

## Survey: Transition of Care (ToC) Document -- Draft

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 17.*

**2. Provider speciality \***

Please select your speciality (or choose other and enter a description if you wish).

*Mark only one oval.*

- Allergy/Immunology
- Anesthesiology
- Cardiology
- Dermatology
- Endocrinology/Diabetes/Metabolism
- Emergency Medicine
- Family/General Practice
- Geriatrics
- Internal Medicine
- Medical Genetics
- Neurological Surgery
- Neurology
- Obstetrics/Gynecology
- Oncology(Cancer)
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine & Rehab
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Radiology
- Surgery
- Urology
- Other

3. If you selected Other, enter your speciality

.....

**4. 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

**5. Size of Practice \***

Number of providers at your primary practice site  
*Mark only one oval.*

- Solo practice
- 2 - 5 providers
- 6-10 providers
- 11-20 providers
- > 20 providers
- Not applicable

**6. Patient Mix by Payer Type \***

Please indicate which of the following constitute more than 10% 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

**7. EHR use \***

How long have you used an EHR  
*Mark only one oval.*

- < 1 year
- 1-3 years
- 3-8 years
- >8 years
- Not using an EHR

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

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

Mark only one oval.

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

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

When did you start receiving ToC documents in your current EHR?

Mark only one oval.

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

**10. Incorporation of the ToC document \***

How are you incorporating the ToC document information in your EHR? 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.
- My EHR automatically incorporates discrete clinical data from a received ToC
- I review the ToC as a document only

**11. Volume of ToC Documents (by source)**

For each source, please select the volume of ToC 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 Request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consult Report	<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"/>

**12. General issues with ToC Documents \***

What issues or concerns have you experienced when using ToC documents in your EHR?  
(please check all that apply)

*Check all that apply.*

- No Issues
- Too Much Information (want to receive less)
- Information that I need is missing
- Organization or structure of information makes it difficult to use
- Needs summary
- I do not receive them in timely fashion

**13. 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"/>
Same information as provided in a traditional Discharge Summary	<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"/>

**14. Hospital Discharge: Scope of Received Information -- Experience**

Indicate the percentage of Hospital Discharge ToC documents that have the following: (does not need to add to 100%)

*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"/>

**15. 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"/>

**16. 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

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

Please indicate for each category of information the value to your practice from Hospitalization TOC documentation

Mark only one oval per row.

	No Value	Limited Value	Valuable	Necessary
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 data)	<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 text)	<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"/>

not for circulation

**18. 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 encounter (e.g. consult/referral) TOC documentation

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 (addl text)	<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"/>



**19. Preference for scope of information by section for the current 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 stay, but not the entire stay).

Mark only one oval per row.

	Last only for the current hospital stay	First and last for the current hospital stay	All for last x days of the current hospital stay	All for the current hospital stay
Functional Status	<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"/>
Plan of Treatment	<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"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**20. Preference for scope of information by section for prior Hospital stays (e.g. Hospitalization) included in the 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 a prior stay, but not the entire stay).

Mark only one oval per row.

	Last only for all prior hospital stays	First and last only for all prior hospital stays	All for last x days of each prior hospital stay	All for all prior hospital stays	No information from prior hospital stays
Functional Status	<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"/>
Plan of Treatment	<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"/>
Results	<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"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**21. Preference for scope of information by section for Ambulatory visit (e.g. Consult/Referral)**

Please indicate scope of information you wish to receive for each category (Note: x indicates that you desire information from the last 2 or more visits, but not all visits.

Mark only one oval per row.

	Current visit only	Current and x prior visits	All visits
Functional Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22. Hospital ToC medication information - Preference**

This question covers medication information listed as part of a hospital ToC. Please indicate your preference.

Mark only one oval per row.

	Necessary	Useful	Never Use
Ambulatory medications at time of admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications administered during the hospital stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications active or prescribed at discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. Hospital ToC medication information - Experience**

Please indicate your experience in receiving medication information in a hospital ToC document

Mark only one oval per row.

	Always receive	Occasionally receive	Never receive
Ambulatory medications at time of admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications administered during the hospital stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications active or prescribed at discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. Ambulatory ToC medication information - Preference**

This question covers medications listed as part of an ambulatory ToC (consult/referral). Please indicate your preference.

*Mark only one oval per row.*

	Necessary	Useful	Never use
Active medications at time of visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New medications prescribed during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active medications discontinued during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications discontinued during the last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All previously discontinued medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**25. Ambulatory ToC medication information - Experience**

Please indicate your experience in receiving medication information in an ambulatory ToC document

*Mark only one oval per row.*

	Always receive	Occasionally receive	Never receive
Active medications at time of visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New medications prescribed during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active medications discontinued during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications discontinued during the last year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All previously discontinued medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. 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 29.*
- Yes -- I prefer to receive more and have better display and incorporation capability in my EHR      *Skip to question 27.*

**27. Desired viewing and incorporation capabilities for your EHR \***

Please indicate the priority for each of the following desired EHR capabilities (1=low, 5=high). Viewing options are ways to view the ToC document without incorporating specific data elements into your EHR's database. Incorporation options are methods of adding specific ToC data elements into your EHR's database (e.g. a medication becomes part of your EHR's medication list for the patient -- with appropriate provenance).

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 of received new discrete data elements into your EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporation -- Configurable ability for new received discrete data elements to be automatically added to your EHR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporation -- automatically detect duplicate information and warn prior to incorporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**28. Additional Presentation and/or Incorporation Suggestions**

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**29. Which organization asked you to complete this survey?**

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.

Mark only one oval.

- American Academy of Family Practice
- American College of Medicine
- American Hospital Association
- American Medical Association
- None
- Other

**30. If you answered Other, please specify in the box below**

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**31. 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.

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**32. 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

**33. You are done -- Thank you for completing the survey**

Please provide any additional comments in the box below

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Draft - not for circulation