

Answer questions you want to pre-fill, then click submit.

This survey was initiated by HL7 in response to feedback from providers about their experiences with the Transitions of Care objective as required in the CMS Meaningful Use incentive program. Many providers said that the Summary of Care Records (SOCR) that they have been receiving are not as useful as they would like. Among the issues raised were: too much information, SOCRs are too long, takes too long to find what is relevant and pertinent.

The goal of sending SOCRs for transitions of care is to improve continuity of care for patients, to assist providers to have the information they need from other providers, and to improve efficiency by avoiding duplication of data collection or care services. So it is important to understand more specifically the reasons for the problems and to provide guidance to EHR developers and users so that SOCRs in the future will be as useful and usable as possible.

We appreciate your candid answers to the questions below. Please be as specific as possible in identifying problems and recommending what would improve matters.

\* Required

## I. Organization Demographics

Please provide some information about yourself and your organization so that we can follow up on the questions in this survey. All survey responses (including contact information) will remain confidential and will not be shared with anyone other than the project team.

### I.1. What organization do you represent? \*

Enter the name of the organization that you are representing.

### I.2. What group within that organization do you represent?

Enter the name of the group or committee within the organization.

**I.3. What is your e-mail address so that we can contact you for followup on these responses. \***

Enter a valid e-mail address.

## II. General Questions

**Of the clinical documents you receive from other healthcare provider organizations, approximately what percentage are NOT helpful to you? \***

Enter a percentage between 0 and 100 indicating the percentage of documents that are NOT helpful.

**II.2. Of those documents that are not helpful, why are they not helpful? \***

Explain why these documents are not helpful.

**For those documents that contain too much information, what are the main sections that cause the problem? \***

II.3. Indicate the names of the sections (categories of data) that are problematic.

**As a rule of thumb, what is size (number of printed pages) that you would consider to be a reasonable target for the average summary record? \***

II.4. Enter the number of pages that you would expect for the average summary record.

**II.5. Is there a minimum core of data that should ALWAYS be sent in every instance of a summary document, regardless of the patient? If so, briefly explain what that should be. \***

Briefly explain what the minimum core should be, or why there should NOT be a minimum core.

**II.6. In actual Meaningful Use experience, what kinds of documents have you been receiving?**

- Continuity of Care Document (CCD)
- Discharge Summaries

History and Physical Notes

Consultation Notes

Operative Notes

Procedure Notes

Diagnostic Imaging Reports

Progress Notes

I don't know

Other:

## II.7. Usability

Aside from the content contained within documents, we would like to learn more about other issues which might affect the usability of the information you receive.

### II.7.A. What information would you like to see in the document header (top of the document)?

Describe what you would like to see at the top of the document.

### II.7.B. Do you have strong preferences regarding the sequencing and format of the document?

For example, should the sequencing always be the same? Should data be formatted in certain structures (e.g., lists or tables)? Should data be ordered in a certain way?

### II.7.C. How do you read and navigate documents?

For example, do you read from start to finish, or do you go to to specific sections first?

### III. Detailed Questions

Among the Common Clinical Data Set identified by ONC, please identify what kinds of data you consider to be:

- 1 Never Relevant
- 2 Nearly always not relevant
- 3 More Not Relevant than Relevant
- 4 More Relevant than not Relevant
- 5 Nearly always relevant
- 6 Always Relevant

For each of the items below, please answer using a number from 1 to 6 according to the legend above.

#### III.1. Problems

##### III.1.A. Current or Active Problems \*

Select only one value on a scale from 1 to 6

1 2 3 4 5 6

---

Never Relevant       Always Relevant

---

##### III.1.B. Historical Problems \*

Select only one value on a scale from 1 to 6

1 2 3 4 5 6

---

Never Relevant       Always Relevant

---

##### III.1.C.

**How would you distinguish between "Current" vs." Active" Problems, or are these distinctions not important?**

Please describe how you would describe the difference between current and active, or indicate whether these two things are either not relevant or indistinguishable.

#### III.2. Medications

##### III.2.A. Current or Active Medications \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.2.B. Historical Medications \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.2.C. How would you distinguish between Current and Active Medications?**

**III.2.D. What besides time might indicate relevance in historical medications?**

Indicate what properties other than time might indicate relevance for medications, if any. If none, simply enter none.

### III.3. Allergies

**III.3.A. Current Allergies \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

### III.4. Vital Signs and Body Mass Index (BMI)

**III.4.A. Current Vital Signs and BMI \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.4.B. How would you distinguish between current and historical vital signs?**

**III.4.C. What do you suggest in the case of numerous repeated vital signs (e.g., from automated monitors)? How should relevance be determined? Should they be displayed in a graph rather than listing individual values?**

## III.5. Labs

**III.5.A. Outstanding Laboratory Orders \***

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.5.B. Recent Laboratory Results \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.5.C. Past Laboratory Results \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.5.D. How would you distinguish between Recent and Past Laboratory Results?**

**III.5.E. What do you suggest in the case of numerous repeated lab observations? Should they all be included? If not, how should relevance be determined? Should they be displayed in a graph rather than listing individual values?**

## III.6. Immunizations

### III.6.A. Recent Immunizations \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

### III.6.B. Past Immunizations \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.6.C. How would you distinguish between “Recent” and “Past” immunizations?**

### III.6.D.

**Under what circumstances would you want more information about a patient's immunizations**

?

Select one or more of the following.

Your Specialty

Patient's Age

Other:

## III.7. Procedures

### III.7.A. Planned Procedures \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

### III.7.B. Recent Procedures \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

### III.7.C. Historical Procedures \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

### III.7.D. How would you distinguish between recent and historical procedures?

### III.7.E. How would you distinguish between relevant and not relevant recent procedures?



**III.7.F. How would you distinguish between relevant and not relevant historic procedures?**

## III.8. Care Planning

**III.8.A. Goals \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.8.V. Instructions \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.8.C. Assessments \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

**III.8.D. Health Concerns \***

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

## III.9 Functional Status

### III.9.A. Current Functional Status \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

### III.9.A. History of Functional Status \*

Enter a value on a scale from 1 to 6.

1 2 3 4 5 6

Never Relevant       Always Relevant

## IV. Open Ended Questions

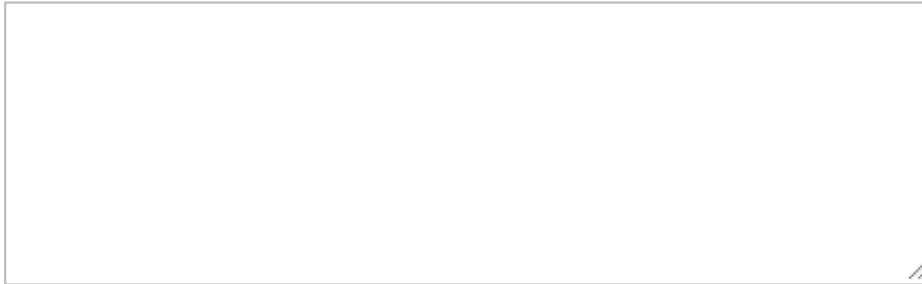
**IV.1 Given your specialty, what information would you like to get that might be different from other specialty providers?**

**IV.2. What information do you generate that you feel is relevant to others that might not otherwise be sent?**

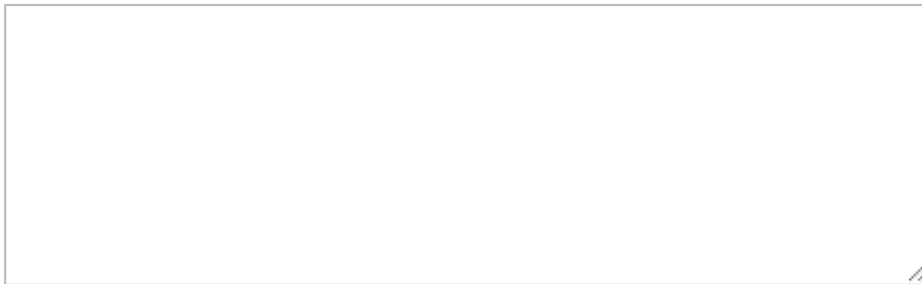
**IV.3. Please provide examples of relevant information (e.g., physician notes, reason, etc.) that you would like receive in SOCRs, but was not included.**



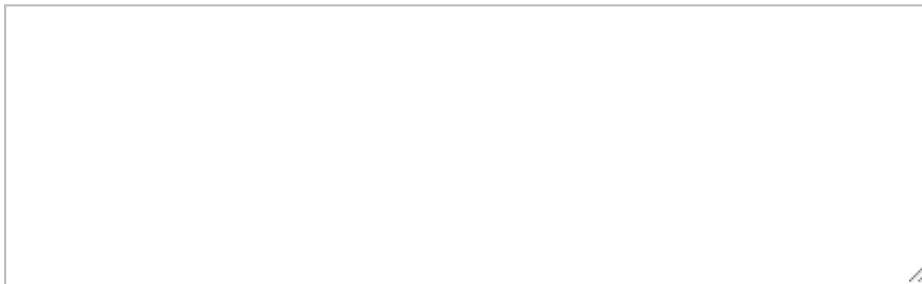
**IV.4. Please provide examples of irrelevant information that you have received in SOCRs but has not been helpful.**



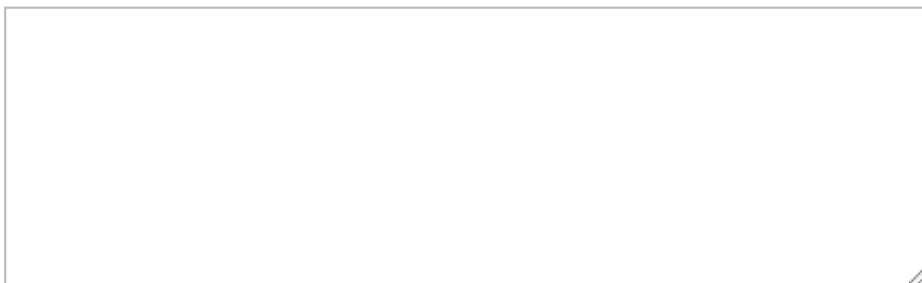
**IV.5. What concerns do you have, if any, about automated generation of SOCRs (generated by an EHR system, without human intervention)?**



**IV.6. What concerns do you have, if any, about automated filtering to determine which data are relevant or not?**



**IV.7. What information, aside from the patient data, would you like to receive to help interpret the data? e.g., abnormal/outliers, normal ranges, changes/trends, etc.?**



**IV.8. Is the “last updated date” an important factor in determining relevance? For example, information may have recently been recorded about a historical procedure (e.g., tonsillectomy 20 years ago) that the patient had previously forgotten to mention. Is that “old” information because of its date, or “new” information because it was recorded recently?**

**IV.9. Other than dates, can you suggest any other ways to filter out older, probably less pertinent content, from an SOCR?**

**IV.10. Other than dates, can you suggest any other ways to include older, but possibly pertinent, content in an SOCR?**

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