**Use this Planning Form inside your organization to provide sponsors, IT, clinical and non-clinical staff with an understanding of the purpose of this project and its value to the organization, patients, staff and the community. It also addresses various impacts of implementing the use case and includes details about what the use case requires and how it operates at a high level.**

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| Use Case Information | | |
| Name (check one) | \_\_\_Clinical information from hospital inpatient unit to skilled-nursing facility, inpatient rehabilitation hospital or home care  \_\_\_Clinical information sent from a hospital emergency department to a community health center or other primary care group | |
| Description  Example: When a patient is discharged from the Hospital (sending Organization), clinical data is sent from the Hospital EHR system in Continuity of Care Document (CCD) format, received by our EHR system, combined with existing patient data and made available to staff immediately. If this is a new patient, a new patient record is created. |  | |
| Goals  The strategic (clinical and business) results the organization wants to achieve. Check all that apply. | \_\_ Ensure receiving provider/organization has access to patient’s clinical information, including medications, prior to and when they are providing care to the patient  \_\_ Improve operational efficiency for staff  \_\_ Improve patient experience by reducing the need for patient to repeat their medical history  \_\_ Reduce adverse events  \_\_ Improve the quality of care provided to the patient  \_\_ Ensure that the clinical information being sent from one organization to the next is accurate and complete  \_\_ Ensure that clinical information is sent securely through electronic means  \_\_ To satisfy the HIE requirements for ACO membership  \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Objectives  Specific steps required to reach the Goal. For example:   1. Complete 1st transaction by 3/31/18 2. 90% of all patients from X hospital have records updated before admission and arrival at SNF.   3. All MassHealth ACO access to clinical data measures met. |  | |
| Outcome metrics being tracked |  | |
|  |  | |
| Organization Information | Sending Organization | Receiving Organization |
| Name |  |  |
| Organization Type |  |  |
| Executive Sponsor (include contact info.) |  |  |
| Primary Contact (include contact info.) |  |  |
| EHR System |  |  |
| HISP |  |  |
| Can data be exchanged between networks/EHRs now? |  |  |
| Investment required  What additional modules and/or development are required? What level of staff training will be required? Consider initial cost and ongoing support. |  |  |
| Project Start Date  Kick off meeting |  |  |
| Proposed Key dates and Milestones  For example:  Sending Organization:  1. HIE module in place 12/31  Receiving Organization:  1. Test transaction 3/1  2. Test transaction validated 3/31  3. Test transaction loaded into system 5/1 | 1. HIE module in place 12/31 | 1. Test transaction 3/1 2. Test transaction validated 3/31 3. Test transaction loaded into system 5/1 |
| Direct address to be used |  |  |
|  | | |
| Project Team | Sending Organization | Receiving Organization |
| Sponsor (from sending OR Receiving Organization) |  |  |
| Project Lead/Manager  Responsible for the entire project (from sending OR receiving organization) |  |  |
| Trading Partner Project Lead/Primary Contact  Reports to the project manager. Responsible for tasks at own organization. |  |  |
| Clinical/Direct Care Staff Representative  A representative from each department involved. Ideally, a technology super-user, or other champion of HIE, but someone who understands the workflow in that dept. (See list of Clinical/Direct Care Staff Representatives below) |  |  |
| IT Main contact |  |  |
| IT Support Contact |  |  |
| EHR Vendor Support Contact |  |  |
| Other if not listed above  (Staff trainer, workflow champion) |  |  |
|  |  | |
| Patient Consent | Sending | Receiving |
| Data sharing  Is there a process in place to ensure that patient’s will have signed a consent to share their clinical information for treatment purposes through a Consent to Treat or Notice of Privacy Practices form? |  |  |
| 42 CFR Part 2  If behavioral health (BH) or substance use disorder (SUD) information is going to be exchanged, is there a process in place to ensure that the patient has signed a general designation to share their BH/SUD information (part of updated 42 CFR Part 2 Rule)? |  |  |
|  |  | |
| Data Requirements (see Recommended Clinical Documents for receiving organizations below for additional information) | Sending | Receiving |
| C-CDA document templates supported  C-CDA document template types:  Available in C-CDA R1.0/R1.1:  Continuity of Care Document (CCD)  Discharge Summary  History and Physical (H&P)  Consultation Note  Diagnostic Imaging Report (DIR)  Operative Note  Procedure Note  Progress Note  Unstructured Document  Additional Document Types available in C-CDA R2.0:  Care Plan  Referral Note  Transfer Summary |  |  |
| C-CDA document template required for use case |  |  |
| Attachment type supported  For example: .pdf, .xls, .csv |  |  |
| Attachment type required |  |  |
| Other data/documents not included in C-CDA supported or needed for use case  For example:   1. Discharge Instructions if summary is not available 2. BH Comprehensive assessments 3. MOLST |  |  |
| When will document be sent (after patient encounter, in hourly or daily batch)? |  |  |

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| Basic Flow | | |
| High level overview of the steps required to exchange data.  For example:   1. Sender at ED updates patient record and discharges patient to SNF 2. Sender EHR creates CCD and sends via Direct to Direct address for admissions @ direct.SNF.org 3. SNF validates incoming data. The message is rejected if a new patient. 4. If this is a new patient, a new record is created, otherwise the relevant patient medical record is updated. |  | |
|  | | |
| Other | Sending | Receiving |
| Barriers/Challenges:  List issues that could have a major impact on the proposed timeline of this project. For example: major infrastructure investment required, vendors do not support the plan, existing policies and procedures must change |  |  |
| Does the primary organization plan to extend this project to other trading partners? |  |  |

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| Recommended clinical documents, document templates and components for receiving organizations | | |
| Sending Organization Type | Receiving Organization Type(s) | Recommended clinical document templates and components for receiving organizations |
| Hospital (inpatient unit) | Skilled Nursing Facility/Home Care | * Discharge Summary * Medication List * Lab Results * Diagnosis * Discharge Instructions (if Discharge Summary is not available at time of discharge) |
| Emergency Department | Primary Care/Community Health Center | * Discharge Summary * Medication list * Discharge Instructions (if Discharge Summary is not available) |
| Emergency Department | Behavioral Health Organization/Community Health Center | * Discharge Summary * Medication list * Discharge Instructions (if Discharge Summary is not available) * BH Comprehensive Assessment |