PROMPT™

PONV RESCUE OUTCOMES AFTER AMISULPRIDE TREATMENT

Site Discovery Questionnaire

for PROMPT Study Participants

PACE PERIOPERATIVE & ANESTHESIA CARE EXPLORE *powered by ArborMetrix*

Introduction

Thank you for your interest in participating in the PROMPT Study using the PACE Registry. The PROMPT (**P**ONV **R**escue **O**utcomes after a**M**isul**P**ride **T**reatment) Study is an observational, retrospective study of patients in the PACU who receive amisulpride (i.e., Barhemsys®) as a rescue treatment for PONV. PROMPT is a longitudinal study that will compare patient outcomes before (Cohort 1 – SOC rescue anti-emetics) and after implementation (Cohort 2 – intravenous amisulpride rescue treatment therapy).

The program design will involve deidentified, retrospective data collection from standard hospital system electronic health records for the duration necessary to collect at least 20,000 individual patient EHRs (at least 10,000 in each Cohort).

Data for the PROMPT study will be compiled and analyzed by an independent data science company, ArborMetrix, via the Perioperative and Anesthesia Care Explorer Registry (PACE).

To help us efficiently connect you with the PROMPT Study Registry, we will gather some basic information about:

1. Your information systems (i.e., the systems you use to collect and manage patient data)
2. Your prior experience with registry participation (if any)
3. Your preferences for the implementation process

If you have any questions about the PACE Registry, PROMPT Study or about this survey, please reach out to prompt@arbormetrix.com. As part of the data integration process, we will contact you to schedule an introductory phone call with you, your EMR Vendor and IT Support Staff to discuss next steps and to answer any questions you may have. The questionnaire listed below will be provided to you as an automated link prior to the introductory call. You will want to complete the questionnaire via the link provided prior to the call so your results can be reviewed and discussed with you during the meeting.

Minimum Data Elements Requirements

Data for the PACE Registry and PROMPT Study will be retrieved from the Electronic Health Record, Administrative and Practice Management Systems, and the Electronic Anesthesia Record. Cases to be included in the registry are all adult patients 18 years or older having post-operative nausea and vomiting (PONV) during their PACU stay, regardless of surgery or anesthesia type, etc.

Comparison of deidentified patient EHRs in Cohort 1 and Cohort 2, including response rates, will be compiled and analyzed by ArborMetrix. Collected data are encrypted and will only be stored electronically in a highly secured database.

The following is an informal list of data elements that are required in order to join the PACE Registry and participate in the PROMPT Study. Please note, the list below is the minimum data elements required for PROMPT Study participation. ArborMetrix will work with you to ensure

the data feed that is set up from your EMR system to the PACE Registry is providing the necessary detail to populate the measures and reporting that will be available to you through the PACE Registry. If you know there are particular data elements listed below (specifically items such as anesthesia type) that you will NOT be able to provide via your EHR system, please alert your ArborMetrix contact as soon as possible:

- MRN
- Demographic data: gender, age, race
- Past medical history
- Preoperative medication list
- Social history: smoking status, alcohol use, marijuana use
- Family history: nausea, post-operative nausea/vomiting
- Medication administration: preoperative, intraoperative, post-anesthesia care unit, inpatient
- Adverse event documentation: intraoperative, postoperative
- Indication for surgery
- Anesthesia technique: general, regional, neuraxial, monitored anesthesia care
- Transition times: anesthesia start, time in OR, surgery start, surgery end, time out of OR, anesthesia end, time in PACU, time ready for discharge from PACU, time actually discharged from PACU

Information Systems

In this section, we will ask about the information systems you are currently using to collect and manage patient data at your site. This information will assist our data integration team in determining the optimal approach to connecting your site to the PACE Registry.

1a) What EHR system does your site use for inpatient data?
EHR Vendor Name:
Platform Name:
Version:
Installation type (i.e., on premise or cloud):
Vendor IT Support Name:
Vendor IT Support Email:

1b) What EHR system does your site use for outpatient data?
- ○ *We use the same EHR for inpatient and outpatient data collection*

Outpatient EHR Vendor Name:
Platform Name:
Version:
Installation type (i.e., on premise or cloud):
Outpatient Vendor IT Support Name:
Outpatient Vendor IT Support Email:

2) Backend database management system:
- MSSQL
- Oracle
- PostgresSQL
- MySQL
- Other
- Unknown
- Not applicable

3) How long have you been using your current EHR?
- Less than one year
- One year
- More than one year

4) Do you have plans to introduce any new modules from this vendor within the next year?
- Yes
- No
- Don't know

5) Do you use a separate practice management or revenue management system for billing?
- Yes
- No
- Don't know

5a) If yes, please describe your billing system:
Billing System Vendor Name:
Billing System Platform Name:
Version:
Installation type (i.e., on premise or cloud):
Vendor IT Support Name:
Vendor IT Support Email:

6) Please describe any other systems in use at your site that collect or transmit patient data (examples may include laboratory information systems, radiology reporting systems, etc.)

7) How does your site store anesthesia administration data?
- In EHR system
- In a separate system

7a) If you are using a separate system, is there a mechanism to integrate or link anesthesia administration data with EHR data at your site (Ex: Common MRN, CSN, Encounter ID)?

8) How does your site store PACU data?
- In EHR system
- In a separate system

8a) If you are using a separate system, is there a mechanism to integrate or link PACU data with EHR data at your site (Ex: Common MRN, CSN, Encounter ID)?

9)What code system(s) does your site use to store condition, procedure, laboratory, and medication data in your EHR (Ex: SNOMED, CPT, ICD-9, ICD-10, LOINC)?

10) Does your team have the capability to generate a flat file extract to a vendor specification and set-up a recurring push of that file to a remote SFTP endpoint?

- Yes
- No

11) Are there any of the following minimum data requirements listed below you know you will not be able to transmit to ArborMetrix for use in the PACE Registry for the PROMPT Study?

- MRN
- Demographic data: gender, age, race
- Past medical history
- Preoperative medication list
- Social history: smoking status, alcohol use, marijuana use
- Family history: nausea, post-operative nausea/vomiting
- Medication administration: preoperative, intraoperative, post-anesthesia care unit, inpatient
- Adverse event documentation: intraoperative, postoperative
- Indication for surgery
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Prior Registry Experience

In this section, we will gather information about any prior experiences you have had with other clinical registries. This will help us create a more streamlined process for you, as we may be able to target interoperability methods your site has used in the past to connect you to the PACE Registry.

12) Has your site previously submitted data to a clinical registry?

- Yes
- No

NOTE: If you answered no to #12, please skip the rest of this section and go directly to the Implementation Process

12a) If yes, how did you submit data to the registry? Check all that apply:

- My EHR pushed Continuity of Care Documents (CCD) or other C-CDA documents to the registry
- My EHR pushed another type of file to the registry (if you know the file format, please specify)
- The registry pulled my data from my EHR via a FHIR-based Application Programming Interface (API)
- The registry pulled my data from my EHR via a proprietary API (if you know the name of the API, please specify)
- We installed software to permit the registry to pull data directly from my EHR's database
- We generated our own data extract (either manually or via an export feature in the EHR) and uploaded that to the registry
- Other (please specify)

13) Who provided technical support at your site for the registry integration?

14) Is there a technical support person at your I vendor that is familiar with your prior registry integration?

Implementation Process

In this final section, we will ask about your preferences regarding aspects of the implementation process for the PACE Registry and PROMPT Study. This will help us to tailor the onboarding process for your site.

15) Are there any constraints around the timeline during which your site's staff will be available to participate in the onboarding process for the PACE Registry (i.e., due to other IT projects currently in progress or planned for the near future)?

16) To assist in testing and validating your interface with the registry, are you able to enter data for a test patient into your I (we will provide instructions for specific data values to enter)?

- Yes
- No

17) Is there someone on your staff with familiarity of the anesthesia technique and other PACU clinical codes (i.e., diagnoses, procedures, medications, labs, etc.) available to assist us with mapping questions should they arise?

- Yes
- No

17a) Who should be our point of contact for code mapping questions?
Name:
Title:
Email:

18) Once your connection to the registry is live, who should receive data quality notifications regarding any data issues that arise related to your submissions?
Name:
Title:
Email:

Note: you will also have access to a data integration dashboard to view file upload results on-demand.

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