

July 22, 2004

ELECTRONIC WORKLOAD CAPTURE

1. PURPOSE: This Veterans Health Administration (VHA) Directive states the policy for the continued implementation of electronic encounter forms and documentation templates.

2. BACKGROUND

a. Quality health record documentation is central to VHA's mission to provide high-quality health care for our Nation's veterans and is also integral to the VHA revenue cycle. Appropriate and accurate documentation of the medical care rendered is critical for assigning Current Procedural Terminology-4 (CPT-4) codes, Health Care Common Procedure Coding System (HCPCS) level II codes, and International Classification of Diseases, ninth edition, clinical modification (ICD-9-CM) codes used for third-party billing, Veterans Equitable Resource Allocation (VERA), strategic planning, and research.

b. Electronic Encounter Forms

(1) Greater use of electronic encounter forms in VHA will improve the accuracy of encounter data and the population of the Computerized Patient Record System (CPRS) Problem List by: reducing errors that arise from reliance on paper encounter forms and manual data entry; reducing the number of write-in diagnoses; and improving the specificity of data capture. "Clinician-friendly" code descriptors found on an electronic encounter form are passed electronically to the problem list while maintaining their attached ICD-9-CM codes.

(2) National electronic encounter forms have been developed to support a minimum standard for the capture of encounter data. The national forms are "multi-page" encounter forms which, compared to printed forms, greatly expand the choices and specificity of diagnoses available for selection. The codes and code descriptions included in the national electronic encounter forms meet VHA coding guidelines.

(3) National electronic encounter forms are maintained at the national level, updated annually, and released nationally via patches to the Integrated Billing (IB) software.

NOTE: Any national encounter forms and updates to existing national encounter forms released in the future are covered under this Directive.

(4) Sites must use either the national electronic encounter forms or electronic encounter forms developed locally.

(5) Event Capture (EC), Quality Audiology and Speech Analysis and Reporting (QUASAR), Laboratory, Radiology, and Surgery packages are also acceptable forms of encounter data

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capture. These applications pass codes through an interface to the Patient Care Encounter (PCE) software for transmission to the National Patient Care Database (NPCD). *NOTE: EC codes used for Rehabilitation, Social Work, Audiology and Speech Pathology, Blind Rehabilitation, and Home and Community-based Care have been mapped to codes approved by the VHA Coding Council.*

c. Documentation Templates

(1) National documentation templates were designed to support a minimum documentation standard and may be edited at the facility level. The national documentation templates were intended to be user-friendly and efficient. They avoid duplicative documentation; incorporate instructional text to avoid the omission of appropriate information; take advantage of the newest CPRS Graphical User Interface (GUI) template functionality; and eliminate the duplication of manpower required to create templates at each facility. The national documentation templates collect only textual information and are not intended to replace other local data capture mechanisms, such as clinical reminder dialogs, and automatic capture of Clinical Warnings, Allergies, and Advance Directives (CWAD) entries.

(2) The national documentation templates available for use include: primary care, mental health, eye care, acute and extended care history and physicals, attending notes, medical examinations, rehabilitation, and surgery. National documentation templates, narrative guidance, and a link to the VHA Directives web page can be found on the VHA Health Information Management (HIM) website at: <http://vaww.va.gov/health/him/VHACC/vaphyspage.htm> .

NOTE: Any new national document templates and updates to existing national documentation templates released in the future are covered under this Directive.

(3) Sites must use either the national documentation templates or documentation templates developed locally. Locally-developed documentation templates must meet national and local documentation standards, and must be reviewed and updated by the site annually. Additional national and/or local template fields, patient data objects, and template dialogs may be added based on local clinical needs.

3. POLICY: It is VHA policy that workload data must be captured through electronic means including electronic encounter forms, QUASAR, Event Capture, and the Laboratory, Radiology and Surgery packages, and that clinical documentation must be captured using national or locally-developed electronic documentation templates effective October 1, 2003.

NOTE: Sites using electronic data capture processes, which do not employ electronic encounter forms, may continue to use those processes; however, no electronic processes other than those listed in paragraph 3 are permitted for workload data capture.

4. ACTION

a. **Network Directors.** Network Directors must provide necessary oversight to ensure conversion to the electronic workload capture process and the use of documentation templates.

b. **Facility Directors.** Facility Directors, or designees, must ensure that:

(1) Electronic workload capture is implemented to its fullest extent at each Department of Veterans Affairs (VA) medical facility.

(a) Sites have installed national electronic encounter forms and made them available for local use.

(b) Additional blocks are added to national or locally-developed electronic encounter forms to facilitate data capture for clinical reminders and performance measures, and for ease of provider use where necessary, based on clinical requirements and accepted health information management (HIM) principles.

(c) Locally-developed electronic encounter forms are formally reviewed and updated by local clinical and qualified coding or HIM staff twice a year, once in October for the ICD-9-CM update and once in January for the CPT-4 and HCPCS updates.

(d) Sites using EC and QUASAR annually review and verify that code associations are correct.

(e) Radiology and Laboratory packages are reviewed annually to verify code associations.

(f) Sites using dictation will configure Text Integration Utility (TIU) and CPRS to ensure that electronic encounter forms are available without the requirement to start or sign a progress note.

(g) Entry of the required data must be based upon documentation by the provider in the progress note for the encounter.

(h) Electronic encounter form data entry must be performed by providers except in those situations in which sites have given the responsibility for coding encounters to qualified coding professionals.

(i) National and locally-developed electronic encounter forms are not printed and used as paper forms.

(j) Sites must review, modify, and develop new processes as necessary to ensure that adequate communication between staff for patient treatment purposes continues after the elimination of the paper encounter form.

(k) Providers must continue to use direct order entry into CPRS.

(2) Electronic documentation templates are used at each VA medical facility.

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(a) Sites have installed national documentation templates and made them available for local use.

(b) Locally-developed templates include the following minimum required elements:

1. Presenting problem(s) (reason for visit);
2. History and objective data relative to the presenting problem(s);
3. Assessment of the problem(s);
4. Treatment plan;
5. Diagnoses treated, or that require further treatment;
6. Reason for ordering tests, consults, or changes in medications; and
7. Follow-up treatment and patient instructions.

(3) Essential guidance and tools to support quality documentation and data capture are provided to the clinical staff responsible for documenting clinical information in conformance with local medical staff by-laws and national and local documentation policies.

(4) Clinical staff training in the creation and use of electronic encounter forms and documentation templates is available from each facility's clinical application coordinator(s) or clinical informatics staff.

(5) Only those elements not currently supported by CPRS (e.g., drawings and flow sheets) are documented on paper.

(6) Contingency processes are developed by each site for data capture and medical record documentation for use during those times when CPRS is not available.

5. REFERENCES

a. Under Secretary for Health Memorandum entitled, "Computerized Patient Records System Usage and Other Revenue Tools," dated May 16, 2003.

b. VHA Handbook 1907.1.

6. FOLLOW-UP RESPONSIBILITY: The Director, Health Data and Informatics (19F), is responsible for the contents of this directive. Questions may be referred to this office at (317) 850-1004.

7. RECESSION: VHA Directive 2003-012, dated February 25, 2003, is rescinded. This VHA Directive expires July 31, 2009.

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