

Environmental Health Registries including Open Burn Pit Registry

Work Effort Unique Identifying #20121207

Business Requirements Document



March 2013

Revision History

NOTE: *The revision history cycle begins once changes or enhancements are requested after the initial Business Requirements Document has been completed.*

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Business Requirements Document

1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner identified within the New Service Request (NSR) #20121207. The BRD provides insight into the AS-IS and TO-BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and other considerations identified. This document does not state the development methodology. The intended audience for this document is the Office of Information and Technology (OIT).

2. Overview

The Veterans Health Administration (VHA) Office of Public Health (OPH) requests an Information Technology (IT) solution for the Environmental Health Registries including the Open Burn Pit Registry. This request has two distinct focuses:

1. Creation of a new registry called Open Burn Pit Registry. This is the first and most urgent priority of this request.
2. Enhance and upgrade the existing Environmental Health Registries which include Agent Orange, Ionizing Radiation, Gulf War and Depleted Uranium.

Open Burn Pit Registry: On January 10, 2013, the President enacted Public Law (PL 112 260) requiring the Department of Veterans Affairs (VA) to establish an open burn pit registry for Veterans who may have been exposed to burn pits in Iraq or Afghanistan (refer to Appendix A for Public Law 112 260). Section 201 of this PL requires the registry to be established not later than one year after the date of enactment and in coordination with the Secretary of Defense. The law indicates VA may include any information determined necessary to ascertain and monitor the health effects of the exposure of members of the Armed Forces to toxic airborne chemicals and fumes caused by open burn pits. As a result of uncertain exposure data, VA should consider all Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans as potentially exposed to burn pits and eligible for registry participation.

The law defines an Open Burn Pit as “designated by the Secretary of Defense to be used for disposing solid waste by burning in the outdoor air”. However, open burn pits were used frequently in Iraq and Afghanistan and Department of Defense (DoD) did not require or maintain records for open burn pits prior to 2009. Based on existing registry participation for the Environmental Health Registries (roughly ten percent of prior era Veterans participate in in-person registry exams), the VA should anticipate roughly 200,000 of the more than 2 million Service Members (SM) who deployed to request in-person registry examinations over a multi-year period. Non-enrolled, enrolled, symptomatic, asymptomatic Veterans, and Veterans with significant concerns may request in-person registry evaluations. Presently, it is difficult to estimate how many Veterans without current symptoms will request entry into the registry.

Environmental Health Registries: Currently the Environmental Health Registries are used to track and report on Veterans potentially exposed to environmental hazards. In their current form, focused on a single encounter, they have limited value for analyzing health outcomes or to determine effectiveness of VHA health care services. Examination data is collected manually by VHA staff and entered into a stand alone database located at the Austin Information Technology Center (AITC), and

is not integrated into the Computerized Patient Record System (CPRS) nor stored in the Veterans Health Information Systems and Technology Architecture (VistA). This results in poor continuity of care and minimal integration with the Patient Aligned Care Teams (PACT) or stepped care approaches. The information may be printed from the Environmental Health Registries and then scanned into the local imaging systems supporting VistA, however, this adds to the manual processing and is not consistently done at all facilities. Thus, the Environmental Health registries data is not available to all clinicians for consideration in their treatment decisions. The Environmental Health Registries require enhancements and upgrades to more effectively capture and process health data for specific potential environmental exposures of concern that may result in long-term health impacts to Veterans. This includes automating data collection as much as possible with methods/tools integrated into CPRS, automating data extraction to the registry, and provision for registry data reporting and analysis. This would then provide data useful to analyze health outcomes, for outreach, for reports to Congress, and other stakeholders, to generate research hypotheses, and to determine the effectiveness of VHA health services to these specific Veteran populations.

Primary Focus: Due to the timeline required for establishment of the Open Burn Pit Registry it has been determined the focus of this BRD will be on specific business needs for this new registry. Business needs relative to the Environmental Health Registries enhancements and upgrades will be addressed at a later date with an update to this document.

3. Customer and Primary Stakeholders

The Business Owner is NAME [REDACTED], Director Post 9/11 Environmental Health Program, VHA OPH. This request is endorsed by NAME [REDACTED], Chief Officer, VHA OPH. Appendix C contains a complete list of primary and secondary stakeholders.

4. Scope

The scope of this IT request includes establishing numerous electronic solutions using a phased approach to accomplish a registry at full operating capability. The scope includes many business needs including Veteran self registration, an automated means to determine Veteran eligibility for registry inclusion, and the ability for Veterans to electronically enter health assessment data and respond to questionnaires. The scope encompasses the need for an electronic tool for the OPH to monitor requests into the registry, track follow up, and provide health risk communication and outreach materials to Veterans. The scope also includes the need for a template/instrument/or other data collection form to be integrated into the electronic health record for use by providers to document findings from in person exposure examinations.

The enterprise level registry will require extracts from the Electronic Health Record (EHR) or other VHA databases as identified such as the Corporate Data Warehouse (CDW). Inherent in the scope is the need for a registry user interface to provide analysis and reporting capabilities for individual Veterans as well as population aggregation. The registry will need the ability to receive data from external sources such as exposure data from the DoD. Capabilities must include export of data, data cube functionality as well as standard and ad hoc reporting. It is also understood there will be a need for ongoing IT support including not only recurring sustainment/maintenance but also the ability to easily and periodically enhance and update components.

The phased approach is depicted in a diagram found in Appendix B. It is at a high level for planning purposes.

1. Phase 1 (not later than Dec 2013): Web-based self-registration with optional in-person examinations at VHA facilities. This encompasses FY13 and the first quarter of FY14.
2. Phase 2 (not later than Jan 2015): Integrate self-registration data with VHA health care and other data for analysis and reporting. This encompasses FY14 and the first quarter of FY15.

3. Phase 3 (not later than Jan 2017): Inclusion of DoD occupational exposure data, possibly via the proposed long-term Individual Lifetime Exposure Record (ILER) project into the registry. This phase begins in FY15 and continues to FY17.

Appendix B contains the Phased Approach Diagram .

5. Goals, Objectives and Outcome Measures

Goal/Objective and Desired Outcome	Impact	Measurement
Increase Veteran participation and inclusion in the Open Burn Pit Registry by providing self registration ability.	Veterans would be identified in a more timely manner to have their health concerns addressed.	15% of eligible Veterans will access the self registration in the Open Burn Pit Registry.
Veterans with reported symptoms will be tracked within the registry to ensure follow-up.	Veterans with reported symptoms can be identified to determine if follow up appointments for exposure concerns are scheduled/completed.	50% of eligible Veterans with symptoms reported in the registry will have exposure concerns evaluated and recorded in the EHR
Health risk communication will enable Veterans to understand the health consequences of deployment.	Veterans in the registry will receive periodic outreach.	75% of Veterans will provide an email for outreach purposes.

6. Enterprise Need/Justification

The Open Burn Pit Registry is mandated by Public Law 112-260 to be in place not later than one year after the date of enactment (January 10, 2013).

7. Requirements

7.1. Business Needs/Owner Requirements

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
NEED1555	BN 1: Adhere to the Enterprise Level requirements within the Requirements Management Repository (RMR) and as specifically addressed in Appendix D of this document.				Phase 1
	BN 2: Utilize nationally standardized terminology for all fields in the patient management tool/registry/information system where available.				Phase 1
		2.1	Provide the ability to express all content using nationally recognized reference and authoritative terminology standards.	High	Phase 1
		2.2	Provide the ability to record observations using standardized terms.	High	Phase 1
		2.3	Provide the ability for users to submit a request to Standards and Terminology Services STS for new standardized terms (e.g., via New Term Rapid Turnaround [NTRT] process).	High	Phase 1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
	2.4		Provide the ability for STS to distribute the newly standardized terms to each instance of the solution.	High	Phase 1
	BN 3: Allow OEF/OIF/OND Veterans to self-register into the Open Burn Pit Registry via an on-line secure Internet portal accessible from any location (this includes Veterans not currently registered in the VA system) and store this data in a centralized location/database.				Phase 1
	3.1		Provide ability for Veterans to enter initial eligibility screening data, contact information, email address, etc. via on-line secure Internet portal.	High	Phase 1
	3.1.1		Provide ability for Veterans to enter their communications preferences, i.e. email address, mailing address, etc.	High	Phase 1
	3.1.2		Provide the ability to access Internet web portal via mobile device/application.	Medium	Phase 2
	3.1.3		Provide the ability to access Internet web portal via kiosks available at medical facilities.	Medium	Phase 2
	3.1.4		Provide the ability to access the Internet web portal and view general information related to burn pits or the registry and/or be directed to another site containing this information (without having to log in).	High	Phase 1
	3.2		Provide an electronic mechanism for VHA staff to review the initial Veteran self-entered data and determine eligibility for registry inclusion.	High	Phase 1
	3.2.1		Provide ability to determine eligibility based on key data element comparison to other data sources (such as OEF/OIF/OND service in VA/DoD Identity Repository (VADIR)).	High	Phase 1
	3.2.2		Provide a unique Veteran identifier to meet VA enterprise requirements for positive patient identification/authentication (such as utilizing Veteran Authorizations and Preferences Interface Improvement (VAPii) or DoD Self Service Logon (DS Logon)). This will include assignment of an ICN (Integration Control Number) and use of Master Veteran Index (MVI) services.	High	Phase 1
	3.3		Provide ability to inform the Veterans electronically by email as to the outcome of their inclusion determination in the registry.	High	Phase 1
	3.3.1		Provide ability to generate an automated letter for mailing to Veteran's postal address if Veteran does not provide an email address.	High	Phase 1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
		3.4	Provide ability (if Veteran included in the registry) for the Veteran to link back to the original on-line portal from the email to provide additional required data (such as demographic, health status summary and responses to questionnaires).	High	Phase 1
		3.5	Provide ability (if not included in the registry) for Veteran to electronically request reconsideration on the web portal.	High	Phase 1
		3.6	Provide web based questionnaires/tools for Veterans to self report additional required data (such as demographic, health status summary and responses to questionnaires).	High	Phase 1
		3.7	Provide ability for Veteran to request in-person health concern and exposure evaluation.	High	Phase 1
		3.8	Provide ability for Veterans to consent authorizing VA to include health and administrative data in the registry for use in monitoring the long term effects of burn pit exposure.	High	Phase 1
		3.9	Provide the ability to electronically notify the appropriate health care facility and Environmental Health program coordinator to schedule an in-person health concern and exposure evaluation.	High	Phase 2
		3.9.1	Provide the ability for enrolled Veteran to have a clinical appointment scheduled with Primary Care Provider.	High	Phase 2
		3.9.2	Provide the ability for non-enrolled Veteran to have a clinical appointment scheduled with Environmental Health Provider.	High	Phase 2
		3.10	Provide the ability to collect process metrics data from entries within the on-line portal.	High	Phase 1
		3.11	Provide the ability for VHA staff to electronically review all Veteran self reported/entered data from on-line portal.	High	Phase 1
		3.12	Provide the ability for VHA staff to supply Veterans with online health risk communication and outreach information on an ongoing and recurring basis.	High	Phase 1
		3.12.1	Provide the ability to broadcast specific registry health care information and communications to a Veteran.	High	Phase 1
		3.12.2	Provide the ability to broadcast communications/information to a select group of Veterans.	High	Phase 1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
		3.13	Provide ability for VHA staff to electronically request additional information from Veterans on an ongoing and recurring basis.	High	Phase 1
		3.13.1	Provide the ability to electronically request additional information from a Veteran.	High	Phase 1
		3.13.2	Provide the ability to electronically request additional information from a select group of Veterans.	High	Phase 1
		3.13.3	Provide the ability for a Veteran to electronically enter requested additional information via the web portal.	High	Phase 1
		3.13.4	Provide the ability for a Veteran to update their communication preferences on the web portal over time and as they change, i.e., email address, mailing address, etc.	High	Phase 1
		3.14	Provide the ability for a Veteran to request contact with a member of his/her assigned PACT via the web portal.	High	Phase 1
		3.15	Provide the ability to report data from the on-line portal database.	High	Phase 1
		3.15.1	Provide the ability to store, retrieve, and archive reports generated from web portal database for historical purposes.	High	Phase 1
		3.16	Provide the ability for OPH staff to electronically or OPH=track and follow up on Veterans who have made entries into the on line portal.	High	Phase 1
		3.16.1	Provide the ability to monitor Veterans requesting inclusion in the registry.	High	Phase 1
		3.16.2	Provide the ability to monitor Veterans accepted and not accepted into the registry.	High	Phase 1
		3.16.3	Provide the ability to monitor Veterans requesting reconsideration if not accepted.	High	Phase 1
		3.16.4	Provide the ability to monitor Veterans requesting in person clinical appointments and those who were scheduled and those who had completed appointments.	High	Phase 1
	BN 4: Provide the ability for open burn pit exposure examination/evaluation data to be integrated into the EHR.				Phase 2
		4.1	Provide ability for facility providers to electronically enter examination data into the health record with predetermined templates/instruments/forms creating a progress note and linking it to the appropriate encounter/appointment. (Data elements to be determined by OPHWorkgroup).	High	Phase 2

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
		4.1.1	Provide the ability to collect, store and review Veteran self-assessment and examination data in the health record as a progress note.	High	Phase 2
		4.2	Provide the ability to collect process metrics data from specialty referrals/consults ordered in the health record as a result of the exposure examination.	High	Phase 2
		4.3	Provide the ability for facility provider, when ordering a specialty referral (as a result of an exposure examination), to mark the referral/consult as related to the exposure.	High	Phase 2
		4.4	Provide the ability to view flags or notifications in the health record to facility providers indicating Veteran is recognized as having exposure to open burn pits.	High	Phase 2
		4.4.1	Provide the ability to view flags for special sub-populations in the registry.	High	Phase 2
	BN 5: Provide a VHA wide level (enterprise level) Open Burn Pit Registry of combined Veteran self reported data, demographics, and health care health record data (this includes data from the on-line portal storage database as well as other VHA databases such as VistA) and external sources such as exposure data from the Department of Defense.				Phase 2
		5.1	Provide user interface for entry of data directly into registry.	High	Phase 2
		5.1.1	Provide the ability for the VHA Program Office to enter flags or notifications on a Veteran's registry record allowing recording of administrative or follow up data.	High	Phase 2
		5.1.2	Provide the ability for the flags or notifications to be displayed in the appropriate Veteran's medical record.	High	Phase 2
		5.2	Provide the ability for automated data feeds/extracts into registry on regular/recurring basis.	High	Phase 2
		5.2.1	Provide an automated feed of Veteran entered data from on-line portal.	High	
		5.2.2	Provide an automated feed of patient demographic and clinical data from health record, VistA, and/or other VHA databases.	High	Phase 2
		5.2.3	Provide an automated feed of process metrics data from on-line portal.	High	Phase 2
		5.2.4	Provide an automated feed of process metrics data from health record, VistA, and or other databases such as CDW.	High	Phase 2

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
	5.3		Provide data transfer mechanism to exchange automated exposure and other clinical data with the DoD on regular/recurring basis (minimum of weekly). Data elements to be exchanged are listed in Appendix A References, Data Transfer Agreement for Sharing of Environmental and Occupational Exposure Record-Level Data Between the U.S. Department of Defense and the U.S. Department of Veterans Affairs.	High	Phases 1,2,3
	5.3.1		Provide the ability to receive data from the DoD via specific authorized data feeds and/or file transfers; at a minimum, this will be a list of individuals deployed to Iraq and/or Afghanistan to determine registry eligibility.	High	Phase 1
	5.4.2		Provide the ability to receive data from the DoD via specific authorized data feeds and/or file transfers; at a minimum, this will include individuals deployed as well as individuals with information pertaining to locations of exposure as well as exposure specific data.	High	Phase 2
	5.4.3		Provide the ability to exchange data bilaterally with the DoD via interface with the DoD/VA Individual Lifetime Exposure Record – ILER (when available).	High	Phase 3
	5.5		Provide the ability to view Non VA mortality and morbidity data on a regular/recurring basis.	High	Phases 2,3
	BN 6: Provide Open Burn Pit Registry tools/utilities/user interfaces to retrieve, review, export, analyze and report data.				Phase 2
	6.1		Provide reporting on process metrics.	High	Phase 2
	6.1.1		Provide ability to report on process metrics data from the health record, e.g., specialty consult referrals resulting from exposure examinations.	High	Phase 2
	6.2		Provide standard defined reports such as patients in registry, asymptomatic patients in registry, symptomatic who received exposure examinations, etc.	High	Phase 2
	6.2.1		Provide aggregated standard reports by facility, VISN, national.	High	Phase 2
	6.2.2		Provide aggregated standard reports by frequency – weekly, monthly, quarterly, semi-annually, annually.	High	Phase 2
	6.2.3		Provide standard reports by individual.	High	Phase 2

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Priority *	Planned Phase *
		6.2.4	Provide standard reports for Veterans enrolled in VHA care, not enrolled in VHA care, Veterans who were not enrolled initially but have since enrolled following registry inclusion or exposure examination	High	Phase 2
		6.3	Provide ad hoc reports.	High	Phase 2
		6.3.1	Provide the ability to run aggregated ad hoc reports by facility, Veterans Integrated Service Network (VISN), national.	High	Phase 2
		6.3.2	Provide the ability to run ad hoc reports by individual.	High	Phase 2
		6.3.3	Provide the ability to save ad hoc reports for future re-use.	High	Phase 2
		6.3.4	Provide the ability to store and retrieve an archive on reports generated from registry for historical purposes.	High	Phase 2
		6.4	Provide the ability to utilize data cube functionality (data abstraction to evaluate aggregated data from a variety of viewpoints).	High	Phase 2
		6.5	Provide ability to export data (i.e., into statistical software).	High	Phase 2
		6.6	Provide the ability to export/transmit appropriate data from registry to VBA for the compensation process to aid in reporting service connection experience of registry participants.	High	Phase 2
		6.7	Provide the ability to incorporate and report on DoD data within the registry.	High	Phase 2
		6.8	Provide the ability to report compensation status of registry participants.	High	Phase 2
	BN 7: Provide ongoing IT support for the registry.				Phase 3
		7.1	Provide recurring sustainment/maintenance.	High	Phase 3
		7.2	Provide periodic enhancement and updates to components such as data collection (i.e., add data elements) and modify reports (so registry remains useful and relevant to VHA providers and the OPH).	High	Phase 3

*All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as **High** priority. The Planned Phase column indicates the phase as referenced under Section 4 Scope – this is intended to mean the requirement will be provided by no later than the date indicated for that particular phase.

7.2. Non-Functional Requirements

Upon completion of this non-functional requirement section (including performance, capacity, and availability questions), send the entire BRD to the Service Coordination Team for review (mail to: VHA 10P7B Service Coordination SRM Team).

ReqPro Tag	Operational Environment Requirements
	The primary and back-up sites for data storage will likely be within the Corporate Data Center Operations (CDCO) structure.
	The internet web portal system shall respond to Veteran user actions in 5 seconds or less in 98% of the attempts, and never more than 20 seconds.. Both the internet portal system and the registry shall respond to staff user actions in 10 seconds or less in 98% of the attempts. For system intense report queries, such as use of the data cube, it is expected the response time would be extended.
	For both Veteran users and staff users access will be by using existing logon credentials for other VA systems, if possible, such as network authentication (username and password) for staff and DS Logon for Veterans to support being user friendly and consistency. Avoid, if possible, having Veterans create new access credentials for the internet web portal.
	System response times and page load times shall be consistent with Office of Information and Technology (OIT) standards.
	Maintenance shall be scheduled during off peak hours or in conjunction with relevant CDCO maintenance schedules.
NONF1608	Information about response time degradation resulting from unscheduled system outages and other events that degrade system functionality and/or performance shall be disseminated to the user community within 30 minutes of the occurrence. The notification shall include the information described in the current Automated Notification Reporting (ANR) template maintained by the VA Service Desk. The business impact must be noted.
NONF1609	Provide a real-time monitoring solution during the maintenance windows or when technical issues/problems occur which may require a preventative back-up.
NONF1610	Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the user community a minimum of 48 hours prior to the scheduled event.
	When/if lapses in system/update availability occur, users would resort to manual data collection and entry of data into system when it becomes available.
	Documentation Requirements
NONF1612	A technical training curriculum shall be developed and delivered to all levels of staff users.
	The training curriculum shall state the expected training time for primary users and secondary users to become productive at using the Open Burn Pit Registry.
	All training curricula, user manuals and other training tools shall be updated by OIT and the OPH and delivered to all levels of users in advance of deployment. The curricula shall include all aspects of the application(s) and all changes to processes and procedures.
NONF1613	The training curriculum shall state the expected task completion time for primary and secondary users.

NONF2228	Updates shall be made, as necessary, to applicable user manuals and other training tools and shall be delivered to all levels of users. If no user documentation exists, it shall be produced.
	Updates shall be made, as necessary, to the applicable technical documentation including Operations and Maintenance (OM) Plans related to the Open Burn Pit Registry located on the VA Software Documentation Library. If no User or OM documentation exists, it shall be produced.
	Implementation Requirements
	An implementation plan shall be developed for all aspects of the Open Burn Pit Registry.
	Technical Help Desk support for the application shall be provided to users.
NONF1614	The IT solution shall be designed to comply with the applicable approved Enterprise Service Level Agreements (SLA).
	The Open Burn Pit Registry will be implemented in a phased approach.
	The secure internet portal for self registration, along with basic reporting capabilities, will be implemented within one year from the date the Public Law was signed (January 10, 2013).
	Data Protection/Back-up/Archive Requirements
NONF1615	Provide a back-up plan for when the system is brought off-line for maintenance or technical issues/problems.
	Data protection measures, such as back-up intervals and redundancy shall be consistent with systems categorized as a patient registry .
	Data Quality/Assurance Requirements
NONF2229	A monitoring process shall be provided to ensure that data is accurate and up-to-date and provides accurate alerts for malfunctions while minimizing false alarms.
	User Access/Security Requirements
NONF1617	Ensure the proposed solution meets all VA Security, Privacy and Identity Management requirements including VA Handbook 6500. (See Enterprise Requirements Appendix).

7.2.1. Performance, Capacity, and Availability Requirements

7.2.1.1. Performance

If this is a system modification, how many users does the current system support?
It is estimated during the peak period of Monday to Friday 8 am to 6 pm Eastern Standard Time (EST) the new system needs to support 200 staff users simultaneously. For the Internet web portal there are 2 million eligible Veterans who may require access, however, the business has no way to estimate the number of Veterans accessing the system simultaneously.
How many users will the new system (or system modification) support?
The VHA OPH has approximately 5 staff who will be using the registry on a daily basis. Each facility and VISN will have approximately 4 staff who will be using the registry on a weekly basis.
What is the predicted annual growth in the number of system users?
If the other Environmental Health Registries are added to the registry database this number of users will expand at least 2 times.

7.2.1.2. Capacity

What is the predicted size (average) of a typical business transaction?
A typical business transaction in the registry would be creation of an ad hoc report and saving the report for later use. The user would select a number of variables to search/sort on, define the type of aggregation (local, VISN, facility) and request the data. This would be a similar ad hoc report for an existing registry such as the Breast Cancer Clinical Case Registry or the Veterans Implant Tracking and Alert System (VITAS). From experience with these existing registries, OIT would be able to calculate the processing and storage capacity required.
What is the predicted number of transactions per hour (day, or other time period)?
Unable to assess number of transactions at this time.
Is the transaction profile expected to change (grow) over time?
Based on the numbers of soldiers returning from Iraq/Afghanistan, the exposures they may sustain, and their eventual departure from service, it is highly likely that the number of transactions will increase over time. In addition, if/when the other Environmental Health registries are added to this exposure database, the transaction profile will expand.
What are the dependencies, interactions, and interfaces with other systems?
There is a dependency with the DoD to establish a transfer mechanism to receive DoD exposure data. There will be dependencies with CPRS, VistA, and /or the CDW to provide data to the registry. The self registration on-line portal is also a dependency to provide data as well.
What is the process for planning/adjusting capacity?
Database and hardware support provided by the CDCO would likely include System Administrators and Database Administrators. These staff continually monitor system resources, database size, error logs, and transaction logs to ensure critical limits are not reached. Alarms and email messaging is setup on processes so that if failures occur the Database Administrator is notified and able to check the error logs to resolve issues.
Does the update require a surge capacity that would be different from the base application?
Unable to assess surge capacity at this time.

7.2.1.3. Availability

Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business.
<p>The Open Burn Pit Registry would require ongoing IT operational system-level support.</p> <ul style="list-style-type: none">• Formal agreement between the AITC and OIT to support operations• Security Accreditation and Certification• System Availability is 24 hours per day / 7 days per week• Service Desk Response Time: 1 Hour• Backups: Daily Incremental• Maintenance Window: 4 hours scheduled monthly• Business Continuity Level: Routine support

7.2.2. Usability Requirements

User Experience encompasses the entire interaction between the user and the system. This includes direct interaction with the system as well as other interactions, understanding, awareness, perceptions, beliefs, feelings, and actions that result from that interaction. One key component of the user experience is the usability of the system. The International Organization for Standardization (ISO) defines usability as “the extent to which a product can be used by specified users to achieve specified goals with effectiveness, efficiency, and satisfaction in a specified context of use” (1998).

It is expected both the Internet web portal for Veteran self registration and the registry will incorporate user feedback and testing from both Veterans and staff who will be utilizing these solutions.

In order for the Open Burn Pit Registry application to achieve a good user experience for users who interact with it, the system must meet the requirements outlined in this section. These involve attributes of the application as well as the process that is required to achieve them.

In order to improve usability of VA-developed or purchased applications, the following action are required:

- In accordance with the Office of the National Coordinator for Health Information Technology’s (ONC) Meaningful Use (MU) Stage 2 final ruling, employ an industry recognized User Centered Design (UCD) process. The methods for UCD are well defined in documents and requirements such as ISO 9241–11, ISO 13407, ISO 16982, National Institute of Standards and Technology Interagency Report (NISTIR) 7741, ISO/International Electrochemical Commission (IEC) 62366, and ISO 9241-210. Developers will choose their UCD approach; one or more specific UCD processes will not be prescribed.
- Adhere to an industry recognized User Interface (UI) Best Practices Guideline or Style Guide. For example, first follow UI guidelines for the development platform. In instances where platform guidelines are not available, adhere to the VA’s Best Practices Guidelines/Style Guide.
- Inform requirements and designs with detailed human factors work products that have been completed will be completed for the specific project. Examples of specific human factors activities might include heuristic evaluations, site visits, interviews, application-specific design guides, and usability testing on existing systems or prototypes.

A sound UCD and development process based on human factors should include the following activities:

- Understanding of the users, the users’ tasks, and the users’ environments;
- Review of similar or competitive systems to inform requirements and design;
- Heuristic evaluation of prior versions, prototypes, or baseline applications, if applicable;
- Iterative design and formative usability testing (Formative usability testing is used to discover usability problems during the design and development process);
- User risk analysis; and
- Summative validation usability testing (Summative usability testing is used to quantify and validate usability of a product with measures of effectiveness, efficiency, user perceptions, etc.).

To demonstrate high usability, the application should be:

- Intuitive and easy to learn with minimal training;
- Effective by allowing users to successfully complete tasks;
- Efficient by allowing users to complete their work in a manner consistent with clinical practice and workflow;
- Have high perceived usability as demonstrated by appropriate survey measures; and
- Designed to aid users in meeting task goals without being an additional burden.

The system must be reliable and enable user trust by providing:

- Stable and reliable performance;
- Accurate data;
- Display of all data that is available in native or interfaced systems and intended to be available in the application; and
- Accessible information related to the source of data.

The application should include a modern graphical user interface that allows the user to view data from multiple sources and include:

- Integrated display of structured and unstructured data;
- Rich data visualization and graphical display of data;
- Ability to switch between tabular and graphical data views;
- Ability to interact with displayed data to obtain additional details related to the data and source of the data; and
- User customizable components and settings.

The application must provide for advanced and up-to-date searching to include:

- Fast Google-like Lucene search functionality with auto-complete and real-time display of matched results during typing; and
- Search history.

The application must provide for advanced filtering capabilities to include:

- Filtering of data tables, lists, and grids; and
- Filtering of search results.

The application design should be modified to:

- Address the specific findings from a human factors heuristic evaluation conducted on the prior version of the application;
- Address the specific findings reported from field use of the prior version; and
- Address the specific findings reported from usability testing of the prior version or relevant prototypes.

The application design should be modified to address the following UI guidelines provided in the table below, as applicable.

ReqPro Tag	Usability/User Interface Requirements
NONF2661	Left align content in table cells to facilitate quick visual scan.
NONF2662	Left align text for column headers to facilitate visual scan and make columns and content appear more organized.
NONF2663	Use mixed case instead of all caps whenever possible (e.g., dropdown list items,

	table data, table headers, hyperlinks, tab names). Limit the use of “all caps” throughout the application.
NONF2664	Simplify button labels. Re-label buttons to reflect standard terminology that is common in web interfaces and other applications (e.g., “Cancel”). Emphasize the action being performed in the most succinct way possible. Minimize redundancy in text/terminology that is used to convey the same action.
NONF2665	Left align page/section titles to anchor titles in consistent locations regardless of window sizing.
NONF2666	Labels for fields should be left aligned to facilitate quick visual scan and make forms and field groupings appear more organized.
NONF2667	Avoid using acronyms or abbreviations unless (a) they are widely understood/well known or (b) there is very limited space to display the full meaning. This supports naïve user understanding. If limited space results in using a non-common acronym/abbreviation, ensure it is specified within “Help” and/or as a tooltip.
NONF2668	Use colors such as red and green only for status driven content. Avoid using red for text/content, links, button labels, etc. This will reduce risk for user error, improve link discoverability, and facilitate understanding of differences in navigation/actions/content. It will also help users to isolate important status information (using red, green, etc.) from other less important information when viewing and processing information provided to them on a page.
NONF2669	Provide visual separation between the navigation space and the main content area.
NONF2670	Add field level validation and notification of missing information on the same page without launching a new window or navigating to another page.
NONF2671	Make all text hyperlinks appear consistent in style.
NONF2672	Make drop-down selection box widths appropriate for content and visual appeal.
NONF2673	Use standard and always visible radio buttons for “Yes/No” options instead of requiring the user to click in a drop down box and then click to select the “Yes” or “No” option.
NONF2674	Use standard date and time selection widgets. Where date and time are selected/picked from a standard widget, also provide direct data entry to support keyboard navigation. Enable field level validation immediately upon entry. Include instructional format text within the field entry box.
NONF2675	Provide standard sort behavior and visual indications on columns in all tables.
NONF2676	Define and adhere to a standard model for use and design of controls, buttons, hyperlinks, and navigation elements.
NONF2677	Ensure that text is sized to be readable (for example, by using the 007 Rule to assure text size is readable for users with 20/40 vision. The formula: Text height = .007 * distance between eyes and screen).
NONF2678	Place common navigation elements in consistent locations.
NONF2679	Place critical information “above the fold” (i.e., in the top portion of the screen that is immediately viewable).
NONF2680	Use consistent screen flow models, elements, and terms to support similar workflows.
NONF2681	Use consistently named buttons when actions are the same (e.g., Add vs. Save vs. Submit).
NONF2682	Enable users to print views from where they are in the interface. Avoid requiring the user to “run a report” in order to print something that is viewable on the screen.
NONF2683	Provide field entry tool tips at the field location. Ensure consistency across the

	application in field labels, formats, location of tooltips, and tool tip text.
NONF2684	Provide visual indication of required fields.
NONF2685	Display field labels in close proximity to entry elements.
NONF2686	Use consistent elements to filter data.
NONF2687	Use consistent elements to sort data.
NONF2688	Use a consistent model for display, layout, and grouping of data entry fields.
NONF2689	Provide alternate row shading in lengthy tables of data, form elements, etc.
NONF2690	Ensure that icons are recognized by users.
NONF2691	Provide some “white space” between status icons in report views, white board views, etc.
NONF2692	Auto-populate default values in entry/selection fields when possible and appropriate.
NONF2693	Visually differentiate status icons from clickable icons, when appropriate.
NONF2694	Define and support the appropriate user tab sequence through fields in forms in order to support keyboard navigation when entering data in forms.
NONF2695	Define and adhere to standard action button placement on screens, forms, etc.
NONF2696	Visually distinguish the primary action button on a page.
NONF2697	Consistently use screen elements, action elements, workflow sequences within/across screens, language, etc.
NONF2698	Provide error messages in user-centric language with specific instructions on the meaning of the error and how to recover from it. Use error messages and method of display consistently across the interface.
NONF2699	Provide context specific Help.
NONF2700	Do not use the term “sex” or any like abbreviations of that to represent gender.

7.3. Known Interfaces

This is the business community’s best understanding of known interfaces and may not be a comprehensive listing. All required interfaces will be stated as Business Needs in [Section 7.1](#).

Interfaces required for the Open Burn Pit Registry are:

- CPRS/VistA and/or CDW
- DoD exposure data

7.4. Related Projects or Work Efforts

Registries Convergence NSR 20100406

[Link to NSR 20100406 Registries Convergence](#)

OIT may choose to leverage this existing work effort. The Converged Registries Solution (CRS) framework is a common platform for sharing hardware, software, and a data model designed to host individual patient registries, eliminate development of silo registries, and maximize development resources. The common framework includes:

- A relational database

- Shared common data between registries and common objects
- Security modules with role based access controls (also uses VA network credentials)
- Common application interfaces (with common “look and feel”) delivered through a web browser – registry can be accessed through desktop or link within another application such as CPRS Tools menu
- Data extraction services
- Enterprise level hardware, software and database management support at the AITC
- The ability to customize components to meet individual registry needs
- A data exchange mechanism with Department of Defense (DoD)
- Data collection tools and reporting capabilities

The ultimate goal of the framework is to provide the ability for quick response to the creation of new patient registries. Data is obtained from a variety of sources including the CDW, VistA using MDWS (Medical Domain Web Services), VTA (Veterans Tracking Application), DoD – currently laboratory data for fragment analyses), and direct user input. Central tools are customizable by the software developers for each registry in support of data entry, analysis, and reporting. Environments for development, pre-production and production are in place and operational. The framework supports registries that are required by US public law, VHA Directives, VA Major Initiatives, and other mandates.

8. Other Considerations

8.1. Alternatives

The alternative for the Open Burn Pit Registry is to implement a manual process for data collection which is ineffective and inefficient, would delay care to the affected Veteran population and not meet the timeline mandated by the PL.

8.2. Assumptions

- This request assumes the availability of multiyear funding based on a decision to move forward into the technical design and development phase by OIT.
- This request assumes the national focus and support required to enforce policy changes as it attempts to standardize processes across all VHA organizations. These policy changes will be governed by the VHA OPH.
- This request assumes ongoing resources will be made available to train and implement the system locally at all sites nationwide.

8.3. Dependencies

- This request is dependent on resources from OIT Product Development (PD). These resources are required to provide the necessary IT solution development, implementation, and/or testing
- This request depends on the ability to integrate with the interfaces listed above in Sections 7.1 and 7.3.

8.4. Constraints

- The initial self registration capability will need to be developed as an on-line secure Internet portal so all OEF/OIF/OND Veterans can request consideration for inclusion in the registry.

- The main technical constraint for this registry is dual-synchronous integration to CPRS/VistA, such that users are never inputting duplicate information, and can have as close to real-time access to patient and clinical information as possible.

8.5. Business Risks and Mitigation

Business Risk: Due to the compressed time frames used to elicit and document the requirements for this request, there is the inherent risk that the requirements do not capture the full scope of the request.

Mitigation: Work with stakeholders and subject matter experts to obtain required information.

Appendix A. References

- VA Handbook 6500 – Information Security Program

- Public Law: 112-260 (S.3202) ([Link to Public Law](#))

TITLE II—HEALTH CARE

SEC. 201. ESTABLISHMENT OF OPEN BURN PIT REGISTRY.

(a) ESTABLISHMENT OF REGISTRY.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) establish and maintain an open burn pit registry for eligible individuals who may have been exposed to toxic airborne chemicals and fumes caused by open burn pits;

(B) include any information in such registry that the Secretary of Veterans Affairs determines necessary to ascertain and monitor the health effects of the exposure of members of the Armed Forces to toxic airborne chemicals and fumes caused by open burn pits;

(C) develop a public information campaign to inform eligible individuals about the open burn pit registry,

including how to register and the benefits of registering; and

(D) periodically notify eligible individuals of significant developments in the study and treatment of conditions associated with exposure to toxic airborne chemicals and fumes caused by open burn pits.

(2) COORDINATION.—The Secretary of Veterans Affairs shall coordinate with the Secretary of Defense in carrying out paragraph (1).

(b) REPORT TO CONGRESS.—

(1) REPORTS BY INDEPENDENT SCIENTIFIC ORGANIZATION.—

The Secretary of Veterans Affairs shall enter into an agreement with an independent scientific organization to prepare reports as follows:

(A) Not later than two years after the date on which the registry under subsection (a) is established, an initial report containing the following:

(i) An assessment of the effectiveness of actions taken by the Secretaries to collect and maintain information on the health effects of exposure to toxic airborne chemicals and fumes caused by open burn

pits.

(ii) Recommendations to improve the collection and maintenance of such information.

(iii) Using established and previously published epidemiological studies, recommendations regarding

the most effective and prudent means of addressing the medical needs of eligible individuals with respect

to conditions that are likely to result from exposure to open burn pits.

(B) Not later than five years after completing the initial report described in subparagraph (A), a follow-up report containing the following:

(i) An update to the initial report described in subparagraph (A).

(ii) An assessment of whether and to what degree the content of the registry established under subsection

(a) is current and scientifically up-to-date.

(2) SUBMITTAL TO CONGRESS.—

(A) INITIAL REPORT.—Not later than two years after the date on which the registry under subsection (a) is established, the Secretary of Veterans Affairs shall submit to Congress the initial report prepared under paragraph (1)(A).

(B) FOLLOW-UP REPORT.—Not later than five years after submitting the report under subparagraph (A), the Secretary of Veterans Affairs shall submit to Congress the follow-up report prepared under paragraph (1)(B).

(c) DEFINITIONS.—In this section:

(1) ELIGIBLE INDIVIDUAL.—The term “eligible individual” means any individual who, on or after September 11, 2001—

(A) was deployed in support of a contingency operation while serving in the Armed Forces; and

(B) during such deployment, was based or stationed at a location where an open burn pit was used.

(2) OPEN BURN PIT.—The term “open burn pit” means an area of land located in Afghanistan or Iraq that—

(A) is designated by the Secretary of Defense to be used for disposing solid waste by burning in the outdoor air; and

(B) does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.

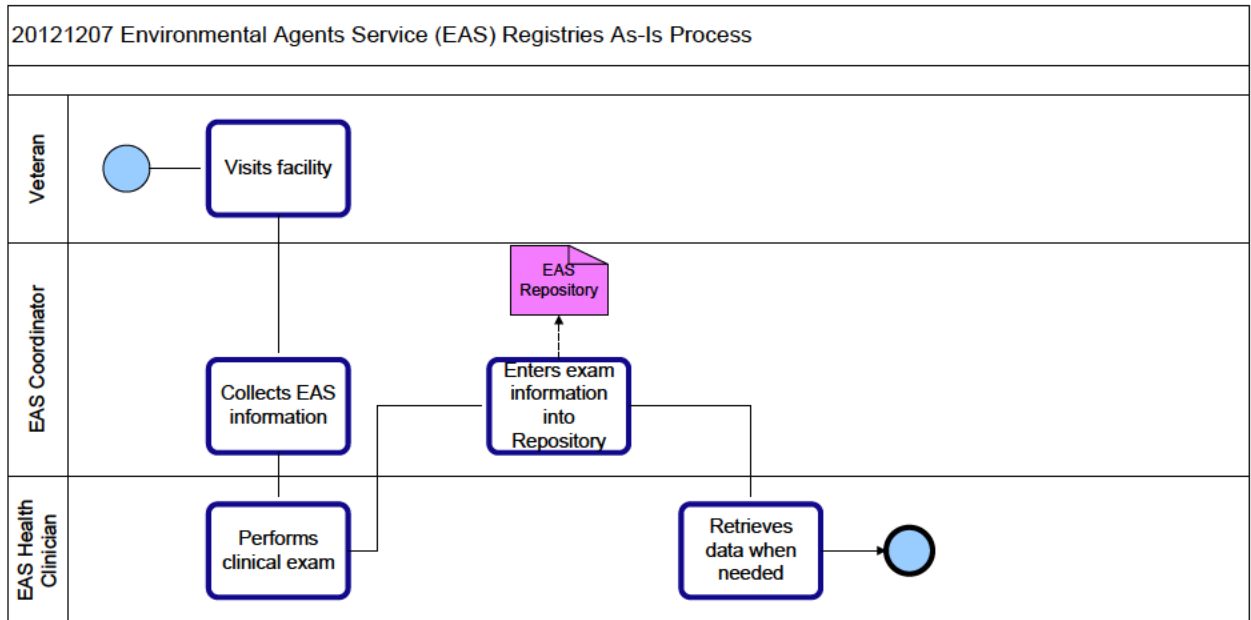
- Data Transfer Agreement for Sharing of Environmental and Occupational Exposure Record-Level Data Between the U.S. DoD and the VA.



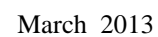
Adobe Acrobat
Document

Appendix B. Models

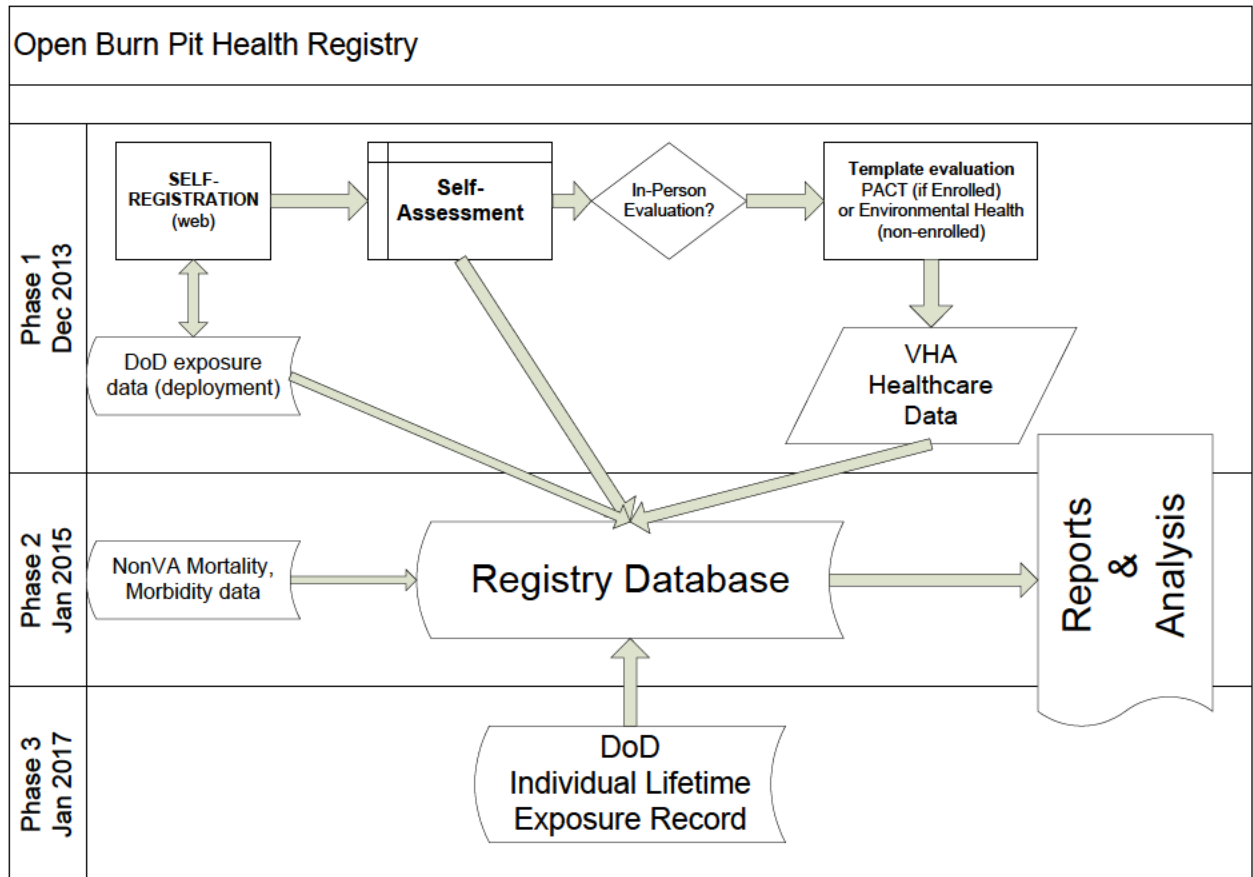
AS-IS Business Process Model (for existing Environmental Health Registries)



Environmental Health Registries including Open Burn Pit Registry
Business Requirements Document 25



Planned Phased Approach Diagram



Appendix C. Stakeholders, Primary/Secondary Users, and Workgroups

Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester	<ul style="list-style-type: none"> NAME MD MPH Director Post 9/11 Era Environmental Health Program VHA OPH 	Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser	<ul style="list-style-type: none"> NAME Chief Officer, VHA, OPH 	Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Owner(s)/Program Office(s)	<ul style="list-style-type: none"> NAME MD MPH Director Post 9/11 Era Environmental Health Program VHA OPH Same as Requestor 	Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Subject Matter Expert(s) (SME)	<ul style="list-style-type: none"> NAME Director, National Data Systems, VHA Office of Informatics and Analytics (OIA) NAME Management Analyst, VHA Support Service Center, VHA OIA 	Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.
User SME(s)	<ul style="list-style-type: none"> NAME NAME NAME NAME 	Provide input into business needs.

Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Security Requirements SME(s)	NAME CASE Team Lead, VHA OIA/HIG/Health Care Security Requirements (HCSR)	Responsible for determining the Assessment and Authorization (AA) and other security requirements for the request.
HIM Review SME(s)	NAME Director Health Information Management (HIM) OIA, Health Information Governance Office	Responsible for reviewing for Health Information Management impacts.
Data Quality Review SME(s)	NAME, Analyst, Data Quality, OIA	Responsible for reviewing for Data Quality impacts.
Privacy Review	NAME, Analyst, Privacy,	Responsible for reviewing for Privacy

SME(s)	OIA	impacts.
Health Enterprise Systems Management Portfolio Staff	<ul style="list-style-type: none"> • NAME, Health Enterprise Systems Manager, Health Data Systems, VHA, OIA • NAME Portfolio Analyst, Health Data Systems, VHA, OIA • Portfolio Analyst, Health Data Systems (HDS), VHA, OIAs 	Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the life cycle.
Health Enterprise System Management Requirements Analysis and Engineering Management (RAEM) Staff	NAME Requirements Analyst, RAEM, VHA, OIA	Responsible for working with all stakeholders to ensure the business requirements have been accurately recorded for this request.

Primary and Secondary Users

Type of User	Description	Responsibilities
Primary Users	VHA Office of Public Health staff	Full control
	System Administrators	Full control
	Primary Care Providers	View, Reports, Complete Forms
	Environmental Health Providers	View, Reports, Complete Forms
	Environmental Health Facility & VISN Coordinators	View, Reports, Complete Forms
Secondary Users	Quality Improvement staff	View, Reports
	Research staff	View, Reports

Appendix D. Enterprise Requirements

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements **MUST** be addressed within each project resulting from this work effort. If OIT cannot address these Enterprise-level requirements, the Business Owners responsible for each area **MUST** be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all Enterprise-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

Enterprise-level requirements are contained in the VA Requirements Management Repository (RMR). Contact the RMR Team to gain access to the RMR and to obtain the comprehensive allocation of Enterprise-level requirements for the project development iteration at **NAME REDACTED**.

ReqPro Tag	Requirement Type	Description
ENTR100	Security	All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is Moderate. The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.
ENTR10	Privacy	All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.
ENTR95	508 Compliance	All Section 508 requirements will be adhered to. Compliance with Section 508 will be determined by fully meeting the applicable requirements as set forth in the VHA Section 508 checklists (1194.21, 1194.22, 1194.24, 1194.31 and 1194.41) located at: HYPERLINK REDACTED or as otherwise specified. Checkpoints will be established to ensure that accessibility is incorporated from the earliest possible design or acquisition phase and successfully implemented throughout the project.
ENTR7	Executive Order	All executive order requirements will be adhered to.
ENTR8	Identity Management	All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.
ENTR103	Terminology Services	Application/services shall reference the Standard Data Services (SDS) as the authoritative source to access non-clinical reference terminology.
ENTR104	Terminology Services	Application/Services shall use the VA Enterprise Terminology Services (VETS) as the authoritative source to access clinical reference terminology.
ENTR105	Terminology Services	Applications recording the assessments and care delivered in response to an Emergency Department visit shall conform to standards defined by the VHA-endorsed version of C 28 – Health

		Information Technology Standards Panel (HITSP) Emergency Care Summary Document Using Integrating the Healthcare Enterprise (IHE) Emergency Department Encounter Summary (EDES) Component.
ENTR106	Terminology Services	Applications exchanging data summarizing a patient's medical status shall conform to standards defined by the VHA-endorsed version of C 32 – HITSP Summary Documents Using Health Level Seven (HL7) Continuity of Care Document (CCD) Component.

Appendix E. Acronyms and Abbreviations

OIT Master Glossary [HYPERLINK REDACTED](#)

Term	Definition
AITC	Austin Information Technology Center
BN	Business Need
BRD	Business Requirements Document
CA	Certification and Accreditation
CCD	Continuity of Care Document
CDCO	Corporate Data Center Operations
CDW	Corporate Data Warehouse
CPRS	Computerized Patient Record System
CRS	Converge Registry Solution
DoD	Department of Defense
DS Logon	DoD Self Service Logon
EDES	Emergency Department Encounter Summary
EHR	Electronic Health Record
FIPS	Federal Information Processing Standard
HDS	Health Data System
HIG	Health Information Governance
HIM	Health Information Management
HITSP	Health Information Technology Standards Panel
HL7	Health Level Seven
ICN	Integration Control Number
IEC	International Electrochemical Commission
IHE	Integrating the Healthcare Enterprise
ILER	Individual Lifetime Exposure Record
ISO	International Organization for Standardization
IT	Information Technology
LOINC	Logical Observation Identifiers, Names, and Codes
MDWS	Medical Domain Web Service
MU	Meaningful Use
MVI	Master Veteran Index
NIST	National Institute of Standards and Technology
NISTIR	National Institute of Standards and Technology Interagency Report
NSR	New Service Request
NTRT	New Term Rapid Turnaround

Term	Definition
OEF/OIF/OND	Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn
OIA	Office of Information and Analytics
OIT	Office of Information and Technology
ONC	Office of the National Coordinator for Health Information Technology
OPH	Office of Public Health
OWNR	Owner Requirement
PACT	Patient Aligned Care Team
PL	Public Law
RAEM	Requirements Analysis and Engineering Management
RMR	Requirements Management Repository
SDS	Standard Data Services
SM	Service Member
SME	Subject Matter Expert
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
STS	Standards and Terminology Services
UCD	User Centered Design
UI	User Interface
VA	Department of Veterans Affairs
VADIR	VA/DoD Identity Repository
VAPii	Veterans Authorizations and Preferences Interface Improvement
VBA	Veterans Benefits Administration
VETS	VA Enterprise Terminology Services
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VITAS	Veterans Implant Tracking and Alert System
VistA	Veterans Health Information Systems and Technology Architecture
VTA	Veterans Tracking Application

Appendix F. Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the VHA Office of Public Health. Further elaboration to these requirements may be done in more detailed artifacts.

Business Owner

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

Signed: See approval message below.

Date: March 12, 2013

NAME REDACTED, MPH Director Post 9/11 Era Environmental Health Program, VHA Office of Public Health

From: NAME

Sent: Tuesday, March 12, 2013 1:10 PM

To: NAME REDACTED

Cc: NAME

Subject: RE: Seeking Review and Approval: Environmental Health Registries Including Open Burn Pit BRD

Thank you and the team for this effort. I concur

REDACTED

Business Liaison

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

Signed: See approval message below

Date: March 12, 2013

NAME, Health Enterprise Systems Manager, Health Data Systems, VHA Office of Informatics and Analytics

From: NAME

Sent: Tuesday, March 12, 2013 1:28 PM

To: NAME

Subject: Approve: Seeking Review and Approval: Environmental Health Registries Including Open Burn Pit BRD

Customer Advocate

Confirms that the request merits consideration and review by the Business Intake Review Board.

Signed: _____

Date: _____

<<Customer Advocate Name and title>>

Additional signature for out-of-cycle requests processed through the Business Intake Review Board: Deputy Chief Officer for Health Systems (VHA)

Include approval message attachments HERE

Office of Information and Technology (OIT)

Indicates agreement that the requirements have been received, are clear, understandable, and are documented sufficiently to facilitate project planning when the project is approved and funded. It is understood that negotiations may need to occur with the business during project planning as a result of technical reviews and feasibility.

Signed: _____

Date: 3/13/2013

_____, Registries Program Manager
OIT

From: NAME REDACTED

Sent: Wednesday, March 13, 2013 1:43 PM

To: NAME REDACTED

Cc: NAME

Subject: APPROVE: Seeking Technical Assessment for Environmental Health Registries Including Open Burn Pit BRD

I approve.

NAME REDACTED, PMP, FAC-P/PM, VA-COR

REDACTED