Health Information Exchange (HIE) - Strategy, Connections, and Benefits

The organization must demonstrate it has the capability to exchange clinical data and information with patients, external organizations, and specialized health teams (rehabilitation facilities, long term care facilities). Sharing patient records with patients and care providers across the journey of care (upon the consent of the patient) must be demonstrated. The impact and value of exchanging information and data must be clearly articulated and illustrated with 1-2 examples. Finally, the review team will expect the organization to describe its future HIE strategy and plans for engaging patients as partners in their care.

The inspectors should be enabled to understand:

- HIE strategy
- Leadership in digital health / Clinical and Information Governance
- Capabilities to exchange clinical data and information
- Sharing of patient records with patients and care providers
- Impact and value of exchanging information and data (1-2 examples)
- Confidentiality and legal framework
- Future HIE strategy and plans for engaging patients

ID	Stage	Y	N	Compliance Statement
52	6			**Structured data integration into CDR from external source** HIE enables Structured or Coded Data from external sources to be integrated into the Clinical Data Repository, an icon is used to indicate external data is available for clinician teams.
53	6			**Medical device integration** Medical devices are integrated into EMR (e.g., monitoring devices).
54	7			**Planned or actual integration of clinical data** with referring and admitting medical staff through HIE or other means. Explain:
55	7			**Assimilation of external clinical data into analytics program** Demonstrated assimilation of external clinical data into the hospital's analytics program that has contributed to improvements (e.g., reduced ancillary consumption from eliminating duplicate tests, reduced readmission rate due to active participation in a private or public HIE, etc.).
56	7			**Bi-directional information exchange w/ national patient DB** A bi-directional information exchange interface with a national patient database in countries where national repositories exist.
57	7			**Data integration from external sources enable seamless workflow** Data from external sources is fully enabled and integrated into the EMR to offer seamless workflow for clinicians accessing complete patient records from external organizations or sources of data.
58	7			**Data integration from external sources is used for CDS** Data from external sources is fully enabled and integrated into the EMR and is available for clinical decision support, both as alerts and background processes. HIE data is discrete and imported to the Clinical Data Repository and made available for alerts (drug/drug alerts, allergy alerts) and for background processes (sepsis alerts).

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59	7			**Clinical data integration with referring/admitting medical staff** Integration of clinical data with referring and admitting medical staff is supported across the organization. Referring and admitting medical staff have access to the following patient data: access to consultant reports, patient reported outcomes/progress data, lab results, medication profile, allergy status, clinical order management data, surgical/procedure records, imaging reports, medication record alerts, allergy alerts, other.
60	7			**External data integration to track progress, perform risk analyses** The capacity to integrate data from multiple external sources of clinical data (e.g., patient reported data, external organizations, referring MD's, mobile digital tools for virtual care delivery) into the organization's data repository for tracking, monitoring progress, risks analyses for individual patients, and patient populations.
61	7			**Care delivery / patient outcomes improved through data integration** Data integration has resulted in improvements in care delivery and patient outcomes including reduced ancillary consumption from eliminating unnecessary or duplicate tests.
62	7			**SDoH are supported by digital tools/techs to reduce inequalities** Social determinants of health (e.g., housing, education, welfare, working conditions, food security, geography, and location) are supported by digital tools and technologies which aim to reduce inequalities and ensure inequalities are minimized or eliminated. Predictive analytics tools are examined for bias toward any community affected by social determinants of health and equity and equality are prioritized.
63	7			**Self-management support through information exchange interface** A bi-directional information exchange interface with patients where patients can access their personal health data, can report outcomes, can access clinician teams to support self-management of care.
64	7			**Medical Device - EMR - Integration in all critical care areas** Medical device data is fully integrated into the EMR in all critical care areas.
65	7			**Discrete data is normalized to standard medical vocabulary** Any discrete data generated from structured templates is normalized to standard / controlled medical vocabulary (e.g., LOINC, SNOMED, ICD-10) for all Clinician documentation.
66	7			**Smart pumps are interfaced with EMR** Smart pumps are interfaced directly to the EMR using a bi-directional interface.