



Self-Assessment Checklist for States and Other Jurisdictions

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The following is a resource to help a state, county, city or other jurisdiction assess the strategic fit of PULSE, as well as the jurisdiction's readiness to implement and support PULSE.

1. Perceived Value of Patient Health Record Access in Disaster Response

- Would there be benefit in providing disaster healthcare volunteers access to patient health records when treating individuals who are displaced by a disaster and seeking care in an alternative treatment facility?
- Is there value in having real-time access to this information electronically at the alternative treatment facility?
- Do you believe that PULSE would be embraced by the agency/ies responsible for disaster response?
- To what degree would a service such as PULSE be valued by your jurisdiction?

2. Characteristics of Disasters Which Create Demand for Patient Record Lookup

- What is the level of risk for disasters, either natural or man-made, that could have major impacts?
- What is the likelihood that a disaster would result in large numbers of injured or displaced individuals who require care in alternative treatment facilities?
- Is advanced planning a high priority due to recent experiences or seasonal or recurring emergencies?
- Is advanced planning a high priority for unexpected disasters or those with limited lead time for evacuations?

3. Leadership Champions Support Use Case and Clearly Agreed Upon "Owner"

- Does the jurisdiction have leaders who will serve as champions for the successful implementation of the PULSE system? For instance, are there strong, willing, motivated and savvy leadership in public health, Medicaid and Emergency management services who will work together and support PULSE?

- To what extent does the leadership embrace the value of health information exchange (e.g. EMS programs which get data for Medicaid programs or that share data with EDs or other data sharing initiatives)?
- Is there clear agreement on which agency / office should have accountability for the PULSE program?
- Would they champion PULSE and help articulate the value proposition of PULSE given the jurisdiction's threat assessment?

4. Potential Overlap or Conflict with Existing Programs

- Does the jurisdiction already use other programs or systems to facilitate access to patient health records for disaster response?
- If so, are these other programs perceived as filling the need that PULSE addresses? Is the perception accurate; and, if not, what can PULSE do that the jurisdiction's current programs or systems cannot?

5. Resources Available

- Can the jurisdiction financially support the PULSE Program? What funding mechanisms are available; and, who would be responsible for securing funding commitment?
- Are there other resources, such as staffing, to support the program?

6. Jurisdiction Risk Tolerance

- Is the jurisdiction willing to absorb the risk of implementing a new program? Every new program entails some level of risk. A jurisdiction will need to be prepared to deal with this should the implementation not go as planned.
- Is there prior experience with implementing new programs, with the resilience to weather expected challenges that any new IT program encounters? Is there well-established public health leadership who are willing to take on the risk?

7. Jurisdiction Connectivity

- How extensive are document-based queries implemented in the jurisdiction? For instance, is there a sufficient portion of the population covered so that patient information is likely accessible in the event of a disaster?
- To what extent are there Health Information Networks (such as HIEs) or other data sharing initiatives already supporting health records exchange (specifically queries for clinical documents) in the jurisdiction? What other types of data exchange exist within the jurisdiction; and, are these complementary or duplicative to PULSE?