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

Government, nonfederal
12 = State
13 = County
14 = City
15 = City-county
16 = Hospital district or authority

Nongovernment, not-for-profit
21 = Church operated
23 = Other

Investor-owned, for-profit
31 = Individual
32 = Partnership
33 = Corporation

Government, federal
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

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 notes	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 ID	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. Does your electronic system allow you to do the following?	**Field**

    a. Develop a list of patient's current medications   Q2_A

    b. Compare a patient's inpatient and preadmission medication lists   Q2_B

    c. Provide an updated medication list at time of discharge   Q2_C

    d. Automatically generate Hospital Quality Alliance Measures   Q2_D

Key
1 = Yes
2 = No
3 = Do not know

3. Please indicate whether your hospital's electronic health system is certified by the Certification Commission for Health Information Technology (CCHIT)?	**Q3**

Key
1 = Yes
2 = No
3 = Do not know

4. 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?   **Q4**

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

5. 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	Q5_A1
With hospitals outside your system	Q5_A2
With ambulatory providers outside your system	Q5_A3
b. Clinical care record	
With hospitals in your system	Q5_B1
With hospitals outside your system	Q5_B2
With ambulatory providers outside your system	Q5_B3
c. Laboratory results	
With hospitals in your system	Q5_C1
With hospitals outside your system	Q5_C2
With ambulatory providers outside your system	Q5_C3
d. Medication history	
With hospitals in your system	Q5_D1
With hospitals outside your system	Q5_D2
With ambulatory providers outside your system	Q5_D3
e. Radiology reports	
With hospitals in your system	Q5_E1
With hospitals outside your system	Q5_E2
With ambulatory providers outside your system	Q5_E3

Key
1 = Yes
0 = No