## Clinical Decision Support Usability Assessment - Local Clinical Reminders

Exit this survey

## 1. Default Section

Indian Health Service (IHS) FY15 Clinical Decision Support Usability Assessment
Form Approved

OMB Form No.. 0917-0036

Expiration Date: 05/31/2015

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

This information will assist EHR Clinical Reminders Team and Distributed Terminology Services (SNOMED) team in assessing need for additional SNOMED subsets to support local reminders.

* 1. Enter site and contact information
Name:
Facility:
State: select state
Email Address:
* 2. Do you use any locally created Reminder Definitions?
No No
I copied National Reminders into local names and edited.
I created my own reminders.

\* 3. Do you use any locally created Reminder Taxonomies?

O No
O Yes
4. If you use locally created Reminder Taxonomies, please list each taxonomy, what it contains and how it is used in your reminder logic.
Example: TEST-HEP C DX, contains diagnosis codes for Hepatitis C, used to exclude patients with a diagnosis of Hep C from the cohort of a Hepatitis C screening reminder
Thank you for participating in our survey.
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Don e
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