**ATLIS Structured Assessment Tool for Collecting Baseline Data**

By filling in the information below and submitting this survey to the MCO, the hospital certifies the accuracy of this document. For all sections of this survey, if needed, please contact your information technology department or HIE to confirm your answers.

**Hospital Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital NPI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Class (Urban, Rural, Children’s, State-owned non-IMD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MCO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1: Admission, Discharge, Transfer (ADT) Data (All responses should be as of September 1, 2024, unless otherwise noted)**

1. Does your hospital electronically share ADT data outside of your hospital system?
	1. Yes
	2. No

**If no skip to Question 4**

1. What types of ADT encounters are shared?
2. Emergency Department (ED) encounters
3. Inpatient encounters
4. Both
5. Does your hospital share ADT data via the Emergency Department Encounter Notification (EDEN) system?
6. Yes, because our organization is connected directly to HIETexas EDEN (THSA)
7. Yes, because our organization is connected to the C3HIE HIE, and C3HIE is sending our organization’s data to HIETexas EDEN
8. No, our organization does not send data to HIETexas EDEN through one of these two methods

**If Yes (1 or 2) skip to Question 8**

1. Has your hospital taken any of the steps below to connect to EDEN (Select highest number that applies)
	1. Our organization has had initial discussions with THSA or a regional HIE to connect to EDEN
	2. Our organization has established an internal project team to connect to EDEN
	3. Our organization is reviewing draft language for an agreement to connect to EDEN
	4. Our organization has executed a data sharing agreement to connect to EDEN
	5. Our organization is making system changes to enable us to connect to EDEN
2. Our organization is not currently taking any of these steps to connect to EDEN
3. Does your hospital plan to connect to EDEN directly through HIETexas or through a regional HIE connected to HIETexas by August 31, 2025?
4. Yes
5. No

**If Yes skip to Question 7**

1. If your hospital does not plan to connect to EDEN by August 31, 2025, please explain why, including barriers you face.
2. Does your hospital share ADT data through any of the following Texas regional HIEs (If more than one apply, select primary HIE partner)
3. Connected Care Exchange
4. Greater Houston Healthconnect
5. Connxus
6. PHIX
7. We do not currently share ADT through any of these HIEs

**Section 2: Clinical Data (All responses should be as of September 1, 2024, unless otherwise noted)**

1. Does your hospital share patient or encounter level Consolidated Clinical Document Architecture (C-CDA) messages outside of your system?
2. Yes
3. No

**If No skip to Question 15**

1. Does your hospital share C-CDA messages for ED encounters?
2. Yes
3. No
4. Does your hospital share C-CDA messages for Inpatient encounters?
5. Yes
6. No
7. Does your hospital share C-CDA patient level summaries?
8. Yes
9. No
10. Does your hospital share C-CDA data through a national or private HIE (eHealth Exchange, Commonwell, Carequality, etc.)
11. Yes
12. No
13. Does your hospital share C-CDA data through a direct connection with an MCO?
14. Yes
15. No
16. Does your hospital share C-CDA data through a Texas regional HIE (If more than one apply, select primary HIE partner)
17. C3HIE
18. Connected Care Exchange
19. Greater Houston Healthconnect
20. CONNXUS
21. PHIX
22. My hospital does not share data through a Texas regional HIE

**If Yes to Question 14 (answers 1-5) skip to question 16**

1. Please describe why you do not share C-CDA data through a Texas regional HIE, including barriers you face.
2. Please check the following C-CDA information you contribute. (Select all that Apply).
	* A demographic overview
	* Vital signs (heigh, weight, blood pressure, BMI)
	* The referring/transitioning provider’s name and office contact information
	* The patient’s care team, including primary care provider of record and any additional known care team members
	* The reason for referral
	* The final diagnosis
	* Admitting diagnosis
	* A current problem list
	* Lab test results
	* Radiological imaging interpretations and reports
	* Admission medications list
	* Discharge medications list
	* An allergies and intolerances list
	* Social history
	* Behavioral health screening results non-medical drivers of health surveys and findings
	* None of the above
3. What parts of a care plan do you or will you share? (Select all that apply)
	* The problem or focus of the care plan
	* The goal or target outcome
	* Any instructions that the provider has given to the patient
	* Discharge instructions
	* Discharge summary
	* The practitioner responsible for the member’s care during the inpatient stay
	* Procedures or treatment provided
	* Any other testing results, or documentation of pending tests or not tests pending
	* Prior ER visits
	* None of the above

**Section 3: Narrative Description on Uses of HIE**

1. Please provide a description for how your hospital uses its connections to regional and national HIEs, connection or subscription to EDEN, and/or direct connections to MCOs or other providers for any of the following purposes:
	* Improve patient care and safety
	* Improve efficiency
	* Improve public health reporting
	* Implement digital quality measurement
	* Support value-based care and payment strategies
	* Other (Please describe in narrative)