CY 2023 REAL WORLD TESTING RESULTS REPORT FOR COMMUNITY HEALTH SYSTEMS

GENERAL INFORMATION

Product Name(s): PULSE

Version Numbers(s): 16.1

CHPL Product Number: 15.07.09.1179.PU02.16.03.1.230120

Developer Real World Testing Page URL: https://www.chs.net/pulse-ehr-information/

CHANGES TO ORIGINAL PLAN

Summary of Changes	Reason	Impact
315(g)(7)-(g)(9) removed from testing	Elements were removed from certification after RWT plan was submitted and approved	No testing conducted on the removed elements
CHPL Product Number Changed from15.07.07.1179.PU02.01.01.1.201124 to 15.07.07.1179.PU20.02.02.1.221111	Updated from version 15.2 to Version 16.1 on 11/11/2022 with change in the criteria certified	
CHPL Product Number changed from 15.07.07.1179.PU20.02.02.1.221111 to 15.07.09.1179.PU02.16.03.1.230120	Changed ONC-ACB from ICSA Lab to Leidos with new product number issued on 1/20/2023	Tested product has a different CHPL Product Number than the product number identified in the Testing Plan

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Testing methods utilized to demonstrate real-world interoperability include:

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. This methodology provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality. This approach worked effectively. No challenges were experienced and there were no non-conformities identified.

Compliance and/or Tool: This methodology uses inspection to evaluate if EHR is compliant to the ONC criteria requirements. This was done through manual inspection testing and utilization of various tools to measure or evaluate compliance and interoperability. If an EHR Module capability is not widely used in production by current users, compliance inspection can provide assurance criteria is working as expected. This approach worked effectively. No challenges were experienced and there were no non-conformities identified.

Survey: This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology provides insight into how clinicians employ and use a feature which reveals actual value and impact of interoperability of the EHR Module. This approach worked effectively. No challenges were experienced and there were no non-conformities identified.

STANDARD VERSION ADVANCEMENT PROCESS (SVAP) UPDATES AND UNITED STATES CORE DATA FOR INTEROPERABILTY (USCDI)

The product tested does not include these voluntary standards

CARE SETTINGS

Care setting tested include the Acute Care Hospital setting and the Critical Access Hospital setting.

METRICS AND OUTCOMES

Measurement/Metric	Associated Criteria	Relied Upon Software (if applicable)	Outcomes	Challenges Experienced (if applicable)
Number of Transition of Care C-CDAs Successfully Sent	315(b)(1)	Medicity 2.7 Backbeach CCD Viewer	1155 CCDs successfully sent from 2 hospitals using the	None

			EHR. A sampling of CCDs from each testing facility were reviewed and found to include all required elements and coding.	
Number of CCDs received and/or incorporated	315(b)(2)	Rhapsody v6.4 RxTracker v8	5 external documents received with 4 incorporated into the EHR. 100% of incorporated documents were reviewed to validate the incorporation of the required elements	Facilities had to reach out to external sources requesting documents be sent.
Number of patient C-CDAs created with Data Segmentation for Privacy Capabilities Enabled	315(b)(7) 315(b)(8)		CCDs with privacy restrictions sent from both testing facilities: 14320 identified as "normal" privacy 11 identified as "restricted" 329 identified as "very restricted"	None
Number of immunization messages sent to immunization registries	315(f)(1)		One testing facility transmitted 222 immunization records within the 90-day testing period The other testing facility is awaiting the state registry to onboard their immunization transmissions; so there is no data available	
Number of syndromic surveillance messages sent to state registries	315(f)(2)		One testing facility transmitted 955,138 syndromic surveillance (SS) messages to their state registry. The second testing facility is in a state that does not yet	

			participate in SS reporting	
C-CDA error detection	315(b)(1)		Errors identified on incoming CCDs were as follows: • XML Validation errors identified =0 • Conformance errors identified = 337 • Interface errors identified = 0	None
Frequency that end-users utilize the EHR function to reconcile/incorporate medications, allergies, and problems from external documents	315(b)(2)		2/2 survey participants responded: 50% responded with a value of "regularly" and 50 % responded "sporadically"	None
Frequency that end users utilize the batch patient data export	315(b)(6)		2/2 survey participants responded: 100% responded with a value "never" but indicated they know the process should they need to use it	None
Volume of immunization registries a hospital connect to	315(f)(1)		2/2 survey participants responded: 100% responded with a value of "1" One respondent is in a production status with the state registry while the other respondent indicated they are registered and awaiting onboarding	
Volume of syndromic surveillance registries a hospital connects to	315(f)(2)		2/2 survey participants responded: 50% responded with a value of "1" and 50% responded "none" as they are in a state	

			that is not yet accepting electronic syndromic surveillance data	

KEY MILESTONES

Kay Milestone	Care Setting	Date/Timeframe
Data collected: Number of Transition of Care C-CDAs Successfully Sent	Acute Care Hospital Critical Access Hospital	April 1, 2023 through September 30, 2023
Data collected for: Number of CCDs received and/or incorporated	Acute Care Hospital Critical Access Hospital	April 1, 2023 through September 30, 2023
Data Collected for: Number of patient C-CDAs created with Data Segmentation for Privacy Capabilities Enabled	Acute Care Hospital Critical Access Hospital	April 1, 2023 through September 30, 2023
Data Collected for: Number of immunization messages sent to immunization registries	Acute Care Hospital Critical Access Hospital	April 1, 2023 through September 30, 2023
Data Collected for: Number of syndromic surveillance messages sent to state registries	Acute Care Hospital Critical Access Hospital	April 1, 2023 through September 30, 2023
Data Collected for: C-CDA error detection	Acute Care Hospital Critical Access Hospital	April 1, 2023 through September 30, 2023
End User Survey responses received and reviewed	Acute Care Hospital Critical Access Hospital	October 9, 2023