**Tenzing Electronic Health Information (EHI) Format**

Tenzing Electronic Health Information (EHI) exports are supported by two information systems: Tenzing VistA and McKesson Series (Series). Each system provides the ability of users to export data in support of the EHI requirements.

The Tenzing VistA provides Electronic Health Information (EHI) export data in a structured XML format. EHI exports are divided into discrete sections identified by a template ID value. The template ID and the data elements within each template section are consistent with values used in the HL7 v3 standard. For some items, the XPath location is provided

Tenzing VistA EHI exports data by patient and data section. While multiple patients can be selected for export, the system will generate one XML document for each discreet patient selected and exported. Batch selection of patients is also available. The Tenzing VistA EHI system user will select which data sections are contained inside each XML document. Also, the EHI system user will determine the date ranges used to select data to be exported.

The Series system provides patient account, billing, payment, adjudication, and payer information in a structured delimited format. Users can export Series data by individual patients or by batch selection. Users can also select date ranges for data export.

| Tenzing VistA Data Sections | ID / XPath | Description |
|---|---|---|
| Care Team | /ClinicalDocument/recordTarget/patientRole/documentationOf/serviceEvent/performer | Ordering providers, clinical care team |
| Problems | 2.16.840.1.113883.10.20.22.2.5.1 | Clinical problem list |
| Vitals | 2.16.840.1.113883.10.20.22.2.4.1 | Vital signs (*eg* blood pressure, heart rate, pulse, blood ox, etc.) |
| Medications | 2.16.840.1.113883.10.20.22.2.1.1 | Active and pertinent medication history. |
| Admission Medications | 2.16.840.1.113883.10.20.22.2.44 | Medications administered during an inpatient stay |
| Ambulatory Medications | 2.16.840.1.113883.10.20.22.2.38 | Medications administered during a clinical visit. |

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| Discharge Medications | 2.16.840.1.113883.10.20.22.2.11.1 | Medications ordered upon discharge. |
| Allergies and Intolerances | 2.16.840.1.113883.10.20.22.2.6.1 | Active and pertinent allergy list. |
| Social History / Smoking Status | 2.16.840.1.113883.10.20.22.2.17 | Relevant social history and smoking status. |
| Assessments | 2.16.840.1.113883.10.20.22.2.8 | Impressions/diagnoses guiding treatment. |
| Encounter Diagnosis | 2.16.840.1.113883.10.20.22.2.22.1 | Relevant problems or diagnoses at the close of a visit w/ visit location and timeframes included. |
| Procedures | 2.16.840.1.113883.10.20.22.2.7.1 | Interventional, surgical, diagnostic, and therapeutic procedures or treatments |
| Diagnostic Results | 2.16.840.1.113883.10.20.22.2.3.1 | Laboratory, radiological, and procedural results. |
| Plan of Treatment | 2.16.840.1.113883.10.20.22.2.10 | Pending orders, interventions, encounters, services. |
| Immunizations | 2.16.840.1.113883.10.20.22.2.2.1 | Current and pertinent immunization history. |
| Reason For Referral | 1.3.6.1.4.1.19376.1.5.3.1.3.1 | Notes related to outside referrals |
| Chief Complaint | 2.16.840.1.113883.10.20.22.2.13 | Patient's own description of complaint |
| Admit Diagnosis | 2.16.840.1.113883.10.20.22.2.43 | Diagnosis at the time of inpatient admission. |
| Discharge Diagnosis | | Diagnosis at the time of inpatient discharge. |
| Instructions | 2.16.840.1.113883.10.20.22.2.45 | Provider notes directed to the patient. |
| Functional Status | 2.16.840.1.113883.10.20.22.2.14 | Observations and assessments of a patient's |

| | | physical abilities. |
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| Mental Status | 2.16.840.1.113883.10.20.22.2.56 | Observations and evaluations related to patients psychological and mental competency and deficits. |
| Notes | 2.16.840.1.113883.10.20.22.2.65 | Free text based clinical documentation. |
| Discharge Instructions | 2.16.840.1.113883.10.20.22.2.41 | Instruction at discharge |
| Medical Equipment | 2.16.840.1.113883.10.20.22.2.23 | Implanted and external health and medical devices and equipment. |
| Health Concerns | 2.16.840.1.113883.10.20.22.2.58 | SDOH-related conditions |
| Goals | 2.16.840.1.113883.10.20.22.2.60 | Defined outcome or condition to be achieved in the process of patient care. |
| Payers/Insurance | 2.16.840.1.113883.10.20.22.2.18 | Insurance and payer information |
| Family History | 2.16.840.1.113883.10.20.22.2.15 | Data related to patient's generic relatives in terms of possible or relevant health risks/factors. |

| Series data section | Path | Description |
|---|---|---|
| Patient | /Patient | Patient demographics |
| Payer/Insurance | /Patient/Payer | Insurance, payer information |
| Enrollment/Account Information | /Patient/Account | Enrollment, account information |
| Billing History | /Patient/Billing | Billing history, adjudication, etc. |