

Field	Field Description
ID	AHA Identification Number
MCRNUM	Medicare Provider ID
MNAME	Hospital name (from membership)
MLOCADDR	Street address (from membership)
MLOCCITY	City (from membership)
MLOCSTCD	State code (from membership)
MLOCZIP	ZIP code (from membership)
BDTOT	Total facility beds set up and staffed
MCNTRL	Control/ownership (from membership)

Key
<u>Nongovernment, not-for-profit</u>
21 = Church operated
23 = Other
<u>Investor-owned, for-profit</u>
31 = Individual
32 = Partnership
33 = Corporation
<u>Government, federal</u>
41 = Air Force
42 = Army
43 = Navy
44 = Public Health Service other than 47
45 = Veterans Affairs
46 = Federal other than 41-45, 47-48
47 = Public Health Service Indian Service
48 = Department of Justice

Field	Field Description
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MSERV

Primary service code (from membership)

Key
10 = General medical and surgical
11 = Hospital unit of an institution (prison hospital, college infirmary, etc.)
12 = Hospital unit within an institution for the mentally retarded
13 = Surgical
22 = Psychiatric
33 = Tuberculosis and other respiratory diseases
41 = Cancer
42 = Heart
44 = Obstetrics and gynecology
45 = Eye, ear, nose and throat
46 = Rehabilitation
47 = Orthopedic
48 = Chronic disease
49 = Other specialty
50 = Children's general
51 = Children's hospital unit of an institution
52 = Children's psychiatric
53 = Children's tuberculosis and other respiratory diseases
55 = Children's eye, ear, nose and throat
56 = Children's rehabilitation
57 = Children's orthopedic
58 = Children's chronic disease
59 = Children's other specialty
62 = Institution for mental retardation
80 = Acute Long-Term Care
82 = Alcoholism and other chemical dependency
90 = Children's acute long-term

1. Does your hospital have a computerized system for:**Field Name****Electronic clinical documentation**

- a. Patient demographics Q1_A1
- b. Physician notes Q1_B1
- c. Nursing assessments Q1_C1
- d. Problem lists Q1_D1
- e. Medication lists Q1_E1
- f. Discharge summaries Q1_F1
- g. Advanced directives Q1_G1

Results viewing

- a. Lab reports Q1_A2
- b. Radiology reports Q1_B2
- c. Radiology images Q1_C2
- d. Diagnostic test results Q1_D2
- e. Diagnostic test images Q1_E2
- f. Consultant reports Q1_F2

Computerized provider order entry

- a. Laboratory tests Q1_A3
- b. Radiology tests Q1_B3
- c. Medications Q1_C3
- d. Consultation requests Q1_D3
- e. Nursing orders Q1_E3

Decision support

- a. Clinical guidelines Q1_A4
- b. Clinical reminders Q1_B4
- c. Drug allergy alerts Q1_C4
- d. Drug-drug interaction alerts Q1_D4
- e. Drug-Lab interaction alerts Q1_E4
- f. Drug dosing support Q1_F4

Bar Coding

- a. Laboratory specimens Q1_A5
- b. Tracking pharmaceuticals Q1_B5
- c. Pharmaceutical administration Q1_C5
- d. Supply chain management Q1_D5
- e. Patient ID Q1_E5

Other functionalities

- a. Telemedicine Q1_A6
- b. Radio frequency Q1_B6
- c. Physician use of personal data assistant Q1_C6

Key

- 1 = Fully implemented across all units
- 2 = Fully implemented in at least one unit
- 3 = Beginning to implement in at least one unit
- 4 = Have resources to implement in the next year
- 5 = Do not have resources but considering implementing
- 6 = Not in place and not considering implementing

2. Has your hospital implemented IT application in the following non-clinical areas?

Field

- | | |
|---|------|
| a. Patient accounts department | Q2_A |
| b. Patient scheduling systems | Q2_B |
| c. Pharmaceuticals supply chain management | Q2_C |
| d. Medical-surgical supply chain management | Q2_D |

Key

1 = Yes

2 = No

3 = Do not know

3. Are the functionalities listed below fully implemented in the following locations?

Field

Emergency department

- a. Electronic clinical documentation Q3_A1
- b. Results viewing Q3_B1
- c. Computerized provider order entry Q3_C1
- d. Decision support Q3_D1

ICU

- a. Electronic clinical documentation Q3_A2
- b. Results viewing Q3_B2
- c. Computerized provider order entry Q3_C2
- d. Decision support Q3_D2

General medical/surgical wards

- a. Electronic clinical documentation Q3_A3
- b. Results viewing Q3_B3
- c. Computerized provider order entry Q3_C3
- d. Decision support Q3_D3

Specialty wards

- a. Electronic clinical documentation Q3_A4
- b. Results viewing Q3_B4
- c. Computerized provider order entry Q3_C4
- d. Decision support Q3_D4

Hospital/system owned onsite ambulatory practices

- a. Electronic clinical documentation Q3_A5
- b. Results viewing Q3_B5
- c. Computerized provider order entry Q3_C5
- d. Decision support Q3_D5

Hospital/system owned offsite ambulatory practices

- a. Electronic clinical documentation Q3_A6
- b. Results viewing Q3_B6
- c. Computerized provider order entry Q3_C6
- d. Decision support Q3_D6

Key

- 1 = Yes
- 2 = No
- 3 = Not applicable

4. Does your electronic system allow you to do the following?

Field

- | | |
|--|------|
| a. Develop a list of patient's current medications | Q4_A |
| b. Compare a patient's inpatient and preadmission medication lists | Q4_B |
| c. Provide an updated medication list at time of discharge | Q4_C |
| d. Automatically generate Hospital Quality Alliance Measures | Q4_D |

Key

1 = Yes

2 = No

3 = Do not know

5. Please provide your best estimate for:

Field

- a. The percentage of inpatients at your hospital for whom medications orders are written electronically
- b. The percentage of inpatients at your hospital whom lab orders are written electronically
- c. The percentage of inpatients at your hospital for whom clinical documentation is done electronically

Q5_A

Q5_B

Q5_C

Key

0%

1-25%

26-50%

51-90%

91-100%

6. Please indicate whether your hospital's electronic system allows patient to:

Field

- | | |
|--|------|
| a. View their discharge summary online | Q6_A |
| b. View test results online | Q6_B |
| c. View operative notes online | Q6_C |
| d. View medication lists online | Q6_D |

Key

1 = Yes

2 = No

3 = Do not know

7. If your electronic system were to become disabled due to a disaster or other major malfunction, do you have the following in place?

Field

- | | |
|--|-------|
| a. A disaster recovery plan for the electronic network | Q7_A1 |
| a2b. If yes - Is the plan tested annually | Q7_A2 |
| b. Redundant networks | Q7_B |
| c. Back-up data source to ensure clinical continuity | Q7_C |
| d. Remote Site | Q7_D |

Key

1 = Yes

2 = No

8. Does your organization engage in routine biosurveillance for reportable conditions for your state's Department of Public Health using paper or electronic systems?

Q8

Key

1 = We use a paper system

2= We use a telephone and/or fax system

3 = We use a part paper/part electronic system

4 = We use a fully electronic system

8a. Does your state's Department of Public Health accept electronic reporting of routine biosurveillance?

Q8_A

Key

1 = Yes

2 = No

3 = Do not know

9. Does your hospital participate in any regional arrangements to share electronic patient level clinical data through an electronic health information exchange, such as a RHIO?

Q9

Key

- 1 = Participate, we actively exchange data
- 2 = Participate but we do not exchange data
- 3 = We do not participate in any regional arrangements for electronic health information exchange

10. Does your hospital electronically exchange any of the following patient data with any of the providers listed below? (check all that apply)

Field

a. Patient demographics

- With Hospitals in your System Q10_A1
- With Hospitals Outside of your system Q10_A2
- With Ambulatory Providers outside of your system Q10_A3

b. Clinical care record

- With Hospitals in your System Q10_B1
- With Hospitals Outside of your system Q10_B2
- With Ambulatory Providers outside of your system Q10_B3

c. Laboratory results

- With Hospitals in your System Q10_C1
- With Hospitals Outside of your system Q10_C2
- With Ambulatory Providers outside of your system Q10_C3

d. Medication lists

- With Hospitals in your System Q10_D1
- With Hospitals Outside of your system Q10_D2
- With Ambulatory Providers outside of your system Q10_D3

e. Radiology reports

- With Hospitals in your System Q10_E1
- With Hospitals Outside of your system Q10_E2
- With Ambulatory Providers outside of your system Q10_E3

f. Discharge summaries

- With Hospitals in your System Q10_F1
- With Hospitals Outside of your system Q10_F2
- With Ambulatory Providers outside of your system Q10_F3

Key

- 1 = With hospitals in your system
- 2 = With hospitals outside your system
- 3 = With ambulatory providers outside of your system

11. Does your hospital use an electronic health record system?

Q11

Key

1 = Yes, all electronic

2 = Part paper/part electronic

3 = No

4 = Do not know

12. If your hospital has implemented an EHR system, please tell us how much of a barrier each of the following was to implementation.

Field

- | | |
|--|-------|
| a. The amount of capital needed to purchase and implement an EHR | Q12_A |
| b. Uncertainty about the return on investment (ROI) from an EHR | Q12_B |
| c. Concerns about the ongoing cost of maintaining an EHR | Q12_C |
| d. Resistance to implementation from physicians. | Q12_D |
| e. Resistance to implementation from other providers. | Q12_E |
| f. Lack of capacity to select, contract for and implement and EHR | Q12_F |
| g. Disruption in clinical care during implementation | Q12_G |
| h. Lack of adequate IT staff | Q12_H |
| i. Concerns about inappropriate disclosure of patient information | Q12_I |
| j. Concerns about the legality of donating a system to associated physician | Q12_J |
| k. Concerns about illegal record tampering or "hacking" | Q12_K |
| l. Finding an EHR system that meets your organization's needs | Q12_L |
| m. Lack of interoperable IT systems in the market place | Q12_M |
| n. Concerns about a lack of future support from vendors for upgrading and maintaining the system | Q12_N |

Key

- 1 = Major barrier
- 2 = Minor barrier
- 3 = Not a barrier