65 and over.

The leading residences for your patients are:
BIG COVE 1 14%
DEMO TRIBE, NM 7 100%
PAINTTOWN 1 14%
SOUTH CAROLINA UNK 1 14%
TENNESSEE UNK 1 14%
WAYNESVILLE 1 14%

The leading tribes represented among your patients are:
BIG COVE 1 14%
DEMO TRIBE, NM 7 100%
PAINTTOWN 1 14%
SOUTH CAROLINA UNK 1 14%
TENNESSEE UNK 1 14%
WAYNESVILLE 1 14%

Of these services, 2 (29%) were chart reviews and 2 (29%) were telecommunications services.

3 - Ambulatory Workload: You had a total of 21 ambulatory visits during this time period. You were the Primary Provider for 21 visits (100%) and Secondary Provider for 0 visits (0%).

Your services were provided at the following locations:

DEMO HOSPITAL 21 100% AMBULATORY 21 100%

The 5 leading Purposes of Visit that you identified were:
727.1 BUNION 6
487.1 FLU W RESP MANIFEST 3
V72.2 DENTAL EXAMINATION 3

For the Time Period: Dec 29, 2007 - Apr 07, 2008

034.0 STREP SORE THROAT 2
V20.2 ROUTINE CHILD HEALT 2

The 5 leading Procedures that you performed as Primary Provider for the Visit were:
77.51 BUNIONECT/SFT/OSTEO 2
47.01 LAPAROSCOPIC APPEND 2
28.11 TONSIL ADENOID BIOP 1
86.64 HAIR TRANSPLANT 1

The 5 leading Medications you prescribed or refilled as Primary Provider for the Visit were:
727.1 BUNION 6
487.1 FLU W RESP MANIFEST 3
V72.2 DENTAL EXAMINATION 3

The 5 leading Education Topics that you taught were:
727.1 BUNION 6
487.1 FLU W RESP MANIFEST 3
V72.2 DENTAL EXAMINATION 3

For the Time Period: Dec 29, 2007 - Apr 07, 2008

034.0 STREP SORE THROAT 2
V20.2 ROUTINE CHILD HEALT 2

The 5 leading Procedures that you performed as Primary Provider for the Visit were:
77.51 BUNIONECT/SFT/OSTEO 2
47.01 LAPAROSCOPIC APPEND 2
28.11 TONSIL ADENOID BIOP 1
86.64 HAIR TRANSPLANT 1
You made 0 In-Hospital Visits to patients hospitalized at your Service Unit's Hospital and 0 In-Hospital Visits to other sites.

Enter ?? for more actions         >>>
+ NEXT SCREEN    - PREVIOUS SCREEN    Q QUIT Select Action: +/>

Figure 6-14: Example short version of the PPDS report

At the “Select Action” prompt, do one of the following:

- Type Q (Quit) to quit the report.
- Type a plus sign (+) to display the next screen. This option is not available for the last screen.
- Type a minus sign (–) to display the previous screen. This option is not available for the first screen.

6.12 Inpatient Reports (INPT)

This set of reports provides data on inpatient admissions and discharges typed into the PCC database. The available reports are listed in as menu options:

```
***********************************
**    PCC Management Reports  **
**       Inpatient Reports    **
***********************************
```

IHS PCC Suite Version 2.0
DEMO HOSPITAL/CLINIC
HDM     Hospital Discharges by Month of Discharge (2A)
HDD     Hospital Discharge Listing By Date
IIDC    Hospital Discharge Listing By DX or Procedure
HDT     Hospital Discharge by Taxonomy (Template/Create)
ADER    Admissions from the ER

Figure 6-15: Example of Inpatient Reports menu screen

6.13 Hospital Discharges by Month of Discharge (2A) (HDM)

Use the HDM option to produce a report that displays a monthly tabulation showing the number of direct (IHS, 638, or Tribal) inpatient discharges by month of discharge.

The report shows FY-to-date monthly totals for all facilities in the IHS Area Office specified. Each facility displays on a separate line. Monthly and location totals also display. The report must print on 132-column paper or a printer set for condensed print.
### 6.14 Hospital Discharge Listing by Date (HDD)

Use the HDD option to produce a report that shows the hospital discharges by patient population. This report is for direct services only; contract health discharges are not included. The report displays the admitting and discharge date, patient chart number, and the discharge service. The user can sort by date of discharge or location of encounter.

#### 6.14.1 Estimated Run Time

Processing time for this report can be lengthy, depending on the date range specified. When using a date range greater than one month, it may be advisable to queue this report to run at night or after regular hours. Please contact the local site manager with any questions about queuing this report.

### 6.15 Hospital Discharge Listing by DX or Procedure (IICD)

Use the IICD option to show a list of hospitalization visits by discharge date or admission date. Visits can be selected by ICD or procedure code and treatment specialties. Data may be printed for selected providers. The report prints ICD codes and narratives for all diagnoses and procedures.

1. Type the facility name.
2. Specify whether discharge dates or admission dates will be in the report, and enter the beginning and ending dates. Visits for a particular treating specialty can be specified to print in this report.

3. Choose one of the following four reports. A predefined taxonomy of ICD diagnoses may be used.
   - All hospitalization visits for the selected dates
   - Only those visits within a selected diagnosis code range
   - Visits within a selected procedure code range
   - Visits for selected providers

The report lists all inpatient discharges that meet the criteria entered during the time period specified. The report displays in alphabetical order by patient name.

The following items display for each admission:
   - Patient’s Name
   - Chart Number
   - Age
   - Admission and Discharge Dates
   - Provider Discipline Code
   - ICD Codes
   - Provider Narrative

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>AGE</th>
<th>VISIT DATES</th>
<th>PRV ICD</th>
<th>PROV NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAA, ALPHA</td>
<td>11111</td>
<td>57</td>
<td>08/10/94-09/09/94</td>
<td>00 V54.8</td>
<td>OPEN REDUCTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250.00 DIABETES MELLITUS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>365.9 GLAUCOMA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>93.22 AMBULATION, GAIT</td>
</tr>
<tr>
<td>TRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>285.9 POSS ANEMIA</td>
</tr>
<tr>
<td>BETAA, BETA</td>
<td>11112</td>
<td>84</td>
<td>09/01/94-09/09/94</td>
<td>00 578.9</td>
<td>POSS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>578.9 CHRONIC RENAL FAIL</td>
</tr>
<tr>
<td>GASTROENTERITIS</td>
<td>585</td>
<td></td>
<td></td>
<td></td>
<td>NEONATAL</td>
</tr>
</tbody>
</table>

Figure 6-18: Example of ICD report
6.15.1 Estimated Run Time

Processing time for this report might be lengthy, depending on the parameters specified. It may be advisable to queue this report to run at night or after regular hours. Please contact the local site manager with any questions about queuing this report.

6.16 Hospital Discharge by Taxonomy (Template/Create) (HDT)

Use the HDT option to create a search template of patients based on their hospital discharge date and diagnosis. Templates can be used with many report options, and they only display data for patients stored in the template. This allows for faster report generation because the entire database does not need to be searched each time data is printed for a specific group of patients.

Patients selected for inclusion in the template are living patients who have a discharge date within a specified time frame. Patients must also have a primary diagnosis that is in the diagnosis taxonomy.

The report excludes the following categories:

- Patients discharged before ten days old
- Patients whose length of stay in the hospital was less than one day
- Patients whose primary diagnosis is not in the user-selected taxonomy

1. Enter a beginning and ending discharge date for the patient search.

2. Enter the name of the diagnosis taxonomy. Note that this taxonomy must have been defined previously. This report option does not allow the diagnosis taxonomy to be created. See the site manager for assistance in creating the diagnosis taxonomy.

3. Type the name of the search template in which the patients will be stored. This can be an existing or new template. Saving patients in an existing taxonomy will replace the group of patients previously stored in that template.

After search criteria have been entered, the following message displays indicating the number of patients that were found and stored in the template:

```
OKAY -- HOLD ON WHILE I FIND ALL THE DISCHARGES
ALL DONE - FOUND 47 PATIENTS.
```

Figure 6-19: Example of message confirming number of patients found
6.17 Admissions from the ER (ADER)

Use the ADER option to produce a report that shows a list of admissions from the ER for a specified date range. Note that this option searches the patient file for any admissions that occurred on the same day as a visit to the ER, so the admissions listed cannot have come directly from the ER.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>VISIT DATE&amp;TIDE</th>
<th>CLN FAC</th>
<th>ICD</th>
<th>PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPSON,MARGARE</td>
<td>DH 105336</td>
<td>01/01/99 12:55</td>
<td>DIH 786.50</td>
<td>ATYPICAL CHEST PAIN</td>
<td></td>
</tr>
<tr>
<td>ER Visit Information =&gt;</td>
<td>01/01/99 12:00</td>
<td>30</td>
<td>DIH 786.9</td>
<td>ABNORMAL FEELING IN</td>
<td></td>
</tr>
<tr>
<td>SPARKS,RAYMON</td>
<td>DH 106575</td>
<td>01/02/99 15:15</td>
<td>DIH 410.90</td>
<td>ACUTE MYOCARDIAL IN</td>
<td></td>
</tr>
<tr>
<td>ER Visit Information =&gt;</td>
<td>01/02/99 12:00</td>
<td>30</td>
<td>DIH 786.50</td>
<td>CP - R/O MI</td>
<td></td>
</tr>
<tr>
<td>MARTINEZ,LEVASS</td>
<td>DH 119068</td>
<td>01/02/99 16:30</td>
<td>DIH 522.5</td>
<td>DENTAL ABSCESS</td>
<td></td>
</tr>
<tr>
<td>DIABETE</td>
<td></td>
<td></td>
<td></td>
<td>493.90</td>
<td>ASTHMA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250.00</td>
<td>ADULT ONSET</td>
</tr>
</tbody>
</table>

Figure 6-20: Sample of report showing admissions from ER
7.0 Quality Assurance Reports (QA)

This series of PCC Reports displays patient visit data with ICD Code information or APC recode information. See Figure 7-1 for menu options.

<table>
<thead>
<tr>
<th>AC</th>
<th>Anticoagulation INR Management Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUD</td>
<td>Random Sample of Visits by DX and Date</td>
</tr>
<tr>
<td>CICD</td>
<td>Listing of Visits by Clinic Type and by Diagnosis</td>
</tr>
<tr>
<td>INPT</td>
<td>Hospital Discharge Listing By DX or Procedure</td>
</tr>
<tr>
<td>VICD</td>
<td>Listing of Outpatient Visits with ICD Codes</td>
</tr>
<tr>
<td>A</td>
<td>Returns to ER w/in 72 Hrs After Clinic Visit</td>
</tr>
<tr>
<td>ADA</td>
<td>Listing of Clinic Visits with ADA Codes</td>
</tr>
<tr>
<td>CZIP</td>
<td>Clinic Visit Counts by Clinic Type by Zip Code</td>
</tr>
<tr>
<td>CVC</td>
<td>Clinic Visit Counts Within a Date Range</td>
</tr>
<tr>
<td>NVST</td>
<td>Patients with AT LEAST N Visits</td>
</tr>
<tr>
<td>INJ</td>
<td>Listing of Visits with Injury Diagnosis</td>
</tr>
<tr>
<td>INJS</td>
<td>Injury Surveillance Summary Report</td>
</tr>
<tr>
<td>PVC</td>
<td>Provider Visit Counts</td>
</tr>
<tr>
<td>PVCT</td>
<td>Provider or Clinic Visit Counts by Template of Patients</td>
</tr>
<tr>
<td>VGEN</td>
<td>Visit General Retrieval</td>
</tr>
<tr>
<td>BPC</td>
<td>In/Out Control Blood Pressures</td>
</tr>
<tr>
<td>DEL</td>
<td>Delete VGEN/PGEN Report Definition</td>
</tr>
<tr>
<td>RADM</td>
<td>Readmissions Within 30 Days of a Discharge</td>
</tr>
<tr>
<td>REF</td>
<td>Listing of Patient Refusals</td>
</tr>
<tr>
<td>RT1</td>
<td>Returns to Clinic w/in 72 hours of a clinic visit</td>
</tr>
<tr>
<td>VST</td>
<td>Display Single Visit for a Patient</td>
</tr>
</tbody>
</table>

Select Quality Assurance Reports Option:

Figure 7-1: Quality Assurance Reports menu

7.1 Anticoagulation INR Management Report (AC)

The Anticoagulation INR Management Report helps assess the quality of anticoagulation services for a designated population at a facility during a specific month. Select from the following options:

<table>
<thead>
<tr>
<th>W</th>
<th>Warfarin Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Anticoagulation Clinic Patients</td>
</tr>
<tr>
<td>S</td>
<td>Search Template of Patients</td>
</tr>
<tr>
<td>I</td>
<td>iCare Panel</td>
</tr>
<tr>
<td>E</td>
<td>EHR Personal List</td>
</tr>
</tbody>
</table>

Figure 7-2: Menu options for Anticoagulation INR Management Report

Different prompts display depending on which option was chosen.
The prompts in Figure 7-3 are standard.

The following clinics have been identified as Anticoagulation clinics:
   DI - Anticoagulation clinic

Do you wish to add another clinic(s)? N// NO

This is a monthly report. Enter the month and year.
Enter Month (e.g. 1/1999): 01/2010  (JAN 2010)

Is this correct? Y// YES

PATIENT LISTS
The following patient lists are available to be printed with this report.
Please select which reports you would like to include with the report.
   1 - All patients in the population selected.
   2 - Only patients in INR Goal Range and monitored this month
   3 - Only patients in INR Goal Range but NOT monitored this month
   4 - Only patients NOT in INR Goal Range but are monitored this month
   5 - Only patients NOT in INR Goal Range and are NOT monitored this month

Which population would you like to view/print: (1-5):

NOTE: If you do not select a patient list, statistics only will print.
Specify the community taxonomy to determine which patients will be included in the user population/active clinical population. You should have created this taxonomy using QMAN.

Figure 7-3: Standard prompts for Anticoagulation INR Management Report (AC)

A summary of selections display before printing the report.

7.2 Random Sample of Visits by DX and Date (AUD)

Use the AUD option to produce a report that shows a sample of visits by diagnoses and date. This option searches the PCC database for ambulatory visits that match user-defined criteria. The audit search offers two choices: (1) randomly select a user-defined number of visits that match the search criteria for each provider and diagnostic range, or (2) all visits that meet the search criteria. This routine identifies and retrieves visit information for targeted quality assurance surveys.

Define the following search criteria:

- Visit Date range
- Patient Age group
- Service Category
- Visit Type
- Clinic Type
- Location of Encounter
- ICD Diagnostic Code ranges

Only visits meeting user-defined criteria display in the report. Searches can include:
• All providers or selected providers and the search will display POVs by provider.

• A search can be done for all POVs matching the criteria or on a random sample of any desired number of matching POVs. The report of matches displays by provider and POV. For example, if the user selects a provider and ten random POVs in the search criteria, the report displays ten POVs per provider for the specified ICD Diagnostic range.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to restrict the Audit Search to Patients within an Age Range?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

4. At the “Want to restrict the Audit Search to Visits with a particular SEX?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

5. At the “Want to restrict the Audit Search to Visits with a particular SERVICE CATEGORY?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

6. At the “Want to restrict the audit search by VISIT TYPE?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

7. At the “Want to restrict the audit search by CLINIC TYPE?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

8. At the “Want to restrict the audit search by LOCATION of ENCOUNTER?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

9. The system displays the specified search criteria.

10. At the “Which visit set” prompt, type one of the following:

    • A–All visits that match
    • R–Random sample of visits that match

If R is entered, the system reports on a randomized sampling of matching visits. The system prompts the user to enter the number of randomized visits to include on the report.

11. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:

    • I–Include all patients
12. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:

- I—Include all patients
- E—Exclude demo patients
- O—Include only demo patients

13. At the “Device” prompt, specify the device to print/browse the report.

The first page of the report displays the search criteria selected for generating the report. After pressing ENTER at the prompt, the remainder of the report displays. Please see the following example report.

<table>
<thead>
<tr>
<th>HRCN</th>
<th>Visit Date</th>
<th>Primary Provider</th>
<th>Patient Name</th>
<th>DOB</th>
<th>ICD9</th>
<th>DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: If a random sample is requested, the report displays the total number of POVs matching the selection criteria before the random selection.

If the number of matching visits is less than the number requested to display, all visits display. For example, if five random samples were requested but only four visits match the selection criteria, four visits display.

DEMO HOSPITAL/CLINIC       FEB 6,1995       Page 1
Audit Search for Ambulatory Visits from SEP 1,1994 through SEP 30,1994.

--->

| ICD Code Range: ALL ICD Codes. |
| Total Matches: 1 | Matches Selected: 1 |

<table>
<thead>
<tr>
<th>HRCN</th>
<th>Visit Date</th>
<th>Primary Provider</th>
<th>Patient Name</th>
<th>DOB</th>
<th>ICD9</th>
<th>DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>111183</td>
<td>DEC 27,2008</td>
<td>NPROVIDER, ERIN D</td>
<td>OMEGA, SIGMA</td>
<td>03/25/1947</td>
<td>072.9</td>
<td>text</td>
</tr>
</tbody>
</table>

--->

| ICD Code Range: ALL ICD Codes. |
| Total Matches: 1 | Matches Selected: 1 |

<table>
<thead>
<tr>
<th>HRCN</th>
<th>Visit Date</th>
<th>Primary Provider</th>
<th>Patient Name</th>
<th>DOB</th>
<th>ICD9</th>
<th>DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>777720</td>
<td>JAN 5,2009</td>
<td>SPROVIDER, JEROME</td>
<td>RHO, BETA</td>
<td>03/08/1936</td>
<td>078.89</td>
<td>text in this place</td>
</tr>
</tbody>
</table>

Figure 7-4: Example of randomly selected reports
7.2.1 Estimated Run Time

Run time for this report is a function of the date range and number of selection criteria chosen. The report processing time might be short for a small date range or longer for a larger date range. The user might want to queue this report to print after hours. Please contact the local site manager with questions regarding queuing this report.

7.3 Listing of Visits by Clinic Type and by Diagnosis (CICD)

Use the CICD option to produce a report that shows a list of clinic visits by Clinic and ICD Code for a specific date range. If desired, the report can be very specific. The report displays in alphabetical order by patient name.

**Note:** To print only those visits with no associated clinic code (excluding hospitalizations), type 0 when prompted to print all clinics.

The visits included must meet the following criteria:

- Must not be deleted
- Must be for the site that the user logged into
- Must not be for the following service categories:
  - Hospitalization
  - Observation
  - Events
  - In-Hospital
- Must not be a contract or VA visit type

The following displays for each Clinic Visit:

- Patient’s Name
- HRN
- Age
- Visit Date
- Provider Discipline Code
- ICD Codes
- Provider Narrative

Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning date of the range.
2. At the “Enter ending Visit Date” prompt, type the end date of the range.

3. At the “Selection” prompt, type one of the following:
   - 1–Print for ALL
   - 2–Print for ONE clinic
   - 3–Print visits with no clinic code
   If 2 is entered, additional prompts display.

4. At the “Which visits should be printed” prompt, type one of the following:
   - 1–Print all Visits
   - 2–Print Visits for a range of POV ICD codes
   - 3–Print Visits for a range of Procedure ICD codes
   If 2 or 3 are entered, other prompts display.

5. At the “Include visits from ALL Locations” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.

6. At the “Device” prompt, specify the device to print/browse the report.

*****Confidential Patient Data Covered by Privacy Act*****

<table>
<thead>
<tr>
<th>XXX</th>
<th>DEMO HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:47 pm</td>
<td>CLINIC VISITS FOR GENERAL (01)</td>
</tr>
<tr>
<td>JAN 22,2009</td>
<td>for 10/24/08 to 01/22/09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>AGE</th>
<th>VISIT DATE</th>
<th>PRV</th>
<th>ICD</th>
<th>PROV</th>
<th>NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABERNATHY, BOB fracture pa</td>
<td>125571</td>
<td>56</td>
<td>12/17/08</td>
<td>1000</td>
<td>822.0</td>
<td>test narrative</td>
<td></td>
</tr>
<tr>
<td>ALPHA, ICHI</td>
<td>111234</td>
<td>83</td>
<td>11/12/08</td>
<td>1200</td>
<td>00</td>
<td>meningitis</td>
<td></td>
</tr>
<tr>
<td>AMMONS, FRANK</td>
<td>110521</td>
<td>43</td>
<td>01/07/09</td>
<td>1200</td>
<td>57</td>
<td>text again</td>
<td></td>
</tr>
<tr>
<td>BAILEY, FREDER</td>
<td>142895</td>
<td>50</td>
<td>01/22/09</td>
<td>1200</td>
<td>0.9999</td>
<td>meningitis</td>
<td></td>
</tr>
<tr>
<td>BETA, GO</td>
<td>111228</td>
<td>72</td>
<td>11/13/08</td>
<td>1200</td>
<td>21</td>
<td>meningitis</td>
<td></td>
</tr>
<tr>
<td>BETA, SHICHI</td>
<td>111228</td>
<td>72</td>
<td>11/13/08</td>
<td>1200</td>
<td>21</td>
<td>meningitis</td>
<td></td>
</tr>
<tr>
<td>BROWN, ALLEN</td>
<td>131029</td>
<td>43</td>
<td>12/17/08</td>
<td>1000</td>
<td>15</td>
<td>test narrative jaw dislocation</td>
<td></td>
</tr>
<tr>
<td>BUCHANAN, CASS end tibia,</td>
<td>168611</td>
<td>46</td>
<td>12/17/08</td>
<td>1200</td>
<td>53</td>
<td>fracture upper</td>
<td></td>
</tr>
<tr>
<td>CHI, JEREMY</td>
<td>159320</td>
<td>71</td>
<td>12/19/08</td>
<td>1200</td>
<td>05</td>
<td>This is long standing</td>
<td></td>
</tr>
<tr>
<td>CHI, JU</td>
<td>111216</td>
<td>67</td>
<td>11/03/08</td>
<td>1100</td>
<td>23</td>
<td>giardia</td>
<td></td>
</tr>
<tr>
<td>DEMO, CORRINE</td>
<td>155243</td>
<td>19</td>
<td>12/06/08</td>
<td>1200</td>
<td>11</td>
<td>796.2</td>
<td></td>
</tr>
</tbody>
</table>

Enter RETURN to continue or '^' to exit:

Figure 7-5: Example of CICD Listing
7.3.1 Estimated Run Time

Run time for this report is a function of the date range and number of selection criteria chosen. The report processing time might be short for a small date range or longer for a larger date range. The user might want to queue this report to print after hours. Please contact the local site manager with questions regarding queuing this report.

7.4 Hospital Discharge Listing by Diagnosis or Procedure (INPT)

The INPT option prints a list of hospitalization visits by discharge date or by admission date. The visits include the user’s facility only; however, treating specialties can be identified. The list includes ICD Codes and Narratives for all diagnoses and procedures. The user has the option of displaying only those visits that contain ICD codes within a given range.

The following information displays for each admission:

- Patient’s Name
- HRN
- Age
- Admission and Discharge Dates
- Provider Discipline Code
- ICD Codes
- Provider Narrative

Follow these steps:

1. At the “Run for which Facility of Encounter” prompt, type the name of the facility.

2. At the Report Admission by Admission Date or Discharge Date?” prompt, type A (Admission Date) or D (Discharge Date).

3. At the “Enter beginning Discharge Date” prompt, type the beginning of the date range.

4. At the “Enter ending Discharge Date” prompt, type the end of the date range.

5. At the “Do you want All Treating Specialties? prompt, type Y (Yes) or N (No). If the user types N (No), other prompts will display.

6. At the Which visits should be printed, type one of the following:

   - 1–Print all Visits
• 2–Print Visits for Diagnosis Code Range
• 3–Print Visits for Procedure Code Range
• 4–Print Visits for Provider(s)

If 2, 3, or 4 are entered, other prompts will display.

7. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   • I–Include All patients
   • E–Exclude Demo patients
   • O–Include only demo patients

8. At the “Device” prompt, specify the device to print/browse the report.

The report displays in alphabetical order by patient name; for example,

```
*****Confidential Patient Data Covered by Privacy Act*****

NAME            HRCN   AGE  VISIT DATES       PRV  ICD    PROV NARRATIVE
OMEGA,DELTA     111180  73 03/03/08-03/06/08  HEALTH AIDE255.0CUSING'S
SIGMA,ANGELA    124682  21 03/12/08-03/12/08
SIGMA,ALBERT D  165110   6 01/10/08-01/25/08  HEALTH AIDE255.0CUSING'S
SYNDROME

TOTAL PATIENTS:  3
TOTAL VISITS:  3
```

Figure 7-6: Example of INPT listing

7.5 Listing of Outpatient Visits with ICD Codes (VICD)

Use the VICD option to produce a report that lists all outpatient visits for a specific time at the RPMS facility into which the user is logged.

The visits in this report must meet the following criteria:

- Must be for the facility into which the user is logged
- Must not be a Contract or VA type visit
- Must be one of the following service categories: Ambulatory, Day Surgery, or In-Hospital
- Must not be a Dental Clinic visit
The following information will be displayed for each visit:

- Patient’s Name
- HRN
- DOB
- Medicare Number
- Visit Date
- Provider Discipline Code
- First/Revisit Code
- ICD Codes
- Provider Narrative

The report is presented in alphabetical order by patient name.

**Note:** This report must be printed on a 132-column-width printer or a printer set for condensed print.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>DOB</th>
<th>MEDICARE VISIT DATE</th>
<th>PROV F/R</th>
<th>ICD</th>
<th>PROV NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAA, ANNE</td>
<td>78556</td>
<td>02/01/26</td>
<td>09/09/88</td>
<td>00</td>
<td>2</td>
<td>V07.9</td>
</tr>
<tr>
<td>IMMUNIZATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>250.00 DM TYPE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>DOB</th>
<th>MEDICARE VISIT DATE</th>
<th>PROV F/R</th>
<th>ICD</th>
<th>PROV NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAA, BOB</td>
<td>67445</td>
<td>12/01/40</td>
<td>09/09/88</td>
<td>11</td>
<td>V68.1</td>
<td>MED</td>
</tr>
<tr>
<td>REFILL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>401.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>DOB</th>
<th>MEDICARE VISIT DATE</th>
<th>PROV F/R</th>
<th>ICD</th>
<th>PROV NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAA, CHERYL</td>
<td>78556</td>
<td>08/01/11</td>
<td>09/09/88</td>
<td>08</td>
<td>1</td>
<td>367.0</td>
</tr>
<tr>
<td>HYPEROPIAW/AS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>367.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>DOB</th>
<th>MEDICARE VISIT DATE</th>
<th>PROV F/R</th>
<th>ICD</th>
<th>PROV NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAA, JOHN</td>
<td>11908</td>
<td>08/01/70</td>
<td>09/09/88</td>
<td>00</td>
<td>2</td>
<td>V68.1</td>
</tr>
<tr>
<td>REFILL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAA, LARRY</td>
<td>17655</td>
<td>11/01/32</td>
<td>09/09/88</td>
<td>30</td>
<td>V72.6</td>
<td>LAB</td>
</tr>
<tr>
<td>BETAA, THERESA</td>
<td>89532</td>
<td>06/01/21</td>
<td>09/09/88</td>
<td>00</td>
<td>2</td>
<td>428.0 F/U POSS</td>
</tr>
<tr>
<td>CHF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>645.9 URI</td>
</tr>
</tbody>
</table>

Figure 7-7: Example of VICD report
7.6 Returns to ER within 72 Hours after Clinic Visit (A)

Use the A (Returns to ER within 72 Hours after Clinic Visit) option to produce a report that displays a list of patient visits resulting in a return to the ER within 72 hours of the clinic visit. Select a beginning and ending visit date range, the clinic in which the patient was initially seen, and the location of the visit.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning date of the range.

2. At the “Enter ending Visit Date for Search” prompt, type the ending date of the range.

3. At the “Include Returns from,” prompt, type one of the following:
   - A–ANY Clinic
   - O–One particular Clinic
   
   If the user types O, other prompts will display.

4. At the “Run Report for returns w/in how many hours” prompt, type 7 for 72 hours or 4 for 48 hours.

5. At the “Include Returns from Clinic Visits to” prompt, type one of the following:
   - A–ANY Provider
   - O–One particular Provider
   
   If O is entered, other prompts display.

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

7. At the “Device” prompt, specify the device to print/browse the report.

Below is the list of visits that can potentially be used for Ambulatory Indicator A-1 of the Maryland Hospital Association Project.
### DEMO HOSPITAL/CLINIC

**ER VISITS AFTER CLINIC VISITS**
**VISITS DATES: JAN 01, 1994 TO DEC 31, 1995**

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>VISIT DATE&amp;TIME</th>
<th>CLN</th>
<th>FAC</th>
<th>ICD</th>
<th>PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH, BECKY</td>
<td>DH 222222</td>
<td>05/09/94 12:00</td>
<td>30</td>
<td>SE</td>
<td>401.9</td>
<td>HTN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>05/12/94 12:00</td>
<td>30</td>
<td>SE</td>
<td>250.00</td>
<td>DM II</td>
</tr>
<tr>
<td>WATERMAN, ANTHON</td>
<td>DH 222223</td>
<td>09/12/94 10:00</td>
<td>01</td>
<td>SE</td>
<td>250.00</td>
<td>DM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>09/13/94 17:30</td>
<td>30</td>
<td>SE</td>
<td>250.30</td>
<td>DIABETIC</td>
</tr>
<tr>
<td>WATERMAN, RAE</td>
<td>DH 222224</td>
<td>09/11/94 12:00</td>
<td>52</td>
<td>SE</td>
<td>278.0</td>
<td>MORBID</td>
</tr>
<tr>
<td>OBESITY/NUTR</td>
<td></td>
<td>09/13/94 17:30</td>
<td>30</td>
<td>SE</td>
<td>250.30</td>
<td>DIABETIC</td>
</tr>
<tr>
<td>ENOS, DON</td>
<td>DH 222225</td>
<td>02/06/95 12:00</td>
<td>14</td>
<td>SE</td>
<td>250.00</td>
<td>DM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02/06/95 12:00</td>
<td>30</td>
<td>SE</td>
<td>401.9</td>
<td>HTN</td>
</tr>
<tr>
<td>THOMAS, RITA</td>
<td>DH 222226</td>
<td>02/08/95 12:00</td>
<td>14</td>
<td>SE</td>
<td>311.</td>
<td>DEPRESSIVE DISORDER</td>
</tr>
<tr>
<td>DISORDER</td>
<td></td>
<td>02/08/95 12:00</td>
<td>30</td>
<td>SE</td>
<td>311.</td>
<td>DEPRESSIVE DISORDER</td>
</tr>
<tr>
<td>ADAMS, ROSE</td>
<td>DH 222227</td>
<td>11/01/95 09:00</td>
<td>01</td>
<td>SE</td>
<td>250.00</td>
<td>DM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/01/95 23:00</td>
<td>30</td>
<td>SE</td>
<td>382.9</td>
<td>OTITIS MEDIA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>401.9</td>
<td>HTN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>382.9</td>
<td>OM - FOLLOW UP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>487.1</td>
<td>FLU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>514.</td>
<td>PULMONARY CONGESTION</td>
</tr>
</tbody>
</table>

RUN TIME (H.M.S): 0.0.6
End of report. HIT RETURN:

Figure 7-8: Example list of patient visits resulting in a return to the ER within 72 hours of the clinic visit

## 7.7 Listing of Clinic Visits with ADA Codes (ADA)

Use the ADA option to produce a report that lists all visits with associated ADA codes for a specific time period. Specify the date range and location of visit. A report can be generated for selected clinics or all clinics.

Follow these steps:
1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date” prompt, type the ending of the date range.
3. At the “Print for ALL clinics?” prompt, Y (Yes) or N (No). If N (No) is entered, other prompts display.
4. At the “Include visits from All Locations?” prompt, \textbf{Y} (Yes) or \textbf{N} (No). If \textbf{N} (No) is entered, other prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - \textbf{I}–Include All patients
   - \textbf{E}–Exclude Demo patients
   - \textbf{O}–Include only demo patients

6. At the “Device” prompt, specify the device to print/browse the report.

![Example ADA Report]

\textbf{Figure 7-9: Example of ADA report}

\section*{7.8 Clinic Visit Counts by Clinic Type by Zip Code (CZIP)}

Use the CZIP options to produce a report that generates a count of visits by Clinic Type and by Zip Code for a date range specified. The report provides subtotals by location of encounter.

All visits in the database will be included in the tabulation with the exception of the following:

- Visit Types: Contract or VA
- Visit Service Categories
  - Chart Review
  - In-Hospital
Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date” prompt, type the end of the date range.

3. At the “Include visits from All Locations?” prompt, type Y (Yes) or N (No). If the N (No) is entered, other prompts will display.

4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

5. At the “Device” prompt, specify the device to print/browse the report.

   **Figure 7-10: Sample of CZIP report**
7.9 Clinic Visit Counts within a Date Range (CVC)

The CVC report counts clinic visits within a specified date range. The user may run the report for a specific clinic or for all clinics.

Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date” prompt, type the end of the date range.
3. At the “Include visits from All Locations?” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts will display.
4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients
5. At the “Device” prompt, specify the device to print/browse the report.

The following sample report lists visits to the General Clinic for January 1, 1994 to February 28, 1994.

<table>
<thead>
<tr>
<th>VISIT DATES</th>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/94</td>
<td>12</td>
</tr>
<tr>
<td>01/13/94</td>
<td>10</td>
</tr>
<tr>
<td>01/15/94</td>
<td>18</td>
</tr>
<tr>
<td>01/17/94</td>
<td>9</td>
</tr>
<tr>
<td>01/20/94</td>
<td>8</td>
</tr>
<tr>
<td>01/22/94</td>
<td>14</td>
</tr>
<tr>
<td>01/25/94</td>
<td>10</td>
</tr>
<tr>
<td>01/29/94</td>
<td>6</td>
</tr>
<tr>
<td>02/04/94</td>
<td>9</td>
</tr>
<tr>
<td>02/08/94</td>
<td>20</td>
</tr>
<tr>
<td>02/11/94</td>
<td>13</td>
</tr>
<tr>
<td>02/12/94</td>
<td>11</td>
</tr>
<tr>
<td>02/15/94</td>
<td>10</td>
</tr>
<tr>
<td>02/27/94</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL VISITS FOR CLINIC</td>
<td>160</td>
</tr>
</tbody>
</table>

Figure 7-11: Sample of CVC report
7.10 Patients with At Least N Visits (NVST)

Use the NVST option to produce a report listing patients who had at least $n$ clinic visits within a specified time frame. The output from this report can be a list of patients or a search template.

Follow these steps:

1. At the “Enter beginning Date” prompt, type the beginning of the date range.

2. At the “Enter ending Date” prompt, type the end of the date range.

3. At the “Enter the minimum number of times the patient should have been seen” prompt, type any integer between one and 100.

4. The Visit Selection Menu is displayed.

   To choose the criteria for the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. An asterisk (*) indicates that an item has been selected. To select all visits, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

5. At the “type of output” prompt, type L (List of Patients) or S (Search Template of Patients). If S is entered, other prompts display.
6. The Sort Item Selection Menu is displayed. Only one item can be selected from the list displayed in the menu. To sort the report by patient name type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

<table>
<thead>
<tr>
<th>GENERAL RETRIEVAL</th>
<th>Jan 26, 2009 13:38:42</th>
<th>Page: 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>SORT ITEM SELECTION MENU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patients displayed can be SORTED by ONLY ONE of the following items. If you don't select a sort item, the report will be sorted by patient name.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Patient Name</td>
<td>9) Birth Weight (grams)</td>
<td></td>
</tr>
<tr>
<td>2) First, Last Name</td>
<td>10) Race</td>
<td></td>
</tr>
<tr>
<td>3) Chart</td>
<td>12) Age in Months</td>
<td></td>
</tr>
<tr>
<td>4) Terminal Digit</td>
<td>13) Father's Name</td>
<td></td>
</tr>
<tr>
<td>5) Sex</td>
<td>14) Mother's Name</td>
<td></td>
</tr>
<tr>
<td>6) Date of Birth</td>
<td>15) + Enter ?? for more actions</td>
<td></td>
</tr>
<tr>
<td>7) Birth Month</td>
<td>16) Select Item(s)</td>
<td></td>
</tr>
<tr>
<td>8) Birth Weight (Kgs)</td>
<td>17) + Next Screen</td>
<td></td>
</tr>
<tr>
<td>11) Age</td>
<td>18) R Remove Item(s)</td>
<td></td>
</tr>
<tr>
<td>19) Sex</td>
<td>20) - Previous Screen</td>
<td></td>
</tr>
<tr>
<td>21) Date of Birth</td>
<td>22) H HF</td>
<td></td>
</tr>
<tr>
<td>23) Birth Month</td>
<td>24) Date Last Alcohol Screening</td>
<td></td>
</tr>
<tr>
<td>25) Birth Weight (grams)</td>
<td>26) Date Last IPV/DV Screening</td>
<td></td>
</tr>
<tr>
<td>27) Race</td>
<td>28) Date Last Colonoscopy</td>
<td></td>
</tr>
<tr>
<td>29) Cause of Death</td>
<td>30) Most Recent STAGED DM</td>
<td></td>
</tr>
<tr>
<td>31) Medicare Part B</td>
<td>32) Most Recent Barriers</td>
<td></td>
</tr>
<tr>
<td>33) Medicaid Y/N</td>
<td>34) Date Last RUBELLA HF</td>
<td></td>
</tr>
<tr>
<td>35) Pvt Ins Plan Name</td>
<td>36) Date Last Learning P</td>
<td></td>
</tr>
<tr>
<td>37) Medicaid Plan Name</td>
<td>38) Date Last Malnutrition Screening</td>
<td></td>
</tr>
<tr>
<td>39) Pvt Ins Plan Type</td>
<td>40) Date Last Flex Sig</td>
<td></td>
</tr>
<tr>
<td>41) HRN Disposition</td>
<td>42) Patient's Last Visit</td>
<td></td>
</tr>
<tr>
<td>43) HRN Record Status</td>
<td>44) Date Last Mammogram</td>
<td></td>
</tr>
<tr>
<td>45) Date Last IPV/DV Screening</td>
<td>46) Date Last PAP Smear</td>
<td></td>
</tr>
<tr>
<td>47) Date Last Tobacco Use</td>
<td>48) Date Last IPV/DV Screening</td>
<td></td>
</tr>
<tr>
<td>49) Date Last Fall Risk Assessment</td>
<td>50) Date Last Alcohol Screening</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7-13: Sort Item Selection menu

7. At the “Do you want each Patient Name on a separate page? prompt, type Y (Yes) or N (No).

8. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

9. At the “Device” prompt, specify the device to print/browse the report.
7.11 Listing of Visits with Injury Diagnosis (INJ)

Use the INJ option to produce a report that lists visits containing an injury diagnosis (ICD codes 800–999).

The user can select which visits to print based on any of the following criteria:

- Visit Date
- Clinic of Visit
- Service Category of Visit
- Type of Visit
- Location of Encounter
- Age range

Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date” prompt, type the end of the date range.
3. At the “Include visits from All Locations?” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.
4. At the “Include ALL Visit Types?” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.
5. At the “Include ALL Visit Service Categories” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.
6. At the “Include visits to ALL clinics” prompt, type Y (Yes) or N (No). If the user types N (No), other prompts display.

![Figure 7-14: Example of NVST report](image)
7. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

8. At the “Device” prompt, specify the device to print/browse the report.

The report includes a cover page that identifies the visit criteria selected.

<table>
<thead>
<tr>
<th>LAB</th>
<th>DEMO HOSPITAL/CLINIC</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits with Injury Diagnosis</td>
<td>Visit Dates: JAN 01, 1994 to DEC 31, 1994</td>
<td></td>
</tr>
<tr>
<td>PATIENT</td>
<td>HRCN</td>
<td>AGE</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
<td>-----</td>
</tr>
<tr>
<td>ALPHAA, BOBBIE LYN</td>
<td>125571</td>
<td>56</td>
</tr>
<tr>
<td>AMBULATORY</td>
<td>ICD9: 822.0</td>
<td></td>
</tr>
<tr>
<td>Cause of Injury:</td>
<td>E826.0</td>
<td>PEDAL CYCLE ACC-PEDEST</td>
</tr>
<tr>
<td>Date of Injury:</td>
<td>12/17/08</td>
<td></td>
</tr>
<tr>
<td>Place of Occurrence:</td>
<td>E849.5</td>
<td></td>
</tr>
<tr>
<td>ALPHAA, MARTHA AGN</td>
<td>100881</td>
<td>53</td>
</tr>
<tr>
<td>TELECOMMUN</td>
<td>ICD9: 959.01</td>
<td></td>
</tr>
<tr>
<td>Cause of Injury:</td>
<td>E916.0</td>
<td>STRUCK BY FALLING OBJECT</td>
</tr>
<tr>
<td>Date of Injury:</td>
<td>04/06/08</td>
<td></td>
</tr>
<tr>
<td>Place of Occurrence:</td>
<td>E849.9</td>
<td></td>
</tr>
<tr>
<td>Cause of DX:</td>
<td>DRUG RELATED</td>
<td></td>
</tr>
<tr>
<td>BLANKENSHIP, LISA MAR</td>
<td>109272</td>
<td>46</td>
</tr>
<tr>
<td>AMBULATORY</td>
<td>ICD9: 999.0</td>
<td></td>
</tr>
</tbody>
</table>

Enter RETURN to continue or ‘^’ to exit:

Figure 7-15: Example of INJ report

7.12 Injury Visit E-Code Summary Report (INJS)

Use the INJS option to produce the Surveillance Injury Report, which counts visits that have an injury diagnosis (ICD codes 800-999). The visits to count can be selected based on any of the following criteria:
   - Visit Date
   - Type of Visit
   - Clinic
   - Location of Encounter
- Service Category
- Age Range

Enter a beginning and ending visit date range for this report.

- To include all visits, type INJS at each of the corresponding prompts.
- To screen visits, type No at the corresponding prompt and then type specific variables; for instance, to screen visits by clinic, type the specific clinics of interest, such as Internal Medicine and Diabetic. Visit specifications can be saved for future use by assigning a name to each group.

The visit counts in this report are summarized by the 18 E Code categories listed in the table below. These predefined injury code taxonomies can be used with the VGEN report option to print the cause of injury code, place of injury code, and whether the injury was work- or alcohol-related.

<table>
<thead>
<tr>
<th>Category</th>
<th>E-Code Range</th>
<th>Taxonomy Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicles</td>
<td>E800.0-E825.9, E929.0, E988.5</td>
<td>APCL INJ MOTOR</td>
</tr>
<tr>
<td>Boat/Water</td>
<td>E831.0-E831.9, E833.0-E838.9</td>
<td>APCL INJ WATER TRANSPORT</td>
</tr>
<tr>
<td>Air Transport</td>
<td>E840.0-E845.9, E988.5</td>
<td>APCL INJ AIR TRANSPORT</td>
</tr>
<tr>
<td>Accidental Poison</td>
<td>E850.0-E869.9, E929.4</td>
<td>APCL INJ POISONING</td>
</tr>
<tr>
<td>Environmental Factors</td>
<td>E900.00-E904.9, E907.0E909.9, E929.5, E988.3</td>
<td>APCL INJ FALLS</td>
</tr>
<tr>
<td>Stings/Venoms</td>
<td>E905.0-E905.9, E906.2, E906.4, E906.8, E906.9</td>
<td>APCL INJ FIRE</td>
</tr>
<tr>
<td>Falls</td>
<td>E880.0-E888.0, E929.4, E987.0-E987.9</td>
<td>APCL INJ ENVIRONMENTAL FACTORS</td>
</tr>
<tr>
<td>Fire/Flame</td>
<td>E890.0-E899.0, E929.4, E988.1-E988.2</td>
<td>APCL INJ STINGS VENOMS</td>
</tr>
<tr>
<td>Animal Bites</td>
<td>E906.0-E906.1, E906.3, E906.5</td>
<td>APCL INJ ANIMAL RELATED</td>
</tr>
<tr>
<td>Drowning/ Submerging</td>
<td>E830.0-E830.9, E832.0-E832.9, E910.4-E910.9</td>
<td>APCL INJ DROWNING</td>
</tr>
<tr>
<td>Cutting/Piercing</td>
<td>E920.3-E920.9</td>
<td>APCL INJ CUT</td>
</tr>
<tr>
<td>Firearms</td>
<td>E922.0-E922.9, E970.0, E985.0-E985.4</td>
<td>APCL INJ FIREARMS</td>
</tr>
<tr>
<td>Sports Injury</td>
<td>E917.0</td>
<td>APCL INJ SPORTS</td>
</tr>
<tr>
<td>Suicide</td>
<td>E950.0-E958.9, E983.0</td>
<td>APCL INJ SUICIDE</td>
</tr>
<tr>
<td>Assault</td>
<td>E960.0-E966.0, E968.0-E968.9</td>
<td>APCL INJ ASSAULTS</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>E967.0-E967.9</td>
<td>APCL INJ BATTERED CHILD</td>
</tr>
<tr>
<td>Undetermined</td>
<td>E988.8-E988.9</td>
<td>APCL INJ UNDETERMINED</td>
</tr>
<tr>
<td>Other</td>
<td>All others in range 800-999 not listed above</td>
<td>APCL INJ OTHER CAUSES</td>
</tr>
</tbody>
</table>

Follow these steps:

At the “Enter beginning Visit Date” prompt, type the beginning of the date range.

At the “Enter ending Visit Date” prompt, type the end of the date range.
At the “Include visits from All Locations?” prompt, \textbf{Y} (Yes) or \textbf{N} (No). If \textbf{N} (No) is entered, other prompts display.

At the “Include ALL Visit Types? prompt, type \textbf{Y} (Yes) or \textbf{N} (No). If \textbf{N} (No) is entered, other prompts display.

At the “Include ALL Visit Service Categories” prompt, type \textbf{Y} (Yes) or \textbf{N} (No). If \textbf{N} (No) is entered, other prompts display.

At the “Include visits to ALL clinics” prompt, type \textbf{Y} (Yes) or \textbf{N} (No). If \textbf{N} (No) is entered, other prompts display.

At the “would you like to restrict the report by Patient age range?” prompt, type \textbf{Y} (Yes) or \textbf{N} (No). If \textbf{N} (No) is entered, other prompts display.

9. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

10. At the “Device” prompt, specify the device to print/browse the report.

The system then lists the report criteria, followed by the report itself.
### INJURY SURVEILLANCE SUMMARY REPORT

**(E-CODES)**

Visits with Injury Diagnosis

Visit Dates: JAN 27, 2008 to JAN 26, 2009

#### CAUSE OF DX

<table>
<thead>
<tr>
<th>E-CODE CATEGORY SUMMARY</th>
<th>COUNT</th>
<th>% TOTAL (ALCOHOL RELATED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTOR VEHICLE</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>WATER TRANSPORT</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>AIR TRANSPORT</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ACCIDENTAL POISONING</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ACCIDENTAL FALLS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FIRES/FLAMES</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ENVIRONMENTAL FACTORS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>STINGS/VENOMS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ANIMAL RELATED</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DROWN/SUBMERGE</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CUT PIERCING OBJ</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FIREARMS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SPORTS INJURY</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUICIDE ATTEMPTS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ASSAULTS</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BATTERED CHILD</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UNDETERMINED</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OTHER CAUSES</td>
<td>5</td>
<td>71</td>
</tr>
</tbody>
</table>

**TOTALS:** 7 100% 0

RUN TIME (H.M.S): 0.0.0

End of report. HIT RETURN

---

**Figure 7-16: Example of INJS report with cover page**

### 7.13 Provider Visit Counts (PVC)

The PVC report provides the total number of visits for each provider or provider discipline selected for a specified date range. Enter a visit date range and a single provider, a single provider discipline, or all providers. The report prints one page for each provider or provider discipline selected. Each visit date and clinic is displayed and totals by provider are included.

The following visits are included in the report:

- Visits at the facility into which the user is logged
- All Service Categories *except*:
  - Hospitalizations
  - In-Hospital, Events
Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date” prompt, type the end of the date range.
3. At the “Select which visits to display” prompt, type one of the following:
   - 1–Print Visit counts for ONE PROVIDER
   - 2–Print Visit counts for ONE PROVIDER CLSS
   - 3–Print Visit counts for ALL PROVIDERS
   If the user types 1 or 2, additional prompts display.
4. At the “Which visit service categories should be included (0-7)” prompt, select which visit service categories to include, (e.g., 1, 4, 5, 6, 7) to include ambulatory, not found, day surgery, and observations. Please note: events, hospitalizations, and in-hospital visits are automatically excluded.
   - A–AMBULATORY
   - C–CHART REVIEW
   - T–TELECOMMUNICATIONS
   - N–NOT FOUND
   - S–DAY SURGERY
   - O–OBSERVATION
   - R–NURSING HOME
5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients
6. At the “Device” prompt, specify the device to print/browse the report.

This is an example of the Provider Visit Counts report:
VISIT COUNTS FOR FOLSON, MALINDA
(LICENSED PRACTICAL NURSE)
for 09/01/94 to 09/30/94

<table>
<thead>
<tr>
<th>VISIT DATES</th>
<th>CLINIC</th>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/09/88</td>
<td>EMERGENCY MEDICINE (30)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PODIATRY (65)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL VISITS FOR PROVIDER:</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

VISIT COUNTS FOR JOSE, MARY
(LICENSED PRACTICAL NURSE)
for 09/01/94 to 09/30/94

<table>
<thead>
<tr>
<th>VISIT DATES</th>
<th>CLINIC</th>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/09/94</td>
<td>DIABETIC (06)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>GENERAL (01)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PODIATRY (65)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL VISITS FOR PROVIDER:</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

**Figure 7-17: Example of PVC report**

### 7.13.1 Estimated Run Time

Run time for this report is a function of the date range specified. The report processing time might be short for a small date range or longer for a larger date range. The user might want to queue this report to print after hours. Please contact the local site manager with questions regarding queuing this report.

### 7.14 Provider or Clinic Visit Counts by Template of Patients (PVCT)

Use the PVCT option to produce a report that tallies the number of visits of a predefined set of patients by provider or by clinic. Prior to using this option, a search template for a specified group of patients must have already been created.

Follow these steps:

1. At the “Enter SEARCH TEMPLATE name” prompt, specify the template to search for the patients.
2. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
3. At the “Enter ending Visit Date” prompt, type the end of the date range.
4. At the “Device” prompt, specify the device to print/browse the report.

The following sample report was created using a template for patients over age 60. The sample shows all visits for this group by provider.
Figure 7-18: Example of PVCT report

7.15 Visit General Retrieval (VGEN)

Use the VGEN option to produce the PCC Management Reports Visit Count report, which shows a list or count of visits entered by the user. The system prompts the user, in three separate steps, to identify selection criteria, what to display for each visit, and the sorting order for the list. The logic used to produce the report can be saved for future use.

If a report is designed that is 80 characters or less in width, it can be displayed on the screen or printed. If the report is 81-132 characters wide, it must be printed on a printer capable of producing 132 character lines.

Visits can be limited in the report to pre-established search templates created in QMan, Case Management, or other RPMS tools.

- If the template was created in Case Management or in QMan using Patients as the search subject, it is a Search Template of Patients.
- If the template was created in QMan using Visits as the search subject, it is a Search Template of Visits.

To generate a report using the Visit General Retrieval option, decide whether to list items sorted alphabetically, grouped by related items, or in a predefined order. The predefined order is set by the software and is how the list has historically been displayed. See Appendix B: for a complete listing of PGEN/VGEN selection, sort, and print options.
Follow these steps:

1. At the “What order would you like the Items displayed in” prompt, type one of the following:
   - P–Predefined Order
   - A–Alphabetical Order
   - G–Groups of Related Items

2. At the “Select Visit List from” prompt, type one of the following:
   - P–Search Template of Patients
   - V–Search Template of Visits
   - S–Search All Visits
   - R–CMS Register of Patients
   If the user types P, V, or R, additional prompts display.

3. At the “Enter beginning Visit Date for search” prompt, type the beginning of the date range.

4. At the “Enter ending Visit Date for search” prompt, type the end of the date range.

5. At the “Do you want to use a PREVIOUSLY DEFINED REPORT” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

6. The Visit Selection Menu is displayed.
VISIT Selection Menu

Visits can be selected based upon any of the following items. Select as many as you wish, in any order or combination. An (*) asterisk indicates items already selected. To bypass screens and select all visits hit Q.

1) 3rd Party Billed? 69) Exams 137) Operation Provider
2) AUD Screen 70) Excl Incomplete Vis 138) Oth Spec Prv User Upd
3) AUD Waived 71) Exclude Inactive Pts 139) Other Specialty Prov
4) Admission Source-UB92 72) Exclude Pts on a Regis 140) Outside Location 150) Prim Prov Code
5) Admission Type 73) External Acct 141) PCC+ FORM? 142) PHN Level of Interven
6) Admitting Provider (In 74) Family History Dx 143) PHN Type of Decision Makin
7) Admitting Service 75) Family History Relation 144) Pain Measurement Valu
8) Age 76) Family Hx and Relation 145) Patient's Last Visit
9) Age in Months 77) Flag 146) Place of Injury
10) Alcohol/Work Related 78) Formula Started (Days 147) Posting Date of Admission
11) All CPT's 79) HF Quantity/Score 148) Present on Admission
12) Any Medication Prescri 80) HRN Disposition 149) Prim Prov Affil
13) Any Third Party Coverage 81) HRN Record Status 150) Prim Prov Code
14) Appointment Length 82) Health Factors
+ Enter ?? for more actions

Select Action: S://

Figure 7-19: Visit Selection menu

To choose the criteria for the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. An asterisk (*) indicates that an item has been selected. To select all visits, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

7. At the “Choose Type of Report” prompt, type one of the following:

- T–Total Count Only
- S–Subcounts and Total Count
- C–Cohort/Template Save
- D–Detailed Visit Listing
- F–Flat file of Area Database formatted records
- P–Unduplicated Patient Cohort/Template
- L–Delimited Output File for use in Excel
The total count report prints the total number of visits that match the selection criteria chosen and the total number of patients in that group. If this report type is selected, no further actions are necessary beyond this step to generate the report.

The sub counts and total count report lists the total number of matches, as well as the subtotal of each different category of the sort variable selected; for example, if the report was sorted by sex, the number of visits for males and the number of visits for females in the group would be printed. Totals and subtotals are included for both visits and patients. Skip to “Selecting a Sort Variable” for the next step in generating this report type.

The Cohort/Template Save option saves the patients that match the selection criteria in a template. Only the total number of matching visits and the number of patients in that group display. The user can then use the template for generating custom reports with VGEN.

The detailed visit listing creates a report that prints only the data items sorted by the variable selected. If the user selected the detailed visit listing, read the sections below for instructions on selecting the print items and sort category. This report logic can be saved for later use by typing Y (Yes) and typing a report name at the appropriate prompts. These prompts display after the selection of the sort variable.

The final output option, Flat File of Area Database Formatted Records, allows the user to capture the selected visit data in a file that is formatted for export to the Area Database. If this option is selected, a message displays indicating the name of the file to be created. The total number of visits in the selection process and the total number of visits that generated Area Database records will display. See the Site Manager for assistance using this output type. A detailed description of the file format is included in Section Appendix A.

8. The system displays the Print Item Selection Menu.
9. To choose data items to list on the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. To select all visits, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

10. The system displays the Sort Item Selection menu.

Figure 7-20: Print Item Selection menu
11. To sort the selected patients, type one item at the “Select Action” prompt and press Enter. To sort the report by patient name, type Q (Quit Item Selection).

12. At the Do you want a separate page for each Visit Date?” prompt, type Y (Yes) or N (No).

13. At the “Would you like a custom title for this report?” prompt, Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

14. At the “Do you wish to SAVE this SEARCH/PRINT/SORT logic for future use” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

15. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

16. The system displays the report summary showing the criteria selected.

17. At the “Do you wish to” prompt, specify the device to print/browse the report.

This is an example of the report.
Figure 7-22: Example PCC Management Reports Visit Count report

At the “Select Action” prompt, do one of the following:

- Type Q (Quit) to quit the report.
- Type a plus sign (+) to display the next screen. This option is not available for the last screen.
- Type a minus sign (-) to display the previous screen. This option is not available for the first screen.

7.16 In/Out Control Blood Pressures (BPC)

Use the BPC option to produce a report that lists all patients for the specified age, sex, communities, clinic, and time period that are considered out of control based on their mean Systolic or Diastolic BP.
Follow these steps:

1. At the “Select List” prompt, type S (for Search Template of Patients) or P (for Search All Patients. If S is entered, other prompts display.

2. At the “List patients who live in” prompt, type one of the following:
   - O–One particular Community
   - A–All Communities
   - S–Selected Set of Communities (Taxonomy)
   If O or S is entered, additional prompts display.

3. At the “include visits to ALL clinics” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.

4. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.

5. At the “Enter ending Visit Date” prompt, type the end of the date range.

6. At the “Enter a Range of Ages (e.g., 5–12)” prompt, type a range of ages or press ENTER to include all ranges.

7. At the “Report should include” prompt, type one of the following:
   - M–Males
   - F–Females
   - B–Both

8. At the “Do you wish to include ONLY Indian/Alaska Native Beneficiaries?” prompt, type Y (Yes) or N (No).

9. At the “Report type should be” prompt, type one of the following:
   - D–Detail
   - S–Summary
   - C–Cohort/Template Save

10. At the “Sort the report by” prompt, type P (for Patient Name) or A (for Age of Patient).

11. At the “Do you wish to suppress patient identifying data” prompt, type Y (Yes) or N (No).

12. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
• E–Exclude Demo patients
• O–Include only demo patients

13. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>XXX</th>
<th>DEMO HOSPITAL</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD PRESSURE OUT OF CONTROL REPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIST OF BLOOD PRESSURE OUT OF CONTROL PATIENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report includes: ALL AGES, MALES &amp; FEMALES, ALL COMMUNITIES, all CLINICS, all BENEFICIARIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit Dates: OCT 28, 2008 to JAN 26, 2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B/P</td>
<td>COUNT</td>
<td>MEAN</td>
</tr>
<tr>
<td>-----</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>BALSER,JACOB</td>
<td>1</td>
<td>167741</td>
</tr>
<tr>
<td>DEMO,JOHNNIE RU</td>
<td>1</td>
<td>118774</td>
</tr>
<tr>
<td>ELKINS,KELLY LU</td>
<td>1</td>
<td>110023</td>
</tr>
<tr>
<td>JONATHAN,JERRI</td>
<td>1</td>
<td>116447</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF PATIENTS: 4
End of report. HIT RETURN:

Figure 7-23: Example of BPC report

7.17 Delete VGEN/PGEN Report Definition (DEL)

To delete a PCC Visit General Retrieval (VGEN) or Patient General Retrieval (PGEN) report definition type DEL. Then, type the name of the report to delete, and then confirm that the report specified is the one to be deleted. The report will be automatically deleted and is not retrievable. For example,

| REPORT NAME: MLJ INJURY REPORT JARRET,MARY L-APR 11, 1996@07:50:02 |
| Are you sure you want to delete the MLJ-INJURY REPORT report definition? |
| N// Y YES |

Report Definition JARRET,MARY L-APR 11, 1996@07:50:02 deleted.

Figure 7-24: Example of using the DEL option

7.18 Readmissions within 30 Days of a Discharge (RADM)

To produce a report that shows patients who have had an admission within 30 days of a discharge type RADM. Decide whether to include admissions to any facility or to only one facility. For example, if a patient was admitted to a local facility and within 30 days was admitted to a contract facility, and if the user chose to include admissions to any facilities, both admissions will be included in the report.

Follow these steps:
1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date” prompt, type the end of the date range.

3. At the “Include admissions to” prompt, type O (for one facility only) or A (any facility). If O is entered, other prompts display.

4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I—Include All patients
   - E—Exclude Demo patients
   - O—Include only demo patients

5. At the “Device” prompt, specify the device to print/browse the report.
### 7.19 Listing of Patient Refusals (REF)

The REF report lists all refusals documented for patients. Specify which type of refusals and the date range of the refusals.

Follow these steps:

1. At the “Do you want to include ALL Refusal Types?” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.

---

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>ADM DATE</th>
<th>LOC</th>
<th>PROV</th>
<th>ICD</th>
<th>PROVIDER</th>
<th>NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>JBETA,RAY</td>
<td>222222</td>
<td>7/3/96</td>
<td>DH</td>
<td>DOCTO11,JO</td>
<td>681.10</td>
<td>WOUND CARE DRESSING 730.27</td>
<td></td>
</tr>
<tr>
<td>OSTEOMYELITIS R GRE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHORHO, MARIE</td>
<td>222223</td>
<td>7/17/96</td>
<td>DH</td>
<td>DOCTOR55, R</td>
<td>642.94</td>
<td>STATUS POST</td>
<td></td>
</tr>
<tr>
<td>C SECTI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THETABBB, DALE</td>
<td>222224</td>
<td>7/14/96</td>
<td>DH</td>
<td>DOCTOR, RUD</td>
<td>644.20</td>
<td>PREMATURE LABOR AT</td>
<td></td>
</tr>
<tr>
<td>MODERATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANEMIA, ESTIMATED BL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>648.23</td>
<td>ANEMIA</td>
<td></td>
</tr>
<tr>
<td>SPONTANEOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>663.31</td>
<td>NORMAL</td>
<td></td>
</tr>
<tr>
<td>CSIGMAAAAA, DAVE</td>
<td>222225</td>
<td>7/18/96</td>
<td>DH</td>
<td>DOCTOR6, SU</td>
<td>291.8</td>
<td>ALCOHOL WITHDRAWAL</td>
<td></td>
</tr>
<tr>
<td>ALCOHOL ABU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>303.90</td>
<td>CHRONIC</td>
<td></td>
</tr>
<tr>
<td>AIRWAY DIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>493.90</td>
<td>REACTIVE</td>
<td></td>
</tr>
<tr>
<td>WITHDRAWAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>303.90</td>
<td>ACUTE ALCOHOLISM</td>
<td></td>
</tr>
<tr>
<td>AIRWAYS DI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>493.90</td>
<td>REACTIVE</td>
<td></td>
</tr>
<tr>
<td>GASTROINTESTINAL BL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>578.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GGAMMAGAMS, ALEXANDRA</td>
<td>222226</td>
<td>7/30/96</td>
<td>DH</td>
<td>DOC67, EILE</td>
<td>496.</td>
<td>EXACERBATION CHRONI</td>
<td></td>
</tr>
<tr>
<td>8/3/96 DH</td>
<td></td>
<td></td>
<td></td>
<td>DOC89, RICH</td>
<td>493.90</td>
<td>ASTHMA</td>
<td></td>
</tr>
<tr>
<td>496.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>496.</td>
<td>CHRONIC OBSTRUCTIVE</td>
<td></td>
</tr>
</tbody>
</table>

---

Figure 7-25: Example of RADM report
2. At the “Enter Beginning Refusal Date” prompt, type the beginning of the date range.

3. At the “Enter Ending Refusal Date” prompt, type the end of the date range.

4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

5. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>XXX</th>
<th>Jan 27, 2009</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>***  PATIENT REFUSAL LISTING  ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL REFUSAL TYPES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refusal Dates: Sep 20, 2007 to Apr 07, 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATIENT NAME</td>
<td>HRN</td>
<td>DOB</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>EXAM refusals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIGMA, ANGELA</td>
<td>124682</td>
<td>Jul 01, 1987</td>
</tr>
<tr>
<td>SIGMA, ANGELA</td>
<td>124682</td>
<td>Jul 01, 1987</td>
</tr>
<tr>
<td>SIGMA, ANGELA</td>
<td>124682</td>
<td>Jul 01, 1987</td>
</tr>
<tr>
<td>Enter RETURN to continue or '^' to exit:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 7-26: Example of REF report

7.20 Returns to Clinic w/in 72 Hours of a Clinic Visit (RT1)

The RT1 report produces a list of patient visits. The visits are those for which the patient had a clinic visit and then returned within 72 hours to the same clinic or another clinic. Select which clinic and which location of encounter. The list can be limited to visits to a particular provider.

Follow these steps:

1. At the “Enter beginning Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Date for Search” prompt, type the end of the date range.

3. At the “Select which scenario” prompt, type one of the following:
   - S–Returns from one particular clinic to the same clinic
   - A–Returns from any clinic to any clinic
   - O–Returns from one particular clinic to any other clinic
• P—Returns from any clinic to one particular clinic
If S, O, or P are entered, additional prompts display.

4. At the “Include visits from which set of locations” prompt, type one of the following:
• O—One location
• A—Taxonomy of Predefined Locations
• P—All Locations
If O or A are entered, additional prompts display.

5. At the “Include visits from which Clinic Visits to” prompt, type one of the following:
• A—ANY Provide
• O—One particular Provider
If O is entered, additional prompts display.

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
• I—Include All patients
• E—Exclude Demo patients
• O—Include only demo patients

7. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>XXX</th>
<th>DEMO HOSPITAL</th>
<th>Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC VISITS WITHIN 72 HOURS AFTER CLINIC VISITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETURNS FROM CLINIC: DENTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETURNS TO CLINIC: ANY CLINIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITS DATES: SEP 20, 2007 TO APR 07, 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locations: DEMO HOS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRCN</th>
<th>VISIT DATE&amp;TIME</th>
<th>CLN FAC</th>
<th>ICD</th>
<th>PROVIDER</th>
<th>NARRATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGMA, JANE</td>
<td>1111</td>
<td>02/12/08 09:00</td>
<td>56</td>
<td>DH</td>
<td>V72.2</td>
<td>DENTAL/ORAL</td>
</tr>
</tbody>
</table>

Figure 7-27: Example of RT1 report

7.21 Display Single Visit for a Patient (VST)

Report options for obtaining data specific to a single visit by a selected patient have been grouped under the VST submenu. The following reports are available from the Patient Single Visit menu.
7.21.1 **Display Data for Patient’s Last Visit to a Clinic (LCV)**

Use the LCV option to produce a report that displays visit-related data for a patient’s last visit to a selected clinic. The user types the patient’s name and specifies the clinic. All visit-related data will be displayed in the report.

Follow these steps:

1. At the “Select PATIENT NAME” prompt, type the name of the patient.
2. At the “Enter a Clinic” prompt, type the name of the clinic.
3. At the “Device” prompt, specify the device to print/browse the report.

The following sample report was generated for Art Gamma’s last visit to the General Clinic.
| VISIT IEN: 23251 |
|-----------------|-----------------|-----------------|-----------------|
| VISIT/ADMIT DATE & TIME: JAN 29, 1990@09:57 |
| DATE VISIT CREATED: MAR 16, 1990 |
| PATIENT NAME: GAMMA, ART |
| HOSPITAL/CLINIC |
| SERVICE CATEGORY: AMBULATORY |
| DEPENDENT ENTRY COUNT: 6 |
| VISIT: JAN 29, 1990@09:57 |
| PATIENT NAME: GAMMA, ART |
| VALUE: 56.25 |
| PERCENTILE: 99.9 |
| VISIT: JAN 29, 1990@09:57 |
| PATIENT NAME: GAMMA, ART |
| VALUE: 92.25 |
| PERCENTILE: 99.9 |
| VISIT: JAN 29, 1990@09:57 |
| PATIENT NAME: GAMMA, ART |
| VALUE: 15/20 |
| PROVIDER: REGISTERED NURSE, IHS |
| AFF. DISC. CODE (c): 101999 |
| PROVIDER: PHYSICIAN, VOLUNTEER |
| AFF. DISC. CODE (c): 600999 |
| POV: V70.9 |
| VISIT: JAN 29, 1990@09:57 |
| PROVIDER NARRATIVE: PHYSICAL EXAM |
| FIRST/REVISIT: REVISIT |
| ICD NARRATIVE (c): GENERAL MEDICAL EXAM NOS |

Figure 7-29: Example of LVC report

7.21.2 Display Data for a Patient's Last Visit (LVST)

Use the LVST option to produce a report that displays all visit-related data for the patient's last visit. The Visit File displays first, followed by each visit-related data file; for example, Providers, POVs, and Measurements.

Follow these steps:

1. At the “Select PATIENT NAME” prompt, type the name of the patient.
2. At the “Device” prompt, specify the device to print/browse the report.
<table>
<thead>
<tr>
<th>VISIT FILE</th>
<th>VISIT/ADMIT DATE&amp;TIME: MAR 30, 1994@13:23</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE VISIT CREATED: MAR 30, 1994</td>
<td>TYPE: IHS</td>
</tr>
<tr>
<td>PATIENT NAME: THETAA,MARY</td>
<td>LOC. OF ENCOUNTER: DEMO HEALTH CENTER</td>
</tr>
<tr>
<td>SERVICE CATEGORY: AMBULATORY</td>
<td>CLINIC: DIABETIC</td>
</tr>
<tr>
<td>DEPENDENT ENTRY COUNT: 7</td>
<td>DATE LAST MODIFIED: JUN 15, 1994</td>
</tr>
<tr>
<td>DATE VISIT EXPORTED: JUN 26, 1994</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V MEASUREMENT</th>
<th>TYPE: BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISIT: MAR 30, 1994@13:23</td>
<td>VALUE: 140/90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V PROVIDER</th>
<th>PROVIDER: SIGMA,JOHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISIT: MAR 30, 1994@13:23</td>
<td>PRIMARY/SECONDARY: PRIMARY</td>
</tr>
<tr>
<td>AFF.DISC.CODE (c): 100025</td>
<td></td>
</tr>
<tr>
<td>PROVIDER: SIGMA,JANE</td>
<td>PATIENT NAME: THETAA,MARY</td>
</tr>
<tr>
<td>VISIT: MAR 30, 1994@13:23</td>
<td>PRIMARY/SECONDARY: SECONDARY</td>
</tr>
<tr>
<td>AFF.DISC.CODE (c): 101GM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V POV</th>
<th>POV: 401.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISIT: MAR 30, 1994@13:23</td>
<td>PATIENT NAME: THETAA,MARY</td>
</tr>
<tr>
<td>PROVIDER NARRATIVE: HYPERTENSION BP UNDER CONTROL THIS VISIT</td>
<td></td>
</tr>
<tr>
<td>ICD NARRATIVE (c): HYPERTENSION NOS</td>
<td></td>
</tr>
<tr>
<td>POV: 250.00</td>
<td>PATIENT NAME: THETAA,MARY</td>
</tr>
<tr>
<td>VISIT: MAR 30, 1994@13:23</td>
<td>PROVIDER NARRATIVE: DM</td>
</tr>
<tr>
<td>ICD NARRATIVE (c): DIABETES UNCOMPL ADULT/NIDDM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V EXAM</th>
<th>EXAM: BREAST EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISIT: MAR 30, 1994@13:23</td>
<td>EXAM CODE (c): 06</td>
</tr>
<tr>
<td></td>
<td>EXAM: RECTAL EXAM</td>
</tr>
<tr>
<td></td>
<td>VISIT: MAR 30, 1994@13:23</td>
</tr>
<tr>
<td></td>
<td>EXAM CODE (c): 14</td>
</tr>
</tbody>
</table>
8.0 **Active Patient Count Reports (APC)**

This set of reports examines PCC visits and counts all APC visits in a given time frame for the facility that you select. Figure 8-1 shows available reports:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>PCC-Ambulatory Patient Care Report 1A</td>
</tr>
<tr>
<td>DATE</td>
<td>APC Visit Counts by Date Of Visit</td>
</tr>
<tr>
<td>CLN</td>
<td>APC Visit Counts by Clinic</td>
</tr>
<tr>
<td>DISC</td>
<td>APC Visit Counts by Provider Discipline</td>
</tr>
<tr>
<td>APRV</td>
<td>APC Visit Counts by Individual Provider</td>
</tr>
<tr>
<td>LOC</td>
<td>APC Visit Counts by Location of Service</td>
</tr>
<tr>
<td>A1M</td>
<td>PCC-Ambulatory 1 Report for Multiple Facilities</td>
</tr>
<tr>
<td>AVCL</td>
<td>Average Number of Visits by Day Of Week and Clinic</td>
</tr>
<tr>
<td>AVCS</td>
<td>Average Number of Visits by Day/Clinic ALL Service</td>
</tr>
<tr>
<td>AVD</td>
<td>Average Number of APC Visits per Day</td>
</tr>
<tr>
<td>CYV</td>
<td>Calendar Year First and Revisit Summary</td>
</tr>
<tr>
<td>NOEX</td>
<td>List APC-1A Visits Not Exported</td>
</tr>
</tbody>
</table>

Select APC Reports Option:

Figure 8-1: Example APC reports menu screen

Entry of all data into the PCC includes a designation of Location of Visit, Visit Type, and Service Category. Location of Visit is the facility where the visit occurred (e.g., Crownpoint Hospital, Yakima Health Center, Home, San Simon School). Below is a list of visit types and service categories attributes.

Visit Types
- IHS
- Contract
- Tribal
- Other
- Program
- VA

Service Categories
- Ambulatory
- Hospitalization
- In-Hospital Care
• Chart Review
• Telecommunications
• Not Found
• Day Surgery
• Observation
• Event (Historical)
• Nursing Home Care

The three visit attributes (Visit, Visit Type, and Service Category), plus the Clinic Type designation for outpatient clinic visits, determine whether a visit is an official APC visit for inclusion in the IHS data system. The criteria for inclusion are listed below.

Data displayed on this set of APC Reports from PCC Files should correspond very closely to the reports received from the IHS Data Center. However, please be aware that for SU management purposes, a similar set of reports containing additional data, such as Not Found Visits, CHN Home Visits, and Telephone Calls, is a subset of the PCC Ambulatory Visit Counts, described in the next section of this manual.

To be considered an APC visit, a visit must meet the following criteria:

• Fall within the date range specified.
• Have other medical data linked to the visit record.
• Have a Service Category of:
  – Ambulatory
  – Day Surgery
  – Observation
  – Nursing Home

• Excludes Service Categories of:
  – Chart Review
  – Hospitalization
  – Not Found
  – In-Hospital
  – Event

• Have a Visit Type of:
  – IHS
  – 638 Program
  – Tribal
  – Other
• Have a primary POV (POV cannot be an un-coded DX .9999).
• Have a valid location.
• Have a valid primary provider.
• Excludes a Primary Provider Discipline of 13 (CHN) or 32 (CHR) AND a location of visit other than an IHS facility (code >49).
• Have a valid clinic code.

Excludes:
  – Mail
  – Telephone Call
  – Chart Review
  – Follow-up Letter
  – Radio Call
  – Dental
  – Education Class
  – Employee Health

The visit date range for use in calculating the number of visits must be entered, and select whether visits for all locations or for one location are to be included.

8.1 PCC-Ambulatory Patient Care Report 1A (A1)

Use the A1 option to produce a report that generates from PCC files and is similar to the A1 report generated by the APC System at the Data Center in Albuquerque. The user’s facility should run this report on a quarterly basis to verify that all APC visits have been exported properly to the Data Center. If the user’s site is new to PCC and the APC export process, this report should be run after every export until all export problems have been resolved.

The report displays FY-to-date APC visit counts by month of service. Specify the fiscal year and the facility for the report. Totals generate for each month as well as for each provider discipline. Percentage totals display for each discipline. Total primary care provider visits will also subtotal for each month.

Follow these steps:

1. At the “Enter FISCAL YEAR” prompt, specify the fiscal year for the report. The system displays the fiscal year date range.

2. At the “Run for which Facility of Encounter” prompt, type the name of the facility.

3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
1. Include ALL Patients
2. Exclude DEMO Patients
3. Include ONLY DEMO Patients

4. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>PRIMARY PROVIDER</th>
<th>YR TO % OP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN*</td>
<td>505 47.6</td>
<td>38</td>
<td>37</td>
<td>39</td>
<td>46</td>
<td>43</td>
<td>37</td>
<td>43</td>
<td>36</td>
<td>32</td>
<td>37</td>
<td>57</td>
<td>60</td>
</tr>
<tr>
<td>REGISTERED NURSE</td>
<td>29 2.7</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>LICENSED PRACTICAL</td>
<td>12 1.1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OPTOMETRIST</td>
<td>18 1.7</td>
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<td>2</td>
<td>3</td>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
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<td>PHARMACIST</td>
<td>116 10.9</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>10</td>
<td>15</td>
<td>9</td>
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<td>0</td>
<td>0</td>
<td>10</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>PHYSICAL THERAPIST</td>
<td>17 1.6</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PHYSICIAN ASSISTANT*</td>
<td>48 4.4</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>CHN/AIDES</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>OTHER</td>
<td>19 1.7</td>
<td>7</td>
<td>3</td>
<td>0.5</td>
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</tr>
<tr>
<td>NURSE MIDWIFE</td>
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<td>5</td>
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<td>3</td>
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<td>2</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
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<td>0</td>
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<td>1</td>
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</tr>
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<td>MEDICAL STUDENT</td>
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<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>NURSE PRACTITIONER*</td>
<td>12 1.1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>NURSE ASSISTANT</td>
<td>5 .5</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>LABORATORY TECHNIC</td>
<td>5 .5</td>
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<td>0</td>
<td>1</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PODIATRIST*</td>
<td>8 .8</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
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</tr>
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<td>DENTIST</td>
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</tr>
<tr>
<td>INTERNAL MEDICINE*</td>
<td>111 10.5</td>
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<td>2</td>
<td>10</td>
<td>0</td>
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<td>11</td>
<td>13</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>OB/GYN*</td>
<td>6 .6</td>
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<td>9</td>
<td>0</td>
<td>3</td>
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<td>1</td>
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<tr>
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<td>8</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>SURGEON*</td>
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<td>2</td>
<td>1</td>
<td>0</td>
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<td>1</td>
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<td>1</td>
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</tr>
<tr>
<td>OPHTHALMOLOGIST*</td>
<td>11 1.0</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>2</td>
<td>4</td>
</tr>
<tr>
<td>FAMILY PRACTICE*</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tr>
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<td>NEUROLOGIST*</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1060 100.0</td>
<td>88</td>
<td>81</td>
<td>82</td>
<td>124</td>
<td>97</td>
<td>80</td>
<td>91</td>
<td>80</td>
<td>77</td>
<td>62</td>
<td>91</td>
<td>1070</td>
</tr>
</tbody>
</table>

21 visits were not exported because of missing or invalid data. To see a list of these visits so that they may be resubmitted, use the option called "List APC-1A Visits Not Exported. There were 138 instances of 2 or more visits by a patient to the same clinic on the same day. These 138 will not be counted in the report produced at the Data Center, but are counted in the report above. This accounts for a total of 159 visits that will be counted in this report but not in the 1A report from the Data Center.
8.2 APC Visit Counts by Date of Visit (DATE)

Use the Date option to produce a report that shows a count of visits by Date of Visit for a specified date range. The visits included are those that considered APC workload reportable.

Follow these steps:
1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
3. At the “Do you want to select” prompt, type of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   
   If the user types 2, 3, or 4, additional prompts display.
4. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
5. At the “Device” prompt, specify the device to print/browse the report.

The report displays date of visit, day of week, and visits in columns and tallies visits.

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
<th>DAY OF WEEK</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP 01, 2004</td>
<td>MONDAY</td>
<td>104</td>
</tr>
<tr>
<td>SEP 02, 2004</td>
<td>TUESDAY</td>
<td>81</td>
</tr>
<tr>
<td>SEP 03, 2004</td>
<td>WEDNESDAY</td>
<td>92</td>
</tr>
<tr>
<td>SEP 04, 2004</td>
<td>THURSDAY</td>
<td>71</td>
</tr>
<tr>
<td>SEP 05, 2004</td>
<td>FRIDAY</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total:</strong> 439</td>
</tr>
</tbody>
</table>

Figure 8-3: Example of Date report
8.3 APC Visit Counts by Clinic Type (CLN)

Use the CLN option to produce a report that shows a count of visits by Clinic Type for a specified date range. The visits included are those that are considered APC workload reportable.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy

   If 2, 3, or 4 are entered, additional prompts display.

4. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.

The report displays type of clinic, clinic code and visits in columns and tallies total visits.
8.4 APC Visit Counts by Provider Discipline (DISC)

The DISC report counts the number of visits by provider discipline for a specified date range. Specify totals for primary provider only or for all providers. The visits included are those that are considered APC workload reportable.

Follow these steps:

1. At the “Report should include” prompt, type **P** (Primary Provider) or **A** (All Providers).
2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
4. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy

   If 2, 3, or 4 are entered, additional prompts display.

5. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients

---

![Table showing APC visit counts by clinic type](data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAgQAAAgHAwCAAAAA5LrQAAAABlBMVEX///8AAADzdFoxAAAAAElFTkSuQmCC)

Figure 8-4: Example of CLN report
• O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>PROVIDER DISCIPLINE</th>
<th>DISCIPLINE CODE</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHN/AIDES</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>DENTIST</td>
<td>52</td>
<td>7</td>
</tr>
<tr>
<td>INTERNAL MEDICINE</td>
<td>71</td>
<td>1</td>
</tr>
<tr>
<td>LICENSED PRACTICAL NURSE</td>
<td>05</td>
<td>12</td>
</tr>
<tr>
<td>NURSE ASSISTANT</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>NURSE MIDWIFE</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>NURSE PRACTITIONER</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>NUTRITIONIST</td>
<td>07</td>
<td>2</td>
</tr>
<tr>
<td>OPHTHALMOLOGIST</td>
<td>79</td>
<td>1</td>
</tr>
<tr>
<td>OPTOMETRIST</td>
<td>08</td>
<td>1</td>
</tr>
<tr>
<td>PHARMACIST</td>
<td>09</td>
<td>13</td>
</tr>
<tr>
<td>PHARMACY PRACTITIONER</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>00</td>
<td>36</td>
</tr>
<tr>
<td>PHYSICIAN ASSISTANT</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>REGISTERED NURSE</td>
<td>01</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>107</strong></td>
<td></td>
</tr>
</tbody>
</table>

Figure 8-5: Example of DISC report

8.5 APC Visit Counts by Individual Provider (APRV)

Use the APRV option to produce a report that shows visits by individual provider for a specified date range. Either primary providers or all providers can be listed. The visits included are those considered APC workload reportable.

Follow these steps:
1. At the “Report should include” prompt, type P (Primary Provider) or A (All Providers).
2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
4. At the “Do you want to select” prompt, type one of the following:
   • 1–All
- 2–Individually
- 3–For a Service Unit
- 4–From a Taxonomy

If the user types 2, 3, or 4, additional prompts display.

5. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
- I–Include ALL Patients
- E–Exclude DEMO Patients
- O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>PROVIDER OF SERVICE</th>
<th>DISCIPLINE OF PROV</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARPROVIDER, WILLIAM M</td>
<td>COMMUNITY HEALTH REP</td>
<td>1</td>
</tr>
<tr>
<td>CPRVIDER, WILLIAM L</td>
<td>REGISTERED NURSE</td>
<td>1</td>
</tr>
<tr>
<td>FNPROVIDER, CLAUDINE Y</td>
<td>PHYSICIAN ASSISTANT</td>
<td>1</td>
</tr>
<tr>
<td>HPROVIDER, RUSSELL P</td>
<td>OTHER</td>
<td>3</td>
</tr>
<tr>
<td>IAPROVIDER, MATTHEW</td>
<td>PHYSICIAN</td>
<td>3</td>
</tr>
<tr>
<td>KWPROVIDER, BLAKE T</td>
<td>NURSE PRACTICIONER</td>
<td>4</td>
</tr>
<tr>
<td>MPROVIDER, PETER EARL</td>
<td>OTHER</td>
<td>3</td>
</tr>
<tr>
<td>NPROVIDER, ERIN D</td>
<td>FAMILY PRACTICE</td>
<td>1</td>
</tr>
<tr>
<td>SCPROVIDER, ONE</td>
<td>HEALTH AIDE</td>
<td>3</td>
</tr>
<tr>
<td>TPROVIDER, TARA M</td>
<td>REGISTERED NURSE</td>
<td>1</td>
</tr>
<tr>
<td>TXPROVIDER, FRANKLIN RICA</td>
<td>OTHER</td>
<td>2</td>
</tr>
<tr>
<td>VNPROVIDER, JANICE M</td>
<td>LABORATORY TECHNICA</td>
<td>3</td>
</tr>
<tr>
<td>VPROVIDER, THOMAS L</td>
<td>LICENSED PRACTICAL N</td>
<td>4</td>
</tr>
<tr>
<td>WPROVIDER, MICHEAL</td>
<td>LABORATORY TECHNICA</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-------</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>31</td>
</tr>
</tbody>
</table>

Figure 8-6: Example of APRV report

8.6 APC Visit Counts by Location of Service (LOC)

Use the LOC option to produce a report that shows a list of the number of visits by location for a specified date range. The visits included are those considered APC workload reportable.

Follow these steps:
1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include All patients
   - E–Exclude Demo patients
   - O–Include only demo patients

4. At the “Device” prompt, specify the device to print/browse the report.

```
                      * DEMO HOSPITAL                               Jan 27, 2009 Page 1*
                      *                                                                  *
                      *                 NUMBER OF APC VISITS BY LOCATION OF SERVICE     *
                      *                 LOCATION OF VISITS:  ALL                      *
                      *                 REPORT DATE:  JUL 31, 2008 TO  JAN 27, 2009   *
                      *                                                                  *
LOCATION OF SERVICE    LOCATION CODE     VISITS
CIHA A NA LE NI SGI   585160           2
DEMO HOSPITAL         230001           85
                  --------                      
Total:              87                       
```

Figure 8-7: Example of LOC report

8.7 PCC-Ambulatory 1 Report for Multiple Facilities (A1M)

Use the A1M option to produce a report that shows the Year to Date Ambulatory Visit Counts and Fiscal Year for a facility that the user specifies. The counts by month are for date of service. This report will resemble, but not exactly duplicate, the APC 1A report produced at the IHS Data Warehouse in Albuquerque.

Follow these steps:

1. At the “Enter FISCAL YEAR” prompt, type the fiscal year for the report. The system displays the fiscal year date range. The systems displays the following message “Please enter which FACILITY visits will be included in the list.”

2. At the “Enter a code indicating what LOCATIONS/FACILITY are of interest” prompt, type S (Selected Set or taxonomy of locations) or O (One Location/Facility).

3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–ONLY DEMO Patients
4. At the “Device” prompt, specify the device to print/browse the report.
Select APC Reports Option: A1M  PCC-Ambulatory 1A Report for Multiple Facilities

**********  PCC/APC REPORT 1A  **********

This report will print Year to Date Ambulatory Visit Counts for the Facility and Fiscal Year that you select. The counts by month are for date of service. This report will resemble, but not duplicate exactly, the APC 1A report produced at the IHS Data Warehouse in Albuquerque.


FISCAL Year date range: Oct 01, 2008 - Sep 30, 2009

Please enter which FACILITY visits will be included in the list.

Select one of the following:

S  Selected set or Taxonomy of Locations
O  ONE Location/Facility

Enter a code indicating what LOCATIONS/FACILITIES are of interest: O// NE Location/Facility

Which LOCATION: DEMO  DEMO HOSPITAL  HEADQUARTERS WEST  NON SERVICE UNIT  01  MN  IHS  497

THIS REPORT MUST BE PRINTED ON 132 COLUMN PAPER OR ON A PRINTER THAT IS SET UP FOR CONDENSED PRINT!!!
IF YOU DO NOT HAVE SUCH A PRINTER AVAILABLE - SEE YOUR SITE MANAGER.

Select one of the following:

I  Include ALL Patients
E  Exclude DEMO Patients
0  Include ONLY DEMO Patients

Demo Patient Inclusion/Exclusion: E// Include ALL Patients

DEVICE: HOME// VT  Right Margin: 80//
125

AMBULATORY CARE VISITS TO SERVICE LOCATION BY
PRIMARY PROVIDER AND MONTH OF SERVICE

<table>
<thead>
<tr>
<th>PRIMARY PROVIDER</th>
<th>YR-TO DATE TOTAL</th>
<th>OCT.</th>
<th>NOV.</th>
<th>DEC.</th>
<th>JAN.</th>
<th>FEB.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR.</td>
<td>APR.</td>
<td>MAY</td>
<td>JUNE</td>
<td>JULY</td>
<td>AUG.</td>
<td>SEPT</td>
</tr>
</tbody>
</table>

00 PHYSICIAN* 79 1.7 15 2 3 3 2
0 1 4 13 17 17

4598 visits were not exported to the National Data Warehouse because they were posted or modified after the last NDW export was generated.

0 visits were not exported because of missing or invalid data. To see a list of these visits so that they may be resubmitted use the option called 'List APC-1A Visits Not Exported.'

RUN TIME (H.M.S): 0.0.6
End of report. HIT RETURN:

---

8.8 Average Number of Visits by Day of Week and Clinic (AVCL)

The AVCL report generates average daily outpatient visit counts by clinic for each day of the week. Specify a date range for calculating the average number daily visits. The visits included are those are those considered APC workload reportable.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to select” prompt, type one of the following:
   - 1–All
2–Individually
3–For a Service Unit
4–From a Taxonomy

If 2, 3, or 4 are entered, additional prompts display.

4. At the Demo Patient Inclusion/Exclusion” prompt, use one of the following:
   I Include ALL Patients
   E Exclude DEMO Patients
   O Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.

The following sample report includes the average number of visits by day of the week and clinic for January 1, 1995 to January 31, 1995.

```
********************************************************************
*  DEMO HOSPITAL/CLINIC                     APR 09, 2008    Page 1 *
*               AVERAGE DAILY OUTPATIENT (APC) VISITS BY CLINIC    *
*                          LOCATION OF VISITS: ALL                 *
*                 REPORT DATE:  JAN 01, 2004 TO  JAN 31, 2004      *
********************************************************************

CLINIC         MONDAY  TUESDAY WEDNESD THURSDA FRIDAY SATURDA SUNDAY
ALCOHOLISM PROGRAM  2       0       1       0       1      0       0
CHRONIC DISEASE     4       1       3       2       1      0       0
DENTAL              3       4       1       2       0      0       0
DIABETIC            1       4       5       1       0      0       0
EMERGENCY MEDICINE  1       0       1       2       0      3       2
GENERAL             5       1       3       2       0      0       0
HOME CARE           2       2       1       2       0      0       0
MEDICAL SOCIAL SERVI1       2       1       2       1      0       0
MENTAL HEALTH       2       1       2       5       1      0       0

RUN TIME (H.M.S): 0.0.4
End of report.  HIT RETURN:
```

Figure 8-9: Example of AVCL report

8.9 Average Number of Visits by Day/Clinic ALL Service (AVCS)

The AVCS report generates the average daily outpatient visit counts by clinic for each day of the week. All service categories and all clinics are included in the visit count. This report is similar to the Average Number of Visits By Day of Week & Clinic (AVCL), with the exception of the inclusion of all service categories/clinics.
Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy

   If 2, 3, or 4 are entered, additional prompts display.

4. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.

Figure 8-10: Example of AVCS report
8.10 Average Number of APC Visits per Day (AVD)

The AVD report displays the average daily outpatient visits for a specified date range. Choose visits for one clinic, selected clinics, or all clinics. The visits included are those considered APC workload reportable.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
3. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.
4. At the “Include visits to ALL clinics” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.
5. At the Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
6. At the “Device” prompt, specify the device to print/browse the report.
8.11 Calendar Year First and Revisit Summary (CYV)

The CYV report tabulates visit counts for the facility and clinic for a specified date range. Visit counts are summarized for Indian/Alaska Native and all other beneficiaries. Each classification is subtotaled by the following: (1) new patient’s 1st, (2) established patient’s 1st, and (3) all additional patient’s visits.

**Note:** Calendar Year Reports must be inclusive and begin with the first day of the desired calendar year.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
3. At the “Do you want to include Visits to” prompt, type A (for all locations) or O (for one location). If O is entered, other prompts display.
4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
5. At the “Device” prompt, specify the device to print/browse the report.
Report Dates: Jan 01, 2009 to JAN 27, 2009  Non-Indian mem
Indian  Ind. Household  All Other

Date Range Visit Summary

1. New Patient's First Visit  0  0  0
2. Established Patient's First Visit  13  0  1
3. Total First Visits (1-2)  13  0  1
4. Additional Visits (2nd,3rd,etc.)  0  0  0

SUB-TOTAL  13  0  1
GRAND TOTAL-ALL VISITS:  14

RUN TIME (H.M.S): 0.0.1
End of report. HIT RETURN:

Figure 8-12: Example of CYV report

8.12 List APC-1A Visits Not Exported (NOEX)

The NOEX report will process the same as the 1A report; however, instead of producing the 1A report, it will list all visits that would be included in the 1A report that have not been exported to the National Data Warehouse (NDW).

Follow these steps:

1. At the “Enter FISCAL YEAR” prompt, type the fiscal year for the report.
2. At the “Run for which Facility of Encounter” prompt, type the name of the facility.
3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
4. At the “Device” prompt, specify the device to print/browse the report.

The PCC data entry staff should review this report. All visits that have not exported should be reviewed, corrected, and reflagged for export, as appropriate.
Total Number of APC visits counted: 107
Total Number of those APC Visits NOT Exported: 107

Of the total number of visits counted in the 1A, but NOT exported to the National Data Warehouse, 107 were not exported because they were posted or modified after the last NDW export tape was generated.

RUN TIME (H.M.S): 0.0.0
End of report. HIT RETURN:

Figure 8-13: Example of NOEX report
9.0 **Ambulatory Visit Counts (PCCV)**

This set of reports counts all PCC Ambulatory Visits in a given time frame. These reports display a count of PCC Ambulatory Visits sorted by the attribute selected. The system prompts for the visit date range to be used in calculating the number of visits and to indicate for which location the report should print.

The following PCC Visit Count reports are available from the PCCV menu:

---

**PCC Management Reports**

**PCC Ambulatory Visit Counts**

IHS PCC Suite Version 2.0

DEMO HOSPITAL

<table>
<thead>
<tr>
<th>DATE</th>
<th>Visit Counts by Date of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIN</td>
<td>Visit Counts by Clinic Type</td>
</tr>
<tr>
<td>DISC</td>
<td>Visit Counts by Provider Discipline</td>
</tr>
<tr>
<td>PROV</td>
<td>Visit Counts by Provider</td>
</tr>
<tr>
<td>DX</td>
<td>Visit Counts by Diagnosis (ICD)</td>
</tr>
<tr>
<td>LOC</td>
<td>Visit Counts by Location of Service</td>
</tr>
<tr>
<td>SC</td>
<td>Visit Counts by Service Category</td>
</tr>
<tr>
<td>AA</td>
<td>PCC Visits (By Provider Disc) PCC Report AA</td>
</tr>
<tr>
<td>ALL</td>
<td>ALL Visits by Provider or Provider Discipline</td>
</tr>
<tr>
<td>APPT</td>
<td>Tally of Walk-in/Appointment Clinic Visits</td>
</tr>
<tr>
<td>CSAR</td>
<td>California State Annual Utilization Report</td>
</tr>
<tr>
<td>DAR</td>
<td>PCC Data Analysis Report</td>
</tr>
<tr>
<td>GCDC</td>
<td>General/Dental Clinic Visits on the Same Day</td>
</tr>
<tr>
<td>INCV</td>
<td>Listing of Incomplete Lab, Rx or Rad Visits</td>
</tr>
<tr>
<td>PPD</td>
<td>Primary Provider Visits - Daily/Annual Report</td>
</tr>
<tr>
<td>PPM</td>
<td>Primary Provider Visits - Monthly Report</td>
</tr>
<tr>
<td>TPC</td>
<td>Tally of Selected Provider Disciplines by Clinics</td>
</tr>
<tr>
<td>WAIT</td>
<td>Wait Times by Clinic and Provider</td>
</tr>
</tbody>
</table>

Select PCC Ambulatory Visit Reports Option:

---

Figure 9-1: PCC Ambulatory Visit Counts menu

In order for a visit to be included in the PCC Ambulatory Visits reports, it must meet the following criteria:

- **Visit Type** must be:
  - IHS
  - 638 Program
  - Tribal
  - Other

- **Service Category** must be:
  - Ambulatory
  - Observation
Excludes: Chart Review, Hospitalization, In-Hospital, and Event

- Must include a valid primary provider.
- Must have a POV.

### 9.1 Visit Counts by Date of Visit (DATE)

Use the Date option to produce a report counts visits by Date of Visit for the date range specified. The report provides subtotals by location of encounter.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events

Visits must have a primary provider or POV.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
3. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).
4. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.
5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
6. At the “Device” prompt, specify the device to print/browse the report.

![Sample of Date report]

**Figure 9-2: Sample of Date report**

### 9.2 Visit Counts by Clinic Type (CLIN)

Use the CLIN option to produce a report that counts visits by clinic type for the date range you specify. The report provides subtotals by location of encounter.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events

Visits *must* have a primary provider or POV.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).
4. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>LOCATION OF VISIT</th>
<th>TYPE OF CLINIC</th>
<th>CLINIC CODE</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO HEALTH CENTER</td>
<td>DIABETIC</td>
<td>06</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>EMERGENCY MEDICINE</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>GENERAL</td>
<td>01</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>NO CLINIC ENTERED</td>
<td>99999</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>PODIATRY</td>
<td>65</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>WELL CHILD</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td><strong>Subtotal:</strong></td>
<td></td>
<td></td>
<td><strong>56</strong></td>
</tr>
</tbody>
</table>

Figure 9-3: Example of CLIN report

9.3 Visit Counts by Provider Discipline (DISC)

Use the DISC option to produce a report that counts visits by provider discipline for the date range specified. Choose counts for primary providers only or for all providers. The report provides subtotals by location of encounter.

All visits in the database are included in the tabulation except the following:
   - Visit Types: Contract, VA
• Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events
Visits must have a primary provider or POV.

Follow these steps:
1. At the “Report should include” prompt, type P (Primary Provider Only) or A (All Providers).
2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
4. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).
5. At the “Do you want to select” prompt, type one of the following:
   • 1–All
   • 2–Individually
   • 3–For a Service Unit
   • 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.
6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   • I–Include ALL Patients
   • E–Exclude DEMO Patients
   • O–Include ONLY DEMO Patients
7. At the “Device” prompt, specify the device to print/browse the report.

---

NUMBER OF AMBULATORY VISITS BY ALL PROVIDER DISCIPLINES
LOCATION OF VISITS: DEMO HEALTH CENTER
Chart Review are not included.
VISIT DATES: SEP 01, 1994 TO SEP 01, 1994

LOCATION OF VISIT
PROVIDER DISCIPLINE          DISCIPLINE CODE          VISITS
------------------------------------------
DEMO HEALTH CENTER
CHN/AIDES                   13                             5
DENTIST                     52                             7
INTERNAL MEDICINE           71                             1
LICENSED PRACTICAL NURSE    05                            12
NURSE ASSISTANT             22                             7
NURSE MIDWIFE               17                             1
NURSE PRACTITIONER          21                             4
NUTRITIONIST                07                             2
OPHTHALMOLOGIST             79                             1
OPTOMETRIST                 08                             1
PHARMACIST                  09                            13
PHARMACY PRACTITIONER       30                             2
PHYSICIAN                   00                            37
PHYSICIAN ASSISTANT         11                             3
REGISTERED NURSE            01                            12
------------------------------------------
Subtotal:     108
------------------------------------------
Total:     108

Figure 9-4: Example of DISC report

9.4 Visit Counts by Provider (PROV)

Use the PROV option to produce a report that counts visits by provider of service for the date range you specify. The user can choose counts for primary providers only or for all providers. The report provides subtotals by location of encounter.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events

Visits must have a primary provider or POV.

Follow these steps:

1. At the “Report should include” prompt, type P (for Primary Provider Only) or A (for all providers, primary and secondary).
2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

4. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).

5. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

7. At the “Device” prompt, specify the device to print/browse the report.
Figure 9-5: Example of PROV report

9.5 Visit Counts by Primary Diagnosis (ICD) (DX)

Use the DX option to produce a report that counts visits by Primary Diagnosis (ICD Code) for the date range specified. The report provides subtotals by location of encounter.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events

Visits must have a Primary Provider or Purpose of Visit.
Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).

4. At the “Do you want to select” prompt, use one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy

   If 2, 3, or 4 are entered, additional prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.
NUMBER OF AMBULATORY VISITS BY PRIMARY DX (ICD CODE)
LOCATION OF VISITS: DEMOHEALTH CENTER
Chart Reviews are not included.
VISIT DATES: SEP 01, 1994 TO SEP 01, 1994

<table>
<thead>
<tr>
<th>LOCATION OF VISIT</th>
<th>ICD DX NARRATIVE</th>
<th>ICD DX CODE</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO HEALTH CENTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABN GLUCOSE-ANTEPARTUM</td>
<td>648.83</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ACUTE BRONCHIOLITIS</td>
<td>466.1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ACUTE NASOPHARYNGITIS</td>
<td>460.0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ACUTE URI NOS</td>
<td>465.9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>ANEMIA-ANTEPARTUM</td>
<td>648.23</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ANXIETY STATE NOS</td>
<td>300.00</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ATTEN-SURG DRESSNG/SUTUR</td>
<td>V58.3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BURN NOS</td>
<td>949.0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CHRONIC SINUSITIS NOS</td>
<td>473.9</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CONGESTIVE HEART FAILURE</td>
<td>428.0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DENTAL DISORDER NOS</td>
<td>525.9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DENTAL EXAMINATION</td>
<td>V72.2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>DIAB OPHTHAL MANIF ADULT/</td>
<td>250.50</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DIABETES UNCOMPL ADULT/NI</td>
<td>250.00</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>EDEMA OF PENIS</td>
<td>607.83</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FX ANKLE NOS-CLOSED</td>
<td>824.8</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>GINGIV/PERIODONT DIS NOS</td>
<td>523.9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HYPERMETROPIA</td>
<td>367.0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HYPOVOLEMIA</td>
<td>276.5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>IMPETIGO</td>
<td>684.0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: 36

Total: 36

Figure 9-6: Example of DX report

9.6 Visit Counts by Location of Service (LOC)

Use the LOC option to produce a report that counts visits by location of service for the date range specified.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events

Visits must have a Primary Provider or Purpose of Visit.
Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning date for the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the ending date for the date range.

3. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).

4. At the “Demo Patient Inclusion/Exclusion” prompt, use one of the following:
   - I—Include ALL Patients
   - E—Exclude DEMO Patients
   - O—Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>LOCATION OF VISIT</th>
<th>LOCATION OF SERVICE</th>
<th>LOCATION CODE</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBUQUERQ HO</td>
<td>202101</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>DEMO HOSPITAL/CLINIC</td>
<td>000101</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>DEMO HEALTH CENTER</td>
<td>000111</td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>HOME</td>
<td>000189</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>DEMO UNDES</td>
<td>000199</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>VAYA CHIN HEALTH STATION</td>
<td>000132</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
<td><strong>78</strong></td>
</tr>
</tbody>
</table>

Figure 9-7: Example of LOC report

9.7 Visit Counts by Service Category (SC)

Use the SC option to produce a report that counts visits by service category for the date range specified. The report provides subtotals by location of encounter.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical Events
Visits must have a Primary Provider or Purpose of Visit.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to include visits with a CHART REVIEW service category?” prompt, type Y (Yes) or N (No).

4. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy

   If 2, 3, or 4 are entered, additional prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.
NUMBER OF AMBULATORY VISITS BY SERVICE CATEGORY OF VISIT
LOCATION OF VISITS: DEMO HEALTH CENTER
Chart Reviews are not included.
VISIT DATES: SEP 01, 1994 TO SEP 01, 1994

LOCATION OF VISIT
SERVICE CATEGORY     CODE     VISITS
----------------------------------------------------------------
DEMO HEALTH CENTER
AMBULATORY           A        56
NOT FOUND            N        1
DAY SURGERY          S        2
TELECOMMUNICATIONS   T        6

--------
Subtotal: 65
--------
Total: 65

Figure 9-8: Sample of SOC report

9.8 PCC Visits (by Provider Discipline) PCC Report AA (AA)

Use the AA option to produce a report that shows year-to-date PCC visit counts for
the facility and fiscal year selected. Subtotals by month are for date of service. This
report is similar to the AA report produced at the Albuquerque Data Center; however,
it contains all PCC visits, not just those defined as APC visits. Please see the
following example report.

All visits in the database are included in the tabulation except the following:

- Visit Types: Contract, VA
- Visit Service Categories: Chart Review, In-Hospital, Hospitalizations, Historical
  Events
- Visits without a primary provider or POV

Note: This report must be printed on 132-column paper or a
printer set up for condensed print.

Follow these steps:
1. At the “Enter FISCAL YEAR” prompt, type the fiscal year for the report. The
   system displays the fiscal year date range.
2. At the “run for which Facility of Encounter” prompt, type the name of the facility.
3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
• E–Exclude DEMO Patients
• O– ONLY DEMO Patients

4. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>PRIMARY PROVIDER</th>
<th>OCT.</th>
<th>NOV.</th>
<th>DEC.</th>
<th>JAN.</th>
<th>FEB.</th>
<th>MAR.</th>
<th>APR.</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG.</th>
<th>SEPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN*</td>
<td>18</td>
<td>6.7</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MEDICAL SOCIAL WORKER</td>
<td>43</td>
<td>16.1</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>134</td>
<td>50.2</td>
<td>2</td>
<td>17</td>
<td>1</td>
<td>16</td>
<td>8</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PHARMACY PRACTICIONE</td>
<td>1</td>
<td>.4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DENTIST</td>
<td>3</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COMMUNITY HEALTH REP</td>
<td>16</td>
<td>6.0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>INTERNAL MEDICINE*</td>
<td>47</td>
<td>17.6</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>FAMILY PRACTICE*</td>
<td>2</td>
<td>.7</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSYCHIATRIST*</td>
<td>1</td>
<td>.4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>267</td>
<td>100.0</td>
<td>9</td>
<td>25</td>
<td>18</td>
<td>22</td>
<td>33</td>
<td>14</td>
<td>14</td>
<td>16</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>TOTAL PRVDR*</td>
<td>68</td>
<td>25.5</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td>11</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>11</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

RUN TIME (H.M.S): 0.0.2
End of report. HIT RETURN:

Figure 9-9: Sample of AA report

9.9 All Visits by Provider or Provider Discipline (ALL)

Use the All option to produce a report that counts all visits by provider, location of service, and service category. All visits are in the report regardless of type, service category, or clinic. The visit must have a valid provider and POV to be included. Select one or all providers, one or all provider disciplines, all providers within one discipline, one or all locations, and whether the provider is a primary provider.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Report should include and sort by” prompt, type one of the following:
   - O–One Provider Only
   - P–All Providers
   - D–One Provider Discipline
   - A–All Provider Disciplines
   - X–All Providers within One Discipline
   If O, D, or X are entered, additional prompts display.

4. At the “Include if Provider is” prompt, type P (for primary provider) or S for Primary or secondary provider).

5. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

7. At the “Device” prompt, specify the device to print/browse the report.
 NUMBER OF CONTACTS BY PROVIDER, LOCATION AND SERVICE CATEGORY
LOCATION OF VISITS: ALL
PROVIDER DISCIPLINE: ALL
PRIMARY PROVIDER ONLY
VISIT DATES: JAN 01, 1994 TO JAN 15, 1994

<table>
<thead>
<tr>
<th>LOCATION OF VISIT</th>
<th>SERVICE CATEGORY</th>
<th>PROVIDER CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demo Hospital/Clinic</td>
<td>Ambulatory</td>
<td>36</td>
</tr>
<tr>
<td>San Xavier Health Center</td>
<td>Ambulatory</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>Chart Review</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Telecommunications</td>
<td>4</td>
</tr>
<tr>
<td>Ambulance,000177</td>
<td>Ambulatory</td>
<td>4</td>
</tr>
<tr>
<td>CHS Physician Office,000188</td>
<td>Ambulatory</td>
<td>7</td>
</tr>
<tr>
<td>In Hospital</td>
<td>Ambulatory</td>
<td>6</td>
</tr>
<tr>
<td>Veterans Admin Hospital</td>
<td>Ambulatory</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Hospitalization</td>
<td>1</td>
</tr>
<tr>
<td>Saint Mary's Hospital</td>
<td>Ambulatory</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 9-10: Example of All report

The report will show subtotals and totals.

9.10 Tally of Walk-In/Appointment Clinic Visits (APPT)

Use the APPT option to produce a report that counts visits by clinic in the date range selected. Select visit counts for one or all locations and one or all clinics. The report counts each clinic visit by appointment, walk-in, or unspecified.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
If 2, 3, or 4 are entered, additional prompts display.

4. At the “Include visits from ALL Clinics?” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.
### TALLY OF CLINIC VISITS: WALK-IN, APPOINTMENT, UNSPECIFIED

**LOCATION OF VISITS:** ALL  
**CLINIC:** ALL  
**VISIT DATES:** JAN 01, 1994 TO JAN 31, 1994

<table>
<thead>
<tr>
<th>LOCATION OF VISIT</th>
<th>CLINIC TOTAL</th>
<th>APPOINTMENTS</th>
<th>WALK-INS</th>
<th>UNSPECIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC CODE</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>DEMO OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sub total:</td>
<td>5</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>DEMO HOSPITAL/CLINIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRONIC DISEASE</td>
<td>50</td>
<td>17</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>DENTAL</td>
<td>56</td>
<td>186</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIABETIC</td>
<td>06</td>
<td>55</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIETARY</td>
<td>67</td>
<td>18</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>EMERGENCY MED</td>
<td>30</td>
<td>228</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>GENERAL</td>
<td>01</td>
<td>551</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>GROUP SERVICES</td>
<td>09</td>
<td>9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>GYNECOLOGY</td>
<td>10</td>
<td>15</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>OBSTETRICS</td>
<td>16</td>
<td>49</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>OPHTHALMOLOGY</td>
<td>17</td>
<td>27</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>OPTOMETRY</td>
<td>18</td>
<td>31</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>OTHER</td>
<td>25</td>
<td>10</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>PHARMACY</td>
<td>39</td>
<td>203</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>PHYSICAL THER</td>
<td>34</td>
<td>86</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>PODIATRY</td>
<td>65</td>
<td>29</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>RADIOLOGY</td>
<td>63</td>
<td>2</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>SURGICAL</td>
<td>23</td>
<td>13</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>WELL CHILD</td>
<td>24</td>
<td>10</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>WOMEN'S HLTH SCR</td>
<td>70</td>
<td>1</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sub total:</td>
<td>1543</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1548</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Figure 9-11: Example of APPT report**

### 9.11 California State Annual Utilization Report (CSAR)

Use the CSAR option to produce the California State Annual Utilization Report of Primary Care Clinics report for a selected year.

Follow these steps:

1. At the “Enter Calendar year (e.g. 2007)” prompt, type the calendar year of interest. Use a 4-digit year, e.g., 2006.
2. At the “Include visits from ALL Locations?” prompt, type Y (Yes) or N (No). If N (No) is entered, other prompts display.

3. At the “Select 3P FEE TABLE SCHEDULE NUMBER” prompt, specify the FEE schedule to use in calculating the primary CPT code.

4. At the “Do you want to include a list of visits with no CPT code?” prompt, type Y (Yes) or N (No).

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.

---

**CALIFORNIA ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS, 2007**

**ALL LOCATIONS OF ENCOUNTER SELECTED**

**Reporting Period: Jan 01, 2007 to Dec 31, 2007**

---

**SECTION 2**

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER  Column 5 - No. of Encounters

<table>
<thead>
<tr>
<th>LINE NO. OF</th>
<th>NO. PRIMARY CARE PROVIDERS</th>
<th>ENCOUNTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Physicians</td>
<td>18,809</td>
</tr>
<tr>
<td>61</td>
<td>Physician Assistants</td>
<td>8,661</td>
</tr>
<tr>
<td>62</td>
<td>Family Nurse Practitioners</td>
<td>4,640</td>
</tr>
<tr>
<td>63</td>
<td>Certified Nurse Midwives</td>
<td>0</td>
</tr>
</tbody>
</table>

---

Figure 9-12: Partial example of CSAR report

## 9.12 PCC Data Analysis Report (DAR)

Use the DAR option to produce a report that counts all visits processed in the PCC and categorizes them by type, service category, and complete/incomplete. The PCC Data Analysis Report also indicates visits excluded from the APC system.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Include visits for which Facility” prompt, type the name of the facility.

4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>DEMO HOSPITAL/CLINIC</th>
<th>Apr 09, 1996 Page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC DATA ANALYSIS REPORT</td>
<td></td>
</tr>
<tr>
<td>FACILITY: DEMO HOSPITAL/CLINIC - 000101</td>
<td></td>
</tr>
<tr>
<td>VISIT DATE RANGE: Jan 01, 1995 - Dec 30, 1995</td>
<td></td>
</tr>
</tbody>
</table>

Total Visits Processed in PCC: 140

as of the Date the report was run:

<table>
<thead>
<tr>
<th>complete</th>
<th>incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE:</td>
<td>IHS</td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
</tr>
<tr>
<td>SERVICE CATEGORY:</td>
<td>AMBULATORY</td>
</tr>
<tr>
<td></td>
<td>CHART REVIEW</td>
</tr>
<tr>
<td></td>
<td>EVENT (HISTORICAL)</td>
</tr>
<tr>
<td></td>
<td>HOSPITALIZATION</td>
</tr>
<tr>
<td></td>
<td>IN HOSPITAL</td>
</tr>
</tbody>
</table>

APC Acceptable Visits based on Headquarters Definition: 93

Exclusions from APC System:

- Dental Clinic w/o Medication: 4
- Other Excluded Clinic Type: 0
- Incomplete A, O, R or S: 15
- Non APC Service Category: 9
- Non APC Visit Type: 0
- Mult Visits same patient, same day, same clinic: 19

Of the acceptable APC visits, 0 were posted or modified after the last export and would not be reflected in reports from the data center.

Of the acceptable APC visits, 27 were not exported due to an error. These can be reviewed using other PCC reports.

RUN TIME (H.M.S): 0.0.9
End of report. HIT RETURN:

Figure 9-13: Example of DAR report
9.13 General/Dental Clinic Visits on the Same Day (GCDC)

Use the GCDC option to produce a report that shows a list of patients who have had a dental clinic visit and a general clinic visit on the same day.

Follow these steps:
1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
3. At the “Do you want to select” prompt, type one of the following:
   - 1–All
   - 2–Individually
   - 3–For a Service Unit
   - 4–From a Taxonomy
   If 2, 3, or 4 are entered, additional prompts display.
4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
5. At the “Device” prompt, specify the device to print/browse the report.

![Table]

<table>
<thead>
<tr>
<th>General Clinic and Dental Clinic Visits (Same Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Visits: SELECTED</td>
</tr>
<tr>
<td>Date Range: Jan 28, 2008 to Jan 27, 2009</td>
</tr>
</tbody>
</table>

Visit Date | Patient Name | Chart |
------------|--------------|-------|

Figure 9-14: Example GCDC report

9.14 Listing of Incomplete Laboratory, Rx or Rad Visits (INCV)

Use the INCV option to produce a report that lists all “orphan visits.” Select orphaned laboratory, pharmacy, or radiology visits. If laboratory is selected, all visits with no primary provider or POV entered that have a laboratory entry attached to them display. The same is true for pharmacy or radiology. If a visit has both a V LAB and a V RADIOLOGY, the visit is included in each report.
Follow these steps:

1. At the “What type of orphan visits should be included” prompt, type one of the following:
   - L–LAB
   - P–PHARMACY
   - R–RADIOLOGY

2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

4. At the “Enter a code indicating what LOCATIONS/FACILITIES are of interest” prompt, type one of the following:
   - A–ALL Locations/Facilities
   - S–One SERVICE UNIT'S Locations/Facilities
   - O–ONE Location/Facility
   If the user types S or O, additional prompts display.

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Do you wish to” prompt, specify the device to print/browse the report.
At the “Select Action” prompt, do one of the following:

- Type **Q** (Quit) to quit the report.
- Type a plus sign (+) to display the next screen. This option is not available for the last screen.
- Type a minus sign (–) to display the previous screen. This option is not available for the first screen.

### 9.15 Primary Provider Visits – Daily/Annual Report (PPD)

Use the PPD option to produce a report that counts visits by Primary Providers for a given day or year. The user can specify the locations or clinics to include in the report up to a total of six for an 80-column report or 12 for a 132-column report. All clinics are counted in the report, including telephone calls, dental, and chart reviews if a clinic is not specified. However, only visits with a primary provider discipline in one of the following codes are tabulated:

<table>
<thead>
<tr>
<th>Code</th>
<th>Primary Provider Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Physician</td>
</tr>
<tr>
<td>11</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>16</td>
<td>Pediatric Nurse Practitioner</td>
</tr>
<tr>
<td>17</td>
<td>Nurse Midwife</td>
</tr>
<tr>
<td>18</td>
<td>Contract Physician</td>
</tr>
<tr>
<td>21</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>25</td>
<td>Contract Podiatrist</td>
</tr>
<tr>
<td>33</td>
<td>Podiatrist</td>
</tr>
<tr>
<td>41</td>
<td>Contract OB/Gyn</td>
</tr>
</tbody>
</table>

---

**Figure 9-15: Example INVC report**

**OUTPUT BROWSER**

Jan 27, 2009 15:37:33  Page: 1 of 2

**XXX**  
Jan 27, 2009  
Page 1

**INCOMPLETE LAB VISITS**  
Visit Dates: Jan 28, 2008 to Jan 27, 2009

**HRN  PATIENT NAME  DATE       TIME  SC TYPE LOC  LAB RX  RAD**

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL NUMBER OF VISITS FOUND: 13</td>
</tr>
<tr>
<td>DH 124682 SIGMA, ANGELA  Mar 12, 2008 8:00  H  T  DH  1  0  0</td>
</tr>
<tr>
<td>DH 111207 CHI, SHI  Mar 18, 2008 12:00  A  I  DH  3  0  0</td>
</tr>
<tr>
<td>DH 111228 BETA, SHICHI  Mar 28, 2008 12:00  A  I  DH  3  0  0</td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions  
+ NEXT SCREEN  - PREVIOUS SCREEN  Q  QUIT  
Select Action: +//

---

Management Reports User Manual  
June, 2011  
Ambulatory Visit Counts (PCCV)  
154
This report tallies the number of visits by primary care providers, provider at the locations or the clinics that the user specifies.

This report can be run for one day (daily report) or for a year (calendar).

A total number of six locations or clinics will fit on an 80 column report. The user can specify up to 12 if the report is printed with 132 columns.

Follow these steps:

1. At the “Run which Report” prompt, type D (Daily Report) or Y (Yearly Report).
2. At the “Enter DATE” prompt, type the date.
3. At the “Do you wish to tally by” prompt, type C (Clinic) or F (Facility). Other prompts will display, according the option used.
4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
5. At the “Device” prompt, specify the device to print/browse the report.

The following sample report was run for an entire facility and six specific clinics for January 15, 1995.

<table>
<thead>
<tr>
<th>Code</th>
<th>Primary Provider Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>Physician (Tribal)</td>
</tr>
<tr>
<td>70 - 90</td>
<td>Physician Specialists</td>
</tr>
</tbody>
</table>

XXX DEMO HOSPITAL/CLINIC Page 1
PRIMARY CARE PROVIDER VISITS - YEARLY REPORT

VISIT DATES: JAN 1, 1995 TO DEC 31, 1995
LOCATION OF VISITS: ALL

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>GENERAL</th>
<th>DIABETIC</th>
<th>INTERNAL</th>
<th>OBSTETRI</th>
<th>SURGICAL</th>
<th>EMERGENC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPHA, CLAYTON</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>SIGMA, GREG</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BETABETA, LORI AN</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

RUN TIME (H.M.S): 0.0.0
End of report. HIT RETURN:

Figure 9-16: Example of PPD report
9.16 Primary Care Provider Visits – Monthly Report (PPM)

Use the PPM option to produce a report that counts the number of visits by primary care providers for a given month. All clinic codes are in the report including telephone calls, dental, and chart review. Only visits with a primary provider discipline are counted.

A total of six locations or clinics will fit on an 80-column report. The user can specify up to 12 if the report is printed with 132 columns.

Follow these steps:

1. At the “At the “Enter beginning Visit Date” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date” prompt, type the end of the date range.

3. At the “Do you wish to tally by” prompt, type C (Clinic) or F (Facility). Other prompts display according to the option specified.

4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.

The following sample report was run for the month of January for six selected clinics.

<table>
<thead>
<tr>
<th>DATE</th>
<th>GENERAL</th>
<th>DIABETIC</th>
<th>INTERNAL</th>
<th>OBSTETRI</th>
<th>EMERGENC</th>
<th>DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/08/96</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>01/10/96</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>01/11/96</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>01/18/96</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>01/24/96</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>01/30/96</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

RUN TIME (H.M.S): 0.0.0
End of report. HIT RETURN:

Figure 9-17: Example of PPM report
9.17 Tally of Selected Provider Disciplines by Clinics (TPC)

The TPC option produces a report that lists a count of all visits to clinics within a taxonomy of clinics identified. The report tallies all primary and secondary providers on those visits. Only those provider disciplines within the discipline taxonomy selected will be tallied.

Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.
3. At the “Enter a code indicating what LOCATIONS/FACILITIES are of interest” prompt, type one of the following:
   - A–ALL Locations/Facilities
   - S–One SERVICE UNIT’S Locations/Facilities
   - O–ONE Location/Facility
   - T–A taxonomy or Set of Locations/Facilities
   If S, O, or T are entered, other prompts display.
4. At the “Enter Clinic” prompt, type the clinic for the report. This prompt repeats so that the user may type more than one clinic.
5. At the “Enter CLASS” prompt, type the class.
6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
7. At the “Device” prompt, specify the device to print/browse the report.
Select PCC Ambulatory Visit Reports Option: TPC  Tally of Selected Provider Disciplines by Clinics

This report will list a count of all visits to clinics that are within a taxonomy of clinics you identify. The report will be a tally of all primary and secondary providers on those visits. Only those provider disciplines that are within the discipline taxonomy you select will be tallied.

Enter Beginning Visit Date:  T-200  (AUG 10, 2009)
Enter Ending Visit Date:  T  (FEB 26, 2010)

Select one of the following:

A  ALL Locations/Facilities
S  One SERVICE UNIT'S Locations/Facilities
O  ONE Location/Facility
T  A Taxonomy or Set of Locations/Facilities

Enter a code indicating what LOCATIONS/FACILITIES are of interest: 0/1 ALL Locations/Facilities
Enter CLINIC: 01  GENERAL     01
The following have been selected =>

GENERAL

Enter ANOTHER CLASS: PHYS
1  PHYSICAL THERAPIST
2  PHYSICAL THERAPY TECHNICIAN
3  PHYSICIAN
4  PHYSICIAN (CONTRACT)
5  PHYSICIAN (TRIBAL)
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 3  PHYSICIAN
Enter ANOTHER CLASS: PHYS
1  PHYSICAL THERAPIST
2  PHYSICAL THERAPY TECHNICIAN
3  PHYSICIAN
4  PHYSICIAN (CONTRACT)
5  PHYSICIAN (TRIBAL)
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4  PHYSICIAN (CONTRACT)
Enter ANOTHER CLASS: PHYS
1  PHYSICAL THERAPIST
2  PHYSICAL THERAPY TECHNICIAN
3  PHYSICIAN
4  PHYSICIAN (CONTRACT)
5  PHYSICIAN (TRIBAL)
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 5  PHYSICIAN (TRIBAL)
Enter ANOTHER CLASS:
The following have been selected =>

PHYSICIAN
PHYSICIAN (CONTRACT)
Tally of Selected Primary and Secondary Providers for selected Clinic Visits

Visit Dates: Aug 10, 2009-Feb 26, 2010

Locations: ALL

Clinics:
GENERAL

Disciplines:
PHYSICIAN
PHYSICIAN (CONTRACT)
PHYSICIAN (TRIBAL)

Feb 26, 2010
Page 1

TALLY OF SELECTED PRIMARY AND SECONDARY PROVIDERS FOR SELECTED CLINIC VISITS
Visit Dates: Aug 10, 2009-Feb 26, 2010
FOR: ALL Locations

--------------------------------------------------------------------
Total PCC Primary Provider Workload Count:       212
Total PCC Secondary Provider Workload Count:       2
Total PCC Provider Workload Count:               214
Total Number of Visits:                          214

PRIMARY PROVIDERS                  # OF VISITS
AQPROVIDER,NATALIE                   6
DEMO                               6
AXPROVIDER,MERY F                   2
DEMO                               2
BOPROVIDER,RICHARD MD              1
DEMO                               1
BPPROVIDER,J                       1
DEMO                               1

Enter RETURN to continue or '^' to exit:
9.18 Wait Times by Clinic and Provider (WAIT)

The WAIT option displays minimum, maximum, and mean waiting times by provider and clinic. In order for data to print in this report, the user’s site must be entering the actual time that the primary provider saw the patient. Type a beginning visit date and ending visit date for time reporting. There is an option to print waiting times for all clinics or for specific clinics.

Follow these steps:

1. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

2. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

3. At the “Tally Waiting Times for ALL Clinics” prompt, type Y (Yes) or N (No).

4. At the “Do you wish to include” prompt, type W (Walk-ins Only) or A (Appointments Only).

5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
• I–Include ALL Patients
• E–Exclude DEMO Patients
• O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.

Figure 9-19 includes wait times for the Internal Medicine clinic between October 1 and October 31, 1996.

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>TOTAL VISITS</th>
<th>VSTS USED</th>
<th>AVG WAIT</th>
<th>MIN WAIT</th>
<th>MAX WAIT</th>
<th>EARLY WAIT</th>
<th>LATE WAIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNAL MEDICINE</td>
<td>120</td>
<td>100</td>
<td>10</td>
<td>0</td>
<td>33</td>
<td>38</td>
<td>62</td>
</tr>
<tr>
<td>BETAA,TED</td>
<td>25</td>
<td>20</td>
<td>18</td>
<td>5</td>
<td>37</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>GAMMAAAA,LUPE</td>
<td>40</td>
<td>40</td>
<td>5</td>
<td>0</td>
<td>12</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>SIGMAAAAAA,TOM</td>
<td>30</td>
<td>25</td>
<td>12</td>
<td>2</td>
<td>23</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>THETAA,FLYNN</td>
<td>25</td>
<td>15</td>
<td>8</td>
<td>0</td>
<td>18</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

Figure 9-19: Example of Wait report
10.0 **Billing Reports (BILL)**

The following reports are available from the Billing Reports menu:

```
**********************************
**    PCC Management Reports    **
**         Billing Reports      **
**********************************
IHS PCC Suite Version 2.0

DEMO HOSPITAL

MCA  Listing of Active Medicare Part A Enrollees
MCB  Listing of Active Medicare Part B Enrollees
MCD  Listing of Active Medicaid Enrollees
PI   Listing of Active Private Insurance Enrollees
CO   Listing of Commissioned Officers and Dependents
VIS  Listing of Potentially Billable Visits by Date
COV  Visits by Commissioned Officers and Dependents
TPR  List of Selected Third Party Coverage(s)

Select Billing Reports Option:
```

Figure 10-1: Example billing reports main menu

10.1 **Listing of Active Medicare Part A Enrollees (MCA)**

Use the MCA option to produce a report that shows a list of patients registered at a specified facility who are currently enrolled in Medicare Part A. Type an “as of” date to identify patients who are actively enrolled from the date specified. The report sorts alphabetically by patient name.

Follow these steps:

1. At the “Which Facility” prompt, type the facility name.

2. At the “Patients are to be considered ACTIVE as of what date” prompt, type the date.

3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

4. At the “Device” prompt, specify the device to print/browse the report.
### 10.2 Listing of Active Medicare Part B Enrollees (MCB)

Use the MCV option to produce a report that shows the patients registered at a specified facility and currently enrolled in Medicare Part B. Type an “as of” date to identify patients who are actively enrolled from the date specified. The report sorts alphabetically by patient name.

The prompts are the same as those for the MCA option.

#### Figure 10-3: Example listing of active Medicare Part B enrollees

<table>
<thead>
<tr>
<th>NAME</th>
<th>CHART</th>
<th>MEDICARE (TYPE)</th>
<th>COVERAGE</th>
<th>ELIG BEG DATE</th>
<th>ELIG END DATE</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(REG) BETAB, LISA</td>
<td>9422</td>
<td>B</td>
<td>JUL 1966</td>
<td>526928682144</td>
<td>SEP 01, 1964</td>
<td></td>
</tr>
<tr>
<td>(REG) BETAC, SUSAN</td>
<td>6182</td>
<td>B</td>
<td>SEP 1979</td>
<td>56932812361</td>
<td>FEB 01, 1938</td>
<td></td>
</tr>
<tr>
<td>(REG) GAMMA, DARLENE</td>
<td>6708</td>
<td>B</td>
<td>SEP 13, 1989</td>
<td>1234344441</td>
<td>JAN 01, 1989</td>
<td></td>
</tr>
</tbody>
</table>

---

Figure 10-3: Example listing of active Medicare Part B enrollees
10.3 Listing of Active Medicaid Enrollees (MCD)

Use the MCD option to produce a report showing a list of patients registered at a specified facility and currently enrolled in Medicaid. To determine which patients are actively enrolled during the specified date, type an “as of” date. The report sorts alphabetically by patient name. See the example below.

The prompts are the same as those for the MCA option.

<table>
<thead>
<tr>
<th>NAME</th>
<th>CHART</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(REG) BETAB, SAM</td>
<td>22222</td>
<td>MAY 01, 1977</td>
</tr>
<tr>
<td>MEDICAID: 0000000001</td>
<td>STATE: MONTANA</td>
<td></td>
</tr>
<tr>
<td>NAME/INSURED:</td>
<td>SEX OF INSURED:</td>
<td></td>
</tr>
<tr>
<td>(REG) BETAB, SUSAN</td>
<td>22223</td>
<td>FEB 01, 1938</td>
</tr>
<tr>
<td>MEDICAID: 0000000002</td>
<td>STATE: ARIZONA</td>
<td></td>
</tr>
<tr>
<td>NAME/INSURED:</td>
<td>SEX OF INSURED:</td>
<td></td>
</tr>
<tr>
<td>ELIG BEG DATE: JAN 1983</td>
<td>COVERAGE: 11</td>
<td>ELIG END DATE:</td>
</tr>
<tr>
<td>(REG) GREEN, DARLENE</td>
<td>22224</td>
<td>JAN 01, 1989</td>
</tr>
<tr>
<td>MEDICAID: 0000000003</td>
<td>STATE: MINNESOTA</td>
<td></td>
</tr>
<tr>
<td>NAME/INSURED: GREEN, DARLENE</td>
<td>SEX OF INSURED: F</td>
<td></td>
</tr>
</tbody>
</table>

Figure 10-4: Example listing of active Medicaid enrollees

10.4 Listing of Active Private Insurance Enrollees (PI)

Use the PI option to produce a report showing a list of patients registered in a specified facility and currently enrolled in private insurance. To identify patients who are actively enrolled during the specified date, type an “as of” date. The report sorts alphabetically by patient name.

The prompts are the same as those for the MCA option.
10.5 Listing of Commissioned Officers and Dependents (CO)

Use the CO option to produce a report that lists commissioned officers and their dependents as of the current date. The last page of the report shows a total. See Figure 10-6.

<table>
<thead>
<tr>
<th>Name</th>
<th>IHS</th>
<th>SSN</th>
<th>CLASS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETA, SHARON</td>
<td>44441</td>
<td>xxx-xx-1111</td>
<td>C. O.</td>
</tr>
<tr>
<td>BETA, EVAN</td>
<td>44442</td>
<td>xxx-xx-1112</td>
<td>C. O.</td>
</tr>
<tr>
<td>BETA, THOMAS</td>
<td>44443</td>
<td>xxx-xx-1113</td>
<td>C. O.</td>
</tr>
<tr>
<td>BETA, RICHARD</td>
<td>44444</td>
<td>xxx-xx-1114</td>
<td>C. O.</td>
</tr>
<tr>
<td>DELTA, ELIZABETH</td>
<td>44445</td>
<td>xxx-xx-1115</td>
<td>C. O.</td>
</tr>
<tr>
<td>GAMMA, SHARON</td>
<td>44446</td>
<td>xxx-xx-1116</td>
<td>C. O.</td>
</tr>
<tr>
<td>GAMMA, PRESTON</td>
<td>44447</td>
<td>xxx-xx-1117</td>
<td>C. O.</td>
</tr>
<tr>
<td>HALPHA, IDA</td>
<td>44448</td>
<td>xxx-xx-1118</td>
<td>C. O.</td>
</tr>
<tr>
<td>HALPHA, ISAIAH</td>
<td>44449</td>
<td>xxx-xx-1119</td>
<td>C. O.</td>
</tr>
</tbody>
</table>

Figure 10-6: Example listing of commissioned officers and their dependents

10.6 Listing of Potentially Billable Visits by Date (VIS)

Use the VIS option to produce a report showing a list of potentially billable visits for all patients registered at a specified facility. This report displays visits for the period
in which the patient had third-party coverage. Only visits at the location where a patient is registered display.

**Note**: Specific diagnostic categories that might not be covered by the patient’s insurance are not considered in the report.

Follow these steps:

1. At the “Run the report for which Facility” prompt, type the facility name.
2. At the “Starting Visit Date for Billable Visits” prompt, type the start of the date range.
3. At the “Ending Visits Date for Billable Visits” prompt, type the end of the date range.
4. At the “Do you want a particular SERVICE CATEGORY?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.
5. At the “Do you want a particular CLINIC?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.
6. At the “Select Third Party Coverage” prompt, select one of the options listed below to display visits from the following types of third-party coverage:
   - Commissioned Officers/Dependents
   - Medicare Part A
   - Medicare Part B
   - Medicaid
   - Private Insurance
   - Non-Indians
   - All Above Coverages
7. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients
8. At the “Device” prompt, specify the device to print/browse the report.

The following sample report shows billable visits from September 1, 1988 to February 7, 1990 for patients enrolled in Medicare Part B.
### POTENTIALLY BILLABLE VISITS FOR Medicare Part B

Visit Dates: SEP 1, 1988 and FEB 7, 1990

**SERVICE CATEGORY OF VISITS: ALL VISIT SERVICE CATEGORIES**

<table>
<thead>
<tr>
<th>HRCN</th>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>14697</td>
<td>MALPHA, JAMES</td>
<td>JUN 01, 1975</td>
<td>xxx-xx-0001</td>
</tr>
<tr>
<td></td>
<td>Medicare Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coverage: B Beg. Date: JUL 1975</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicare: 527739228B</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visit Date</td>
<td>Category</td>
<td>PRV</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>JAN 01, 1990</td>
<td>AMBULATORY</td>
<td>00</td>
<td>465.9</td>
</tr>
<tr>
<td>-4500</td>
<td>MARTIN, ANITA</td>
<td>AUG 01, 1935</td>
<td>xxx-xx-0002</td>
</tr>
<tr>
<td></td>
<td>Medicare Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coverage: B Beg. Date: MAR 21, 1987</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicare: 111991111B</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visit Date</td>
<td>Category</td>
<td>PRV</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>OCT 21, 1988</td>
<td>AMBULATORY</td>
<td>00</td>
<td>250.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAR 28, 1989</td>
<td>AMBULATORY</td>
<td>52</td>
<td>V72.2</td>
</tr>
<tr>
<td>OCT 24, 1989</td>
<td>AMBULATORY</td>
<td>71</td>
<td>250.00</td>
</tr>
</tbody>
</table>

**Figure 10-7: Example listing of potentially billable visits by date**

### 10.7 Visits by Commissioned Officers and Dependents (COV)

Use the COV option to produce a report that displays visits for all commissioned officers and their dependents at the facility the user is logged in to. Specify a date range for the visits and select from the following types of visits:

- Outpatient Visits Only
- Inpatient Visits Only
- Dental Visits Only
- All Visits

**Note:** This report prints on 132-column paper or on a printer set up for condensed print.
10.8 List of Selected Third Party Coverage(s) (TPR)

The TPR option allows the user to print a list of patients registered at the facility selected, who have insurance coverage with the insurer selected.

Follow these steps:

1. At the “Which Facility” prompt, type the facility name.

2. At the “Select a type of insurance” prompt, type one of the following:
   
   - 1–Medicare Part A
   - 2–Medicare Part B
   - 3–Medicaid
   - 4–A Selected Private Insurance
   - 5–Railroad Part A
   - 6–Railroad Part B
3. At the “Do you want patients that only have this one insurer (no other coverage)?” prompt, type **Y** (Yes) or **N** (No).

4. At the “Select Type of Eligibility Dates” prompt, type the date.

5. At the “Select Type of Eligibility Dates” prompt, type one of the following:
   - 1–Currently Active Eligibility Dates
   - 2–Any Past or Current Eligibility Dates
   - 3–Selected Eligibility Dates

6. At the “Do you want to print all beginning and Ending eligibility date pairs” prompt, type **Y** (Yes) or **N** (No).

7. At the “sort the Report By” prompt, type **1** (Patient Name) or **2** (Patient HRNO).

8. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>HRNO</th>
<th>MCR</th>
<th>SUF</th>
<th>Begin</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGMA, ADONNA</td>
<td>11111</td>
<td>13333333</td>
<td>A</td>
<td>11/01/90</td>
<td></td>
</tr>
<tr>
<td>SIGMA, JAYDEN</td>
<td>11112</td>
<td>13333334</td>
<td>A</td>
<td>06/01/83</td>
<td></td>
</tr>
<tr>
<td>SIGMA, DAVID</td>
<td>11113</td>
<td>13333335</td>
<td>A</td>
<td>07/01/93</td>
<td></td>
</tr>
<tr>
<td>SIGMA, GEORGE</td>
<td>11114</td>
<td>13333336</td>
<td>A</td>
<td>05/01/82</td>
<td>07/31/05</td>
</tr>
<tr>
<td>SIGMA, MARTHA</td>
<td>11115</td>
<td>13333337</td>
<td>A</td>
<td>09/01/01</td>
<td></td>
</tr>
</tbody>
</table>

Figure 10-9: Example of TPR report
11.0 **Activity Reports by Discipline Group (ACT)**

This set of reports provides Activity and Travel Times (in minutes) for the discipline group selected. Three discipline groups are already defined: PHN, Mental Health, and Social Services. Refer to the table below for disciplines and codes.

<table>
<thead>
<tr>
<th>Group</th>
<th>Discipline</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHN</td>
<td>CHN/Aides</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>CHN (Contract)</td>
<td>32</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Mental Health</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Psychiatrist</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Neurologist</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Contract Psychologist</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Psychologist</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Contract Psychiatrist</td>
<td>49</td>
</tr>
<tr>
<td>Social Services</td>
<td>Medical Social Worker</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>Licensed Med Social Worker</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Contract Social Worker</td>
<td>63</td>
</tr>
</tbody>
</table>

New discipline groups can be defined, as appropriate, using the CAG option. However, the only method for tracking each specific discipline is to have each provider type an activity time and/or travel time on the PCC Encounter Form.

Each report can be filtered by location of encounter and clinic.

The menu includes the following reports:

```
************************************************
**           PCC Management Reports           **
**    Activity Reports by Discipline Group    **
************************************************
IHS PCC Suite Version 2.0
DEMO HOSPITAL/CLINIC
TSPR Time and Patient Services by Provider
TSSU Time and Patient Services by Service Unit
PPFR Primary Problem by Provider
FPLO Primary Problem by Facility
FPUS Primary Problem by Service Unit
INPR Number of Individuals seen by Provider
INSU Number of Individuals seen by Service Unit
AGE Patient Services by Age and Sex
TEN Top Ten Primary Diagnoses
CAG Create new Activity Discipline Group
INQA Inquire into an Activity Group
TSCR Time and Services by Provider for Chart Reviews
Select Activity Reports by Discipline Group Option:
```

Figure 11-1: Example activity reports by discipline group menu
11.1 Time and Patient Services by Provider (TSPR)

Use the TSPR option to produce a report that displays the number of patient contacts, total activity time, and total travel time for each provider by location of encounter within a specified provider discipline group. Type a beginning and ending visit date range and the discipline group.

Follow these steps:

1. At the “Enter the Provider Discipline Group you wish to report on” prompt, type the discipline group. The system displays information about the selected group.

2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

4. At the “Include visits from which set of locations” prompt, type one of the following:
   - O–One Location
   - T–Taxonomy of or Selected set of Locations
   - A–All Locations

5. At the “Include visits from which set of clinics” prompt, type one of the following:
   - O–One Clinic
   - T–Taxonomy or Selected Set of Clinics
   - A–All Clinics

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

7. At the “Device” prompt, specify the device to print/browse the report.
PATIENT CONTACT REPORT FOR MENTAL HEALTH STAFF
VISIT DATES: JAN 01, 1994 TO OCT 15, 1994
All Locations
All Clinics
PROVIDER: VPROVIDER, THOMAS L

<table>
<thead>
<tr>
<th></th>
<th>TIME</th>
<th>LOCATION OF ENCOUNTER</th>
<th>PROVIDER PROVIDER</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMO OTHER</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>DEMO ADMINISTRATION</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>123</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>DEMO HOSPITAL/CLINIC</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>267</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>119</td>
</tr>
</tbody>
</table>

* -- 1 of the visits did not have an activity time recorded.

NOTE: This report separates visits and time into individual staff member contacts. If Provider A and Provider B participated on the same visit for a patient and spent 20 minutes in that visit, that is displayed on this report as a contact for each provider and 20 minutes activity time for each provider.

RUN TIME (H.M.S): 0.0.3
End of Report - Hit return

Figure 11-2: Example time and patient services report by provider

11.2 Time and Patient Services by Service Unit (TSSU)

Use the TSSU option to produce a report that displays total patient contacts, total activity time, and total travel time for a selected discipline group by SU.

The prompts are the same as the TSPR option.
### LOCATION OF ENCOUNTER REPORT BY SERVICE UNIT FOR PHN STAFF

**VISIT DATES:** JAN 01, 1994 TO OCT 15, 1994  
All Locations  
All Clinics  
**SERVICE UNIT:** DEMO

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>TOTAL</th>
<th>CONTS</th>
<th>CONTS</th>
<th>PATIENT</th>
<th>AS PRIM.</th>
<th>AS SEC.</th>
<th>ACTIVITY</th>
<th>TRAVEL</th>
<th>LOCATION OF ENCOUNTER</th>
<th>CONTACTS</th>
<th>PROVIDER</th>
<th>TIME *</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO OTHER</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>54</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMO HOSPITAL/CLINIC</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>110</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>8</strong></td>
<td><strong>7</strong></td>
<td><strong>1</strong></td>
<td><strong>164</strong></td>
<td><strong>119</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* -- 2 of the visits did not have an activity time recorded.

**NOTE:** This report counts one visit regardless of the number of PHN staff involved in that visit, and time represents total time reported regardless of the number of staff reporting on a single PCC Encounter Form.

---

**Figure 11-3:** Example time and patient services report by service unit report

### 11.3 Primary Problem by Provider (PPPR)

Use the PPPR option to produce a time and services report that totals primary problems for each provider in a specified discipline group, totals for patient contacts, activity times, and travel times for each diagnosis display.

Type a beginning and ending visit date range and a discipline group. Check the report heading.
### Primary Problem by Facility (PPLO)

The PPLO report totals primary problems for a specific discipline group and Location of Encounter. The report displays totals for activity times, travel times, and patient contacts for each problem.

Type a beginning and ending visit date range and a discipline group.

The prompts are the same as the TSPR option.

---

**Figure 11-4: Example primary problem report by provider report**

<table>
<thead>
<tr>
<th>PRIMARY PROBLEM</th>
<th>CONTACTS</th>
<th>AS PRIM.</th>
<th>AS SEC.</th>
<th>ACTIVITY TIME</th>
<th>TRAVEL TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIABETES</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>54</td>
<td>50</td>
</tr>
<tr>
<td>OTHER DIS OF THE NERVOUS</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>123</td>
<td>30</td>
</tr>
<tr>
<td>PREGNATAL, FIRST TRIMESTER</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>90</td>
<td>39</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>267</td>
<td>119</td>
</tr>
</tbody>
</table>

* -- 1 of the visits did not have an activity time recorded.

NOTE: This report separates visits and time into individual staff member contacts. If Provider A and Provider B participated on the same visit for a patient and spent 20 minutes in that visit, that is displayed on this report as a contact for each provider and 20 minutes activity time for each provider.
**Figure 11-5: Example primary problem report by facility report**

### 11.5 Primary Problem by Service Unit (PPSU)

The PPSU report displays primary problems for a specific SU. Totals are shown for patient contacts, activity times, and travel times for each provider within the discipline group selected.

Type a beginning and ending visit date range, SU, and discipline group.

The prompts are the same as the TSPR option.
### 11.6 Number of Individuals Seen by Provider (INPR)

The INPR report displays the number of individuals seen by each provider within a discipline by location of encounter for the discipline group selected.

The system prompts for beginning and ending visit dates and discipline group.

The prompts are the same as the TSPR option.

![Figure 11-7: Example number of individuals seen by provider report](image-url)
11.7 Number of Individuals Seen by Service Unit (INSU)

Use the INSU option to produce the number of individuals seen by SU for staff members in the specified discipline group. The report displays, by location of encounter, the number of individuals seen by providers within a discipline group selected for a specified SU.

The system prompts for beginning and ending visit dates and the discipline group.

The prompts are the same as the TSPR option.

```
OCT 15,1994                                                   Page 1
NUMBER OF INDIVIDUALS SEEN REPORT FOR PHN STAFF
VISIT DATES: JAN 01, 1994 TO OCT 15, 1994
All Locations
All Clinics
SERVICE UNIT: DEMO

TOTAL NUMBER OF
INDIVIDUALS SEEN

------------------------------------------
DEMO CLINIC                                      99
DEMO OTHER                                      101
DEMO HOSPITAL/CLINIC                            250

TOTAL:                                           450
```

Figure 11-8: Example number of individuals seen by service unit report

11.8 Patient Services by Age and Sex (AGE)

Use the AGE option to produce a report that lists all visits on which staff members of a discipline group selected was a provider, and time and patient services by age and sex.

Follow these steps:

1. At the “Enter the Provider Discipline Group you wish to report on” prompt, specify the discipline group. The system displays information about the selected group.

2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

4. At the “Include visits from which set of locations” prompt, type one of the following:

   - O-One Location
• T–Taxonomy of or Selected set of Locations
• A–All Locations

5. At the “Include visits from which set of clinics” prompt, type one of the following:
• O–One Clinic
• T–Taxonomy or Selected Set of Clinics
• A–All Clinics

6. The age groups to be used are currently defined as:
• 0–0
• 1–4
• 5–14
• 15–19
• 20–24
• 25–44
• 45–64
• 65–125

7. At the “Do you wish to modify these age groups?” prompt, type Y (Yes) or N (No) (consider the age groups shown above). If the user types Y (Yes), other prompts display.

8. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
• I–Include ALL Patients
• E–Exclude DEMO Patients
• O–Include ONLY DEMO Patients

9. At the “Device” prompt, specify the device to print/browse the report.
TIME AND PATIENT SERVICES REPORT BY AGE AND SEX FOR PHN STAFF
VISIT DATES: JAN 01, 1994 TO OCT 15, 1994
All Locations
All Clinics
SEX: FEMALE

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>PATIENT CONTACTS</th>
<th>AS PRIM. PROVIDER</th>
<th>AS SEC. PROVIDER</th>
<th>ACTIVITY TIME*</th>
<th>TRAVEL TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-0 years</td>
<td>15</td>
<td>15</td>
<td>.</td>
<td>100</td>
<td>.</td>
</tr>
<tr>
<td>1-4 years</td>
<td>30</td>
<td>25</td>
<td>5</td>
<td>50</td>
<td>.</td>
</tr>
<tr>
<td>5-14 years</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>100</td>
<td>.</td>
</tr>
<tr>
<td>15-19 years</td>
<td>30</td>
<td>20</td>
<td>5</td>
<td>240</td>
<td>30</td>
</tr>
<tr>
<td>20-24 years</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>25-44 years</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>45-64 years</td>
<td>50</td>
<td>30</td>
<td>20</td>
<td>500</td>
<td>100</td>
</tr>
<tr>
<td>&gt;64 years</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>135</td>
<td>95</td>
<td>35</td>
<td>990</td>
<td>130</td>
</tr>
</tbody>
</table>

* -- 1 of the visits did not have an activity time recorded.

NOTE: This report counts one visit regardless of the number of PHN staff involved in that visit, and time represents total time reported regardless of the number of staff reporting on a single PCC Encounter Form.

Figure 11-9: Example time and patient services report by age and sex report

11.9 Top Ten Primary Diagnoses (TEN)

The TEN report displays the top ten primary POVs by providers within the discipline group selected. The report generates for a specified SU.

Follow these steps:

1. At the “Enter the Provider Discipline Group you wish to report on” prompt, type the discipline group. The system displays information about the selected group.

2. At the “Enter beginning Visit Date for Search” prompt, type the beginning of the date range.

3. At the “Enter ending Visit Date for Search” prompt, type the end of the date range.

4. At the “Which Service Unit” prompt, type the SU name.

5. At the “Include visits from which set of clinics” prompt, type one of the following:
   - O–One Clinic
   - T–Taxonomy or Selected Set of Clinics
A—All Clinics

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I—Include ALL Patients
   - E—Exclude DEMO Patients
   - O—Include ONLY DEMO Patients

7. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>PRIMARY DX</th>
<th>TOTAL PATIENT CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELL CHILD CARE</td>
<td>19</td>
</tr>
<tr>
<td>DIABETES</td>
<td>14</td>
</tr>
<tr>
<td>HYPERTENSION</td>
<td>8</td>
</tr>
<tr>
<td>GENERAL/MULTIPLE</td>
<td>6</td>
</tr>
<tr>
<td>PRENATAL, FIRST TRIMESTER</td>
<td>4</td>
</tr>
<tr>
<td>OTHER SUBSTANCE ABUSE</td>
<td>3</td>
</tr>
<tr>
<td>TUBERCULOSIS, REACTOR/CONV</td>
<td>2</td>
</tr>
<tr>
<td>SCABIES</td>
<td>1</td>
</tr>
</tbody>
</table>

RUN TIME (H.M.S): 0.2.16
End of report. HIT RETURN:

Figure 11-10: Example top 10 diagnoses report by SU report

11.10 Create new Activity Discipline Group (CAG)

The CAG option provides a means to define and create a new discipline group. Once the new group is created and providers within that discipline record their activity and travel times on the PCC Encounter Form, activity reports can be generated for the new discipline group.

Figure 11-11: Creating a new activity discipline group
11.11 Inquire into an Activity Group (INQA)

Use the INQA option to view information about an established activity group.

<table>
<thead>
<tr>
<th>NAME OF GROUP: PHN</th>
<th>ICD RECODE ROUTINE: APCLRCHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECODE GLOBAL: AUTTCHA</td>
<td>PIECE FOR DESC. IN RECODE FILE: 3</td>
</tr>
<tr>
<td>STANDARD: YES</td>
<td></td>
</tr>
<tr>
<td>DISCIPLINES IN GROUP: CHN/AIDES</td>
<td>DISCIPLINE CODE: 13</td>
</tr>
<tr>
<td>DISCIPLINES IN GROUP: CHN (CONTRACT)</td>
<td>DISCIPLINE CODE: 32</td>
</tr>
</tbody>
</table>

Select PCC MAN REPORTS ACTIVITY GROUP NAME OF GROUP:

Figure 11-12: Inquiring into an activity group

11.12 Time and Services by Provider for Chart Reviews (TSCR)

The TSCR report displays by location of encounter, the number of patient chart reviews and the total activity and travel time for each provider with a discipline in the provider discipline group selected.

The prompts are the same as the TSPR option.

<table>
<thead>
<tr>
<th>JAN 28, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHART REVIEW REPORT FOR PHN STAFF</td>
</tr>
<tr>
<td>VISIT DATES: JAN 01, 2006 TO JAN 28, 2009</td>
</tr>
<tr>
<td>All Locations</td>
</tr>
<tr>
<td>All Clinics</td>
</tr>
<tr>
<td>PROVIDER: IOPROVIDER, DEBRA M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>CR'S</th>
<th>CR'S</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHART</td>
<td>AS PRIM.</td>
<td>AS SEC.</td>
</tr>
<tr>
<td></td>
<td>ACTIVITY</td>
<td>TRAVEL</td>
</tr>
<tr>
<td>LOCATION OF ENCOUNTER</td>
<td>REVIEWS</td>
<td>PROVIDER</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td>HOME</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CIHA DIABETES CLINIC</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

* -- 1 of the visits did not have an activity time recorded.

NOTE: This report separates visits and time into individual staff member contacts. If Staff Member A and Staff Member B participated on the same visit for a patient and spent 20 minutes in that visit, that is displayed on this report as a contact for each staff member.

Figure 11-13: Example TSCR report
12.0 Dx and Procedure Count Summary Report (CNTX)

Use the CNTX option to access the options for the Count Summary menu.

---

**     PCC Management Reports    **
**       Count Summary Menu      **
IHS PCC Suite Version 2.0

DEMO HOSPITAL

CPTP  CPT Code by Provider Report
DXAG  Diagnoses by AGE report
DXFA  DX Tally by Local, Secondary, Tertiary Facility
FCPT  Frequency of CPTs Report
FPRC  Frequency of Procedures Report
PAPC  Purpose of Visits grouped by APC codes
RXDA  RX Data Analysis Report
TEN   Frequency of Diagnoses Report
TOP   Tally of Operating Provider for Procedures

Select Dx & Procedure Count Summary Reports Option:

---

Figure 12-1: Options on the Count Summary Menu

12.1 CPT Code by Provider Report (CPTP)

Use the CPTP option to produce a report that shows the CPT codes entered by a specified provider. The date range; whether to include outpatient (ambulatory, day surgery, observation), inpatient visits or both; tally CPT codes by primary provider only or primary and secondary provider; and whether to include only visits to one facility, a service unit or to patients who are members of a particular tribe can be specified.

**Note:** If both primary and secondary providers have been chosen, the following logic will be applied: If the CPE mnemonic is used, or the CPT code is entered through EHR, the CPT code links to the encounter provider documented. If there is no encounter provider documented, the CPT code is tallied under each provider on that visit; thus the counts will include the same CPT code multiple times.

Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning of the date range.
2. At the “Enter ending Visit Date” prompt, type the end of the date range.
3. At the “Report should include” prompt, type P (Primary Provider Only) or A (All Providers).

4. At the “Report should include” prompt, use one of the following:
   - O–Outpatient Visits (ambulatory, day surgery, observation)
   - I–Inpatient
   - B–Both

5. At the “Enter a code indicating which visits are of interest” prompt, type one of the following:
   - S–One Service Unit
   - L–One Location/Facility
   - T–One Tribe
   - A–All visits
   If S, L, or T are entered, additional prompts display.

6. At the “Select an Output Option” prompt, type one of the following:
   - P–Print Report on Printer or Screen
   - D–Create Delimited output file (for use in Excel)
   - B–Both a Printed Report and Delimited File

7. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

8. At the “Device” prompt, specify the device to print/browse the report.
12.2 Diagnoses by AGE Report (DXAG)

Use the DXAG option to produce the Frequency of Diagnoses By Age report that lists diagnoses by age group.

Follow these steps:

1. At the “Enter beginning Visit Date” prompt, type the beginning date of the date range.

2. At the “Enter ending Visit Date” prompt, type the ending date of the date range.

3. The application displays the following information:
When I search the database, I can "screen" POVs according to any one of the following attributes:

- PATIENT SEX
- FACILITY OF ENCOUNTER
- PRIMARY PROVIDER
- CLINIC TYPE
- SERVICE CATEGORY (Hospitalizations, Ambulatory, Chart Reviews Nursing Home, etc.)
- VISIT TYPE (IHS, Contract, Tribal, 638, Other, VA)

Figure 11-3: Attributes for screening

4. At the “Want to use one or more of these ‘screens’?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

   The application displays the following information:

   The Age Groups to be used are currently defined as:
   
   0 - 0
   1 - 4
   5 - 14
   15 - 19
   20 - 24
   25 - 44
   45 - 64
   65 - 125

   Figure 11-4: Age groups

5. At the “Do you wish to modify these age groups?” prompt, type Y (Yes) or N (No) (considering the currently defined age groups). If Y (Yes) is entered, other prompts display.

6. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

7. At the “Device” prompt, specify the device to print/browse the report.

   This report should be printed on 132-column paper or on a printer that is set for condensed print. If the user does not have such a printer available, see the site manager.
12.3 DX Tally by Local, Secondary, Tertiary Facility (DXFA)

Use the DSFA option to produce a report showing a tally of all diagnoses for patients in a community or communities. The report tallies the diagnoses for the community’s local, secondary, and tertiary facilities. Each community’s report has one page for outpatient diagnoses and one page for inpatient diagnoses.

Follow these steps:

1. At the “Please Identify your Service Unit” prompt, type the service unit name.
2. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.
3. At the “Enter Ending Visit Date” prompt, type the end of the date range.
4. At the “Enter a code indicating what COMMUNITIES of RESIDENCE are of interest” prompt, type one of the following:
   - O–One Particular Community
   - S–All communities within the XXX UNIT (where XXX is the unit’s name)
   - T–A TAXONOMY or selected set of communities

   If S or T are entered, additional prompts display.

The system checks the community table for the required items; if any are missing, the process stops. See the site manager about fixing the community entries. The user can select other communities or exit the report.
5. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.

### 12.4 Frequency of Procedures Report (FPRC)

Use the FPRC option to produce the Frequency of Procedures report, which shows the top number of procedures done at a specified facility.

Follow these steps:
1. At the “Please Identify your Service Unit” prompt, type the SU name.
2. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.
3. At the “How many entries do you want in the list (5-100)” prompt, type any integer between five and 100.
4. The system displays the VISIT Selection Menu
<table>
<thead>
<tr>
<th>Select Action: S//</th>
</tr>
</thead>
</table>

To choose the criteria for listing visits on the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. An asterisk (*) indicates that an item has been selected. To select all visits, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

5. At the “Demo Patient Inclusion/Exclusion” prompt, use one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

6. At the “Device” prompt, specify the device to print/browse the report.
********** FREQUENCY OF PROCEDURES REPORT **********

REPORT REQUESTED BY: THETA, SHIRLEY

The following report contains a PCC Visit report based on the following criteria:

VISIT Selection Criteria

    Encounter Date range: AUG 01, 2006 to JAN 28, 2009

ALL VISITS IN DATE RANGE SELECTED.

Total COUNT of Visits: 484

No. VISITS: 484     No. PRCs: 573   PRC/VISIT ratio: 1.18 (min. std. > 1.6)

TOP 10 PRC's =>
1.  89.54   ELECTROGRAPHIC MONITORING  (88)
2.  94.62   ALCOHOL DETOXIFICATION  (61)
3.  99.04   PACKED CELL TRANSFUSION  (38)
4.  70.24   VAGINAL BIOPSY  (35)
5.  45.23   FLEX FIBEROPTIC COLONOSC  (28)
6.  39.95   HEMODIALYSIS  (21)
7.  47.01   LAPAROSCOPIC APPENDECTOMY  (15)
8.  88.01   C.A.T. SCAN OF ABDOMEN  (13)
9.  67.32   CERVICAL LES CAUTERIZAT  (11)
10.  94.65   DRUG DETOXIFICATION  (11)

RUN TIME (H.M.S): 0.0.3
End of report. HIT RETURN:

Figure 12-7: Example Frequency of Procedures report (FPRC)

12.5 Purpose of Visits Group by APC Codes (PAPC)

Use the PAPC option to produce the Purpose of Visits Count report, which shows only Ambulatory Visits within a specified date range.

Follow these steps:

1. At the “Please Identify your Service Unit” prompt, type the SU name.
2. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.
3. At the “Should the counts only include visits for patients from a specific community?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.
4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
• **O–Include ONLY DEMO Patients**

5. At the “Device” prompt, specify the device to print/browse the report.

<table>
<thead>
<tr>
<th>APC</th>
<th>APC Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>303</td>
<td>INFLUENZA</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>ICD9 Description</td>
<td></td>
</tr>
<tr>
<td>487.1</td>
<td>FLU W RESP MANIFEST NEC</td>
<td>13</td>
</tr>
<tr>
<td>999</td>
<td>NO REPORTED DIAGNOSIS</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>ICD9 Description</td>
<td></td>
</tr>
<tr>
<td>V62.84</td>
<td>SUICIDAL IDEATION</td>
<td>6</td>
</tr>
<tr>
<td>.9999</td>
<td>UNCODED DIAGNOSIS</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 12-8: Example PAPC report

### 12.6 RX Data Analysis Report (RXDA)

Use the RXDA option to produce the RX Data Analysis Report, which tallies all RXs for a specified date range and breaks them down by Time Released and Count by Hour increments. This option allows the report to be printed for all divisions or for one specified division.

Follow these steps:

1. At the “Enter Beginning RX Release Date” prompt, type the beginning of the date range.

2. At the “Enter Ending RX Release Date” prompt, type the end of the date range.

3. At the “Include RX’s from ALL DIVISIONS?” prompt, type Y (Yes) or N (No). If the user types N (No), other prompts display.

4. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

5. At the “Device” prompt, specify the device to print/browse the report.
DEMO HOSPITAL                               Jan 28, 2009  Page 1

**RX ANALYSIS REPORT**

**RX RELEASE TIME WORKLOAD DISTRIBUTION**

*****************************************************************
DIVISION:  ALL DIVISIONS
RX RELEASE DATE RANGE:  Jan 01, 2006 - Jan 28, 2009

Total Prescriptions Dispensed:  214769

<table>
<thead>
<tr>
<th>RX COUNT</th>
<th>ACT % TOTAL</th>
<th>ADJ % TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AM Prescriptions Dispensed**

Total RX's Before 8:00:           11927            6             NA
Total RX's  8:00- 8:59:           14114            7             NA
Total RX's  9:00- 9:59:           22986            11            12
Total RX's 10:00-10:59:           27362           13            14
Total RX's 11:00-11:59:           23669           11            13

**PM Prescriptions Dispensed**

Total RX's 12:00-12:59:           17134            8             9
Total RX's  1:00- 1:59:           17410            8             9
Total RX's  2:00- 2:59:           27045           13            14
Total RX's  3:00- 3:59:           25789           12            14
Total RX's  4:00- 4:59:           17242            8             9
Total RX's  5:00- 5:59:           9083             4             5
Total RX's  6:00- 6:59:           841              0             0
Total RX's  7:00- 7:59:           53               0             0
Total RX's  8:00- 8:59:           40               0             0
Total RX's  9:00- 9:59:           35               0             0
Total RX's 10:00-10:59:           33               0             0
Total RX's 11:00-11:59:           6                0             0

---------          ________        ________
214769          100%           100%

***SUMMARY***

ACT Total-All Hours: 214769  ADJ Total After 9:00 AM: 188728
ACT Percent After 2:00 PM: 37%  ADJ Percent After 2:00 PM: 42%
ACT Percent After 3:00 PM: 25%  ADJ Percent After 3:00 PM: 28%
ACT Percent After 4:00 PM: 13%  ADJ Percentage After 4:00 PM: 14%

*************
NOTE: ACT Total includes all hours - ADJ Total excludes all Non-Pharmacy
and evening dispensed RX's that are typically encoded between 8:00-9:00 AM.

RUN TIME (H.M.S): 0.1.45
End of report. HIT RETURN:

Figure 12-9: Example RX Data Analysis report (RXDA)

12.7 Frequency of Diagnoses Report (TEN)

Use the TEN option to produce the Frequency of Diagnoses report, which shows the
most frequent diagnosis for that date range.
Follow these steps:

1. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.

2. At the “Enter Ending Visit Date” prompt, type the end of the date range.

3. At the “Include which patients in the tally of diagnoses” prompt, type A (All Patients) or S (Search Template of Patients). If S is entered, other prompts display.

4. At the “How many entries do you want in the list (5-100)” prompt, type any integer between five and 100.

5. The system displays the VISIT Selection Menu.

To choose criteria for the report, type the number(s) of the criteria at the “Select Action” prompt and press Enter. An asterisk (*) indicates that an item has been selected. To select all visits, type Q (Quit Item Selection) at the “Select Action” prompt and press Enter.

6. At the “Report should include” prompt, type P (Primary POV) or A (All POVs).
7. The system displays the following information:

You have the opportunity to exclude certain diagnoses from this report. For example, to eliminate Pharmacy refill diagnoses, you need to exclude V68.1 from this report. If you chose to include only the primary pov then visits with a primary pov of V68.1 will be excluded.

Figure 11-11: System message

8. At the “Do you wish to exclude any diagnoses codes from the report?” prompt, type Y (Yes) or N (No). If Y (Yes) is entered, other prompts display.

9. At the “Select TYPE OF OUTPUT” prompt, type L (List of items with counts) or B (Bar chart, 132 columns).

10. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:

- I–Include ALL Patients
- E–Exclude DEMO Patients
- O–Include ONLY DEMO Patients

11. At the “Device” prompt, specify the device to print/browse the report.
********** FREQUENCY OF DIAGNOSES REPORT **********

Report run at: DEMO HOSPITAL

REPORT REQUESTED BY: THETA, SHIRLEY

The following report contains a PCC Visit report based on the following criteria:

VISIT Selection Criteria

- Encounter Date range: AUG 01, 2008 to JAN 28, 2009
- ALL VISITS IN DATE RANGE SELECTED.
- ALL (Primary and Secondary) POV's included.

Total COUNT of Visits: 100
No. VISITS: 100   No. POVs: 108   POV/VISIT ratio: 1.08 (min. std. > 1.6)

TOP 10 POV's =>

<table>
<thead>
<tr>
<th>No.</th>
<th>Diagnosis</th>
<th>Visits</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>072.9 MUMPS UNCOMPLICATED</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>2.</td>
<td>487.1 FLU W RESP MANIFEST NEC</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>V62.84 SUICIDAL IDEATION</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>4.</td>
<td>.9999 UNCODED DIAGNOSIS</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>079.81 HANTAVIRUS INFECTION</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>401.9 HYPERTENSION NOS</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>007.1 GIARDIASIS</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>055.9 MEASLES UNCOMPILCATED</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>114.0 PRIMARY COCCIDIOIDOMYCOSIS</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>493.90 ASTHMA UNSPECIFIED WITHOUT MEN</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

TOP 10 DIAGNOSTIC CATEGORIES =>

1. INFECTIOUS & PARASITIC (43)
2. EAR, NOSE, MOUTH & THROAT (16)
3. NERVOUS SYSTEM (7)
4. RESPIRATORY SYSTEM (6)
5. MENTAL DISEASES & DISORDERS (6)
6. CIRCULATORY SYSTEM (5)
7. DIGESTIVE SYSTEM (5)
8. HEALTH STATUS FACTORS (5)
9. MUSCULOSKELETAL & CONNECTIVE T (4)
10. HEPATOBILIARY & PANCREAS (3)

RUN TIME (H.M.S): 0.0.0
End of report. HIT RETURN:

Figure 12-12: Example Frequency of Diagnosis report (TEN)

12.8 Tally of Operating Provider for Procedures (TOP)

Use the TOP option to produce the Listing/Tally of Visits with Selected Procedure Codes report, which tallies the operating provider for selected procedures done. A list of all visits with the selected procedures can be obtained.

Follow these steps:
1. At the “Enter Beginning Visit Date” prompt, type the beginning of the date range.

2. At the “Enter Ending Visit Date” prompt, type the end of the date range.

3. At the “Include ALL Visit Service Categories?” prompt, type Y (Yes) or N (No). If the user types N (No), other prompts display.

4. At the “Enter a code indicating what LOCATIONS/FACILITIES are of interest” prompt, type A (All Locations/Facilities) or O (One Location/Facility). If O is entered, other prompts display.

5. At the “Enter a code indicating what ICD Procedure codes are of interest” prompt, type A (for all procedures) or S (selected set of ICD Procedure codes). If S is entered, other prompts display.

6. At the “Do you want a List of all the procedures in addition to the tally?” prompt, type Y (Yes) or N (No).

7. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

8. At the “Device” prompt, specify the device to print/browse the report.
***  PROCEDURE TALLY/LISTING  ***
Visit Dates: Jan 29, 2008 to Jan 28, 2009
Service Categories: ALL
Procedures included in this report: ALL ICD PROCEDURES

Total of Procedures: 28

Tally BY Operating Providers:

Operating Provider of Procedures

BETAAAA,LORI
  29.39  EXC/DESTR LES/TIS PHARY 1
  45.24  FLEXIBLE SIGMOIDOSCOPY 1
  Total Procedures for BUTCHER,LORI 2

FAPROVIDER,USER
  47.2  DRAIN APPENDICEAL ABSC 1
  Total Procedures for FAPROVIDER,USER 1

GAMMA,U
  18.29  DESTRUCT EXT EAR LES NEC 1
  28.11  TONSIL ADENOID BIOPSY 1
  45.23  FLEX FIBEROPTIC COLONOSC 2
  45.24  FLEXIBLE SIGMOIDOSCOPY 2
  47.01  LAPAROSCOPIC APPENDECTOMY 4
  51.23  LAPAROSCOPIC CHOLECYSTECT 1
  86.27  DEBRIDE NAIL/BED/FOLD 1
  Total Procedures for GAMMA,U 12

Figure 12-13: Example TOP report
13.0 Immunization Reports (IMM)

The following immunization reports are available from the Immunization Report menu. These reports address the immunization needs of the adults and children at the user’s facility.

********************
** PCC Management Reports **
** Immunization Report Menu **
********************
IHS PCC Suite Version 2.0

DEMO HOSPITAL/CLINIC

<table>
<thead>
<tr>
<th>AIN</th>
<th>Adult Immunization Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNIR</td>
<td>Kids Not on Immunization Register</td>
</tr>
</tbody>
</table>

Figure 13-1: Example Immunization report main menu

13.1 Adult Immunization Needs (AIN)

The Adult Immunization Needs (AIN) report displays the most recent Td, pneumococcal, and influenza vaccinations for adults considered at high risk. Prior to running this report, Q-Man must be used to create a cohort (template) of patients to search. Developing a cohort of high-risk adults typically consists of selecting living patients over age 65 or who have one or more specific chronic diseases.

The following example report was generated using a search template of patients over 65 years old.
## 13.2 Kids Not on Immunization Register (KNIR)

The Kids Not on Immunization Register (KNIR) report lists all children in a specified age range who are not in the immunization register. Type an age range and select a particular community, a group of communities, or all communities.

Follow these steps:

1. At the “Enter an AGE range” prompt, type the age range or press Enter to include all ages.

2. At the “List children who live in” prompt, type one of the following:
   - O–One particular Community
   - A–All Communities
   - S–Selected Set of Communities (Taxonomy)

If the user types O or S, additional prompts display.
3. At the “Demo Patient Inclusion/Exclusion” prompt, type one of the following:
   - I–Include ALL Patients
   - E–Exclude DEMO Patients
   - O–Include ONLY DEMO Patients

4. At the “Device” prompt, specify the device to print/browse the report.

The following sample report shows children ages 5-to-8 in the Achi and Ajo communities, who are not in the immunization register.

![Sample Report](image)

Figure 13-3: Example report listing children not in immunization register
14.0 Q-Man (PCC Query Utility) (QMAN)

Q-Man (the PCC Query System) is a utility for “mining” the PCC database. It facilitates retrieval of demographic and clinical information.

***** WELCOME TO Q-MAN: THE PCC QUERY UTILITY *****

***************************************************************************
** WARNING...Q-Man produces confidential patient information. **
** View only in private.  Keep all printed reports in a secure area. **
** Ask your site manager for the current Q-Man Users Guide. **
***************************************************************************

Query utility: IHS PCC SUITE Q-MAN Ver. 2.0
Current user: SIGMA THETA
Chart numbers will be displayed for: DEMO HOSPITAL
Access to demographic data: PERMITTED
Access to clinical data: PERMITTED
Programmer privileges: YES

Enter RETURN to continue or '^' to exit:

Figure 14-1: Opening information for QMAN option

- To exit Q-Man, type a caret (^).
- The following options display when pressing Enter at the “Enter RETURN to continue or ‘^’ to exit” prompt:

***** Q-MAN OPTIONS *****

Select one of the following:

1 SEARCH PCC Database (dialogue interface)
2 FAST Facts (natural language interface)
3 RUN Search Logic
4 VIEW/DELETE Taxonomies and Search Templates
5 FILEMAN Print
9 HELP
0 EXIT

Your choice: SEARCH/

Figure 14-2: Example Q-Man options menu

No special knowledge of MUMPS, FileMan, or the PCC file structure is required to use Q-Man. Generate a query by initiating a dialogue with the computer. Each query has a subject, attribute, condition, and value.
For example, consider the following query:

```
"Find all patients over 60 years of age."
SUBJECT = Patients
ATTRIBUTE = Age
CONDITION = Over
VALUE = 60
```

Figure 14-3: Sample Q-Man query

To define a search the word “and” can be used for multiple queries.

The output of the search is either a standard columnar display on the screen, a printed report, or a FileMan search template (i.e., a cohort of patients).

In addition to the dialogue interface described above, there is also a natural language interface to Q-Man. Type a one attribute query in English. Frequently, Q-Man will correctly interpret the query and print the results on the screen. If Q-Man does not understand the question, it will beep and prompt the user to try again. Sample queries for the Rapid Report option are:

```
"SHOW ME MARY MARTIN'S LAST BLOOD SUGAR"
"FIND ALL PATIENTS WHO LIVE IN TUCSON"
"SHOW ME EVERYONE WHOSE TRIBE OF MEMBERSHIP IS NAVAJO"
"I WANT LISA JONES' AVERAGE WEIGHT"
"NOW GET HER SSN"
```

Figure 14-4: Sample queries for the rapid report

Notice that the word “and” does not appear in any of the queries, and that all queries in Figure 14-4 have one attribute only. If this method of querying does not provide the intended results, use the dialogue interface.

A separate Q-Man User Manual describing the use of the Query System in depth is available.
15.0 Delimited Output Reports (DELR)

The Delimited Output Reports menu contains the following option:

| EDU | Create Delimited File of Visits w/Education Done |

Figure 15-1: Example FileMan menu options

This EDU option creates a delimited output file of all visits in which patient education was done. The report includes primary care provider. This report is used by uploading the data file into Microsoft Excel or other software application.
16.0 Health Summary Displaying CMS Register(s) (CHS)

The CHS option displays the register the patient belongs to and allows the patient’s Health Summary to be printed.

1. At the “Select patient” prompt, type the name of the patient. The system displays information about the particular patient.

2. At the “Select health summary type” prompt, specify the type of Health Summary to display.

3. At the “Device” prompt, specify the device to print/browse the report.

For example,

```
CONFIDENTIAL PATIENT INFORMATION -- 1/29/2009 10:07 AM [SJT]
** DEMO,JOHNNIE RUTH 118774 <A> (ADULT REGULAR SUMMARY) pg 1 **

---------------------------- DEMOGRAPHIC DATA ----------------------------
DEMO,JOHNNIE RUTH     DOB: MAR 1,1981  27 YRS  FEMALE  no blood type
DEMO TRIBE, NM        SSN: XXX-XX-4021
MOTHER'S MAIDEN NAME: CROWE,VIRGINIA J
(H) 555-555-3791     FATHER'S NAME: DEMO,MICHAEL
BIRDTOWN (P.O. BOX 1340,VASSALBORO,NC,28719)
LAST UPDATED: MAY 24,2007         ELIGIBILITY: CHS & DIRECT
NOTICE OF PRIVACY PRACTICES REC'D BY PATIENT?  YES
DATE RECEIVED BY PATIENT: Apr 14, 2003
WAS ACKNOWLEDGEMENT SIGNED?  YES
WOMEN'S HEALTH CASE MANAGER: SPROVIDER,JEROME
DESIGNATED PRIMARY PROVIDER: NPROVIDER,ERIN D
DIABETES: AVPROVIDER,TERESA D
OB CARE: TETER,SHIRLEY
ON CMS REGISTER(S):  ASTHMA (PERSISTENT) Status: ACTIVE
                      DYSLIPIDEMIA Status: ACTIVE
                      CARDIOVASCULAR DISEASE Status: ACTIVE
                      ALPHA TEAM Status: ACTIVE

---------------------------- INSURANCE INFORMATION ---------------------------
INSURANCE      NUMBER    SUFF COV       EL DATE   SIG DATE  END DATE
NC MEDICAID    138784952      PW        08/01/06
Plan Name: ALL STATES COVERAGE INC
BLUE CROSS BLUE SHIELD-N.C.HPG880422843   02/01/06

Figure 16-1: Example CHS menu option report
```
17.0  **Custom Letter Management (CLM)**

The Custom Letter Management option contains the following menu options:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CCL</td>
<td>Create/Modify Custom Letter</td>
</tr>
<tr>
<td>PCL</td>
<td>Print Custom Letters for Selected Patients</td>
</tr>
</tbody>
</table>

![Figure 17-1: Example CLM menu options](image)

- The **CCL** (Create/Modify Custom Letters) option allows the user to add, edit, and delete a customized letter, and view letter inserts.
- The **PCL** (Print Custom Letters for Selected Patients) option allows the user to print custom letters for selected patients.
18.0 Browse Health Summary (BHS)

The BHS option allows the user to browse the specified Health Summary for a particular patient. The following screen displays:

![Screenshot of Browse Health Summary](image)

**Figure 18-1: Example Health Summary information**
19.0 Other PCC Management Reports/Options (OTH)

The Other PCC Management Reports/Options menu contains the following options:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT</td>
<td>Report Template Utility ...</td>
</tr>
<tr>
<td>DR</td>
<td>PCC Patient Data Retrieval Utility</td>
</tr>
<tr>
<td>RDD</td>
<td>Delete VGEN/PGEN Report Definition</td>
</tr>
</tbody>
</table>

Figure 19-1: Example OTH menu options

19.1 Report Template Utility (RT)

The Report Template Utility contains the following options:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>Create Report Template</td>
</tr>
<tr>
<td>MD</td>
<td>Modify/Delete Report Template</td>
</tr>
<tr>
<td>FR</td>
<td>Print Report Template</td>
</tr>
<tr>
<td>TC</td>
<td>Taxonomy Creation For A Script</td>
</tr>
</tbody>
</table>

Figure 19-2: Example RT menu options

19.2 PCC Patient Data Retrieval Utility (DR)

The PCC Patient Data Retrieval Utility uses scripts to retrieve patient information from the PCC. Typing DR displays a prompt asking for the patient’s name. Create a script to retrieve patient clinical or demographic information.

19.2.1 Script Creation

A script is an instruction to the PCC Data Retrieval Utility to obtain patient information from the PCC database. Both demographic and clinical information can be retrieved for a patient.

**Demographic Data**

To obtain demographic data for a patient, the first word typed at the prompt must be either **PT** or **Patient**. Then additional information can be added. If the text typed at the prompt is ambiguous, the system will not return a value.

The following list includes patient demographic data items that are most frequently requested. Other demographic information can be displayed.

- PT NAME
- PT CURRENT COMMUNITY
- PT AGE
- PT DOB
Clinical Data

Scripts can be used to retrieve clinical data. The following sample scripts show some of the types of information that can be retrieved from the PCC database.

- LAST 3 MEAS BP; DURING 1991 - RETURNS LAST 3 BLOOD PRESSURES TAKEN DURING 1991
- LAB GLUCOSE; ON SEP 3, 1992 - RETURNS ALL GLUCOSES TAKEN ON SEPT 3, 1992
- FIRST ACTIVE.PROBLEM - RETURNS FIRST ACTIVE PROBLEM FROM THE PROBLEM LIST; DATE DETERMINED BY DATE ENTERED OR LAST MODIFIED
- LAST IMMUN PNEUMOVAX - RETURNS LAST PNEUMOVAX GIVEN

Figure 19-3: Sample scripts used to retrieve clinical data

The script in Figure 19-4 can be broken into four component parts for further explanation. LAST 3 MEAS BP; DURING 1991 will be used for this example.

- LAST 3 - Limits occurrences; use first, last, or all.
- MEAS - Data Class; i.e., AS LABS, POV, ADA.CODE.
- BP - Optional; what you are looking for within the data class
- DURING 1991 - Optional use of date parameters.

Figure 19-4: Example script

The four components are explained in detail below.

- Limits Occurrences: Use First, Last, or All

  The first word of the script must be either First, Last, or All. The default value is All. For example, for the number of occurrences for which a particular value should be retrieved either First 3 or Last 2 can be specified.

- Data Class


  If the data class has more than one word, each word must be separated by a period when typed into the script; for example, Ada.Code. Two words are not required; the data retriever can determine the class from the first word. Many classes, such as Dental Services and Medications, have acronyms. In most instances, type only the first few identifying characters of a data class. For instance, to specify Active
Problems, type **ACT** instead of spelling it out. The data retriever will recognize these three letters as “Active Problems.”

- **Value within the Data Class**
  The third word is the value, or what the user is searching for, within the data class. For example, the value would be a laboratory test for labs and an Ada Code for dental services. Also, instead of entering an ICD9 code, a narrative such as Diabetes or DM can be used.

- **Date Parameters**
  The date range can be restricted by placing a semicolon (;) at the end of the script, followed by a restriction on the date, such as: on, equals, before, during, between, or a symbol (>, <, <>, =). An exact date or a range of dates can be entered by placing a dash (-) between the two dates. Dates must be in standard FileMan format. The month and year, year only, or full dates can be entered. (See the sample scripts on the following page for examples of typing date parameters.)

- **Taxonomy Creation**
  If an asterisk (*) is typed for the value within the data class, the system will prompt for multiple values associated with the selected data class. For example, a range of ICD9 codes for POVs or multiple Ada Codes, can be entered. Not all data classes allow entry of more than one value. Available data classes for taxonomy creation are: diagnosis, ADA code, RX, procedure (medical), patient education topic, and health factors. These multiple values can be stored in a taxonomy. Then the user can type the name of the taxonomy prefaced by a left square bracket ([) to indicate the desired values to retrieve.

The following report shows the data received from the sample script.
Select PATIENT NAME: SMITH,JANE  F 11-10-70 XXX-XX-1234 DH 333333

<table>
<thead>
<tr>
<th>VISIT DATE</th>
<th>VALUE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/1993</td>
<td>120/90</td>
<td>BP</td>
</tr>
<tr>
<td>03/04/1993</td>
<td>100/80</td>
<td>BP</td>
</tr>
<tr>
<td>08/25/1992</td>
<td>120/80</td>
<td>BP</td>
</tr>
</tbody>
</table>

ENTER SCRIPT: LAST VISIT

VISIT DATE: 08/02/1993 VALUE: VISIT

ENTER SCRIPT: LAST POV DM

250.00 (DIABETES UNCOMPL TYPE II/NIDDM)
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION/TYPED II/NONINSULIN
DEPENDENT/ADULT-ONSET

OK? Y//

VISIT DATE: 07/19/1993 VALUE: 250.00

---

**Figure 19-5:** Example of data retrieved using script

### 19.3 Delete VGEN/PGEN Report Definition (RDD)

Use the RDD option to delete a PCC Visit or Patient General Retrieval report definition. The system confirms the deletion.
20.0 EPIX–EPI Program HL7 Exports

20.1 IL and Lab EPI Program Exports in HL7 Format

This set of options allows the site to export their ILI surveillance data and selected lab result data to the EPI Program in HL7 format. This addition supports meaningful use. The options are locked with a key–APCSZ EPI EXPORTS and should only be run when requested to do so by the EPI Program. The options are:

- HLIL Export my H1N1/ILI data
- HLLB Export Lab Data

The documentation on how to use these options can be found in the addendum for this patch.

Figure 19-1: The HLIL and HLLB options
21.0 FileMan (General) (FM)

The FileMan menu contains the following options:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Search File Entries</td>
</tr>
<tr>
<td>2</td>
<td>Print File Entries</td>
</tr>
<tr>
<td>3</td>
<td>Inquire to File Entries</td>
</tr>
<tr>
<td>4</td>
<td>Statistics</td>
</tr>
<tr>
<td>5</td>
<td>List File Attributes</td>
</tr>
</tbody>
</table>

Figure 21-1: Example FileMan menu options

The Search and Print options allow the user to create *ad hoc* reports. The Inquire option allows the user to see entries within a file. The Statistics option is a menu that, when appropriate, allows for the creation of a histogram or scattergram or gives basic mathematical statistics for a report generated by the Print or Search option. The Statistics menu options must be run just after the report is generated, as results will not be saved once another report is printed. Note that the Statistics menu options cannot be used if a report is queued to a printer. List File Attributes displays the fields and attributes of those fields that make up a FileMan file. These create the data dictionary of the file.

A separate File Manager user’s manual that describes the use of these utilities in depth is available.
22.0 Improving Patient Care Collaborative (IPC) Reports (IPC)

This menu contains two IPC reports that the Improving Patient Care Collaborative (IPC) sites may use to manage their designated primary care panels.

For instructions on running these reports, refer to the IPC Measures Guide located on the IPC portal: www.improvingindianhealth.org > IPC > team resources > resources > Measurement and Reporting > Measures Guide > 2011 IPC Measures Guide.

The menu also includes reports described in other sections of this manual, which IPC sites may find useful.

<table>
<thead>
<tr>
<th>CC</th>
<th>Continuity of Care to a Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE</td>
<td>Percent Empanelled</td>
</tr>
<tr>
<td>DP</td>
<td>Patient Listing by Primary Care Provider</td>
</tr>
<tr>
<td>VDP</td>
<td>Pts by Designated Primary Care Prov w/Visit Counts</td>
</tr>
<tr>
<td>BDP</td>
<td>Designated Specialty Prov Mgt System...</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider Menu...</td>
</tr>
</tbody>
</table>
23.0 **Search Template System (STS)**

This system has options that allow search templates to be created either through the FileMan Search option or manually. A search template comparison utility is also available that permits the user to match the contents of one FileMan search template with another. The STS provides the capability to delete and add entries to existing search templates the user has created. In addition, FileMan (General) may be accessed from this menu.

**Note:** If a search template is created via the search template utility or the option that allows for manual creation of a search template, there will be no search logic associated with these templates. Search templates created via the FileMan Search option have search logic stored with them. This means the user can utilize this template’s search logic within the search option of FileMan.

**Search Template System**

**Version 2.5**

**Site Set To DEMO HO**

- **SRCH**  Search Template Comparison Utility
- **CRE**  Create Search Template Manually
- **ADD**  Add Entries Into An Existing Search Template
- **DENT**  Delete Entries From An Existing Search Template
- **CNT**  Count Entries In A Search Template
- **SRT**  Inquire Into Sort/Search Template File
- **DEL**  Delete Search Template
- **SAVE**  Save Search Template
- **FGEN**  FileMan (General) ...

**Select Search Template System Option:**

Figure 23-1: Example Search Template System main menu

A separate STS user’s manual that describes the use of this system in-depth is available.
## Appendix A: Statistical Database Record Definition

### Record 1 of 2

<table>
<thead>
<tr>
<th>Item</th>
<th>Beg Col</th>
<th>End Col</th>
<th>Length</th>
<th>REQ</th>
<th>Description of Data Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECORD CODE</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>Y</td>
<td>Will always be 00</td>
</tr>
<tr>
<td>SEQUENCE</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>Y</td>
<td>Will always be 1</td>
</tr>
<tr>
<td>UNIQUE ID</td>
<td>4</td>
<td>19</td>
<td>16</td>
<td>Y</td>
<td>Unique ID for this visit. ASUFAC_IEN of the visit. IEN of visit is left zero filled to 10 digits.</td>
</tr>
<tr>
<td>ASUFAC_HRN</td>
<td>20</td>
<td>31</td>
<td>12</td>
<td>Y</td>
<td>Use ASUFAC and HRN at location of encounter, if one exists. Otherwise, ASUFAC_HRN at DUZ(2). Chart number is left zero filled.</td>
</tr>
<tr>
<td>DOB</td>
<td>32</td>
<td>38</td>
<td>7</td>
<td>Y</td>
<td>DOB in format CYYMMDD; for example, 2960908.</td>
</tr>
<tr>
<td>SEX</td>
<td>39</td>
<td>39</td>
<td>1</td>
<td>Y</td>
<td>Sex. M or F</td>
</tr>
<tr>
<td>SSN</td>
<td>40</td>
<td>48</td>
<td>9</td>
<td>Y</td>
<td>SSN of patient or 9 blanks. No dashes.</td>
</tr>
<tr>
<td>PRIMARY TRIBE</td>
<td>49</td>
<td>51</td>
<td>3</td>
<td>Y</td>
<td>Tribe code from standard code book.</td>
</tr>
<tr>
<td>COMMUNITY OF RESIDENCE</td>
<td>52</td>
<td>58</td>
<td>7</td>
<td>Y</td>
<td>STCTYCOM code of patient’s residence. Taken from the current community field.</td>
</tr>
<tr>
<td>ELIGIBILITY</td>
<td>61</td>
<td>61</td>
<td>1</td>
<td>Y</td>
<td>Eligibility Status from Standard Code book.</td>
</tr>
<tr>
<td>MEDICAID ELIG ON VISIT DATE</td>
<td>62</td>
<td>62</td>
<td>1</td>
<td>Y</td>
<td>Y or N. If patient was Medicaid eligible on the visit date, this is set to Y; if not, N.</td>
</tr>
<tr>
<td>MEDICARE ELIG ON VISIT DATE</td>
<td>63</td>
<td>63</td>
<td>1</td>
<td>Y</td>
<td>Y or N. If patient was Medicare eligible on the visit date, this is set to Y; if not, N.</td>
</tr>
<tr>
<td>PRIVATE INSURANCE ELIGIBILITY ON VISIT DATE</td>
<td>64</td>
<td>64</td>
<td>1</td>
<td>Y</td>
<td>Y or N. If patient was Private Insurance eligible on the visit date, this is set to Y; if not, N.</td>
</tr>
<tr>
<td>VISIT/ ADMISSION DATE</td>
<td>65</td>
<td>71</td>
<td>7</td>
<td>Y</td>
<td>Date of Visit in CYYMMDD format.</td>
</tr>
<tr>
<td>TIME OF DAY</td>
<td>72</td>
<td>75</td>
<td>4</td>
<td>Y</td>
<td>Time of day in internal FileMan format; for example, 1000, 1310, 0805</td>
</tr>
<tr>
<td>DAY OF WEEK</td>
<td>76</td>
<td>76</td>
<td>1</td>
<td>Y</td>
<td>DOW in APC record definition format.</td>
</tr>
<tr>
<td>LOCATION OF ENCOUNTER</td>
<td>77</td>
<td>82</td>
<td>6</td>
<td>Y</td>
<td>ASUFAC of location of encounter.</td>
</tr>
<tr>
<td>TYPE</td>
<td>83</td>
<td>83</td>
<td>1</td>
<td>Y</td>
<td>Type of Visit. C, I, O, 6, T, U, V, S, etc.</td>
</tr>
<tr>
<td>SERVICE CATEGORY</td>
<td>84</td>
<td>85</td>
<td>2</td>
<td>Y</td>
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**Record 2 of 2**

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## Appendix B: PGEN/VGEN Options

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Appendix C: RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is FOR OFFICIAL USE ONLY. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of IHS General User Security Handbook (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the IHS Technical and Managerial Handbook (SOP 06-11b).

Both documents are available at this IHS Web site: http://security.ihs.gov/.

The ROB listed in the following sections are specific to RPMS.

C.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

C.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller’s identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Part 8, “Information Resources Management,” Chapter 6, “Limited Personal Use of Information Technology Resources.”
RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their official duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

C.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

C.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
• Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

C.1.4 Confidentiality
RPMS users shall
• Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
• Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
• Erase sensitive data on storage media prior to reusing or disposing of the media.
• Protect all RPMS terminals from public viewing at all times.
• Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.
RPMS users shall not
• Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
• Store sensitive files on a portable device or media without encrypting.

C.1.5 Integrity
RPMS users shall
• Protect their systems against viruses and similar malicious programs.
• Observe all software license agreements.
• Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
• Comply with all copyright regulations and license agreements associated with RPMS software.
RPMS users shall not
• Violate federal copyright laws.
• Install or use unauthorized software within the system libraries or folders.
• Use freeware, shareware, or public domain software on/with the system without their manager’s written permission and without scanning it for viruses first.
C.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

C.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user’s name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another’s password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
• Give a password out over the phone.

C.1.8 Backups

RPMS users shall

• Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
• Make backups of systems and files on a regular, defined basis.
• If possible, store backups away from the system in a secure environment.

C.1.9 Reporting

RPMS users shall

• Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
• Report security incidents as detailed in the IHS Incident Handling Guide (SOP 05-03).

RPMS users shall not

• Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

C.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

• Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

C.1.11 Hardware

RPMS users shall

• Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
• Keep an inventory of all system equipment.
• Keep records of maintenance/repairs performed on system equipment.
RPMS users shall not
• Eat or drink near system equipment.

C.1.12 Awareness
RPMS users shall
• Participate in organization-wide security training as required.
• Read and adhere to security information pertaining to system hardware and software.
• Take the annual information security awareness.
• Read all applicable RPMS manuals for the applications used in their jobs.

C.1.13 Remote Access
Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that
• Are in writing.
• Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
• Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
• Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
• Establish mechanisms to back up data created and/or stored at alternate work locations.
Remote RPMS users shall
• Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.
Remote RPMS users shall not
• Disable any encryption established for network, internet, and Web browser communications.
C.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer’s initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, “Easter eggs,” time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.
C.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
• Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.

• Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.

• Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.

• Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

• Access any files, records, systems, etc., that are not explicitly needed to perform their duties.

• Grant any user or system administrator access to RPMS unless proper documentation is provided.

• Release any sensitive agency or patient information.
Glossary

@ symbol
This symbol (Shift+2) has two functions: (1) to delete an entry and (2) to separate a date and time.

Acute
Used to describe a condition that lasts for a short time. Used in contrast to chronic.

Append
To add additional data items to an existing visit, usually at the end of typing the data.

Billable Visit
A visit from a patient with third-party insurance coverage that a hospital/clinic can bill services.

Best Practice Prompts
Best Practice Prompts are a set of clinical messages related to procedures such as laboratory tests, immunizations, procedures, etc. that are generally recommended for a subset of the population who share a common diagnosis (e.g. Asthma, CVD). They display in a variety of places, including the Health Summary, Supplements, and the Patient Record in both EHR and iCare.

Users can turn on (activate) and display BP Prompts on Health Summaries, similar to the Health Maintenance Reminder function.

Billable Visit
A visit from a patient with third-party insurance coverage that a hospital/clinic can bill services.

Caret (‘Up Hat’)’
The caret symbol (^) obtained by pressing Shift+6. Commonly used in RPMS character-based interfaces to exit out of a routine or to back up from the previous field.

Chart Number
A unique numerical identifier assigned to each patient. This is also referred to as Health Record Number.
**Chronic**

Used to describe a condition that has an indefinite duration or with a frequent occurrence. Used in contrast to *acute*.

**Clinical**

To do with treatment in or as a clinic: involving or concerned with direct observation and treatment of patients.

**Command**

The instructions you give the computer to record a certain transaction. For example, selecting “Payment” or “P” at the command prompt tells the computer you are applying a payment to a chosen bill.

**Community of Service**

The community where the encounter took place.

**Community of Residence**

The community where the patient resides.

**CPT Code**

Current Procedural Terminology code. Used to identify procedures provided during an encounter and for billing outpatient services provided.

**Database**

A database is a collection of files containing information that may be used for many purposes. Storing information in the computer helps reduce the user’s paperwork load and enables quick access to a wealth of information. Databases are comprised of fields, records, and files.

**Default Response**

Many of the prompts in the RPMS applications contain responses that can be activated simply by pressing ENTER. For example: “Do you really want to quit? No//.” Pressing ENTER tells the system you do not want to quit. “No//” is the default response. The default is generally set to the most frequently used response for the prompt.

**Designated Primary Care Provider (DPCP)**

The primary care provider designated for the patient. This is distinguished from a primary or secondary visit provider for a specific visit.

**Device**

The name of the printer you want the system to use when printing information. *Home* means the computer screen.
**DOB**
Date of Birth

**DOD**
Date of Death

**DOS**
Date of Service

**DX**
Common abbreviation for “diagnosis”

**EDC**
Expected/estimated date of confinement; that is, the expected/estimated due or delivery date for a pregnancy.

**EDD**
Expected/estimated date of delivery.

**Export**
To format data so it can be used by another application.

**Fields**
Fields are a collection of related information that comprises a record. Fields on a display screen function like blanks on a form. For each field, a prompt requesting specific types of data displays. There are nine basic field types in RPMS programs, and each collects a specific type of information.

**Free Text Field**
This field type will accept numbers, letters, and most of the symbols on the keyboard. There may be restrictions on the number of characters the user is allowed to type.

**Health Factors**
Health factors are data elements utilized by RPMS to record health status information about the patient. Current Smoker, Status Unknown is an example of a health factor in the Tobacco (Smoking) category. Health factor data are recorded in the PCC V Health Factor file. For a current list of health factors, see the Health Summary User Manual.
Health Maintenance Reminders (HMRs)

Health Maintenance Reminders are a set of clinical reminders related to procedures, such as laboratory tests, immunizations, procedures etc. that are generally recommended for a subset of the population. HMRs display in a variety of places including the Health Summary, Supplements, and the Patient Record in both EHR and iCare.

Health Record Number (HRN)

A unique numerical identifier assigned to each patient. This is also referred to as a Chart Number.

Health Summary

The Health Summary is a patient report displaying related data built from the PCC V files, such as laboratory and pharmacy. There are many different types of Health Summaries available to users at each site. Users are also able to design a Health Summary on-the-fly from the available components.

HRN

Health Record Number, also referred to as a Chart Number

HS

Health Summary: a summary of a patient’s medical care. The RPMS PCC is distributed with several standard Health Summaries, but can be customized. Examples of standard Health Summaries are: Adult Regular, Behavioral Health, CHR, and Dental.

HX

Abbreviation for History. History is an event taking place in the past, such as surgery, immunizations, etc.

ICD

International Classifications of Diseases. This is a national coding system primarily used for: (1) classifying morbidity and mortality information for statistical purposes, (2) indexing of hospital records by disease and operations, and (2) data storage and retrieval. In addition, this is the coding system physicians must use for billing purposes of Medicare, Medicaid, and private insurance for services rendered.

Interfaces

A boundary where two systems can communicate. RPMS applications contain both character-based (“roll-and-scroll”) and graphical user (GUI) interfaces. PCC Data Entry is an example of a character-based interface; RPMS EHR is an example of a GUI.
Menu
The menu is a list of different options you may select at a given time. To choose a specific task, select one of the items from the list by typing the established abbreviation or synonym at the appropriate prompt. A menu option followed by the ellipsis (…) indicates there are submenus.

Mnemonic
An abbreviation used to name a menu option or report used in the RPMS character-based packages. RPMS PCC data entry mnemonics to enter a data type can be two, three, or four characters, e.g., BP.

Narrative Description
A detailed description given using words rather than codes.

Patient Care Component (PCC)
PCC is the core of the RPMS applications and functions as a clinical data repository. Most RPMS applications “pass” key data elements to PCC, stored in V (visit) files, e.g., V Lab. Other data is entered directly into V files, e.g., V Patient Education, BP, WT (weight), HT (height), HC (head circumference) etc.

Patient Wellness Handout (PWH)
The Patient Wellness Handout is a type of Health Summary that is directed to the patient. It displays personal medical information in easy-to-interpret language.

PGEN
Abbreviation for Patient General Retrieval Report. PGEN is the Patient General Retrieval report located in PCC Management Reports. The General Retrieval reports allow users to create on-the-fly reports by choosing specific data elements to select, print, and sort.

Problem List
A list of important/chronic medical, social, or psychiatric problems, related notes, and treatment plans for a patient that are recorded and updated as part of the patient’s health record. The Health Summary has two categories: Active and Inactive.

POV
Purpose of Visit - one or more diagnoses (ICD codes) identified as the reason for the patient’s visit, and recorded in the PCC V POV file.
**Prompt**

Text displayed onscreen indicating that the system is waiting for input to a field. Once the computer displays a prompt, it waits for you to add some specific information.

**Provider**

One who provides direct medical care to a patient, i.e., physician, nurse, mid-level provider).

**Provider Narrative**

A detailed description of the patient’s conditions, using words rather than codes.

**QMan**

Short for Query Manager, QMan is a VA-based search utility that allows users to construct detailed searches of the RPMS database. QMan is part of the integrated PCC suite.

**Retrieval**

To obtain data from another location.

**Roll-and-Scroll**

The roll-and-scroll (character-based) data entry format captures the same information as the screen format, but uses a series of prompts for recording data. This is typically the most efficient method for data entry.

**RPMS**

Resource and Patient Management System; a suite of integrated software packages used by IHS

**Secondary Providers**

A provider for a patient’s visit other than the patient’s primary visit provider. A patient visit might have multiple secondary providers, depending on the services provided.

**Security Key**

A means of securing menus to limit accessibility. To use certain functions, such as those in a manager’s menu, the user must be assigned the appropriate key by the site manager.

**Select**

To choose one option from a list of options.
Site Manager
The person in charge of setting up and maintaining the technical aspects of the RPMS at the facility or area level.

Specialty Providers
Defined through the Designated Specialty Provider Management (BDP) application.

Submenu
A menu that is accessed through another menu. A menu option followed by the ellipsis (…) indicates there are submenus.

Supplement
A supplement is a type of modified Health Summary that is related to a specific condition, such as diabetes or HIV/AIDS. It displays personal medical information related to that condition.

Tally
To make a count, total, or subtotal a number of items.

VGEN
Short for Visit General Retrieval Report. VGEN is one of the search utilities that enable users to construct searches of the RPMS database. The General Retrieval reports allow users to create on-the-fly reports by choosing specific data elements to select, print and sort by.
Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

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