

Participant Content Testing Survey & Submission Form



Introduction

This submission form/survey is intended for System Under Test (SUT) interested in submitting Content for testing/evaluation by the Sequoia testing staff. ***It is required that all questions be answered*** prior to content testing submission. Answering the questions will provide a better basis of your system capabilities to ensure the proper testing tooling version is used .

Instructions

Please answer the questions in the survey to the best of your ability. Most questions in this survey require one or more sentences to answer. Please provide as much detail as necessary to fully answer each question.

NOTE: All questions refer to health data exchange for the purpose of treatment unless otherwise stated.

Please contact testing@sequoiaproject.org with any questions.

Name of Organization: _____

Physical Address of Organization: _____

Primary Point of Contact (POC): _____

Telephone: _____ **Email:** _____

System Under Test (SUT) Vendor/Version_____

Scope of Organization/System Under Test

#	Readiness Survey Question	Answer
1.	<p>Please indicate which of the following documents you plan to support in production: (Select one or more):</p> <p>This should match the document samples submitted for testing.</p>	<input type="checkbox"/> HITSP C-32 (Based upon the standards required for Stage 1 Meaningful Use (2011 Edition)) <input type="checkbox"/> Consolidated CDA (C-CDA) – Based upon the standards required for Stage 2 Meaningful Use (2014 Edition) <input type="checkbox"/> Consolidated CDA (C-CDA) – Based upon the standards required for Stage 3 Meaningful Use (2015 Edition) <input type="checkbox"/> Other
2.	Does the SUT Receive C-CDA Documents from other connected stakeholders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the SUT Create On Demand Documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If the answer is Yes to question #3, please check for what C-CDA Documents are received. Check all that apply.	<input type="checkbox"/> Care Plan including Home Health Plan of Care (HHPoC) <input type="checkbox"/> Consultation Note <input type="checkbox"/> Continuity of Care Document (CCD) <input type="checkbox"/> Diagnostic Imaging Reports (DIR) <input type="checkbox"/> Discharge Summary <input type="checkbox"/> History and Physical (H&P) <input type="checkbox"/> Operative Note <input type="checkbox"/> Procedure Note <input type="checkbox"/> Progress Note <input type="checkbox"/> Referral Note <input type="checkbox"/> Transfer Summary <input type="checkbox"/> Unstructured Document <input type="checkbox"/> Patient Generated Document (US Realm Header)

#	Readiness Survey Question	Answer
	C62-Unstructured Documents (Clinical Notes)	
5.	If the answer to #4 includes the Continuity of Care Document: Is a summary of care or continuity of care document based on a single encounter, multiple encounters, episode of care	<input type="checkbox"/> Single Encounter/Episode of Care <input type="checkbox"/> Multiple Encounters <input type="checkbox"/> Other (please describe: <hr/>
6.	Does your organization send as C62 or Unstructured Documents as separate documents? Is your organization capable of sending C62s or Unstructured Documents? If Yes, please provide the following: <ul style="list-style-type: none"> • Sample documents of C62s? • A PDF version of the rendered C62s • C-CDA Unstructured Document 	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please check all that apply below: <input type="checkbox"/> HITSP C62 <input type="checkbox"/> PDF of HITSP C62 <input type="checkbox"/> C-CDA Unstructured Document <input type="checkbox"/> PDF of C-CDA Unstructured Document
	Organization Information	
7.	What is the scope of your organization? Please indicate if it is an HIE (state, regional), a Health Care Network, a Health Care Facility, or other type of health system or provider? Please explain if necessary.	<input type="checkbox"/> HIE/HIN <input type="checkbox"/> Regional HIO <input type="checkbox"/> Health Care System <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Provider <input type="checkbox"/> Other type of health system Please explain, if other: <hr/>

8.	<p>Is your organization using eHealth Exchange to share with others already? If yes, please list them or provide URL link to where these are listed.</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>If yes, please list:</p> <p>If attaching spreadsheet(s), please note name of document being submitted here:</p> <hr/>																					
9.	<p>Within your organization, please indicate the number of each type of health care facility currently participating in your HIO.</p>	<table border="1"> <thead> <tr> <th data-bbox="935 741 1239 814">Health Care Organization Type</th> <th data-bbox="1239 741 1544 814">Total Participating in HIO</th> </tr> </thead> <tbody> <tr> <td data-bbox="935 814 1239 877">Hospitals</td> <td data-bbox="1239 814 1544 877"></td> </tr> <tr> <td data-bbox="935 877 1239 940">Clinics</td> <td data-bbox="1239 877 1544 940"></td> </tr> <tr> <td data-bbox="935 940 1239 1052">Federal Qualified Health Centers (FQHC)</td> <td data-bbox="1239 940 1544 1052"></td> </tr> <tr> <td data-bbox="935 1052 1239 1184">Practices (health system-owned practices)</td> <td data-bbox="1239 1052 1544 1184"></td> </tr> <tr> <td data-bbox="935 1184 1239 1247">Laboratories</td> <td data-bbox="1239 1184 1544 1247"></td> </tr> <tr> <td data-bbox="935 1247 1239 1320">Pharmacies</td> <td data-bbox="1239 1247 1544 1320"></td> </tr> <tr> <td data-bbox="935 1320 1239 1394">Nursing homes</td> <td data-bbox="1239 1320 1544 1394"></td> </tr> <tr> <td data-bbox="935 1394 1239 1526">Auxiliary care facilities</td> <td data-bbox="1239 1394 1544 1526"></td> </tr> <tr> <td data-bbox="935 1526 1239 1684">Other (please list)</td> <td data-bbox="1239 1526 1544 1684"></td> </tr> </tbody> </table>		Health Care Organization Type	Total Participating in HIO	Hospitals		Clinics		Federal Qualified Health Centers (FQHC)		Practices (health system-owned practices)		Laboratories		Pharmacies		Nursing homes		Auxiliary care facilities		Other (please list)	
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10.	<p>Please identify the EHR Vendor(s) you are or your affiliated members are using. Please list all that are connected.</p>	<p><u>Vendor1:</u></p> <p>Product Name:</p> <p>Version:</p> <p><u>Vendor2:</u></p> <p>Product Name:</p> <p>Version:</p> <p><u>Vendor3:</u></p> <p>Product Name:</p> <p>Version:</p> <p><u>Vendor4:</u></p> <p>Product Name:</p> <p>Version:</p>
11.	<p>Can you load test patients in your production environment to support production validation activities and on-going system validation activities?</p>	<p>Initial production validation:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>On-going system validation activities:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
12.	<p>Does your organization use any of the standardized terminologies, e.g., Systemized Nomenclature for Medicine-Clinical Terms (SNOMED-CT), Logical Observation Identifier Name Code (LOINC)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
13.	<p>Does your health information exchange contain information from a State Prescription Drug Monitoring Program (PDMP)?</p> <ul style="list-style-type: none"> If yes, will controlled substance prescription dispensing activity be included in any section of the C-CDA 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p>document provided when queries request patient documents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>○ If yes, please identify the relevant module of the C32 or C-CDA document</p> <p>C32 Module: _____</p> <p>C-CDA Module: _____</p>
14.	<p>Is your organization capable of sending C62s or Unstructured Documents? , please provide the following:</p> <ul style="list-style-type: none"> • Sample documents of C62s? • A PDF version of the rendered C62s • C-CDA Unstructured Document <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please check all that apply below:</p> <p><input type="checkbox"/> HITSP C62</p> <p><input type="checkbox"/> PDF of HITSP C62</p> <p><input type="checkbox"/> C-CDA Unstructured Document</p> <p><input type="checkbox"/> PDF of C-CDA Unstructured Document</p>
<p>C-CDA (Consolidated Clinical Document Architecture) <input type="checkbox"/> Check here if NOT APPLICABLE</p>	
15.	<p>Have you implemented the ability to receive C-CDA? (i.e. Can you receive the C-CDA Continuity of Care Document (CCD)?)</p> <p>Receive C-CDA: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, do you have a planned date:</p> <p>No , date: _____</p>
16.	<p>If you have implemented C-CDA, are you able to query and retrieve C-CDA unstructured documents? If no, when will you be able to query and retrieve C-CDA unstructured documents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, do you have a planned date:</p> <p>No , date: _____</p>
17.	<p>If you have implemented C-CDA, are you able to send C-CDA unstructured documents? If no, when do you plan to send C-CDA unstructured documents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, do you have a planned date:</p> <p>No, date: _____</p>
18.	<p>Will you be able to query and retrieve other C-CDA structured documents (e.g. Consultation Note; Diagnostic Imaging Report; Discharge Summary; History and Physical (H&P) Note; Operative Note; Procedure Note; Progress Note)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please list document templates your system supports.</p>

19.	Are you able to send structured C-CDA documents (e.g. Consultation Note; Diagnostic Imaging Report; Discharge Summary; History and Physical (H&P) Note; Operative Note; Procedure Note; Progress Note	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list document templates your system supports.
20.	In order for the clinicians to view eHealth Exchange data: <ul style="list-style-type: none"> • Are the tools integrated with your participants' EHR systems workflow? • Are any enhancements to the user interface required to display partner eHealth Exchange data? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Survey Complete – Thank You

Thank you for taking the time to complete this survey and submission form. The Sequoia Project Testing Team looks forward to reviewing your content testing submission.