

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

**1a. Does your hospital have a computerized system which allows 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. Laboratory 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. Patient ID q1\_d5

**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

**1b. Does your hospital have a computerized system which allows for:**

**Field Name**

**Electronic clinical documentation**

- |  |        |
|--|--------|
| a. Name, address, contact information                          | q1_b1a |
| b. Gender and date of birth                                    | q1_b1b |
| c. Race and ethnicity  | q1_b1c |
| d. Insurance type  | q1_b1d |
| e. Preferred language for communication with providers of care | q1_b1e |
| f. Vital signs   | q1_b1f |
| g. Height and weight and BMI displayed                         | q1_b1g |
| h. Smoking status  | q1_b1h |
| i. Comprehensive list of allergies (including medication       | q1_b1i |
| j. Summary care record for relevant transitions in care        | q1_b1j |

**Results viewing**

- |   |        |
|---|--------|
| a. Generation of a table or graph displaying patient specific lab results over time | q1_b2a |
|---|--------|

**Decision support**

- |                        |        |
|------------------------|--------|
| a. Advice on diagnosis | q1_b3a |
|------------------------|--------|

**Key**

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- 2 = Fully implemented in at least one unit
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- 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 Name**

- |  |      |
|--|------|
| a. Develop a list of a 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 (HQA) measures               | q2_d |
| e. Automatically generate Physician Quality Reporting Initiative (PQRI) measures | q2_e |

**Key**

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

**3. Do any arrangements exist in your area to share electronic patient-level clinical data through an electronic health information exchange (HIE) or a regional health information organization (RHIO)?**

q3

**Key**

- 1 = Arrangement (s) exist (s)
- 2 = Arrangement (s) do not exist (s)

**3a. Please indicate your level of participation in a regional health information exchange (HIE) or regional health information organization (RHIO)?**

q3a

**Key**

- 1 = Participating and actively exchanging data in at least one HIE/RHIO
- 2 = Have the electronic framework to participate but not participating in any HIE/RHIO at this time
- 3 = Do not have the electronic framework to participate and not participating in any HIE/RHIO at this time

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

**Field Name**

**a. Patient demographics**

- With hospitals in your system q4a\_1
- With hospitals outside your system q4a\_2
- With ambulatory providers inside your system q4a\_3
- With ambulatory providers outside your system q4a\_4

**b. Clinical care record**

- With hospitals in your system q4b\_1
- With hospitals outside your system q4b\_2
- With ambulatory providers inside your system q4b\_3
- With ambulatory providers outside your system q4b\_4

**c. Laboratory results**

- With hospitals in your system q4c\_1
- With hospitals outside your system q4c\_2
- With ambulatory providers inside your system q4c\_3
- With ambulatory providers outside your system q4c\_4

**d. Medication history**

- With hospitals in your system q4d\_1
- With hospitals outside your system q4d\_2
- With ambulatory providers inside your system q4d\_3
- With ambulatory providers outside your system q4d\_4

**e. Radiology reports**

- With hospitals in your system q4e\_1
- With hospitals outside your system q4e\_2
- With ambulatory providers inside your system q4e\_3
- With ambulatory providers outside your system q4e\_4

**Key**

- 1 = Yes
- 2= No

**5. In what year did you first deploy an EMH/EHR?**

**q5**

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

**Field Name**

- |   |     |
|---|-----|
| a. Check insurance eligibility  | q6a |
| b. Submit claims electronically to both public and private payers     | q6b |
| c. Send reminders to patients for pre-admission and/or follow-up care | q6c |
| d. Capture patient consents or authorization electronically           | q6d |

**Key**

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

**7. Is your current system capable of providing patients with an electronic copy of their health information that includes all of the following functionalities: diagnostic test results, problem lists, medication lists, and allergies?**

**q7**

**Key**

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

**7a. Through what mechanism (s) are you currently providing this electronic information? (Please check all that apply)**

**q7a**

- |                                       |             |
|---------------------------------------|-------------|
| a. PHR                                | q7a_1       |
| b. Patient portal                     | q7a_2       |
| c. Secure message                     | q7a_3       |
| d. USB drive or other physical device | q7a_4       |
| e. Other                              | q7a_5       |
| (please list _____)                   | q7a_5_other |
| f. None                               | q7a_6       |

**Key**

- 1 = Yes
- 2 = No

**8. Do you intend to apply for Medicare or Medicaid incentive payments for meaningful use of health IT?**

q8

**Key**

- 1. Yes, Medicare
- 2. Yes, Medicaid
- 3. Both Medicare and Medicaid
- 4. Neither
- 5. Undecided
- 6. Do not know

**8a. In what federal fiscal year (Oct.1-Sept. 30) do you plan to make your first application?**

q8a

**Key**

- 2011
- 2012
- 2013
- 2014
- 2015
- 2016 - Medicaid only
- After 2016 - Medicaid only
- Do not know

**8b. Why are you not pursuing or unsure whether you will pursue Medicare/Medicaid meaningful use incentive payments? (Please check all that apply)**

q8b

- a. Cost - including acquisition and maintenance q8\_b1
- b. Lack of access to capital q8\_b2
- c. Resistance to implementation q8\_b3
  
- d. Concerns about security or liability for privacy breaches q8\_b4
- e. Uncertainty about certification process q8\_b5
- f. Lack of vendor capacity q8\_b6
- g. Lack of adequate IT personnel in the hospital to support implementation/maintenance q8\_b7
- h. Challenge of meeting all meaningful use criteria within implementation timeline q8\_b8
- i. Other q8\_b9  
(specify) q8b9\_other

**Key**

- 1 = Yes
- 2 = No

**8c. Of those selected from 8b, please indicate the single largest barrier to reaching meaningful use.**

q8c

**Key**

- 1 = Cost - including acquisition and maintenance
- 2 = Lack of access to capital
- 3 = Resistance to implementation
  
- 4 = Concerns about security or liability for privacy breaches
- 5 = Uncertainty about certification process
- 6 = Lack of vendor capacity
- 7 = Lack of adequate IT personnel in the hospital to support implementation/maintenance
- 8 = Challenge of meeting all meaningful use criteria within implementation timeline
- 9 = Other (specify)

**9. Which two specific proposed meaningful use criteria will or would be the most challenging to achieve? (Please select only two)**

- a. Implement clinical decision support (CDS) rules q9\_1
- b. Implement computerized provider order entry (CPOE) at specified level of sophistication q9\_2
- c. Exchange clinical information with other providers q9\_3
  
- d. Perform medication reconciliation across settings of care q9\_4
- e. Give patients access to their data in electronic form q9\_5
- f. Generate problem lists used codified data sets q9\_6
- g. Generate numerator and denominator data for quality reporting directly from EHR q9\_7

**Key**

- 1 = Yes
- 2 = No

**10. Does your IT Department currently support an infrastructure for two factor authentication (e.g., tokens or biometrics)?**

q10

**Key**

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

**11. On the whole, how would you describe your EMR/EHR system?**

q11

**Key**

- 1 = A mix of products from different vendors
- 2 = Primarily one vendor
- 3 = Self-developed
- 4 = Not Applicable (go to question 13.)

**12a. Who provides your primary inpatient EHR/EMR system?**

q12a

**Key**

- 1 = Allscripts
- 2 = Cerner
- 3 = eClinical Works
- 4 = Eclipsys
- 5 = Epic
- 6 = GE
- 7 = McKesson
- 8 = MED3000
- 9 = Meditech
- 10 = NextGen
- 11 = QuadraMed
- 12 = Sage
- 13 = Siemens
- 14 = Self-developed
- 15 = Other (specify)
- Other described
- 16 = Would prefer not to disclose

q12a\_other

**12b. Who provides your primary outpatient EHR/EMR system?**

q12b

**Key**

- 1 = Allscripts
- 2 = Cerner
- 3 = eClinical Works
- 4 = Eclipsys
- 5 = Epic
- 6 = GE
- 7 = McKesson
- 8 = MED3000
- 9 = Meditech
- 10 = NextGen
- 11 = QuadraMed
- 12 = Sage
- 13 = Siemens
- 14 = Self-developed
- 15 = Other (specify)
- Other described
- 16 = Would prefer not to disclose

q12B\_other

**13. What changes, if any, are you planning for your EMR/EHR system within the next 18 months? (Check all that apply.)**

- Initial deployment q13\_1
- Major change in vendor q13\_2
- Major change in architecture q13\_3
- Significant additional functionalities q13\_4
- Do not know q13\_5
- No major changes planned q13\_6

**Key**

- 1 = Yes
- 2 = No