

This survey is designed to facilitate conversations between health care facilities and public health departments before and during Meaningful Use implementation and onboarding.

Please feel free to consult others when answering this survey, particularly if you are unsure of an answer. None of the questions are required so if you are unable to find a definitive answer please leave that question blank.

The survey should take between 30-45 minutes to complete.

Thank you for your time!

Contact Information

Please provide a contact person in the event there are any questions about your survey responses.

* 1. Contact information:

Name:

Title/Role in Syndromic Surveillance:

Email Address:

Phone Number:

Facility Information

2. Facility Name

* 3. What state/public health jurisdiction is your facility in?

4. Healthcare system name

5. Facility type (please select all that apply)

- Hospital
- Urgent care center

6. If your facility is a hospital, is it a critical access hospital (CAH)?

- Yes
- No

7. What is the average count for each of the following:

Emergency department (ED) visit count (avg per day, over the last month)?

Urgent care (UC) visit count (avg per day, over the last month)?

Number of admissions that originate in the ED (avg per day, over the last month)?

8. If applicable (i.e., if you send inpatient data) what is the count of each of the following:

Number of inpatient admissions (avg per day, over the last month)?

Bed count?

EHR Vendor Information - Emergency Departments (ED)

Please respond to this section based on the current capability of your Electronic Health Record (EHR) system to generate syndromic surveillance messages.

9. Please indicate the current status of sending syndromic data for ED patients to public health.

- We currently send syndromic data for ED patients.
- We do not currently send syndromic data for ED patients but we do have plans to send syndromic data for ED patients in the future.
- We do not currently send syndromic data for ED patients and we have no current plans to send syndromic data for ED patients.

EHR Vendor Information - Emergency Departments (ED) cont.

10. What EHR system do you use in your ED?

11. When did you begin using this system?

12. Which vendor supports this EHR system?

13. Can the system generate syndromic surveillance messages for ED patients?

- Yes
- No
- Unsure

14. Do you have a certified EHR system for syndromic surveillance?

- Yes - 2011 certified
- Yes - 2014 certified
- No

Other (please specify)

15. Who is responsible for building the syndromic surveillance interface?

- Hospital Staff
- EHR vendor
- Other (please specify in space below)

Please specify your response (i.e., if your EHR is building the interface but you're managing the file transfer protocol / outflow of data)

EHR Vendor Information - Urgent Care (UC)

Please respond to this section based on the current capability of your EHR system to generate syndromic surveillance messages.

16. Please indicate the current status of sending syndromic data for UC patients to public health.

- We currently send syndromic data for UC patients.
- We do not currently send syndromic data for UC patients but we do have plans to send syndromic data for UC patients in the future.
- We do not currently send syndromic data for UC patients and we have no current plans to send syndromic data for UC patients.

EHR Vendor Information - Urgent Care (UC) cont.

17. What EHR system do you use in your UC center?

18. When did you begin using this system?

19. Which vendor supports this EHR system?

20. Can the system generate syndromic surveillance messages for UC patients?

- Yes
- No
- Unsure

21. Do you have a certified EHR system for syndromic surveillance?

- Yes - 2011 certified
- Yes - 2014 certified
- No

Other (please specify)

22. Who is responsible for building the syndromic surveillance interface?

- Hospital Staff
- EHR vendor
- Other (please specify in space below)

Please specify your response (i.e., if your EHR is building the interface but you're managing the file transfer protocol / outflow of data

EHR Vendor Information - Inpatient

Please respond to this section based on the current capability of your Electronic Health Record (EHR) system to generate syndromic surveillance messages.

23. Please indicate the current status of sending syndromic data for hospital inpatients to public health.

- We currently send syndromic data for inpatients.
- We do not currently send syndromic data for inpatients but we do have plans to send syndromic data for inpatients in the future.
- We do not currently send syndromic data for inpatients and we have no current plans to send syndromic data for inpatients.

EHR Vendor Information - Inpatient cont.

24. What EHR system do you use in your inpatient setting?

25. When did you begin using this system?

26. Which vendor supports this EHR system?

27. Can the system generate syndromic surveillance messages for inpatients?

- Yes
- No
- Unsure

28. Do you have a certified EHR system for syndromic surveillance?

- Yes - 2011 certified
- Yes - 2014 certified
- No

Other (please specify)

29. Who is responsible for building the syndromic surveillance interface?

- Hospital Staff
- EHR vendor
- Other (please specify in space below)

Please specify your response (i.e., if your EHR is building the interface but you're managing the file transfer protocol / outflow of data

EHR Vendor Information - General

30. Do you use an interface engine or other intermediary software in addition to your EHR product to build messages to the requested specifications?

- Yes
- No
- Unsure

31. Do you use a separate system for creating test messages?

- Yes
- No

32. Will you be using test or dummy data for generating your test messages?

- Yes
- No

33. Are there plans to change your EHR vendor(s) in the next year? Please select all that apply.

- Yes - for ED
- Yes - for UC
- Yes - for inpatient
- Maybe
- No

Facility Workflow

34. Please describe your facility's workflow for registering, admitting, updating, and discharging patients in your EHR system. i.e., when is chief complaint assigned? when is admit reason assigned? when is initial diagnosis assigned? final diagnosis? Please ensure that all steps from registration to discharge, including updates, are captured in this workflow description.

35. What type of ADT messages does your facility send for the following trigger events?

Specify the ADT message type(s) (e.g., A04) that you send for Registration events

In a typical week, what percentage of ADT messages from your facility are Registration messages? (please indicate as a range)

Specify the ADT message type(s) (e.g., A08) that you send for Update events

In a typical week, what percentage of ADT messages from your facility are Update messages? (please indicate as a range)

Specify the ADT message type(s) (e.g., A03) that you send for Discharge events

In a typical week, what percentage of ADT messages from your facility are Discharge messages? (please indicate as a range)

Specify the ADT message type(s) (e.g., A01) that you send for Admit events

In a typical week, what percentage of ADT messages from your facility are Admit messages? (please indicate as a range)

36. Please use the following matrix to indicate which ADT message types include each of the indicated data elements:

	Diagnosis	Chief Complaint	Reason for Admission
Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Please use the following matrix to indicate the default order of message segments in your current EHR for each of the following ADT message types:

	DG1 segment should come before OBX (standard for A03)	OBX segment should come before DG1 segment (standard for A01, A04 and A08)
Registration	<input type="checkbox"/>	<input type="checkbox"/>
Update	<input type="checkbox"/>	<input type="checkbox"/>
Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Admit	<input type="checkbox"/>	<input type="checkbox"/>

38. When a patient is admitted to inpatient from the ED, is the patient discharged from the ED? Is a separate admission message created when the patient transitions from ED to inpatient status? Please describe any pertinent workflow details below.

39. Is a new visit ID assigned when the patient is admitted as an inpatient?

- Yes
- No
- Unsure

40. Does your EHR system use A08 message types to convey information about future visit scheduling?

- Yes
- No
- Unsure

Comments:

41. Do you have the capability to send messages:

	Yes	No
Individually	<input type="radio"/>	<input type="radio"/>
In a batch	<input type="radio"/>	<input type="radio"/>
Both individually and in a batch	<input type="radio"/>	<input type="radio"/>

Comments?

42. If you send batch messages, are you able to accommodate our recommended schedule for sending batch messages? Please include a description of how often you are able to send batch messages.

43. What is the timeframe from when the patient event (registration, discharge, admission, update) occurs to when the message is triggered?

44. What is the timeframe between a message trigger and when that message is sent to public health?

45. How does your system distinguish between local vs. out-of-region patients outside the US?

Data Element Information

46. Do you have a mapping document you can share with the public health authority?

- Yes
- No
- Unsure

47. How are patient IDs (PID 3) assigned? For instance, is the patient ID ever recycled within your EHR for other patients? If so, how frequently?

48. How are visit numbers assigned (PV1-19)? e.g., is the visit number ever recycled within your EHR for other patients? Can a patient have multiple visit numbers for a single visit?

49. Please indicate whether or not you are able to send each of the following data elements in the specified field(s)/format(s).

	Yes	No	Unsure
Are you able to send admit reason in PV2-3.1 as an ICD-9/10 or SNOMED code?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to send admit reason in PV2-3.2 as free text?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to send diagnosis code in DG1-3.1?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to send chief complaint in the OBX segment as free text?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to send chief complaint in the OBX segment as an ICD-9/10 code or SNOMED code?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to send triage note in the OBX segment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to send clinical impression in the OBX segment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Please complete the following section with information on chief complaint

When is chief complaint entered?

Who enters the chief complaint information?

Is chief complaint stable, or does it change (i.e., between a registration and update message)?

Is chief complaint coded, drop down menu, or free text?

How does the facility code chief complaint/reason for visit? Are they different?

51. When PV2 (patient visit) and DG1 (diagnosis information) are sent together, is PV2 repeated in the DG1 segment?

- Yes
- No
- Unsure

52. Will the discharge disposition (PV1-36) be captured for each visit in the A03?

- Yes
- No
- Unsure

Thank you!

Thank you for taking the time to fill out this survey. We hope it facilitates valuable conversations between you and your public health authority regarding submission of syndromic surveillance messages.