

2010 AHA Annual Survey Information Technology Supplement File Layout Health Forum LLC

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

Key	
<p>Government, nonfederal</p> <p>12 = State 13 = County 14 = City 15 = City-county 16 = Hospital district or authority</p> <p>Nongovernment, not-for-profit</p> <p>21 = Church operated 23 = Other</p> <p>Investor-owned, for-profit</p> <p>31 = Individual 32 = Partnership 33 = Corporation</p>	<p>Government, federal</p> <p>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</p>

Field	Field Description
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 currently have a computerized system which allows for:**Electronic Clinical Documentation**

- a. Patient demographics
- b. Physician notes
- c. Nursing Notes
- d. Problem lists
- e. Medication lists
- f. Discharge summaries
- g. Advanced directives (e.g. DNR)

Field Name

Q1_A1
 Q1_B1
 Q1_C1
 Q1_D1
 Q1_E1
 Q1_F1
 Q1_G1

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

Q1_A2
 Q1_B2
 Q1_C2
 Q1_D2
 Q1_E2
 Q1_F2

Computerized provider order entry (Provider (e.g., MD, APN, NP) directly enters own orders that are transmitted electronically)

- 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 (e.g. Beta blockers post-MI, ASA in CAD) Q1_A4
- b. Clinical reminders (e.g. pneumovax) 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 (e.g. renal dose guidance) Q1_F4
- g. Implement drug formulary checks Q1_G4

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 (PDA) Q1_C6
- d. review and update of privacy and security measures Q1_D6

1b. Electronic Clinical Documentation (functionalities of your computerized system include patients!)

- a. Gender and date of birth Q1_B1A
- b. Race Q1_B1B
- c. Ethnicity Q1_B1C
- d. Preferred language for communication with providers of care Q1_B1D
- e. Vital signs Q1_B1E
- f. Height and weight and BMI displayed Q1_B1F
- g. Smoking status Q1_B1G
- h. Comprehensive list of allergies (including medication allergies) Q1_B1H
- i. Summary care record for relevant transitions in care Q1_B1I
- j. Identify and provide patientspecific education resources Q1_B1J

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. Do you currently have an electronic system that allows you to do the following?

Patient/Medication Lists

	Field Name
a. Develop a list of a patient's current medications	Q2_A
b. Compare a patient's inpatient and pre-admission medication lists	Q2_B
c. Provide an updated medication list at time of discharge	Q2_C
d. Check inpatient prescriptions against an internal formulary	Q2_D
e. Generate lists of patients by condition	Q2_E
f. Perform medication reconciliation	Q2_F

Lab Results

g. Incorporate as structured data lab results for more than 40 percent of patients admitted to inpatient or emergency departments	Q2_G
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Public Health Reporting

h. Submit electronic data to immunization registries or immunization information systems per Meaningful Use standards	Q2_H
i. Submit electronic data on reportable lab results to public health agencies per Meaningful Use standards	Q2_I
j. Submit electronic syndromic surveillance data to public health agencies per Meaningful Use standards	Q2_J

Quality Reporting

k. Automatically generate HQA (Hospital Quality Alliance) measures for a full Medicare inpatient prospective payment system update	Q2_K
l. Automatically generate hospital-specific Meaningful Use quality measures by extracting data from an electronic record without additional manual processes	Q2_L
m. Automatically generate physician-specific Meaningful Use quality measures calculated directly from the EHR without additional manual processes	Q2_M

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

	Field Name
Electronic sharing of patient-level clinical data	Q_3

Key

- 1 = Arrangements exist
- 2 = Arrangements do not exist

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

	Field Name
Level of HIE or RHIO participation	Q_3A

Key

1 = Participate 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**a. Patient demographics**

	Field Name
With Hospitals in your System	Q4_A1
With Hospitals Outside of your system	Q4_A2
With Ambulatory Providers inside of your system	Q4_A3
With Ambulatory Providers outside of your system	Q4_A4

b. Clinical / Summary care recor in any format

With Hospitals in your System	Q4_B1
With Hospitals Outside of your system	Q4_B2
With Ambulatory Providers inside of your system	Q4_B3
With Ambulatory Providers outside of your system	Q4_B4

c. Clinical/Summary care record in any format

With Hospitals in your System	Q4_C1
With Hospitals Outside of your system	Q4_C2
With Ambulatory Providers inside of your system	Q4_C3
With Ambulatory Providers outside of your system	Q4_C4

d. Laboratory results

With Hospitals in your System	Q4_D1
With Hospitals Outside of your system	Q4_D2
With Ambulatory Providers inside of your system	Q4_D3
With Ambulatory Providers outside of your system	Q4_D4

e. Medication history

With Hospitals in your System	Q4_E1
With Hospitals Outside of your system	Q4_E2
With Ambulatory Providers inside of your system	Q4_E3
With Ambulatory Providers outside of your system	Q4_E4

f. Radiology reports

With Hospitals in your System	Q4_F1
With Hospitals Outside of your system	Q4_F2
With Ambulatory Providers inside of your system	Q4_F3
With Ambulatory Providers outside of your system	Q4_F4

Key

1 = Exchanges data

5. What proportions of discharge summaries are sent to ambulatory care providers electronically using standard format?

Field Name

Proportion of summaries sent electronically to ambulatory care providers

Q5

Key

- 1 = 100-75
- 2 = 74-50
- 3 = 49-25
- 4 = 24-1
- 5 = 0

6. When your patient is discharged, how long does it usually take to send a discharge summary to the ambulatory care providers

Field Name

Length taken to send summary to ambulatory car providers after discharge

Q6

Key

- 1 = Less then 48 hours
- 2 = 2-4 days
- 3 = 5-14 days
- 4 = 15-30 days
- 5 = More then 30 days
- 6 = Rarely or never send information
- 0 = Does not apply

7. Does your hospital use an EMR/EHR system(s)? Do not include billing/scheduling systems.

Field Name

Hospital uses an EMR/EHR system(s)

Q7

Key

- 1 = Yes, fully electronic
- 2 = Yes, partially electronic
- 0 = No
- 3 = Do not know

8. In what year did you first deploy your EHR/EMR?

Field Name

EMR/EHR initial year

Q8

EMR/EHR initial year is N/A

Q8_NA

Key

YEAR

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

- a. Check insurance eligibility
- b. Submit claims electronically to both public and private payors
- c. Send reminders to patients for pre-admission and/or follow-up care
- d. Capture patient consents or authorizations electronically

Field Name

Q9_A
Q9_B
Q9_C
Q9_D

Key

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

10a. 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?

Provides an electronic copy of all health info.

Field Name

Q10

Key

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

10b. Through what mechanism(s) are you currently providing electronic information?

- PHR
- Patient portal
- Secure message
- USB drive or other physical device
- Other method
- None
- Other method description

Field Name

Q10_B1
Q10_B2
Q10_B3
Q10_B4
Q10_B5
Q10_B6
Q10_B7

Key

- 1 = Yes
- 0 = No

11. Do you plan to apply for a first year Medicaid EHR incentive payment to support adoption, implementation, or upgrading of

Year planning to apply for Medicaid incentives

Field Name

Q11

Key

- 1 = Yes in FFY 2011 (by Sep 30 2011)
- 2 = Yes in FFY 2012 (by Sep 30 2012)
- 3 = Yes in FFY 2013 (by Sep 30 2013)
- 4 = Yes but after FFY 2013
- 5 = Not eligible for Medicaid incentives
- 6 = Eligible but not planning to apply
- 7 = Do not know

12. Do you plan to attest as a Meaningful user or certified EHR technology and if so, in what federal fiscal year (FFY) will you

Year planning to attest as a meaningful user or certified EHR technology

Field Name

Q12

Key

- 1 = Yes in FFY 2011 (by Sep 30 2011)
- 2 = Yes in FFY 2012 (by Sep 30 2012)
- 3 = Yes in FFY 2013 (by Sep 30 2013)
- 4 = Yes by FFY 2015 (by Sep 30, 2015)
- 5 = Not planning to attest
- 6 = Not eligible for either Medicare or Medicaid EHR incentives
- 7 = Do not know

13. Do you possess an EMR/EHR system that has been certified as meeting the federal requirements for each of the 24 hospital

Posses a certified system for meeting meaningful use requirements

Field Name

Q13

Key

- 1 = Yes, fully electronic
- 2 = No
- 3 = Do not know
- 4 = Not applicable, we do not have an EHR in place

14. What is /would be the primary challenge in implementing an EMR/EHR system that meets each of the federal requirements

- a. Upfront capital costs/lackto capital to install systems
- b. Ongoing costs of maintaining and upgrading systems
- c. Obtaining physician cooperation
- d. Obtaining other staff cooperation
- e. Concerns about security or liability for privacy breaches
- f. Uncertainty about certification requirements
- g. Limited vendor capacity
- h. Lack of adequate IT personnel in the hospital to support implementation/maintenance
- i. Challenge complexity of meeting all Meaningful Use criteria within implementation timeline
- j. Decision was made/will be made at a system leadership level
- k. Other specify
- l. Other description

Field Name

- Q14_A
- A14_B
- A14_C
- A14_D
- A14_E
- A14_F
- A14_G
- A14_H
- A14_I
- A14_J
- A14_K
- A14_L

Key

- 1 = Yes
- 0 = No

15. Of those selected from 8b., please indicate the single largest barrier to reaching meaningful use. (Please select option

Single largest barrier

Field Name

Q15

- Key**
- 1 Cost - including acquisition and maintenance
 - 2 Lack of access to capital
 - 3 Resistance to implementation
 - 4 Concerns about security/liability for privacy breaches
 - 5 Uncertainty about certification process
 - 6 Lack of vendor capacity
 - 7 Lack adequate hospital IT staff for implementation/maintenance
 - 8 Meeting all meaningful use criteria on time
 - 9 Other reason
 - 10 Upfront capital costs, or lack of capital
 - 11 Ongoing costs of maintaining/upgrading
 - 12 Obtaining physician cooperation
 - 13 Obtaining other staff cooperation
 - 16 Decision made at a system leadership level

16. Which two specific meaningful use criteria will or would be the most challenging to achieve? (Select only 2)

	Field Name
1 = Implement clinical decision support (CDS) rules	Q16_1
2 = Implement computerized provider order entry (CPOE) at specified level of sophistication	Q16_2
3 = Exchange clinical information with other providers	Q16_3
4 = Perform medication reconciliation across settings of care	Q16_4
5 = Give patients access to their data in electronic form	Q16_5
6 = Generate problem lists using codified data sets	Q16_6
7 = Generate numerator and denominator data for quality reporting directly from EHR	Q16_7
8 = Electronically submit required data on public health-related measures to state/other entities, including reportable lab results, immunizations, or syndromic surveillance.	Q16_8

- Key**
- 1 = Yes
 - 0 = No

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

	Field Name
IT supports two factor authentication	Q17

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

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

	Field Name
Development framework/set-up of EHR	Q18

Key
 1 = A mix of products from different vendors
 2 = Primarily one vendor
 3 = Self-developed
 4 = Not Applicable (go to question 20.)

19a. Who provides your primary inpatient EHR/EMR system?

Primary provider of inpatient EHR

Field Name

Q19_A1
 Q19_A1OTH

Key
 1 = Allscripts
 2 = Cernet
 3 = eClinical works
 4 = Eclipsys
 5 = Epic
 6 = GE
 7 = McKesson
 8 = MED3000
 9 = Medtech
 10 = NextGen
 11 = QuadraMed
 12 = Sage
 13 = Siemens
 14 = Self-developed
 15 = Other (specify)
 Other described
 16 = Would prefer not to disclose
 17 =CPSI
 18 = HMS
 19 = Healthland

19b. Who provides your primary outpatient EHR/EMR system?

Primary provider of outpatient EHR

Field Name

Q19_B1
 Q19_B1OTH

Key

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

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

	Field Name
Initial deployment	Q20_1
Major change in vendor	Q20_2
Change from enterprise architecture to best-of-breed	Q20_3
Change from best-of-breed to enterprise architecture	Q20_4
Significant additional functionalities	Q20_5
Do not know	Q20_6
No major changes	Q20_7

Key

- 1 = Yes
- 0 = No