6. Guidance for the verification of answers

Although the instrument developed to evaluate the compliance or non-compliance of the different requirements has been designed to be used in a very simple way, either through a self-assessment by the owners of the EHR solution or through an evaluation by third parties, it is sometimes possible that some questions are very relevant in the context of the overall assessment and, at the same time, may lead to a different interpretation to the one intended, generating some answers that may not respond to reality.

To this end, a series of guidelines have been drawn up that seek to verify the answers given. These checks are related to a limited number of questions and their answer is not limited to "yes" or "no" but requires some development.

The checks are as follows:

REQUIREMENT	VERIFICATION
The EHR allows you to define profiles and access roles for professionals.	To answer the question in the affirmative, it is necessary for the system to distinguish access by both profiles and roles. The **profile** distinguishes the different roles of professionals, e.g., doctor, nurse, administrative. The **role** distinguishes the different tasks of a profile. For example, the admission clerk and the radiology department clerk in charge of transcribing the department's medical reports.
QUESTION	
Does the EHR control access by profiles and roles?	

REQUIREMENT	VERIFICATION
The EHR allows the management of referral and counter-referral processes in any care setting.	An affirmative answer requires both the management of the request for consultation or exploration, as well as the report of the result.
QUESTION	
Does the EHR allow for the management of referral and counter-referral processes in any care setting?	

REQUIREMENT	VERIFICATION
The medical record has mechanisms to ensure that each patient is only assigned a single record without it being fragmented.	A fragmented medical record is understood to be one that, while belonging to the same patient, presents records that are not connected to each other. A very classic case is the availability of independent patient records in different departments of the same hospital.
QUESTION	
Does the EHR have control mechanisms in place to prevent a patient's medical record from becoming fragmented?	

REQUIREMENT	VERIFICATION
The EHR uses the standardized patient identifier that has been defined by those responsible for the care network or health system.	Patient identification can use redundant systems, such as the standardized identification code of the care network, the history number of each care center. The question refers specifically to a personal identification code common to the entire care network. Of the two questions, the first question refers to the identifier of the health care network (provider organization), while the second question refers to the identifier of the entire health system, which includes all health care providers.
QUESTION	
Does the EHR use the individual patient identifier that has been standardized across the care network and allows access to the EHR? Does the EHR use the nationally standardized patient identifier that allows access to the EHR?	

REQUIREMENT	VERIFICATION
At no level of care do patients have their clinical information fragmented among several clinical histories or records.	This means that, at any level or level of care, the doctor or nurse has a view of all the patient's clinical information, even if it has been recorded in another center or level of care (primary care, hospital or other centers).
QUESTION	
Does the EHR have control mechanisms in place to prevent a patient's medical record from becoming fragmented?	

REQUIREMENT	VERIFICATION
The EHR allows you to record vaccinations administered to patients or patient refusals to receive vaccinations.	A record of vaccinations (or any preventive activity) should be made in each patient's file: Having a list of the names of the persons vaccinated does not allow us to answer the question linked to the request in the affirmative.
QUESTION	
Does the EHR allow for registration of vaccines administered to patients or refusal to administer them?	

REQUIREMENT	VERIFICATION
The EHR allows for the capture of social data or other complementary data from information sources related to the social services system.	To meet this requirement, interoperability between health and social services information systems is necessary.
QUESTION	
Does the EHR allow for the capture of patients' social characteristics from social service-related sources?	

REQUIREMENT	VERIFICATION
In the outpatient setting, the EHR allows adaptations to be made according to specialties or patient characteristics. This adaptation is performed by creating specific forms.	The EHR is a tool whose functions include registration clinical information. The information registration needs of different medical specialties are different. For example, Ophthalmology, ENT, Maxillofacial Surgery, etc. The EHR view must be tailored to these specific needs, often incorporating specific questionnaires that facilitate the registration of patient information.
QUESTION	
Does the EHR allow for the completion of forms that allow for the collection of special characteristics of certain patient groups?	

REQUIREMENT	VERIFICATION
The EHR allows the registration of vital signs obtained by external devices on a continuous basis (for example, in Intensive Care Units).	An affirmative answer to this question requires interoperability between electro-medical devices and the EHR. All the usual devices in the Intensive Care Unit must be interoperable.
QUESTION	
Does the EHR allow for the registration of vital signs obtained on a continuous basis in certain inpatient units?	

REQUIREMENT	VERIFICATION
The EHR allows the registration of vital signs obtained by external devices on a continuous basis (for example, in Intensive Care Units).	An affirmative answer to this question requires interoperability between electro-medical devices and the EHR. All the usual devices in the Intensive Care Unit must be interoperable.
QUESTION	
Does the EHR allow for the registration of vital signs obtained on a continuous basis in certain inpatient units?	

REQUIREMENT	VERIFICATION
The EHR allows for the issuance, renewal, change or cancellation of medical orders.	An affirmative answer to this question requires that, both for the issuance of the most frequent medical orders and for the incorporation of the corresponding report, paper is not necessary. The following orders, for example, are considered to be the most frequent: the care that the hospitalized patient must receive (feeding, controls, postural changes, etc.); the request for complementary examinations such as imaging, laboratories, etc.; the prescription, dispensing and administration of medicines when they take place in the same care center; consultation with other services.
QUESTION	
Does the EHR allow for physician orders to be issued, renewed, changed or cancelled?	

REQUIREMENT	VERIFICATION
The EHR allows the parameterization of standardized medical order forms applicable to previously defined groups of patients.	For example, request for diabetic profile analysis, cardiovascular risk profile, etc.
QUESTION	
Does the EHR allow for the parameterization of standardized	

physician order forms applicable to pre-defined patient groups?	

REQUIREMENT	VERIFICATION
The EHR allows the incorporation of clinical practice guidelines and protocols that facilitate patient follow-up.	The affirmative Answer requires that the clinical protocol or guideline be part of the EHR. That is, if a patient is identified as meeting the criteria for a particular protocol, the EHR will suggest the steps that should be taken to care for that particular patient: tests to be requested at each moment; care to be provided, prescription of medication, etc. Therefore, it is not only a matter of incorporating a PDF file or similar with the protocol to the EHR for consultation.
QUESTION	
Does the EHR allow for the incorporation of clinical practice guidelines and protocols that facilitate patient follow-up?	

REQUIREMENT	VERIFICATION
The EHR incorporates the patient triage decision algorithm.	An affirmative answer requires the EHR to have the system in place to record the clinical information needed for triage and to calculate its degree of risk or priority for care.
QUESTION	
Does the EHR incorporate the patient triage decision algorithm?	

REQUIREMENT	VERIFICATION
The EHR allows for inpatient (or any other care setting) hospitalization reporting	An affirmative answer requires the EHR to provide patient information that should be incorporated into the report for editing by the physician signing the report.
QUESTION	
Does the EHR allow for inpatient (or any other care setting) reporting?	

REQUIREMENT	VERIFICATION
The EHR allows the elaboration and registration of the surgical chart.	An affirmative answer requires the EHR to provide patient information that should be incorporated into the document for editing by the physician signing the report.
QUESTION	
Does the EHR allow for the creation and registration of the surgical chart?	