2007 AHA Annual Survey
Information Technology Supplement
Health Forum, L.L.C.

Please return to:
AHA Annual Survey
Information Technology Supplement
One North Franklin, 29th Floor
Chicago, Illinois 60606

1. Does your hospital have a computerized system for:
(Fully implemented means it has completely replaced paper record for the function.)

	(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
Electronic Clinical Documentation						
a. Patient Demographics	☐	☐	☐	☐	☐	☐
b. Physician Notes	☐	☐	☐	☐	☐	☐
c. Nursing Assessments	☐	☐	☐	☐	☐	☐
d. Problem Lists	☐	☐	☐	☐	☐	☐
e. Medication Lists	☐	☐	☐	☐	☐	☐
f. Discharge Summaries	☐	☐	☐	☐	☐	☐
g. Advanced Directives (e.g. DNR)	☐	☐	☐	☐	☐	☐
Results Viewing						
a. Lab Reports	☐	☐	☐	☐	☐	☐
b. Radiology Reports	☐	☐	☐	☐	☐	☐
c. Radiology Images	☐	☐	☐	☐	☐	☐
d. Diagnostic Test Results (e.g., EKG report, Echo report)	☐	☐	☐	☐	☐	☐
e. Diagnostic Test Images (e.g., EKG tracing)	☐	☐	☐	☐	☐	☐
f. Consultant Reports	☐	☐	☐	☐	☐	☐
Computerized Provider Order Entry (Provider (e.g., MD, APN, NP) directly enters own orders)						
a. Laboratory Tests	☐	☐	☐	☐	☐	☐
b. Radiology Tests	☐	☐	☐	☐	☐	☐
c. Medications	☐	☐	☐	☐	☐	☐
d. Consultation Requests	☐	☐	☐	☐	☐	☐
e. Nursing Orders	☐	☐	☐	☐	☐	☐
Decision Support						
a. Clinical Guidelines (e.g., Beta blockers post-MI, ASA in CAD	☐	☐	☐	☐	☐	☐
b. Clinical Reminders (e.g., pneumovax)	☐	☐	☐	☐	☐	☐
c. Drug Allergy Alerts	☐	☐	☐	☐	☐	☐
d. Drug-Drug Interaction Alerts	☐	☐	☐	☐	☐	☐
e. Drug-Lab Interaction Alerts	☐	☐	☐	☐	☐	☐
f. Drug Dosing Support (e.g., renal dose guidance)	☐	☐	☐	☐	☐	☐
Bar Coding						
a. Laboratory specimens	☐	☐	☐	☐	☐	☐
b. Tracking pharmaceuticals	☐	☐	☐	☐	☐	☐
c. Pharmaceutical administration	☐	☐	☐	☐	☐	☐

d. Supply chain management	☐	☐	☐	☐	☐	☐
e. Patient ID	☐	☐	☐	☐	☐	☐

Other Functionalities

a. Telemedicine	☐	☐	☐	☐	☐	☐
b. Radio Frequency ID	☐	☐	☐	☐	☐	☐
c. Physician Use of Personal Data Assistant	☐	☐	☐	☐	☐	☐

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

	(1) Yes	(2) No	(3) Do Not Know
a. Patient accounts department	☐	☐	☐
b. Patient scheduling systems	☐	☐	☐
c. Pharmaceuticals supply chain management	☐	☐	☐
d. Medical-surgical supply chain management	☐	☐	☐

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

	(1) Yes	(2) No	(3) Not Applicable
Emergency Department			
a. Electronic Clinical Documentation	☐	☐	☐
b. Results Viewing	☐	☐	☐
c. Computerized Provider Order Entry	☐	☐	☐
d. Decision Support	☐	☐	☐
ICU	☐	☐	☐
a. Electronic Clinical Documentation	☐	☐	☐
b. Results Viewing	☐	☐	☐
c. Computerized Provider Order Entry	☐	☐	☐
d. Decision Support	☐	☐	☐
General Medical/Surgical Wards			
a. Electronic Clinical Documentation	☐	☐	☐
b. Results Viewing	☐	☐	☐
c. Computerized Provider Order Entry	☐	☐	☐
d. Decision Support	☐	☐	☐
Specialty Wards			
a. Electronic Clinical Documentation	☐	☐	☐
b. Results Viewing	☐	☐	☐
c. Computerized Provider Order Entry	☐	☐	☐
d. Decision Support	☐	☐	☐
Hospital/System Owned ONSITE Ambulatory Practices			
a. Electronic Clinical Documentation	☐	☐	☐
b. Results Viewing	☐	☐	☐
c. Computerized Provider Order Entry	☐	☐	☐
d. Decision Support	☐	☐	☐

**Hospital/System Owned OFFSITE
Ambulatory Practices**

a. Electronic Clinical Documentation ☐ ☐ ☐

b. Results Viewing ☐ ☐ ☐

c. Computerized Provider Order Entry ☐ ☐ ☐

d. Decision Support ☐ ☐ ☐

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

	(1) Yes	(2) No	(3) Do Not Know
a. Develop a list of a patient's current medications	☐	☐	☐
b. Compare a patient's inpatient and preadmission medication lists	☐	☐	☐
c. Provide an updated medication list at time of discharge	☐	☐	☐
d. Automatically generate Hospital Quality Alliance measures by extracting data from an electronic record for a Medicare inpatient prospective payment system update	☐	☐	☐

5. Please provide your best estimate for…

	0%	1-25%	26-50%	51-90%	91-100%
a. The percentage of inpatients at your hospital for whom medication 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 (e.g., physician notes) is done electronically?	☐	☐	☐	☐	☐

6. Please indicate whether your hospital's electronic system allows patients to…

	(1) Yes	(2) No	(3) Don't know
a. View their discharge summary online	☐	☐	☐
b. View test results online	☐	☐	☐
c. View operative notes online	☐	☐	☐
d. View medication lists online	☐	☐	☐

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

	(1) Yes	(2) No
a. A disaster recovery plan for the electronic network	☐	☐
If yes – Is the plan tested annually?	☐	☐
b. Redundant networks	☐	☐
c. Back-up data source to ensure clinical continuity	☐	☐
c. Remote Site	☐	☐

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

☐ We use a paper system

☐ We use a telephone and/or fax system

☐ We use a part paper/part electronic system

☐ We use a fully electronic system

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

☐ Yes
☐ No
☐ Don't 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 (Regional Health Information Organization)?

☐ Participate, we actively exchange data
☐ Participate but we DO NOT exchange data
☐ 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.)

	(1) With Hospitals in your System	(2) With Hospitals Outside of your System	(3) With Ambulatory Providers outside of your system
a. Patient Demographics	☐	☐	☐
b. Clinical Care Record (clinical history, exam)	☐	☐	☐
c. Laboratory Results	☐	☐	☐
d. Medication lists	☐	☐	☐
e. Radiology Reports	☐	☐	☐
f. Discharge Summaries	☐	☐	☐

The following questions ask about the use of an Electronic Health Record system (EHR). An EHR consists of electronically originated and maintained clinical health information derived from multiple sources, about an individual's health status and healthcare. An EHR replaces the paper medical record as the primary source of patient information.

11. Does your hospital use an electronic health record system?
☐ Yes, all electronic
☐ Part paper/part electronic
☐ No
☐ Don't know

Please answer questions 12 and 13, regardless of whether or not your hospital has implemented an EHR system.

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

If your hospital has NOT implemented an EHR, please indicate how much of a barrier it is to implementation, even if you have no immediate plans to implement a system.

	(1) Major Barrier	(2) Minor Barrier	(3) Not a Barrier
a. The amount of capital needed to purchase and implement an EHR	☐	☐	☐
b. Uncertainty about the return on investment (ROI) from an EHR	☐	☐	☐
c. Concerns about the ongoing cost of maintaining an EHR system	☐	☐	☐
d. Resistance to implementation from physicians	☐	☐	☐
e. Resistance to implementation from other providers (e.g., RNs, NPs, Pas)	☐	☐	☐
f. Lack of capacity to select, contract for, and implement an EHR	☐	☐	☐
g. Disruption in clinical care during implementation	☐	☐	☐
h. Lack of adequate IT staff	☐	☐	☐
i. Concerns about inappropriate disclosure of patient information	☐	☐	☐
j. Concerns about the legality of donating a system to associated physician	☐	☐	☐
k. Concerns about illegal record tampering or "hacking"	☐	☐	☐

l. Finding an EHR system that meets your organization's needs ☐ ☐ ☐

m. Lack of interoperable IT systems in the market place ☐ ☐ ☐

n. Concerns about a lack of future support from vendors for upgrading and maintaining the system ☐ ☐ ☐

Thank you for your cooperation in completing this survey. If there are any questions about your responses to this survey, who should be contacted?

_____

Name (please print)   Title   (Area Code) Telephone Number

_____/_____/_____   _____   (____)_____

Date of Completion   Chief Executive Officer   Hospital's Main Fax Number

NOTE: PLEASE PHOTOCOPY THE INFORMATION FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE AMERICAN HOSPITAL ASSOCIATION.

THANK YOU