**Evaluation of Uncomplicated Acute Respiratory Tract Infections (ARI) Management in Veterans: A National Utilization Review**

**Appendix B**

* **Data Collection Form:** Page 2-10
* **Data Abstraction Protocol:** Page 11-25

Data Collection Form

The patient should have presented to the emergency department or outpatient clinic in this time frame:

10/1/2015 - 3/31/2016 (FY16 Q1&Q2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reviewer Initials | VISN | Station | Date of Outpatient Visit (index date) | Date Case Report Completed | Patient identification number |
| 🞎🞎🞎 | 🞎🞎 |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  (mm/dd/yy) | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  (mm/dd/yy) | 🞎🞎🞎🞎🞎🞎 |

**General Criteria**

1. **Evaluate that inclusion criteria are met (all criteria must be met)**

🞏 Patient presented from the community to a participating VA emergency department, primary care, urgent care, community-based outreach clinic (CBOC), home-based primary care (HBPC), or other outpatient clinic

[Exclude visits to the following subspecialty clinics: Infectious Diseases, Allergy, Gastroenterology, Rheumatology, Psychiatry, ENT, Dentistry, Cardiology, Pulmonology, Dermatology, Podiatry, Surgery (any), Endocrinology, Sleep Medicine, Pain Medicine, Hospice & Palliative Care, Oncology, Hematology, Nephrology, Transplant, Employee and Occupational Health; DO NOT exclude visits to Geriatrics or Women’s Health subspecialty clinics.]

🞏 Patient has an outpatient diagnosis of one of the following for the visit

**(Check only one box)** 🞏 Single ARI 🞏 Mixed ARI

**(Check all that apply)** 🞏 Acute Pharyngitis 🞏 Acute Rhinosinusitis 🞏 Acute Bronchitis 🞏 URI-NOS

1. **Evaluate if any exclusion criteria are met (check all that apply)**

🞏 EXCLUDE if patient has an ICD-10 diagnosis for an ARI on the index date but the symptoms, assessment, and treatment were not addressed by a provider in the notes associated with the encounter

🞏 EXCLUDE if ARI diagnosis coded on the encounter was in relation to a resolved ARI

🞏 EXCLUDE if patient was admitted to an inpatient ward directly (**within 1 day after index visit**) as a result of the presentation to the outpatient clinic or emergency department

🞏 EXCLUDE if patient had an ARI diagnosis **in the previous 30 days to the index date** (do not exclude if diagnosis based on telephone triage contact or similar within the prior 2 days)

🞏 Acute Pharyngitis 🞏 Acute Rhinosinusitis 🞏 Acute Bronchitis 🞏 URI-NOS  
 🞏 Other (e.g. otitis media)

🞏 EXCLUDE if patient has a diagnosis of chronic pharyngitis or chronic sinusitis (also exclude if patient has signs or symptoms **for ≥12 weeks**)

🞏EXCLUDE if patient has any of the following co-morbid condition(s) that may increase the risk for serious bacterial infections including: (check all that apply)

🞏 Neoplasia 🞏 Chronic Lung Disease (e.g., COPD, asthma)

🞏 End-stage renal disease 🞏 Solid Organ Transplantation

🞏 Other Immunocompromised States (including HIV)

🞏 EXCLUDE if patient has any other active infectious diseases (**at the time of index visit**) including (do NOT exclude patient if he/she had concurrent HCV, HBV, genital herpes, superficial (cutaneous) fungal infection, or similar infections): (check all that apply)

🞏 Pneumonia 🞏 Influenza 🞏 Urinary Tract Infection 🞏 Skin or Skin Structure Infection

🞏 Acute Otitis Media 🞏 Other

🞏 EXCLUDE if patient is on acute or chronic oral antibacterial therapy **at time of index visit** including if a patient is self-prescribing antibiotics (DO NOT EXCLUDE if patient was prescribed by a provider an antibacterial agent ≤2 days ago AND if reason started was for ARI signs/symptoms)

**\*\* Stop here if ANY criteria in item #1 ARE NOT met, or ANY criteria in item #2 ARE met. Submit the case report form. \*\***

1. **Patient Smoking Status (check only one box)**

🞏 Current Smoker 🞏 Previous Smoker 🞏 Never Smoker 🞏 Information not available

1. **Treatment Location (check only one box)** 🞏 VAMC 🞏 CBOC 🞏 HBPC
2. **Treatment Setting (check only one box)**

🞏 Primary Care Clinic 🞏 Urgent Care Clinic 🞏 Emergency Dept 🞏 Other Outpatient Clinic

1. **Provider Characteristics (check only one box)**

🞏 Staff Physician 🞏 Mid-level (ie., PA, NP) 🞏 Nurse 🞏 Pharmacist 🞏 Med Resident/Fellow

🞏 Other Trainee (ie., Med Student, Pharmacy Resident) 🞏 Cannot determine

1. **Does the patient have any documented antibiotic allergy? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #7, please specify to which antibiotic class(es) the patient is allergic & the reaction that goes with each in the table below.**

|  |  |
| --- | --- |
| **A** | **B** |
| **Antibiotic Class (Allow for multiple allergies to be selected, select all that apply)** | **Reaction (Allow for only one reaction to be selected for each allergy listed, select the appropriate reaction, “other” if not listed, or “unknown” if the reaction is not specified)** |
| 1. Drop Down – Penicillin, Cephalosporin, Sulfa, Carbapenem, Tetracycline, Fluoroquinolone, Macrolide, Clindamycin, Vancomycin, Linezolid, Daptomycin, Other | Drop Down Menu Options – Urticaria, Rash, Anaphylaxis, SJS, GI Upset, Unknown, Other |

1. **Please indicate the patient’s first set of vital signs for the index visit below. (please fill in all information in numerical format in the designated unit only; if information not available, type “N/A”)**

🞏 Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (˚F) 🞏 Blood Pressure: Systolic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mmHg)

Diastolic\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mmHg)

🞏 Heart Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BPM) 🞏 Respiratory Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(RPM)

1. **Was the patient self-treating with any medications prior to presenting for the index visit? (check only one box)**

🞏 Yes 🞏 No 🞏 Not Documented

1. **Does the patient complain of having any of the following symptoms within the past two days?**

|  |  |
| --- | --- |
| **A** | **B** |
| **Patient Symptoms/Subjective Findings (Characteristics) (check all characteristics that apply if the given symptom is present) findings may be documented in patient history or elicited on physical examination** | **Presence/Absence/Documentation (check only one box for each row)** |
| a. Self-reported Fever (temperature is recorded elsewhere) | 🞏 Yes 🞏 No 🞏 Not Documented |
| b. Cough (🞏 Productive 🞏 Non-productive 🞏 Unknown) | 🞏 Yes 🞏 No 🞏 Not Documented |
| c. Congestion | 🞏 Yes 🞏 No 🞏 Not Documented |
| d. Nasal Discharge/Rhinorrhea (🞏 Purulent 🞏 Discolored 🞏 Clear 🞏 Unknown) | 🞏 Yes 🞏 No 🞏 Not Documented |
| e. Postnasal drip | 🞏 Yes 🞏 No 🞏 Not Documented |
| f. Facial Pain/Pressure/Fullness | 🞏 Yes 🞏 No 🞏 Not Documented |
| g. Ear Pain/Pressure/Fullness | 🞏 Yes 🞏 No 🞏 Not Documented |
| h. GI Symptoms (🞏 Nausea 🞏 Vomiting 🞏 Diarrhea 🞏 Constipation) | 🞏 Yes 🞏 No 🞏 Not Documented |
| i. Tonsil Involvement (eg., swollen or enlarged tonsils) | 🞏 Yes 🞏 No 🞏 Not Documented |
| j. Fatigue (feeling tired, sleeping a lot, etc?) | 🞏 Yes 🞏 No 🞏 Not Documented |
| k. Lymph Node Involvement (eg., swollen glands) | 🞏 Yes 🞏 No 🞏 Not Documented |
| l. Abdominal Pain | 🞏 Yes 🞏 No 🞏 Not Documented |
| m. Sore Throat | 🞏 Yes 🞏 No 🞏 Not Documented |
| n. Headache | 🞏 Yes 🞏 No 🞏 Not Documented |
| o. Hoarseness | 🞏 Yes 🞏 No 🞏 Not Documented |
| p. Dyspnea/shortness of breath | 🞏 Yes 🞏 No 🞏 Not Documented |
| q. Wheezing | 🞏 Yes 🞏 No 🞏 Not Documented |
| r. Sneezing | 🞏 Yes 🞏 No 🞏 Not Documented |
| s. Myalgias (eg., achiness) | 🞏 Yes 🞏 No 🞏 Not Documented |

Depending on patient diagnosis(es) (see question #1), please move on to the questions associated with each patient specific diagnosis as indicated below:

* Acute Pharyngitis – Question #11 through #13; then Question #17 – end
* Acute Rhinosinusitis – Question #14; then Question #17 – end
* Acute Bronchitis – Question #15 – end
* URI-NOS – Question #17 – end

\*\*Note: If a patient has more than one diagnosis, all relevant questions for each diagnosis should be answered\*\*

**Acute Pharyngitis**

1. **Which of the following findings documented on clinical exam? (check only one box for each row)**

|  |  |
| --- | --- |
| **A** | **B** |
| 1. Cough | 🞏 Yes 🞏 No 🞏Not Documented |
| 2. Fever (≥101oF) | 🞏 Yes 🞏 No 🞏Not Documented |
| 3. Tonsillar Exudates | 🞏 Yes 🞏 No 🞏Not Documented |
| 4. Tender lymph nodes in neck (Cervical Nodes) | 🞏 Yes 🞏 No 🞏Not Documented |

1. **Was a Group A *Streptococcus* Rapid Antigen Detection Test (RADT) performed? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #12, what was the result of the Group A *Streptococcus* Rapid Antigen Detection Test (RADT)? (check only one box)**

🞏 Positive 🞏 Negative

* 1. **If yes to question #12, was the result of the Group A *Streptococcus* Rapid Antigen Detection Test (RADT) available at the time of the clinic visit? (check only one box)**

🞏 Yes 🞏 No

1. **Was a throat culture performed? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #13, please indicate below the result of the throat culture.**

|  |  |
| --- | --- |
| **A** | **B** |
| **1. Result (check only one box)** | **2. If positive, what pathogen(s) was isolated? (check all that apply)** |
| 🞏 Positive  🞏 Negative | 🞏 Group A *Strep (S. pyogenes)*  🞏 Group C *Strep* orGroup G *Strep*  🞏 *S. pneumoniae*  🞏 *H. influenza* 🞏 *Neisseria* spp. 🞏 *Mycobacteria* spp.  🞏 *Fusobacterium* 🞏 Other |

Please skip #14 - #16 and move on to question #17 and answer questions through the end of the tool.

**Acute Rhinosinusitis**

1. **Does the patient meet any of the following criteria for Acute Bacterial Rhinosinusitis? (only check a box in columns C through E, if the box for the same row column “B” is checked “Yes”)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** |
| **Signs/Symptoms** | **Presence/Absence/Not Documented** | **PROLONGED: Are any of the symptoms below persistent for ≥7 days?** | **SEVERE: Are any of the symptoms below referred to as severe or was the temp ≥102˚F for ≥3 days?** | **WORSENING: Did any of the symptoms below worsen after initial improvement over ≥5 days?** |
| 1. Purulent Nasal Discharge | See Question #10,  line “d” | -- | 🞏 Yes 🞏 No  🞏 Not documented | 🞏 Yes 🞏 No  🞏 Not Documented |
| 2. **Facial** Pain, Pressure, and/or Fullness | See Question #10,  line “f” | -- | 🞏 Yes 🞏 No  🞏 Not documented | -- |
| 3. Congestion | See Question #10,  line “c” | 🞏 Yes, ≥7 days  🞏 No  🞏 Not Documented | -- | -- |
| 4. Hyposmia/Anosmia | 🞏 Yes 🞏 No  🞏 Not Documented | 🞏 Yes, ≥7 days  🞏 No  🞏 Not Documented | -- | -- |
| 5. **Ear** Pain, Pressure, and/or Fullness | See Question #10,  line “g” | 🞏 Yes, ≥7 days  🞏 No  🞏 Not Documented | -- | -- |
| 6. Headache | See Question #10,  line “n” | 🞏 Yes, ≥7 days  🞏 No  🞏 Not Documented | -- | 🞏 Yes 🞏 No  🞏 Not Documented |
| 7. Fever (≥100.4 ˚F) | 🞏 Yes 🞏 No  🞏 Not Documented | -- | Temp ≥102˚F  🞏 Yes 🞏 No | New Onset Temp ≥100.4˚F  🞏 Yes 🞏 No  🞏 Not Documented |
| 8. Cough | See Question #10,  line “b” | 🞏 Yes, ≥7 days  🞏 No  🞏 Not Documented | -- | 🞏 Yes 🞏 No  🞏 Not Documented |
| 9. Fatigue | See Question #10,  line “j” | 🞏 Yes, ≥7 days  🞏 No  🞏 Not Documented | -- | -- |

Please skip #15 and #16 and move on to question #17, and answer questions through the end of the tool.

**Acute Bronchitis**

1. **Did the provider document pertussis being of diagnostic concern? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #15, please indicate the documented basis for suspecting pertussis exposure for this patient. (check only one box)**

🞏 Confirmed Pertussis Exposure 🞏 Suspected Pertussis Exposure 🞏 No mention of exposure

🞏 Other

1. **Did the patient have any diagnostic test obtained for pertussis? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #16, what was the result of the diagnostic test for pertussis? (check only one box)**

🞏 Positive 🞏 Negative

* 1. **If yes to question #16a, please indicate the type of diagnostic pertussis test? (check only one box)**

🞏 Culture 🞏 PCR 🞏 Serology

Please continue on to question #17.

1. **Was an antimicrobial prescribed as a result of the initial contact (≤2 days before and <3 days after the index date)? (check only one box)**

🞏 Yes 🞏 No

1. **Was an antimicrobial dispensed as a delayed prescription (≥3 days after the index visit) a result of the index visit? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #18, is language present in the note indicating the intention of prescribing a delayed antibiotic? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #18, what was the time frame for the filling of the antimicrobial prescribed? (check only one box)**

🞏 Filled 3-5 days after index visit 🞏 Filled ≥6 days after index visit 🞏 Not Filled

1. **If yes to questions #17 and/or #18a, please fill in the table below for each antimicrobial that was prescribed as a result of the index visit.**

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **B** | **C** | **D** |
| **Antimicrobial Name (Allow for multiple antibiotics to be selected; select all antibiotics that were prescribed as a result of the index visit; if “Other” is selected, please provide antibiotic name)** | **Duration (# days’ supply; provide for each antibiotic prescribed)** | **Date Filled**  **(MM/DD/YY; provide for each antibiotic prescribed)** | **Source of Antibiotic Filled** |
| 1. Drop Down – Amox-Clav, Amoxicillin, Azithromycin, Cefaclor, Cefadroxil, Cefdinir, Cefditoren, Cefixime, Cefpodoxime, Cefprozil, Ceftibuten, Cefuroxime, Cephalexin, Ciprofloxacin, Clarithromycin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Levofloxacin, Linezolid, Metronidazole, Minocycline, Moxifloxacin, Penicillin, Tedizolid, Telithromycin, Tetracycline, TMP/SMX, Antibiotic prescribed but not specified, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | 🞏 VA Pharmacy  🞏 VA Clinic Stock  🞏 Outside Pharmacy  🞏 Other  🞏 Unknown |

1. **Was any symptomatic therapy prescribed or recommended for the patient as a result of the index visit (≤2 days before and <3 days after the index date)? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question #20, please indicate below any symptomatic treatment recommended or prescribed as a result of the visit on the index date (≤2 days before and <3 days after the index date) if applicable.**

|  |  |  |
| --- | --- | --- |
| **A** | **B** | **C** |
| **Treatment Name (Allow for multiple therapies to be selected; select all therapies that were recommended/prescribed as a result of the index visit; if “Other” is selected, please provide name of therapy)** | **Recommendation or Prescription? (select only one box per therapy)** | **Date Filled (if prescribed)**  **(MM/DD/YY)** |
| Medication Class Drop Down – Sedating Antihistamine, Non-sedating Antihistamine, Analgesic, Intranasal Steroid, Cough Suppressant, Steroid Inhaler, Beta-agonist Inhaler, Lozenges, Decongestant, Expectorant, Medication class prescribed/recommended but not specified, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Recommendation  🞏 Prescription  🞏 Not Documented | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented |

1. **Does the patient have a positive *C. difficile* toxin assay up to 30 days before the index date? (check only one box)**

🞏 Yes 🞏 No

1. **Does the patient have a positive *C. difficile* toxin assay up to 30 days after the index date? (check only one box)**

🞏 Yes 🞏 No

1. **Did the patient have a return urgent care/ED/primary care visit within 30 days of the index visit related to the ARI complaint of the index visit? (check only one box) [Do not include other previously scheduled appointments (eg., orthopedic clinic, dermatology clinic, etc.)**

🞏 Yes 🞏 No

* 1. **If yes to question #23, which of the following conditions below best describe the reason for the return urgent care/ED/primary care visit? (check only one box)**

🞏 Patient has unresolved/worsening ARI symptoms

🞏 Patient has an ARI complication such as pneumonia or rheumatic fever

🞏 Other

* 1. **If yes to question #23, did the patient have an antimicrobial prescribed as a result of the return visit (≤2 days before and <3 days after the return visit date)? (check only one box)**

🞏 Yes 🞏 No

* 1. **If yes to question 23b, please fill in the table below (≤2 days before and <3 days after the return date). (If data is not available, please select “N/A”)**

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **B** | **C** | **D** |
| **Antimicrobial Name (Allow for multiple antibiotics to be selected; select all antibiotics that were prescribed as a result of the return visit; if “Other” is selected, please provide antibiotic name)** | **Duration (# days’ supply; provide for each antibiotic prescribed)** | **Date Filled**  **(MM/DD/YY;**  **provide for each antibiotic prescribed)** | **Source of Antibiotic Filled** |
| 1. Drop Down – Amox-Clav, Amoxicillin, Azithromycin, Cefaclor, Cefadroxil, Cefdinir, Cefditoren, Cefixime, Cefpodoxime, Cefprozil, Ceftibuten, Cefuroxime, Cephalexin, Ciprofloxacin, Clarithromycin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Levofloxacin, Linezolid, Metronidazole, Minocycline, Moxifloxacin, Penicillin, Tedizolid, Telithromycin, Tetracycline, TMP/SMX, Antibiotic prescribed but not specified, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | 🞏 VA Pharmacy  🞏 VA Clinic Stock  🞏 Outside Pharmacy  🞏 Other  🞏 Unknown |

1. **Was there a telephone encounter ≤30 days after the index visit regarding the status of the patients ARI diagnosis?**

🞏 Yes 🞏 No

Only answer the following questions if the answer to question #24 was “Yes”.

* 1. **Who documented the telephone encounter?**

🞏 Physician 🞏 PA/NP 🞏 Pharmacist 🞏 Nurse 🞏 Medical Assistant

🞏 Other Trainee (ie., Med Student, Pharmacy Resident) 🞏 Cannot determine  
 🞏 Medical Resident/Fellow

* 1. **Which party initiated the telephone encounter (ie., did the patient call the health care professional or did the health care professional call the patient)?**

🞏 Health Care Professional 🞏 Patient 🞏 Not Documented

* 1. **Was the patient’s condition (e.g., ARI symptoms) documented during the telephone encounter?**

🞏 Yes 🞏 No

* 1. **Was the patient’s condition (e.g., ARI symptoms) resolving, worsening, or unchanged?**

🞏 Resolving 🞏 Worsening 🞏 Unchanged 🞏 Not Documented

* 1. **Did the health care professional ask the patient to come in for a clinic visit?**

🞏 Yes 🞏 No

* 1. **Was a medication (either antibiotic or symptomatic therapy) initiated as a result of the telephone encounter?**

🞏 Yes 🞏 No

* 1. **If an antibiotic or symptomatic therapy was recommended/prescribed, please provide details below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** |
| **Antimicrobial/Treatment Name (Allow for multiple antibiotics/treatments to be selected; select all antibiotics/treatments that were recommended/prescribed as a result of the telephone call; if “Other” is selected, please provide antibiotic/treatment name)** | **Recommendation or Prescription? (select only one box per therapy)** | **Duration (# days’ supply; provide for each antibiotic prescribed)** | **Date Filled**  **(MM/DD/YY; provide for each)** | **Source of Antibiotic Filled** |
| 1. Drop Down – Amox-Clav, Amoxicillin, Azithromycin, Cefaclor, Cefadroxil, Cefdinir, Cefditoren, Cefixime, Cefpodoxime, Cefprozil, Ceftibuten, Cefuroxime, Cephalexin, Ciprofloxacin, Clarithromycin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Levofloxacin, Linezolid, Metronidazole, Minocycline, Moxifloxacin, Penicillin, Tedizolid, Telithromycin, Tetracycline, TMP/SMX, Antibiotic prescribed but not specified, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | N/A | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | 🞏 VA Pharmacy  🞏 VA Clinic Stock  🞏 Outside Pharmacy  🞏 Other  🞏 Unknown |
| Medication Class Drop Down – Sedating Antihistamine, Non-sedating Antihistamine, Analgesic, Intranasal Steroid, Cough Suppressant, Steroid Inhaler, Beta-agonist Inhaler, Lozenges, Decongestant, Expectorant, Medication class prescribed/recommended but not specified, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Recommendation  🞏 Prescription  🞏 Not Documented | N/A | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Not Documented | N/A |

1. with an “x” at the end of the number such as D70.x means that all numbers starting with D70 will be included with that diagnostic criteria (ie., D70.2, D70.18)
   1. Associated diagnosis codes are provided to aid in identifying if patient meets criteria, but should not be used as only method for identification. **Please review chart for any un-coded but documented disease states as well.**

|  |  |
| --- | --- |
| **Information Field** | **Instructions for Field Collection** |
| Reviewer Initials | Enter the first, middle, and last initials of the individual completing the data collection form |
| VISN | Enter the VISN number for the facility where the outpatient ARI visit occurred |
| Station | Enter the station of the facility where the ARI visit occurred |
| Date of Outpatient Visit | Enter the date of the outpatient visit based on the clinic/ED visit note using MM/DD/YY |
| Date Case Report Completed | Enter the date data collection was completed using the MM/DD/YY format |
| Patient Identification # | Enter assigned patient identification number |

|  |  |  |
| --- | --- | --- |
| **Data Point** | **Data to be collected** | **Data Source & Details**  **(NOTE: There are several ways to access identical information in CPRS; reviewers can use this information as a guide but are free to use alternate tools in the system to arrive at the requested data points.)** |
| 1 | **Verify inclusion criteria are met (all criteria must be met)** | |
|  | Patient presented to participating VA outpatient facility from the community | CPRS -> Notes -> Outpatient/ED Visit Note  Presentation from the community is defined as any patient who presents excluding facility or ED transfers for admission and nursing home, CLC patients, and patients from rehab facilities. Examples of patients from the community include patients presenting from private residence, assisted living facilities, foster homes, domiciliary housing, and patients who may be homeless or living in shelters or hotels.  Patients also must be presenting as outpatients to the emergency department, primary care, urgent care, community-based outreach clinic, home-based primary care, or other outpatient clinic.  Exclude visits to the following subspecialty clinics: Infectious Diseases, Allergy, Gastroenterology, Rheumatology, Psychiatry, ENT, Dentistry, Cardiology, Pulmonology, Dermatology, Podiatry, Surgery (any), Endocrinology, Sleep Medicine, Pain Medicine, Hospice & Palliative Care, Oncology, Hematology, Nephrology, Transplant, Employee and Occupational Health; DO NOT exclude visits to Geriatrics or Women’s Health subspecialty clinics. |
|  | Patient has ARI diagnosis for the index visit | CPRS -> Notes -> Outpatient/ED Visit Note -> Encounter Information  Patient must have a visit diagnosis consistent with one or more of the following ARI conditions: Acute Pharyngitis, Acute Bacterial Rhinosinusitis, Acute Bronchitis, or Upper Respiratory Infection – Not Otherwise Specified (URI-NOS). Ensure patients actually have an ARI to make sure that an ARI diagnosis was not coded (using ICD-10 codes) erroneously. Of note, we will be excluding any patients with otitis media in addition to another ARI diagnosis.  Associated ICD-10 codes include:  Acute Pharyngitis: J02.9  Acute Rhinosinusitis: J01.0-J01.9  Acute Bronchitis: J20.9  URI-NOS: J04.0, J06.0, J06.9  ICD-10 codes are provided to aid in identifying if patient meets criteria, but should not be used as the only method for identification. Un-coded but documented disease states of interest by a medical professional (i.e., licensed independent practitioners) count as well. Please avoid using notes authored by physical therapy or occupational therapy. If patients have multiple diagnoses either coded for or mentioned in note, document as mixed ARI choosing the specific ARIs that the patient has. Please use the following logic when determining patient diagnosis:  If there is no specific diagnosis mentioned or it is vague within the provider notes, then use the coded diagnosis from the encounter information.  Potential Special Circumstances/Issues:  1) The coded ARI is different than the documented ARI – The documented ARI trumps the coded ARI – do not select mixed ARI if only one is specified in the documentation even if a different ARI is coded  2) There is documentation supporting more than one ARI but only one is coded – Select ‘mixed ARI’ and specify which diagnoses are documented  3) Documentation does not specify one ARI or the other – if symptoms documented are consistent with one ARI over another (i.e., the patient only has a cough and no sore throat or runny nose) then select the most appropriate ARI. Otherwise, select the URI-NOS if the specific ARI is not absolutely clear.  If the patient has multiple visits for an ARI diagnosis in the MUE timeframe, use only the first visit date |
| **\*\*\*STOP if ANY inclusion criteria are NOT met. Submit case report form\*\*\*** | | |
| 2 | **Confirm no exclusion criteria are met** | |
|  | ARI diagnosis coded on index date but symptoms, assessment, and treatment of an ARI were not assessed by a provider in the notes associated with the encounter | If an ARI was coded but not addressed at the visit on the index date, exclude the patient from the evaluation.  Do not exclude the patient if only signs/symptoms are noted, if a different ARI is noted than what is coded, or if there is laboratory evidence of a possible ARI (e.g., rapid antigen strep test or throat culture). |
|  | ARI diagnosis coded on the encounter was in relation to a resolved or resolving ARI | If an ARI diagnosis was coded and it was referencing a resolved or resolving condition, exclude the patient from the evaluation as this is not a new presentation. |
|  | Admission to inpatient ward directly as a result of the index visit | CPRS -> Notes -> H&P Note  Verify no hospital admission within 24 hours after index visit or mention of admission to hospital ward in index visit note |
|  | Any ARI diagnosis in the 30 days prior to index visit | CPRS -> Problems -> Both active and inactive **AND** CPRS -> Notes  Ensure no ARI diagnosis consistent with Acute Pharyngitis, Acute Bacterial Rhinosinusitis, Acute Bronchitis, Upper Respiratory Infection – Not Otherwise Specified (URI-NOS), or Other (e.g. acute otitis media) in the 30 days prior to the index visit. This includes visits to non-VA facilities which may be stated in the any of the notes including the index visit note in addition to any notes in the previous 30 days. However, DO NOT exclude patients with a ARI diagnosis in the past two days if that diagnosis is based on a telephone triage or similar note (i.e., diagnosis without being seen by a provider)  Associated ICD-10 codes include:  Acute Pharyngitis: J02.9  Acute Rhinosinusitis: J01.0-J01.9  Acute Bronchitis: J20.9  URI-NOS: J04.0, J06.0, J06.9 |
|  | Presence of diagnosis for chronic pharyngitis or chronic sinusitis | CPRS -> Problems -> Active  Ensure no diagnoses related to chronic pharyngitis or chronic sinusitis. Refer to previous notes in the chart as well to get an idea if the ARI diagnosis may be a chronic condition that may be coded incorrectly. Exclude patient is signs/symptoms consistent with pharyngitis or sinusitis for ≥12 weeks. For example, multiple previous notes over the course of several months identifying sinusitis as a problem.  Associated ICD-10 codes include:  Chronic Pharyngitis: J31.2  Chronic Sinusitis: J32.0-J32.9 |
|  | Presence of any of the co-morbid conditions that may increase the risk for serious bacterial infection | CPRS -> Problems -> Both active and inactive **AND** CPRS -> Notes -> Active Problem Lists & Past Medical History  Ensure no diagnosis related to any of the following conditions: Neoplasia, Chronic Lung Disease (COPD), End-stage Renal Disease, Solid Organ Transplantation, or Other Immunocompromised States (including HIV). Also, be sure to look at the past medical history in notes in case there was a diagnosis that was not coded or coded incorrectly for the index visit. Goal is to exclude any patient at higher risk for contracting a bacterial infection.  If excluding a patient due to Neoplasia, ensure the patient was receiving active chemotherapy or radiation therapy, or had metastatic disease at the time of the index visit. Otherwise, do not exclude patient. Examples of patients that should NOT be excluded are: 1) a patient with a non-melanoma skin cancer, or 2) a patient with a history of prior colon cancer now in remission for 5 years after surgical colonic resection.  Other immunocompromised states include but may not be limited to: use of rheumatologic agents, anti-rejection medications, asplenia, chronic steroid use equivalent to ≥20mg prednisone for ≥2 weeks, and ANC <1500.  DE810 – Antipsoriatics, Systemic  GA400 – Tumor Necrosis Factor Blocker  IM000 – Immunological Agents  IM600 – Immune Suppressants  Associated ICD-10 codes include:  Neoplasia: C00.0-C96.x, D00.1-D48.9, K31.7, K63.5, Q85.0x  Chronic Lung Disease (COPD, Asthma): J40.x-J45.998, J47.x, J67.x  End-stage Renal Disease: N18.6, R88.0, Z49.01, Z49.02, Z49.31, Z49.32, Z91.15, Z99.2  Transplantation: T86.10-T86.899, Z94.x, T86.0x  Other Immunocompromised State: D70.x, D80.8, D83.1, Z92.25, R75, Z21 |
|  | Presence of any other active infectious diseases diagnosis on index date | CPRS -> Problems -> Both active and inactive **AND** CPRS -> Notes -> Active Problem Lists & Past Medical History  Ensure no other acute infectious diseases diagnosis is present including but not limited to Pneumonia, Influenza, Urinary Tract Infections, and Skin and Skin Structure Infections. Other infectious diseases included in the exclusion can be viral, bacterial, fungal, and/or parasitic diagnoses including but not limited to tuberculosis, eye infections, ear infections, and osteomyelitis. Provider must mention that patient may have a concurrent infection at time of visit for the patient to be excluded for that reason. If a patient is on antimicrobial(s) either acutely or chronically, check both coded and un-coded problem lists and past medical histories to see if the patient has a concurrent infection.  Do NOT exclude patient if the patient had concurrent HCV, HBV, genital herpes, superficial (cutaneous) fungal infection, or similar infections.  Associated ICD-10 codes include: A00.0-99.0, B00.0-99.9, D86.9, G02, G14, H32, I32, I39, J02.0, J003.00, J17, K90.81, L08.1, L44.4, L94.6, M02.30, M35.2, M60.009, N34.1, R11.11  Please check the appropriate diagnosis or fill in specific diagnosis if “Other” |
|  | Presence of any current acute or chronic antimicrobial therapy at time of index visit | CPRS -> Meds -> Active Outpatient Meds both VA **AND** non-VA meds  Ensure that the patient is not currently being treated either acutely or chronically with any oral antibacterial therapy whether an active infectious diagnosis is identified or not. Exclude patients that may be taking self-prescribed antibiotics (e.g., using stockpiled antibiotics at home).  Do NOT exclude if a patient was prescribed by a provider an antibacterial agent ≤2 days prior to index visit AND if reason started was for ARI signs/symptoms (look for previous nursing note or telephone intervention note). |
| **\*\*\*STOP if ANY exclusion criteria are met. Submit case report form\*\*\*** | | |
| 3 | Document patient smoking status | CPRS -> Notes -> Clinic/ED Note -> Social History  Current Smoker: Any patient with a positive smoking history within the past 1 month  Previous Smoker: Any patient with a smoking history, but who has quit/stopped smoking >1 month ago  Never Smoker: Any patient with no smoking history  Information Not Available: Any patient with no smoking history recorded in the medical record.  Note: This only pertains to smoking tobacco or use of electronic alternative, and not for example chewing tobacco.  Please check only one box. |
| 4 | Treatment Location | CPRS -> Notes -> Clinic/ED Note -> Determine location based on specific clinic or ED  Indicate whether the patient presented to Veteran’s Affairs Medical Center (VAMC), Community-Based Outreach Clinic (CBOC), or Home-Based Primary Care (HBPC).  If a patient presents to an outpatient clinic (OPC) that is not considered a CBOC or HBPC, select “VAMC”. |
| 5 | Treatment Setting | Determine whether the patient was seen in a primary care clinic, urgent care clinic, other outpatient clinic, or emergency department. For HBPC, select “Primary Care”.  Telephone encounters do not count as the patient is not physically presenting to the facility or the provider is not physically seeing the patient. |
| 6 | Provider Characteristics | CPRS -> Notes -> Clinic/ED Note -> Author  Determine who the primary provider was for the visit as identified as the primary author on the index visit note. The primary author should be found at the top, left-hand side of the note in the heading. Co-signers and additional signers **do not count** as authors for the purposes of the evaluation. An exception to this is if the nurse documents the encounter with the physician’s plan in the note. If this occurs, the primary provider for the visit would be the physician. |
| 7 | Documented antibiotic allergy present | CPRS -> Cover Sheet -> Allergies/Adverse Reactions **OR** CPRS -> Notes -> Clinic/ED Note  Please indicate if the patient has an antibiotic allergy listed in CPRS or in the clinic or ED note. Please include even if the allergy appears to be a side effect (ie., GI upset). |
| 7a | Documented antibiotic allergy details | CPRS -> Cover Sheet -> Allergies/Adverse Reactions  \*\*Only complete this item if you answered “yes” to the patient having an antibiotic allergy\*\*  Please indicate specific antibiotic class and reaction to each from the respective menus. If the patient’s reaction is not present in the drop down menu, select “other”. If the patient’s reaction is not documented or unknown, select “unknown”. |
| 8 | Documentation of vital signs | CPRS -> Notes -> Clinic/ED visit note  Please document the value for each vital sign provided under item #8 in the following units: Temperature – ˚F; Heart Rate – beats per minute; Blood Pressure – mmHg/mmHg; Respiratory Rate – respirations per minute. If more than one set of vital signs taken for the index visit, record the first set obtained for that visit.  Note – the values entered for each item must be within the following ranges (do not include numbers or symbols in these fields except for a decimal where appropriate):   * Temperature (˚F): 96-106 (with up to 1 decimal place) * Heart Rate (BPM): 30-180 * Systolic BP (mmHg): 70-200 * Diastolic BP (mmHg): 40-130 * Respiratory Rate (RPM): 6-40 |
| 9 | Documentation of prior self-treatment | CPRS -> Notes -> Clinic/ED visit note  Please check “yes”, “no”, or “not documented regarding whether the patient was self-treating with any medications prior to presenting at the index visit. Only medications and no herbal supplements should be considered. |
| 10 | Documentation of signs/symptoms and/or chief complaints | CPRS -> Notes -> Clinic/ED visit note  Please indicate any and all signs/symptoms the patient is exhibiting within the past 2 days by checking the boxes “Yes”, “No”, or “Not Documented for each item. Findings may be documented in patient history or elicited on physical examination.  Clarifications:   * Chills alone should **not** constitute a positive finding of Fever * Sinus pain/pressure fullness should constitute a positive finding of Facial Pain/Pressure/Fullness. * If drainage is not defined further, Nasal Discharge should be the finding recorded. * Dysphagia does **not** constitute sore throat. * If symptoms pertaining to HEENT in ROS are documented as “WNL”, “No” should be marked for the HEENT symptoms, unless specific symptoms are noted elsewhere in the chart. |
| \*\*\***Please move on to the corresponding item(s) associated with the patient’s specific ARI diagnosis.**  For Acute Pharyngitis, move to item #11. For Acute Bacterial Rhinosinusitis, move on to item #14. For Acute Bronchitis, move on to item #15. For URI-NOS, move on to item #17\*\*\* | | |
| 11 | Document findings on clinical exam | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Pharyngitis\*\*\***  CPRS -> Notes -> Clinic/ED visit note ->HPI, Vital Signs, Review of Systems, Physical Exam  Please note whether the patient fulfills any of the criteria noted in the table. If a criterion is not documented, please select “Not Documented”. Only select “No” if there is documentation identifying that the patient does not meet the criterion. |
| 12 | Group A *Streptococcus* Rapid Antigen Detection Test (RADT) | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Pharyngitis\*\*\***  CPRS -> Labs -> Select test by date -> Search for lab test  Terms you may want to try to find this test includes: “rapid”, “Group A Strep”, and “RADT”.  Please indicate whether an RADT was **PERFORMED.** An RADT was performed if there is a result (positive or negative). |
| 12a | Group A *Streptococcus* Rapid Antigen Detection Test (RADT) result | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Pharyngitis\*\*\***  CPRS -> Labs -> Select test by date -> Search for lab test  Please indicate the result of the RADT. If no RADT was performed, move on, and do NOT answer this question. If a non-VA RADT was done in lieu of a VA test and is documented in the visit note, include the results of the non-VA RADT in the data collection form. |
| 12b | Was the RADT result available during the clinic visit? | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Pharyngitis\*\*\***  Please indicate whether the RADT result was available at the clinic visit. This information may be found as evidenced by the clinic note referring to the RADT result (not including any addendums that could have been added after the visit) or by comparing the time the note was completed to the time the RADT was resulted. |
| 13 | Throat Culture performed | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Pharyngitis\*\*\***  CPRS -> Labs -> Microbiology ->  Please indicate whether a throat culture was **PERFORMED**. A throat culture was performed if there is a result (positive or negative). |
| 13a | Throat Culture details | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Pharyngitis\*\*\***  CPRS -> Labs -> Microbiology->  Please indicate the result of the throat culture and the organism that was identified. If the organism that was identified is something other than what is listed, please select other. Note: Group C *Strep* or Group G *Strep* is one choice. Examples of Group C and G *Strep* can include *S. dysgalactiae, S. equi, S. zooepidemicus, S. canis,* and *S. equisimlis*. Group A *Strep* includes  *S. pyogenes*.  If no throat culture was performed, move on and do NOT answer this question. |
| **\*\*\*If the patient has a diagnosis of Acute Pharyngitis and you answered items #11-13, please move on to item #17 skipping the items in between\*\*\*** | | |
| 14 | Document criteria fulfilled by patient | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Bacterial Rhinosinusitis\*\*\***  CPRS -> Notes -> Clinic/ED visit note -> HPI, Vital Signs, Review of Systems, Physical Exam  PROLONGED Criterion: A patient must have at least 1 of the signs/symptoms listed for greater than >7 days without improvement over that time frame. Other words okay to describe greater than 7 days include words like “many” and “a lot of”.  SEVERE Criterion: At least 1 of the signs/symptoms listed must be described as “severe” by the patient or provider as documented in the note. Other words okay to describe >3 days include words like “few” and “several”. The word “couple” should not fulfill this criterion.  WORSENING Criterion: At least 1 of the signs/symptoms listed needs to persist for 3-4 days after initial improvement of symptoms of an infection lasting at least 5 days (see visual below). Other acceptable words to describe 3-4 days include words like “few” and “several”. The word “couple” should not fulfill this criterion. If the provider mentions the term “double-sickening” in the note, that will also fulfill this criterion. See Figure 1 at the end of the document.  Instructions for filling out the table: First, determine which signs and symptoms were present and for how long in column “A (whether any of the symptoms documented were present for >10 days.) Then select the appropriate box in column “B” for each symptom. Next, look at each of the remaining column separately and determine if any of the symptoms described match the criteria noted at the heading of each column or in this document. Then, select the appropriate boxes in each column accordingly.  If documentation for timeframe of signs/symptoms is in days then longevity criteria should be applied as is. If documentation for timeframe is stated as “greater than a week”, then that will be sufficient to fulfill ANY longevity criterion. Additionally, if inexact quantitative or qualitative measurements are used for time or severity, use clinical judgement to ensure the intent of the criteria is met. |
| **\*\*\*If the patient has a diagnosis of Acute Bacterial Rhinosinusitis and you answered item #14, please move on to item #17 skipping the items in between\*\*\*** | | |
| 15 | Documentation of suspected pertussis (pertussis of diagnostic concern) | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Bronchitis\*\*\***  CPRS -> Labs -> Select the appropriate timeframe -> Search for lab test **OR** CPRS -> Notes -> Clinic/ED visit note -> HPI/Assessment/Plan  Please indicate whether there is any documentation of suspected pertussis including patient history pertinent for exposure to pertussis or language identifying pertussis as a possible diagnostic concern (this can include ordering a pertussis diagnostic lab test) |
| 15a | Documentation of pertussis exposure suspicion | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Bronchitis\*\*\***  CPRS -> Labs -> Select the appropriate timeframe -> Search for lab test **OR** CPRS -> Notes -> Clinic/ED visit note -> HPI/Assessment/Plan  Please indicate in which category the suspicion fits:   * Confirmed Pertussis Exposure – Only select this box if the exposure was to someone who was known to have pertussis. Do not include if exposure was to someone who was only being treated with antibiotics without actually testing positive for pertussis. Patient must know that the exposure was to someone with known diagnosed pertussis. * Suspected Pertussis Exposure – Select this box if there was a possible exposure including if the exposure was to someone being treated without confirmed lab tests or exposure was to someone with symptoms consistent with pertussis. * No mention of exposure – Select this box if there is no mention of pertussis exposure in the index visit note * Other – select this box if there is documentation that does not meet the other explanations   If there was no documentation of pertussis being of diagnostic concern (answering “No” to #15), move on and do NOT answer this question |
| 16 | Diagnostic test for pertussis obtained | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Bronchitis\*\*\***  CPRS -> Labs -> selected test by date -> Search for lab test  Please indicate whether a diagnostic lab test for pertussis was **ORDERED**. Lab tests for pertussis include nasopharyngeal swab/aspirate PCR/culture and/or serology. |
| 16a | Diagnostic test for pertussis result | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Bronchitis\*\*\***  CPRS -> Labs -> Selected test by date -> Search for lab test  Please indicate the result of the diagnostic lab test for pertussis. Lab tests for pertussis include nasopharyngeal swab/aspirate PCR/culture and/or serology. |
| 16b | Type of diagnostic pertussis test if positive | **\*\*\*Only answer this item if the patient’s ARI diagnosis is Acute Bronchitis\*\*\***  CPRS -> Labs -> Selected test by date -> Search for lab test  Please indicate the type of diagnostic test pertussis (Culture, Serology, PCR) if the result was positive. |
| **\*\*\*Please continue on to item #17\*\*\*** | | |
| 17 | Antimicrobial prescribed | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range ≤2 days before and <3 days after the index visit **AND** CPRS -> Notes -> Treatment Plan  Please indicate whether the patient was prescribed an antibiotic as a result of the initial contact (≤2 days before and <3 days after the index date) either in the medication history in CRPS or by indication in the plan in the index visit note. Please also include the source of antibiotic dispensed as well. |
| 18 | **DELAYED** antimicrobial prescribed | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range 3 days after the index visit **AND** CPRS -> Notes -> Treatment Plan  In order for an antimicrobial prescribed to be considered a delayed prescription for this question, the antibiotic must have been dispensed ≥3 days after the index date.  If the prescription was delayed, continue to questions 18 and 18b. |
| 18a | **DELAYED** antimicrobial language present | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range 3 days after the index visit **AND** CPRS -> Notes -> Treatment Plan  Please answer this question if, the answer to #18 was “yes”. Use your judgement and the language provided in the clinic note to determine if the prescriber’s intention was to prescribe a **DELAYED** antibiotic to be filled after the index visit. If the patient is provided a prescription for an antibiotic or the actual antibiotic, it should not be considered a **DELAYED** antibiotic regardless of documented directions from the prescriber. |
| 18b | **DELAYED** antibiotic filling time frame | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range 3 days after the index visit  Please select the appropriate box for the time frame in which the patient filled the **DELAYED** antibiotic prescription. If the patient did not end up filling the prescription, select the appropriate box. |
| 19 | Documentation of antimicrobial prescription | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range ≤2 days before and <3 days after the index visit **AND** CPRS -> Notes -> Treatment Plan  If an antimicrobial was prescribed, please indicate the following:   * Antibiotic Name: Select from the drop down menu. If the antibiotic is not present, select other and fill in the antibiotic that was prescribed * Duration: Determine duration either from the quantity and SIG of the prescription or by documentation in the index visit note * Date filled: Use MM/DD/YY format   \*\*Note: If more than one antimicrobial was ordered, input each antimicrobial separately.\*\*  \*\*Note: For duration and date filled, below are examples for when to select “Not documented”   * A clinician writing a prescription for patient to fill at an outside pharmacy but clinician does not document duration/date filled * An antimicrobial is pulled out of the medicine cabinet but quantity was not documented   If no antimicrobial was prescribed, move on and do NOT answer this question. |
| 20 | Symptomatic treatment recommended or prescribed | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range ≤2 days before and <3 days after the index visit **AND** CPRS -> Notes -> Clinic/ED visit note  Determine if symptomatic treatment was prescribed or recommended during the timeframe through either the medication history in CPRS or by indication in the treatment plan. Only include symptomatic treatment that the patient was self-treating with if there is documentation [either in current note or previous note (ie., phone call)] that it was recommended by a VA provider. |
| 20a | Documentation specifics of symptomatic treatment recommended or prescribed | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range ≤2 days before and <3 days after the index visit **AND** CPRS -> Notes -> Clinic/ED visit note  If a medication was prescribed or recommended, select the specific medication, whether it was prescribed or recommended, and the date filled if the medication was prescribed in MM/DD/YY format. If the name of the therapy recommended or prescribed is not in listed in the drop down menu, select “other” and fill in the name. Fill in the name of the medication class for each medication prescribed or recommended.  Clarifications:   * If symptomatic therapy is identified by a brand name, please select the appropriate class for the active ingredient in that product. * If a combination product is identified, select each class for each active ingredient as if each were a separate medication.   If no symptomatic therapy was prescribed or recommended during this timeframe, move on and do NOT answer this question. Please list each medication separately. |
| 21 | Documentation of positive *C. difficile* toxin assay 30 days **BEFORE** index visit | CPRS -> Labs -> Worksheet -> Search for *C. difficile* toxin assay and select appropriate assay -> Date Range -> Type in 30 days **BEFORE** the index visit -> Identify if labs are obtained and the result  Identify whether the patient had an assay obtained for each timeframe before and after the index date. If the test was obtained during either or both timeframes, select the appropriate box corresponding to the result. Non-VA labs count for this as well if documented and the timing of the labs can be determined. |
| 22 | Documentation of positive *C. difficile* toxin assay 30 days **AFTER** index visit | CPRS -> Labs -> Worksheet -> Search for *C. difficile* toxin assay and select appropriate assay -> Date Range -> Type in 30 days **AFTER** the index visit -> Identify if labs are obtained and the result  Identify whether the patient had an assay obtained for each timeframe before and after the index date. If the test was obtained during either or both timeframes, select the appropriate box corresponding to the result. Non-VA labs count for this as well if documented and the timing of the labs can be determined. |
| 23 | Presence of outpatient/ED return visit within 30 days | CPRS -> Notes -> View notes for possible encounters within 30 days  Look within CPRS to find if the patient returned to urgent care, ED, or primary care within 30 days of the index visit related to the ARI complaint of the index visit. Do not include other previously scheduled appointments (eg., orthopedic clinic, dermatology clinic, etc.). If the patient has worsening symptoms leading to a lower respiratory tract infection including pneumonia, this will count as ARI-related. |
| 23a | Documentation of reason for outpatient/ED return visit with 30 days | CPRS -> Notes -> View notes for possible encounters within 30 days  View the note for the return visit within 30 days and determine the chief complaint or reason for the visit. Select the option that most closely reflects the reason for the visit as it related to the index visit. If none of the prepopulated reasons apply, select other.  If the patient did not have a return visit within 30 days of the index visit, do NOT answer this question. |
| 23b | Presence of antibiotic prescription as a result of the 30-day return visit | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range ≤2 days before and <3 days after the 30-day return visit **AND** CPRS -> Notes -> Treatment Plan  Please indicate whether the patient was prescribed an antibiotic as a result of the 30-day return visit (≤2 days before and <3 days after the index date) either in the medication history in CRPS or by indication in the plan in the 30-day return visit. If the patient did not have a 30-day return visit, do NOT answer this question. |
| 23c | Documentation of antimicrobial prescribed as a result of the 30-day return visit | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the date range ≤2 days before and <3 days after the 30-day return visit **AND** CPRS -> Notes -> Treatment Plan  If an antimicrobial was prescribed, please indicate the following:   * Antibiotic Name: Select from the drop down menu. If the antibiotic is not present, select other and fill in the antibiotic that was prescribed * Duration: Determine duration either from the quantity and SIG of the prescription or by documentation in the index visit note * Date filled: Use MM/DD/YY format   \*\*Note: If more than one antimicrobial was ordered, input each antimicrobial separately.\*\*  If no antimicrobial was prescribed, do NOT answer this question. |
| 24 | Documentation of telephone encounter ≤30 days after index visit | CPRS -> Notes -> Telephone Encounter Note ≤30 days after index visit  Please select “yes” or “no” regarding whether there was a telephone encounter (i.e., the patient called the VA) regarding his/her ARI diagnosis. Please ensure that the telephone encounter occurred ≤30 days after the index visit and addressed the patient’s ARI diagnosis.  If you answer “no” to this question, you are finished with data collection for that patient. If you answer “yes”, please proceed to the sub-questions related to item #23. |
| 24a | VA personnel documenting telephone encounter | CPRS -> Notes -> Telephone Encounter Note -> Author  Determine who documented the telephone encounter as identified as the primary author on the telephone encounter note. The primary author should be found at the top, left-hand side of the note in the heading. Co-signers and additional signers **do not count** as authors for the purposes of the evaluation. |
| 24b | Initiation of the telephone call | CPRS -> Notes -> Telephone Encounter Note  Please indicate if information available, who initiated the telephone call. For example, did the patient call the VA because his/her symptoms were not improving or did the VA call the patient to check in with him/her? If the information is not specified, please indicate “not documented”. |
| 24c | Documentation of patient condition (general) | CPRS -> Notes -> Telephone Encounter Note  Please indicate if the patient’s condition including ARI symptoms was documented during the telephone encounter. |
| 24d | Documentation of patient condition (specifics) | CPRS -> Notes -> Telephone Encounter Note  Please indicate if the patient’s condition was resolving, worsening, unchanged, or not documented. If the patient is having new symptoms without any improvement in prior symptoms, consider the patient’s condition to be worsening. Otherwise, use your clinical judgement with the information present or the judgement of the healthcare professional at the time if documented to answer this question. |
| 24e | Clinic visit inquiry | CPRS -> Notes -> Telephone Encounter Note  Please indicate whether the patient was asked or a recommendation was made by the healthcare professional that the patient come in for a clinic visit. Note: The patient did **NOT** actually need to come in within any specific time frame for this criterion to be filled. |
| 24f | Medication (symptomatic therapy or antibiotic) initiated | CPRS -> Notes -> Telephone Encounter Note  Please indicate as documented in the telephone encounter note whether any medication (symptomatic therapy or antibiotic) was recommended or prescribed as a result of the telephone encounter. May also look in pharmacy outpatient medication record; however, please ensure that there is supporting documentation indicating that the prescription is a result of the telephone encounter. |
| 24g | Medication initiation as a result of the telephone encounter | CPRS -> Reports -> Clinical Reports -> Pharmacy -> Outpatient Medications -> Date Range -> Input the dates associated with telephone encounter **AND** CPRS -> Notes -> Telephone Encounter Note -> Treatment Plan  If an antimicrobial was prescribed, please indicate the following:   * Antibiotic Name: Select from the drop down menu. If the antibiotic is not present, select other and fill in the antibiotic that was prescribed * Duration: Determine duration either from the quantity and SIG of the prescription or by documentation in the index visit note * Date filled: Use MM/DD/YY format   \*\*Note: If more than one antimicrobial was ordered, input each antimicrobial separately.\*\*  If a medication was prescribed or recommended, select the specific medication, whether it was prescribed or recommended, and the date filled if the medication was prescribed in MM/DD/YY format. If the name of the therapy recommended or prescribed is not in listed in the drop down menu, select “other” and fill in the name. Fill in the name of the generic medication (if specified) and the name of the medication class for each medication prescribed or recommended. If no specific medication is identified, select the class of medication recommended or prescribed.  Clarifications:   * If symptomatic therapy is identified by a brand name, please select the appropriate active ingredient in that product. * If a combination product is identified, select each active ingredient as if each were a separate medication.   If no antibiotic or symptomatic therapy was prescribed or recommended during this timeframe, move on and do NOT answer this question. Please list each medication separately. You are now finished with data collection. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **X= start of symptoms of an infection**  **XX= symptoms of an infection improves**  **O = worsening symptoms** | **X** |  |  |  |  | **XX** | **o** | **o** | **o** | **o** |

**Figure 1: Visual illustration of the worsening criterion for Question #10**