

2008 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**

1. Does your hospital have a computerized system which allows 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
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Electronic Clinical Documentation

a. Patient Demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physician Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurses Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Problem Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medication Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discharge Summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Advanced Directives e.g. DNR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results Viewing

a. Lab Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Radiology Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Radiology Images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diagnostic Test Results (e.g., EKG report, Echo report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diagnostic Test Images (e.g., EKG tracing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consultant Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computerized Provider Order Entry (Provider (e.g., MD, APN, NP) directly enters own orders)

a. Laboratory Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Radiology Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consultation Requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nursing Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision Support

a. Clinical Guidelines (e.g., Beta blockers post-MI, ASA in CAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical Reminders (e.g., pneumovax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drug Allergy Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug-Drug Interaction Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drug-Lab Interaction Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug Dosing Support (e.g., renal dose guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	(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
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Bar Coding

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|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Laboratory specimens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tracking pharmaceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pharmaceutical administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Supply chain management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Patient ID | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Functionalities

- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Telemedicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Radio Frequency ID | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physician Use of Personal Data Assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

3. Please indicate whether your hospital's electronic system is certified by the Certification Commission for Health

Information Technology (CCHIT)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>

4. Does your hospital participate in any regional arrangements to share electronic patient level clinical data through an electronic health information exchange, such as an RHIO (Regional Health Information Organization)?

- | | |
|---|--------------------------|
| Participate, we actively exchange data | <input type="checkbox"/> |
| Participate, but we DO NOT exchange data | <input type="checkbox"/> |
| We do not participate in any regional arrangements for electronic health information exchange | <input type="checkbox"/> |

5. 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 Your System	(3) With Ambulatory Providers Outside of Your System
a. Patient Demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical Care Record (clinical history, exam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Laboratory Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medication History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Radiology Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>