

REALD Compliance Plan Template

Please email your completed plan to OHAREALD.Questions@odhsoha.oregon.gov for Oregon Health Authority (OHA) review.

Required information	on the state of th
Organization information Organization name	ation:
EHR vendor Current vendor	
Any planned transitio	ns in 2022
Health care provider	category
key contacts. OHA will	contact for your organization's REALD Compliance Plan, and any additional I use this information for communication about your Compliance Plan. Title
Address.	
	Phone number
Email address	
For providers at FQHC	of COVID-19 patient encounters for which REALD is being reported to OHA. Os or those employed within a health system, please be specific about the cases you project you are reporting.
How is REALD information	ation currently being collected from patients?
How is REALD informa	ation currently being provided to OHA?
REALD Plan:	

Your EHR implementation project plan:

Detailed plan for collecting REALD information from patients, depending on setting.

OHA will be asking for monthly progress towards implementing these plans.

Plans related to training:
Your planned workflows (e.g., registration, MyChart, rooming) for collecting REALD:
Your anticipated go-live dates or any proposed phasing of REALD implementation:
Start date and completion date
Detailed plan for reporting REALD information to OHA. How you plan to report (via CSV file or the Oregon COVID-19 Reporting Portal):
Start date and completion date:
Optional information
Estimated monthly volume of REALD data to be collected: COVID-19 tests
COVID-19 hospitalizations, deaths
Multisystem Inflammatory Syndrome in Children (MIS-C)
Information or technical assistance needs What would be most helpful to receive from OHA to help you come into compliance with the HB 4212 requirements?
Data collection options If OHA hosted an online patient survey, would you be interested in using it? ☐ Yes ☐ No
If so, would your organization be willing to participate in advising OHA on
Data use How do you plan to use REALD information in your organization?
Other information Please share any other information you feel would help OHA better understand your compliance status and related needs or concerns