

Survey: Transition of Care (ToC) Document

This survey should take 5-10 minutes to complete and will help HL7 and ONC better understand the current use of transitions of care documents (including discharge summaries and consult notes) and any specific issues that you are currently experiencing along with specific recommendations.

* Required

1. Practice location *

Check one or more of the following:

Mark only one oval.

- Rural
- Suburban
- Urban
- Not currently practicing medicine *Skip to question 16.*

2. Provider specialty *

Please select the "specialty" that most closely aligns with your practice

Mark only one oval.

- Primary Care
- Specialist
- Hospitalist

3. Practice Type *

Please select all of the following that apply

Check all that apply.

- Hospital based
- Ambulatory Primary Care: Hospital owned or Integrated Delivery Network
- Ambulatory Specialty Care: Hospital owned or Integrated Delivery Network
- Unaffiliated Primary Care Practice
- Unaffiliated Specialty Care Practice
- Unaffiliated Multi-specialty group
- Skilled Nursing Facility

4. Size of Ambulatory Practice *

Select the size of your primary practice site

Mark only one oval.

- Solo practice
- 2 - 5 providers
- 5-10 providers
- 11-20 providers
- > 20 providers
- Not applicable

5. Patient Mix by Payer Type *

Please indicate which of the following constitute more than 20% of your overall practice. Check all that apply. If you do not know the mix, then just check Unsure.

Check all that apply.

- Commercial
- Medicare
- Medicaid
- VA / DoD
- Self-Pay
- Unsure

6. EHR use *

How long have you used an EHR

Mark only one oval.

- < 1 year
- 1-3 years
- > 3 years
- Not using an EHR

7. Sending electronically (e.g. via Direct or Health Information Exchange (HIE)) *

When did you start sending ToC documents from your EHR to other providers?

Mark only one oval.

- Have no plans to send
- Plan to send in next 12 months
- Plan to send in next 6 months
- Started in the last 6 months
- Started over 6 months ago

8. Receiving electronically (e.g. via Direct or HIE) *

when did you start receiving ToC documents in your EHR?

Mark only one oval.

- over 12 months ago
- 6 to 12 months ago
- within the last 6 months
- have not received any

9. Incorporation of the ToC document *

How are you using the ToC document? Please check all that you do on a regular basis?

Check all that apply.

- I personally incorporate some discrete clinical data (e.g. Problems, Allergies, Medications) from the ToC document into my EHR?
- Someone in my practice is assigned to incorporate discrete clinical data from the ToC document into my EHR?
- I review the ToC as a document only

10. Volume of ToC Documents (by source)

For each source, please select the volume of documents you receive each month
 Mark only one oval per row.

	None	1-5	6-10	11-20	> 20
Hospital Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long Term Care / SNF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. General issues with ToC Documents *

What is your experience with the content of the ToC documents (please check all that apply)
 Check all that apply.

- No Issues
- Too Much Information (want to receive less)
- Information that I need is missing
- Formatting makes it difficult to use
- Needs summary

12. Hospital Discharge: Scope of Received Information -- Preference

Indicate your preference for Hospital Discharge ToC documents:
 Mark only one oval per row.

	Strong Preference	Prefer	Neutral	Dislike	Strongly Dislike
Limited information from the current hospitalization (e.g. first and last result)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All information from the current hospitalization (e.g. every result)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All information from all hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Hospital Discharge: Scope of Received Information -- Experience

Indicate the percentage of Hospital Discharge ToC documents that have the following:
 Mark only one oval per row.

	N/A	None	<25%	26%-50%	51%-75%	>75%	All
Limited information from the current hospitalization (e.g. first and last result)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All information from the current hospitalization (e.g. every result)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All information from all hospitalizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing important information for patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Ambulatory: Scope of Received Information -- Preference

Indicate your preference for ambulatory (e.g. referral/consult) ToC documents:

Mark only one oval per row.

	Strong Preference	Prefer	Neutral	Dislike	Strongly Dislike
All information from the current ambulatory visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited information from all ambulatory visits (e.g. new or changed information only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All information from all ambulatory visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Ambulatory: Scope of Received Information -- Experience

Indicate the percentage of ambulatory (e.g. referral/consult) ToC documents that have the following: :

Mark only one oval per row.

	N/A	None	<25%	26%-50%	51%-75%	>75%	All
All information from the current ambulatory visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited information from all ambulatory visits (e.g. new or changed information only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All information from all ambulatory visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing important information for patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Review of Sections

Next we ask questions regarding:

- 1) Value of Hospital ToC Document sections
- 2) Value of Ambulatory ToC Document sections
- 3) Preference for limiting scope of certain sections for the Hospital ToC Documents
- 4) Preference for limiting the scope of information for certain sections of the Ambulatory ToC Documents

16. Value for your practice -- Hospitalizations (Discharge Summary / Continuity of Care) ToC

Please indicate for each category of information the value to your practice from Hospitalizations
 Mark only one oval per row.

	No Value	Limited Value	Valuable	Required
Admission Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advance Directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies / Intolerances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encounters (prior hospitalizations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Complaint / Reason for Visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge Diagnoses (frequently coded)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge Instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Past Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Present Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems (usually textual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Value for your practice -- Ambulatory Encounters (Consult / Progress Note / Continuity of Care) ToC

Please indicate for each category of information the value for your practice from ambulatory encounters (e.g. consult/referral)

Mark only one oval per row.

	No Value	Limited Value	Valuable	Required
Advance Directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies / Intolerances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chief Complaint / Reason for Visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encounters (Ambulatory)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Past Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Present Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition/Diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subjective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Preference for scope of information by section for Hospital encounters (e.g. Hospitalization) ToC

Please indicate scope of information you wish to receive for each category (Note: x days indicates that you desire information from the last 2 or more days of the encounter, but not the entire encounter). The first 4 choices indicate you want information from the current encounter only and the next 4 choices indicate you want information from both the current and prior encounters (if any).

Mark only one oval per row.

	Last only for this encounter	First and last for this encounter	All for last x days of this encounter	All for this encounter	Last only for all encounters	First and last only for all encounters	All for last x days of each encounter	All for all encounters
Functional Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Studies / Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Preference for scope of information by section for Ambulatory encounters (e.g. Consult/Referral)

Please indicate scope of information you wish to receive for each category (Note: x days indicates that you desire information from the last 2 or more days of the encounter, but not the entire encounter). The first 4 choices indicate you want information from the current encounter only and the next 4 choices indicate you want information from both the current and prior encounters (if any). Mark only one oval per row.

	Last only for this encounter	First and last for this encounter	All for last x days of this encounter	All for this encounter	Last only for all encounters	First and last only for all encounters	All for last x days of each encounter	All for all encounters
Functional Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Medications

This section will contain one or more questions regarding medications

21. Alternative approach to ToC content management *

Do you prefer to manage ToC content by receiving more information and having better presentation and incorporation capability in your EHR?
Mark only one oval.

- No -- I prefer to limit what I receive *Skip to question 24.*
- Yes -- I prefer to receive more and have better display and incorporation capability in my EHR
Skip to question 22.

22. Alternative Approach -- capability in the EHR receiving the ToC *

Please indicate the priority for each of the following desired EHR capabilities (1=low, 5=high)
Mark only one oval per row.

	No Interest	1	2	3	4	5
Viewing -- User defined summary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viewing -- Table of contents with hyperlinks to sections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporation -- drag and drop for new information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporation -- automatically detect duplicate information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Additional Presentation and/or Incorporation Suggestions

Please use the box below to indicate any other presentation or incorporation capability you want from your EHR

24. Optional Contact Information

If you are willing, please include your contact information in the box below. This information will only be used if we need clarification on one or more of your answers.

25. Are you willing to participate in further surveys and/or workgroups to define issues and propose solutions to ToC exchange issues? If so, please verify that your contact information above includes an email address.

Mark only one oval.

Yes

No

26. You are done -- Thank you for completing the survey

Please provide any additional comments in the box below

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