

# Participant Content Testing Survey & Submission Form

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

| #  | Readiness Survey Question   | Answer  |
|----|---|---|
|    | <b>C62-Unstructured Documents<br/>(Clinical Notes)</b>  |   |
| 5. | <p><b>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</b></p>   | <input type="checkbox"/> Single Encounter/Episode of Care<br><input type="checkbox"/> Multiple Encounters<br><input type="checkbox"/> Other (please describe:<br><hr/>  |
| 6. | <p><b>Does your organization send as C62 or Unstructured Documents as separate documents?</b></p> <p><b>Is your organization capable of sending C62s or Unstructured Documents? If Yes, please provide the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Sample documents of C62s?</b></li> <li>• <b>A PDF version of the rendered C62s</b></li> <li>• <b>C-CDA Unstructured Document</b></li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><p>If Yes, please check all that apply below:</p> <input type="checkbox"/> HITSP C62<br><input type="checkbox"/> PDF of HITSP C62<br><input type="checkbox"/> C-CDA Unstructured Document<br><input type="checkbox"/> PDF of C-CDA Unstructured Document  |
|    | <b>Organization Information</b>   |   |
| 7. | <p><b>What is the scope of your organization?</b></p> <p><b>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.</b></p>  | <input type="checkbox"/> <b>HIE/HIN</b><br><input type="checkbox"/> <b>Regional HIO</b><br><input type="checkbox"/> <b>Health Care System</b><br><input type="checkbox"/> <b>Health Care Facility</b><br><input type="checkbox"/> <b>Provider</b><br><input type="checkbox"/> <b>Other type of health system</b><br><p><b>Please explain, if other:</b></p> |

| 8.  | <p><b>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.</b></p> | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please list:</p> <p>If attaching spreadsheet(s), please note name of document being submitted here:</p> <hr/>   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
|---|---|---|--|--------------------------------------|-----------------------------------|-----------|--|---------|--|---|--|---|--|--------------|--|------------|--|---------------|--|---------------------------|--|---------------------|--|
| 9.  | <p><b>Within your organization, please indicate the number of each type of health care facility currently participating in your HIO.</b></p>                    | <table border="1"> <thead> <tr> <th data-bbox="938 747 1235 814"><b>Health Care Organization Type</b></th> <th data-bbox="1240 747 1528 814"><b>Total Participating in HIO</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="938 814 1235 877">Hospitals</td> <td data-bbox="1240 814 1528 877"></td> </tr> <tr> <td data-bbox="938 877 1235 940">Clinics</td> <td data-bbox="1240 877 1528 940"></td> </tr> <tr> <td data-bbox="938 940 1235 1052">Federal Qualified Health Centers (FQHC)</td> <td data-bbox="1240 940 1528 1052"></td> </tr> <tr> <td data-bbox="938 1052 1235 1184">Practices (health system-owned practices)</td> <td data-bbox="1240 1052 1528 1184"></td> </tr> <tr> <td data-bbox="938 1184 1235 1247">Laboratories</td> <td data-bbox="1240 1184 1528 1247"></td> </tr> <tr> <td data-bbox="938 1247 1235 1310">Pharmacies</td> <td data-bbox="1240 1247 1528 1310"></td> </tr> <tr> <td data-bbox="938 1310 1235 1373">Nursing homes</td> <td data-bbox="1240 1310 1528 1373"></td> </tr> <tr> <td data-bbox="938 1373 1235 1526">Auxiliary care facilities</td> <td data-bbox="1240 1373 1528 1526"></td> </tr> <tr> <td data-bbox="938 1526 1235 1680">Other (please list)</td> <td data-bbox="1240 1526 1528 1680"></td> </tr> </tbody> </table> |  | <b>Health Care Organization Type</b> | <b>Total Participating in HIO</b> | Hospitals |  | Clinics |  | Federal Qualified Health Centers (FQHC) |  | Practices (health system-owned practices) |  | Laboratories |  | Pharmacies |  | Nursing homes |  | Auxiliary care facilities |  | Other (please list) |  |
| <b>Health Care Organization Type</b>      | <b>Total Participating in HIO</b>   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Hospitals                                 |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Clinics                                   |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Federal Qualified Health Centers (FQHC)   |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Practices (health system-owned practices) |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Laboratories                              |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Pharmacies                                |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Nursing homes                             |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Auxiliary care facilities                 |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |
| Other (please list)                       |   |   |  |                                      |                                   |           |  |         |  |   |  |   |  |              |  |            |  |               |  |                           |  |                     |  |

|     |   |   |
|-----|---|---|
| 10. | <p><b>Please identify the EHR Vendor(s) you are or your affiliated members are using. Please list all that are connected.</b></p>   | <p><b><u>Vendor1:</u></b><br/>Product Name:<br/>Version:</p> <p><b><u>Vendor2:</u></b><br/>Product Name:<br/>Version:</p> <p><b><u>Vendor3:</u></b><br/>Product Name:<br/>Version:</p> <p><b><u>Vendor4:</u></b><br/>Product Name:<br/>Version:</p> |
| 11. | <p><b>Can you load test patients in your production environment to support production validation activities and on-going system validation activities?</b></p>  | <p><b>Initial production validation:</b><br/><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> <p><b>On-going system validation activities:</b><br/><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p>                 |
| 12. | <p><b>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)?</b></p>  | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |
| 13. | <p><b>Does your health information exchange contain information from a State Prescription Drug Monitoring Program (PDMP)?</b></p> <ul style="list-style-type: none"> <li>• <b>If yes, will controlled substance prescription dispensing activity be included in any section of the C-CDA</b></li> </ul> | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |

|  |   |  |
|--|---|--|
|  | <p><b>document provided when queries request patient documents?</b></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><b>Is your organization capable of sending C62s or Unstructured Documents? , please provide the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Sample documents of C62s?</b></li> <li>• <b>A PDF version of the rendered C62s</b></li> <li>• <b>C-CDA Unstructured Document</b></li> </ul> | <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> |
| <b>C-CDA (Consolidated Clinical Document Architecture)</b> |   | <input type="checkbox"/> Check here if <b>NOT APPLICABLE</b>   |
| 15.  | <p><b>Have you implemented the ability to receive C-CDA? (i.e. Can you receive the C-CDA Continuity of Care Document (CCD)?)</b></p>  | <p><b>Receive C-CDA:</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If no, do you have a planned date:</b></p> <p><b>No , date:</b> _____</p>   |
| 16.  | <p><b>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?</b></p>  | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If no, do you have a planned date:</b></p> <p><b>No , date:</b> _____</p>   |
| 17.  | <p><b>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?</b></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If no, do you have a planned date:</b></p> <p><b>No, date:</b> _____</p>  |
| 18.  | <p><b>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&amp;P) Note; Operative Note; Procedure Note; Progress Note)?</b></p>   | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If Yes, please list document templates your system supports.</b></p>  |

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