Onboarding Questionnaire

Complete this form to prepare for onboarding and data exchange with the Rhode Island immunization information system (IIS), RICAIR/KDSNET. This questionnaire captures detailed information about your organization and associated facilities/sites, technical information about your electronic health record/health information technology (EHR/health IT) system to be used in data exchange, and your immunization practice. This information is needed to inform onboarding testing and support a successful interface connection between your system and the IIS.

If more than one interface connection is needed between the organization and the IIS (e.g., if there is more than one EHR/health IT system in use across the organization), complete a questionnaire for each interface. Accurate and complete answers can help expedite the onboarding process. Submit completed forms to RIDOH.RICAIROnboarding@health.ri.gov.

Before you submit this information, ensure your organization is enrolled with the [State Supplied Vaccine Program](https://health.ri.gov/immunization/for/providers/) by reaching out to your [Immunization Contact](https://health.ri.gov/programs/detail.php?pgm_id=17), completed the [Onboarding Registration form](https://health.ri.gov/forms/registration/RICAIR-KIDSNET-Onboarding-Registration.docx). Refer to the [Readiness Checklist](https://health.ri.gov/forms/registration/RICAIR-KIDSNET-Readiness-Checklist.docx) for a full list of activities to complete to prepare for onboarding with the IIS. If you have any questions, please contact the IIS team at RIDOH.RICAIROnboarding@health.ri.gov. Thank you for your interest in data exchange with the RICAIR/KIDSNET.

# Organization information

Provide the name of your organization.

|  |  |
| --- | --- |
| Organization name |  |

# Onboarding contacts

Provide information for the contacts listed below. Note, these contacts may be multiple people or the same person, depending on your organization.

**Organizational onboarding contact:** Provide contact information for the person responsible for oversight and coordination of the organization’s onboarding efforts. This person will be a main point of contact for the IIS during the onboarding process.

|  |  |
| --- | --- |
| Name |  |
| Title/role |  |
| Affiliation |  |
| Email address |  |
| Phone number |  |

**Onboarding technical lead/interface technician**: Provide contact information for the person responsible for establishing and testing the interface between the EHR/health IT system and IIS.

|  |  |
| --- | --- |
| Name |  |
| Title/role |  |
| Affiliation |  |
| Email address |  |
| Phone number |  |

**Production technical lead**: Provide contact information for the person responsible for maintaining and monitoring the production interface once established.

|  |  |
| --- | --- |
| Name |  |
| Title/role |  |
| Affiliation |  |
| Email address |  |
| Phone number |  |

# Electronic health record/health IT system information

Provide information about the EHR/health IT system to be used to support the interface connection with the IIS. If additional interface connections are needed with additional EHR/health IT systems within your organization, complete an additional questionnaire.

**EHR/health IT system**: Provide information about the EHR/health IT system that will be used to support the interface connection with the IIS.

|  |  |
| --- | --- |
| EHR/health IT system vendor/developer |  |
| EHR/health IT system product |  |
| EHR/health IT system version |  |
| How long has this EHR/health IT product and version been used by your organization? |  |
| Is this EHR/health IT product certified by the Office of the National Coordinator for Health Information Technology (ONC)? See: [Certification of Health IT, ONC](https://www.healthit.gov/topic/certification-ehrs/certification-health-it) | *Select one:** Yes
* No
* Unknown
 |
| If yes: Indicate current Health IT certification edition. (See [Certified Health IT Product List, ONC](https://chpl.healthit.gov/#/resources/overview).) | *Select one:** 2015
* 2015 Cures Update
 |
| Has this EHR/health IT product received Immunization Integration Program (IIP) recognition? (See [IIP Testing and Recognition Initiative, HIMSS](https://www.himss.org/what-we-do-initiatives/iip-testing-recognition-initiative).) | *Select one:** Yes
* No
* Unknown
 |
| Describe any planned significant EHR/health IT system software changes/upgrades, including timeline if applicable. |  |

**Data flow**: Provide information about the proposed flow of data between the EHR/health IT system used by clinicians and the IIS, including additional systems and/or entities involved in facilitating.

|  |  |
| --- | --- |
| Will an EHR and/or health IT centralized hub (aka vendor hub) be used to support data exchange with the IIS?  | *Select one:** Yes
* No
* Unknown
 |
| If yes: Describe the data flow. |  |
| Will a third-party entity/vendor be used to support the interface with the IIS? | *Select one:** Yes
* No
* Unknown
 |
| If yes: Indicate vendor name and vendor contact and describe its involvement/services. |  |

**Capabilities:** Provide information about technical capabilities.

|  |  |
| --- | --- |
| Describe how immunization-related code sets (NDC, CVX, MVX) are maintained and updated. |  |
| Describe how HL7 message logs can be accessed to support review and follow-up.  |  |
| Who can access these logs? |  |
| Describe how HL7 messaging errors can be corrected. |  |
| Who can correct messaging errors? |  |
| Describe any potential challenges to reporting administered and historical immunizations in your interface with the IIS. (Administered immunizations are those given by your clinicians; historical immunizations are those administered elsewhere.) |  |
| Describe in what instances you plan to send updates deletes (RXA-21 Action Code of “U”), or deletes (RXA-21 Action Code of “D”) to the IIS. |  |
| Describe any potential challenges to reporting legacy data to the IIS during the onboarding project. (Legacy data are all immunization data known to your organization and held in your system; reporting this information supports accurate IIS clinical decision support.)  |  |

# Facility information

Provide information about the individual facilities/sites to be included in the interface between your organization and the IIS. These facilities should all be using the same EHR/health IT system. If additional interface connection(s) are needed to support exchange with other EHR/health IT systems within the organization, complete an additional questionnaire.

If more than three facilities will be included in the interface, provide a spreadsheet with the information requested to the IIS team at RIDOH.RICAIROnboarding@health.ri.gov.

|  | Facility 1 | Facility 2 | Facility 3 (If more than 3 facilities, submit a spreadsheet with requested information.) |
| --- | --- | --- | --- |
| Facility name |  |  |  |
| Address: street, city, state, ZIP |  |  |  |
| Facility IIS ID, if known |  |  |  |
| Facility point of contact: name, title/role, email address, phone number |  |  |  |
| Facility type | *Select one:* (See Appendix for list) | *Select one:* (See Appendix for list) | *Select one:* (See Appendix for list) |
| Age range of patients (minimum–maximum age) |  |  |  |
| Are immunizations administered on-site? | *Select one:** Yes
* No
 | *Select one:** Yes
* No
 | *Select one:** Yes
* No
 |
| If yes: Is this facility enrolled in the Vaccines for Children (VFC) program? | *Select one:** Yes
* No
 | *Select one:** Yes
* No
 | *Select one:** Yes
* No
 |
| If yes: VFC pin, if known |  |  |  |
| If yes: vaccine stock  | *Select all that apply:** Public 0–18 yrs
* Public 19 yrs +
* Private
 | *Select all that apply:** Public 0–18 yrs
* Public 19 yrs +
* Private
 | *Select all that apply:** Public 0–18 yrs
* Public 19 yrs +
* Private
 |
| If yes: type(s) of vaccine administered | *Select all that apply:** Routine
* Travel
* Influenza
* COVID-19
 | *Select all that apply:** Routine
* Travel
* Influenza
* COVID-19
 | *Select all that apply:** Routine
* Travel
* Influenza
* COVID-19
 |
| If yes: average weekly volume of vaccines administered (excluding influenza and COVID-19) |  |  |  |
|  |  |  |  |

# Appendix. Facility Type

Use this list to indicate the most appropriate facility type for each facility to be included in the interface with the IIS.

* Commercial vaccination service provider
* College /University Health Center
* Corrections/detention health services
* Health center – Federally Qualified Health Center
* Health center – migrant or refugee
* Health center – occupational/employee health
* Health center – STD/HIV clinic
* Home health care provider
* Hospital
* Indian Health Service (IHS)
* Tribal Health
* Mass Community Immunizer
* Medical practice – family medicine
* Medical practice – pediatrics
* Medical practice – internal medicine
* Medical practice – OB/GYN
* Medical practice – other specialty
* Occupational/employee health
* Pharmacy – chain
* Pharmacy – independent
* Public health provider – Federally Qualified Health Center
* Long-term care – nursing home, skilled nursing facility, federally certified
* Long-term care – nursing home, skilled nursing facility, non-federally certified
* Long-term care – assisted living
* Long-term care – intellectual or developmental disability
* School Health Center – School Nurse Teacher
* Urgent care
* VNA
* Other