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 not required that all questions be answered*** prior to content testing submission, however, answering the questions will provide a better basis of your system capabilities.

# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Scope of Organization/System Under Test

|  |  |  |
| --- | --- | --- |
| **#** | **Readiness Survey Question** | **Answer** |
| 1.
 | **Does the System Under Test Create On Demand Documents?** | **[ ] Yes [ ] No** |
|  | **Does the System Under Test Receive CCD Documents from other connected stakeholders?** | **[ ] Yes [ ] No** |
|  | **If the answer is Yes to question #2, please check for what care settings CCD Documents are received. Check all that apply.** | **[ ]  Inpatient****[ ]  Ambulatory** |
|  | **Which Test Data Files did you use for Inpatient or Outpatient Samples Submission?** | **[ ]  Inpatient 170.315\_b4\_ccds\_create\_inp\_sample1\_v5.pdf****[ ]  Inpatient 170.315\_b4\_ccds\_create\_inp\_sample2\_v5.pdf****[ ]  Ambulatory 170.315\_b4\_ccds\_create\_amb\_sample1\_v5.pdf****[ ]  Ambulatory 170.315\_b4\_ccds\_create\_amb\_sample2\_v5.pdf** |
|  | **At the time of this testing submission, please indicate the content modules you are populating in production, when sending a C32 and/or a C-CDA to other Exchange partners.** | **Place an X in the table on the next page for C32 and C-CDA CCD R1.1 and/or R2.1 as supported by your system.**  |

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| --- | --- | --- | --- | --- |
| # | **Content Sections**  | **C32** | **C-CDA CCD R1.1** | **C-CDA CCD R2.1** |
|  | Advance Directives |  |  |  |
|  | Allergy / Drug Sensitivity |  |  |  |
|  | Encounters |  |  |  |
|  3a.  |  Contains Inpatient Entries |  |  |  |
|  3b. |  Contains Outpatient Entries |  |  |  |
|  | Family History |  |  |  |
|  | Functional Status  |  |  |  |
|  | Immunization |  |  |  |
|  | Instructions |  |  |  |
|  | Plan of Treatment |  |  |  |
|  | Hospital Discharge Diagnosis  |  |  |  |
|  | Medical Equipment |  |  |  |
|  | Problem Observation/Condition |  |  |  |
|  | Medication |  |  |  |
|  12a. | Medication – Prescription and Non-Prescription |  |  |  |
|  12b. |  Contains Inpatient Medication  Entries |  |  |  |
|  12c. |  Contains Outpatient  Medication Entries |  |  |  |
|  12d. |  Contains Self-Reported (e.g.  OTC) Medication Entries |  |  |  |
|  | Payers |  |  |  |
|  | Reason(s) for Visit  |  |  |  |
|  | Social History |  |  |  |
|  | Results (Chemistry/Hematology) |  |  |  |
|  | Vital Signs  |  |  |  |
|  | Procedures |  |  |  |
|  | Reason for Referral |  |  |  |
|  | Mental Status |  |  |  |
|  | Nutrition  |  |  |  |

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| **#** | **Readiness Survey Question** | **Answer** |
| **6.** | Does your organization send as C62 or Unstructured Documents as separate documents?  | **[ ] Yes [ ] No** |
| **7.** | Does your organization plan to include any of the following Clinical Notes in the C32 or C-CDA CCD and if so in what section? | **Please answer in the below chart.**  |
| **Clinical Note Types** | **Y/N** | **If Yes, What Section of the CCD Document?** |
| Consultation Note  | **[ ] Yes [ ] No** |  |
| Diagnostic Imaging Report (DIR) – Radiology Report (text) | **[ ] Yes [ ] No** |  |
| Discharge Summary | **[ ] Yes [ ] No** |  |
| History and Physical (H&P) | **[ ] Yes [ ] No** |  |
| Operative Note | **[ ] Yes [ ] No** |  |
| Procedure Note | **[ ] Yes [ ] No** |  |
| Progress Note  | **[ ] Yes [ ] No** |  |
| Laboratory Pathology | **[ ] Yes [ ] No** |  |
| **#** | **Readiness Survey Question** | **Partner Answer** |
| 8. | **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**. | **[ ]  HIE/HIN****[ ]  Regional HIO****[ ]  Health Care System****[ ]  Health Care Facility****[ ]  Provider****[ ]  Other type of health system** **Please explain, if other:**  |
| 9. | **Is your organization using eHealth Exchange to share with others already? If yes, please list them.** | [ ]  Yes [ ]  NoIf yes, please list:  |
| 10. | **Within your organization, please indicate the number of each type of health care facility currently participating in your HIO.**  |

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| **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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| 11. | **Within your organization, please provide a web site listing or separate spreadsheet identifying your connected stakeholders/facilities preferably by type, facility names, address including city, state and zip code at a minimum.** **If you are an HIE with multiple HIEs feeding into you, please identify those HIEs and their facilities as requested above.**  | Web URL:If attaching spreadsheet(s), please note name of document being submitted here: |
| 12. | **Please identify the EHR Vendor(s) you are or your affiliated members are using. Please list all that are connected.**  | **Vendor1:** Product Name:Version:**Vendor2:** Product Name:Version:**Vendor3:** Product Name:Version:**Vendor4:** Product Name:Version: |
| 13. | **Can you load test patients in your production environment to support production validation activities and on-going system validation activities?** | **Initial production validation:****[ ]  Yes****[ ]  No****On-going system validation activities:** **[ ]  Yes****[ ]  No** |
| 14. | **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)?** | [ ]  Yes [ ]  No |
| 15. | **Please indicate which of the following documents you plan to support in production: (Select one or more):** | [ ]  HITSP C-32 (Based upon the standards required for Stage 1 Meaningful Use (2011 Edition)[ ]  Consolidated CDA (C-CDA) – Based upon the standards required for Stage 2 Meaningful Use (2014 Edition)[ ]  Bridge C-32 (<http://sequoiaproject.org/resources/exchange-specifications/>)[ ]  Consolidated CDA (C-CDA) – Based upon the standards required for Stage 3 Meaningful Use (2015 Edition)[ ]  Other |
| 16. | **Does your health information exchange contain information from a State Prescription Drug Monitoring Program (PDMP)?*** **If yes, will controlled substance prescription dispensing activity be included in any section of the C-CDA CCD document provided when queries request patient documents?**
	+ **If yes, please identify the relevant module of the C32 or C-CDA CCD document**
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  NoC32 Module: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C-CDA CCDModule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **C62-Unstructured Documents** **(Clinical Notes)** |  |
| 17. | **Is your organization capable of sending C62s or Unstructured Documents? , please provide the following:*** **Sample documents of C62s?**
* **A PDF version of the rendered C62s**
* **C-CDA Unstructured Dcoument**
 | [ ]  Yes [ ]  NoIf Yes, please check all that apply below:[ ]  HITSP C62[ ]  PDF of HITSP C62[ ]  C-CDA Unstructured Document[ ]  PDF of C-CDA Unstructured Document |
|  | **C-CDA (Consolidated Clinical Document Architecture)** | [ ]  Check here if **NOT APPLICABLE** |
| 18. | **Have you implemented C-CDA? (I.e. Can you send and receive the C-CDA Continuity of Care Document (CCD)?)** | **Send C-CDA: [ ]  Yes [ ]  No****If no, do you have a planned date:** **No , date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Receive C-CDA: [ ]  Yes [ ]  No****If no, do you have a planned date:** **No , date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 19. | **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?** | **[ ]  Yes [ ]  No****If no, do you have a planned date:** **No , date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 20. | **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?** | **[ ]  Yes [ ]  No****If no, do you have a planned date:** **No, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 21. | **Will you be able to query and retrieve other C-CDA structured documents beyond the CCD (e.g. Consultation Note; Diagnostic Imaging Report; Discharge Summary; History and Physical (H&P) Note; Operative Note; Procedure Note; Progress Note)?** | **[ ]  Yes [ ]  No****If Yes, please list document templates your system supports.** |
| 22. | **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** | **[ ]  Yes [ ]  No****If Yes, please list document templates your system supports.** |
| 23. | **In order for the clinicians to view eHealth Exchange data:*** **Are the tools integrated with your participants’ EHR systems workflow?**
* **Are any enhancements to the user interface required to display partner eHealth Exchange data?**
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  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.***