

REALD Compliance Plan Template

Please email your completed plan to OHAREALD.Questions@dhsosha.state.or.us for Oregon Health Authority (OHA) review.

Required information

Organization information:

Organization name _____

EHR vendor

Current vendor _____

Any planned transitions in 2022 _____

Health care provider category

Contact information:

For the main point of contact for your organization's REALD Compliance Plan, and any additional key contacts. OHA will use this information for communication about your Compliance Plan.

Name _____ Title _____

Address _____

City, state, ZIP _____ Phone number _____

Email address _____

Current REALD status:

Estimate of current % of COVID-19 patient encounters for which REALD is being reported to OHA. For providers at FQHCs or those employed within a health system, please be specific about the portion of COVID-19 cases you project you are reporting.

How is REALD information currently being collected from patients?

How is REALD information currently being provided to OHA?

REALD Plan:

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

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

Your EHR implementation project plan:

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 development or testing of a survey? Yes No

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.