USCDI ONDEC Submission Form Prep Sheet

This resource provides all of the USCDI ONDEC submission form questions and allows stakeholders to gather necessary information in advance of submission. You may choose to copy/paste your information from this document directly into the USCDI ONDEC submission form.

**Please visit** [**www.healthIT.gov/ONDEC**](http://www.healthIT.gov/ONDEC) **to submit information through the USDCI ONDEC system.**

|  |
| --- |
| Submitter Details |
| **Name of Submitter\*:** |
| Gary Dickinson |
| **Email Address of Submitter\*:**  |
| gary.dickinson@ehr-standards.com |
| **Secondary Email Address:**  |
|  |
| **Organization of Submitter:** |
| EHR Standards Consulting |
| *Please note: your name and organization will be visible and associated with your submission. Email addresses will only be visible to ONC and used for communication regarding your submission.* |

|  |
| --- |
| Data Element |
| **Data Class Name:** (or select an existing USCDI Data Class)**:\*** |
| Provenance |
| **Data Element Name:\*** |
| Author Organization |
| **Data Element Description:\*** |
| Existing USCDI Element: Needs to include description that Author Organization must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Author Organization is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[x]  Yes [ ]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Needs further description.Provenance set includes who, what, when, where and why as metadata for USCDI data classes and data elements. Author Organization is part of “who”. It offers essential assurance for transparency, accountability, trust, traceability and data integrity. |
| ----------------------------------------------------------------------------------------------------------------- |
| **Data Class Name:** (or select an existing USCDI Data Class)**:\*** |
| Provenance |
| **Data Element Name:\*** |
| Author Time Stamp |
| **Data Element Description:\*** |
| Existing USCDI Element: Needs to include description that Author Time Stamp must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Author Time Stamp is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[x]  Yes [ ]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Needs further description.Provenance set includes who, what, when, where and why as metadata for USCDI data classes and data elements. Author Time Stamp is part of “when”. It offers essential assurance for transparency, accountability, trust, traceability and data integrity. |
| *You may optionally submit up to five additional data elements within this data class, using the same information below:* |
| **Data Element Name - 1:\*** |
| Author Name/ID |
| **Data Element Description:\*** |
| Name of USCDI dataset or data element author. Should include first and last name. May include common identifier (e.g., National Provider Identifier (NPI)).Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Author Name/ID is part of “who”.Author Name/ID must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed.Note that Author Name/ID is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| Are there similar or related data elements in USCDI?\* **(select one)**[ ]  **Yes** [x]  **No** [ ]  **Unknown**If yes, why should this data element be considered separately? |
| Author Name/ID is crucial to ensure identity and accountability of, and traceability to, an individual author of a dataset or data element. It offers essential assurance for transparency, trust and data integrity. |
| **Data Element Name - 2:\*** |
| Author Role(s) |
| **Data Element Description:\*** |
| Author Role(s), in context of action taken and/or in context of USCDI dataset or data element authorship. Should include roles such as: a) action performer, b) assistant, c) observer, d) author of dataset or data element, e) scribe.Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Author Role(s) are part of “who”.Author Role(s) must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed.Note that Author Role(s) are intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Author role(s) are crucial to identify participation in action taken and/or authorship of specific data classes or data elements. It offers essential assurance for transparency, accountability, trust, traceability and data integrity. |
| **Data Element Name - 3:\*** |
| Author Credential(s) |
| **Data Element Description:\*** |
| Author Credential(s), in context of action taken and/or in context of USCDI dataset or data element authorship. Should allow credentials such as MD, DO, RN, DDS, PharmD...Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Author Credential(s) are part of “who”.Author Credential(s) must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed.Note that Author Credential(s) are intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| Are there similar or related data elements in USCDI?\* (select one)[ ]  Yes [x]  No [ ]  UnknownIf yes, why should this data element be considered separately? |
| Author Credential(s) are crucial to identify/ensure qualification and authority for actions taken and/or authorship of specific data classes or data elements. It offers essential assurance for transparency, accountability, trust, traceability and data integrity. |
| **Data Element Name - 4:\*** |
| Action Taken |
| **Data Element Description:\*** |
| Action Taken, in context of the real-world occurrence (activity or event) that included collection of the USCDI dataset or data element. Actions include: assessment, history and physical, admission, discharge, transfer, order (e.g., for diagnostic test, for care, for therapy, for medications), result or interpretation (e.g., of diagnostic test), referral, consultation, care planning, observation...Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Action Taken is part of “what”.Action Taken must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Action Taken is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Action Taken is crucial to understand the context for collection (capture) of particular data classes and data elements. It offers essential assurance for transparency, accountability, trust, traceability and data integrity. |
| **Data Element Name - 5:\*** |
| Data State |
| **Data Element Description:\*** |
| Data State, in context of data lifecycle. States should include: origination (capture, collection), update (from previous content/value), verification (of data sourced by others (e.g., transcriptionist, scribe, student) or from automated device), transformation (e.g., from source system internal representation to exchange artifact (such as HL7 message, CDA document or FHIR resource), from exchange artifact to receiver internal representation).Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Data State is part of “what”.Data State must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Data State is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Data State offers essential assurance for transparency, accountability, trust, traceability and data integrity. Is the dataset or data element as originally collected (captured, sourced), has it been updated, verified, attested or transformed? |

|  |
| --- |
| Data Element Name - 6:\* |
| Physical Location |
| **Data Element Description:\*** |
| Location where action was taken and/or where dataset or data element was collected (captured, sourced). Location should include room (within) building (within) organization.Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Physical Location is part of “where”.Physical Location must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Physical Location is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Physical Location anchors data classes and data elements to the actual location where they were collected (captured, sourced). This is a must for transparency, accountability, assurance (trust) and traceability. |
| **Data Element Name - 7:\*** |
| Device ID |
| **Data Element Description:\*** |
| Device ID where dataset or data element was originated (collected, captured, sourced), updated, verified, attested, transformed...Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Device ID is part of “where”.Device ID must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Device ID is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Device ID anchors data classes and data elements to the specific/unique device where they were originated (collected, captured, sourced), updated, verified, attested, transformed... This is a must for transparency, accountability, assurance (trust) and traceability. |
| **Data Element Name - 8:\*** |
| Network Address |
| **Data Element Description:\*** |
| Network Address where dataset or data element was originated (collected, captured, sourced), updated, verified, attested, transformed...Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Network Address is part of “where”.Network Address must be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Network Address is intrinsic to what the source EHR/HIT system already knows, thus it does not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Network Address anchors data classes and data elements to the specific/unique network location/address where they were originated (collected, captured, sourced), updated, verified, attested, transformed... This is a must for transparency, accountability, assurance (trust) and traceability. |
| **Data Element Name - 9:\*** |
| Rationale |
| **Data Element Description:\*** |
| Rationale describes why an action was taken (i.e., the action during which the dataset and/or data element was originated (collected, captured, sourced)).Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Rationale is part of “why”.Rationale should be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when action-related data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Rationale may be intrinsic to what the source EHR/HIT system already knows, thus it will not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Rationale anchors data classes and data elements to the reason an action was taken (i.e., the action during which the dataset and/or data element was originated (collected, captured, sourced)). This is a must for accountability, assurance (trust) and data integrity. |
| **Data Element Name - 10:\*** |
| Purpose of Capture |
| **Data Element Description:\*** |
| Purpose of Capture describes why a dataset or data elements were originated (collected, captured, sourced), updated, verified, attested, transformed... Often needed to ensure Purpose of Capture is equivalent or compatible with each potential Purpose of Use.Provenance set includes the who, what, when, where and why as metadata for USCDI data classes and data elements. Purpose of Capture is part of “why”.Purpose of Capture should be associated with each USCDI dataset or data element that has a unique provenance set. Occurs when data is originated (captured, collected or sourced), updated, verified, attested, transformed (e.g., to/from exchange artifact such as HL7 v2 message, document or FHIR resource instance).Note that Purpose of Capture may be intrinsic to what the source EHR/HIT system already knows, thus it will not require extra data collection (burden) by the clinician or other end user. |
| **Are there similar or related data elements in USCDI?\*** (select one)[ ]  Yes [x]  No [ ]  Unknown**If yes, why should this data element be considered separately?** |
| Purpose of Capture anchors data classes and data elements to the reason they were originated (collected, captured, sourced). This is a must for transparency, assurance (trust) and data integrity and ensures that Purpose of Capture is equivalent or compatible with each potential Purpose of Use. |

|  |
| --- |
|  |
| **Use Case**  |
| **Briefly describe the main use cases to support adoption of the data element into the USCDI:\*** |
| All use cases (including health data/record exchange) where essential assurance of transparency, accountability, trust, traceability and data integrity is required. |
| **Estimate the number of stakeholders who would capture, access, use or exchange this data element or data class:\*** |
| Any/all stakeholders for any/all use cases. |
| **Link to use case project page:** |
|  |
| *Please add if there are additional use cases for this data element that could affect significant numbers of other stakeholders.*  |
| **Please describe the additional use case:\*** |
|  |
| **Estimate the number of stakeholders who would capture, access, use or exchange this data element or data class:\*** |
|  |
| **Link URL:** |
|  |
| **Attachment describing this use case:** |
|  |
| **Does this data element support the following aims in healthcare?** (check all that apply):**\***  |
| [x]  Offers essential assurance for transparency, accountability, trust, traceability and data integrity[x]  Improving patient experience of care (quality and/or satisfaction) [x]  Improving the health of populations [x]  Reducing the cost of care [x]  Improving provider experience of care [x]  All of the above |

|  |
| --- |
| Maturity  |
| **Does a vocabulary, terminology, content, or structural standard exist for this data element? (e.g., SNOMED CT, LOINC, RxNorm) \*** (select one)[ ]  Yes [ ]  No [ ]  Unknown**If yes, please cite the applicable standard\*:** |
|  |
| **If yes, link URL:** |
|  |
| **Are there additional technical specifications such as an implementation guide (IG) or profile using this data element?** (e.g., HL7® FHIR® US Core Implementation Guide v3.1.0 based on FHIR R4) [x]  Yes [ ]  No [ ]  Unknown**If yes, please cite the relevant technical specification(s)\*:** |
| FHIR Core Release 4.0.1 – Record Lifecycle Event Implementation Guide: <http://hl7.org/fhir/ehrsrle/ehrsrle.html>ISO 21089:2018 – Trusted End-to-End Information FlowsISO/HL7 10781 – Electronic Health Record System Functional Model, Release 2.1 |
|  |

|  |
| --- |
| Which of the following best describes the use of this data element?\* (select one) |
| **[ ]** Not currently captured or accessed with an organization [ ]  In limited use in test environments only [ ]  In limited use in production environments [x]  Extensively used in production environments [ ]  This data element has been used at scale between multiple different production environments to support the majority of anticipated stakeholders |
| **Please cite supporting artifacts:\*** |
| FHIR Core Release 4.0.1 – Record Lifecycle Event Implementation Guide: <http://hl7.org/fhir/ehrsrle/ehrsrle.html>ISO 21089:2018 – Trusted End-to-End Information FlowsISO/HL7 10781 – Electronic Health Record System Functional Model, Release 2.1 |
| **Link URL** |
|  |
| **Attachment:**  |
|  |

|  |
| --- |
| Has this data element been electronically exchanged with external organizations or individuals (including patients)?\* (select one)[x]  Yes [ ]  NoIf yes, with how many outside entities has this been exchanged?\* [ ]  1 [ ]  2-3 [ ]  4 [ ]  5 or more. This data element has been tested at scale between multiple different production environments to support the majority of anticipated stakeholders.  |
| **Please cite supporting artifacts:\*** |
|  |
| **Supporting Link** |
|  |
| **Attachment:**  |
|  |

|  |
| --- |
| Challenges |
| **Describe any restrictions on the standardization of this data element** (e.g., proprietary code).\* |
| None |
| **Describe any restrictions on the use of this data element (e.g., licensing, user fees).\*** |
| None |
| **Describe any privacy and security concerns with the use and exchange of this data element.\*** |
| None. In fact enables health data/record audit events and audit logs (audit trails).* Who did what when where and why (actions taken)
* Who documented what when where and why (health record entries)
 |
| **Please provide an estimate of overall burden to implement. Overall estimate of burden to implement, including those not affected by the primary use case(s)** (i.e., impact to broader healthcare community for specialty-specific data element submission.)**\*** |
| As stated previously, most all of the submitted Provenance elements are intrinsic to what the source EHR/HIT system already knows, thus will not require extra data collection (burden) by the clinician or other end user. |
| **Please provide information on other challenges to implementation** |
| The usual resistance from certain stakeholders – those who believe Provenance is unnecessary – after all, who would believe that transparency, accountability, assurance, traceability and data integrity are essential/integral to trusted health data/record management and use? |