

Name/Title: _____

Organization: _____

Hospital, Ambulatory or Other: _____

Legacy Systems: *(please provide information below for each legacy system)* _____

Name _____

Application/module _____

Type (inpatient, acute, ambulatory, HR, etc.) _____

Database size _____

of Documents and Date Range _____

Legacy System Environment (On-premise or vendor hosted) and Database Type: _____

Legacy System still supported by Vendor (Y/N): _____

Current and/or future EHR and date of conversion/cut over: _____

1. Legacy System Access

a. Type of users: _____

b. Number of users: _____

c. Reasons for access: _____

d. Frequency/volume of access: _____

2. Future Legacy Access Requirements

a. Types of users: _____

b. Number of users: _____

c. Reasons for access: _____

d. Frequency/volume of access: _____

e. Data formats (documents, discrete, scanned images, etc.): _____

f. What security management software is utilized and is automated import of audit detail desired? _____

g. Desired legacy data (data elements and date range) to be imported into current EHR? _____

h. Other application integration requirements? _____

3. Current Data Structure

a. Existing data formats (documents, discrete, scanned images, etc.): _____

4. Legacy Contract Structure & Cost (per system)

a. Annual or monthly: _____

b. Annual maintenance, support and licensing cost (total or per system): _____

c. If annual, date of contract renewal: _____

5. Goals and Expectations

a. Specific date by which your organization would like to have the system(s) retired? _____

b. Have you or your organization gone through an archival project (or similar) in the past? _____

6. How did you hear about Trinisys?

