

FINAL

**2010 AHA Annual Survey
Information Technology Supplement
Health Forum, L.L.C.**

Please return to:
AHA Annual Survey
Information Technology Supplement
155 N. Wacker
Chicago, IL 60606

Please Note: This year we continue to include new questions designed to capture your current level of adoption and gain insights in the context of the US Department of Health and Human Service's Meaningful Use initiative. This information will provide important data on the state of health IT in hospitals as relating specifically to the goals of the program.

GENERAL INSTRUCTIONS: Please respond to each of the following questions as of the day the survey is completed.

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

(Fully implemented means it has completely replaced paper record for the function.)

	(1) Fully Implemente d Across <u>ALL</u> Units	(2) Fully Implemented in <u>at least</u> <u>one</u> Unit	(3) Beginning to Implement in <u>at least one</u> 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	<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. Nursing 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. Laboratory 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 that are transmitted electronically)						
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"/>

(Fully implemented means it has completely replaced paper record for the function.)

	(1) Fully Implemente d Across <u>ALL</u> Units	(2) Fully Implemented in <u>at least</u> <u>one</u> Unit	(3) Beginning to Implement in <u>at least one</u> 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
Computerized Provider Order Entry (Provider (e.g., MD, APN, NP) directly enters own orders that are transmitted electronically) (cont)						
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"/>
g. Implement drug formulary checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Coding						
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. 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 (PDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Review and update of Privacy and Security Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Functionalities Specifically Relating to Meaningful Use

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

<i>(Fully implemented means it has completely replaced paper record for the function.)</i>	(1) Fully Implemented Across <u>ALL</u> Units	(2) Fully Implemented in <u>at least one</u> Unit	(3) Beginning to Implement in <u>at least one</u> 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						
Do the functionalities of your computerized system include patients':						
a. Gender and date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Preferred language for communication with providers of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Vital signs (height, weight, blood pressure, BMI, growth charts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Height and weight and BMI displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Smoking status using standard format ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Comprehensive list of allergies (including medication allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Summary care record for relevant transitions of care ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Identify and provide patient-specific education resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ **Smoking Status** The federal regulation for meaningful use specifies that one of the following six categories for at least 50 percent of patients age 13 or older admitted to an eligible hospital's inpatient and/or emergency department must be recorded electronically: current every day smoker; current some day smoker; former smoker; never smoker; smoker, current status unknown; and unknown if ever smoked.

² **Summary Care Record** The Centers for Medicare & Medicaid Services (CMS) define a transition of care as the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. The federal regulation for Meaningful Use specifies that for more than 50 percent of transitions of care or referrals, eligible hospitals must provide a summary care record using specified vocabulary, clinical documentation, and transmission standards and including, at a minimum, diagnostic tests results, problem list, medication list, and medication allergy list.

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

Yes No Do Not Know

Patient/Medication Lists

- a. Develop a list of a patient’s current medications Yes No Do Not Know
- b. Compare a patient’s inpatient and preadmission medication lists Yes No Do Not Know
- c. Provide an updated medication list at time of discharge Yes No Do Not Know
- d. Check inpatient prescriptions against an internal formulary Yes No Do Not Know
- e. Generate lists of patients by condition Yes No Do Not Know
- f. Perform medication reconciliation Yes No Do Not Know

Lab Results			
g. Incorporate lab results as structured data for more than 40 percent of patients admitted to inpatient or emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Reporting			
h. Submit electronic data to immunization registries or Immunization Information Systems per meaningful use standards ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Submit electronic data on reportable lab results to public health agencies per meaningful use standards ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Submit electronic syndromic surveillance data to public health agencies per meaningful use standards ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Submit electronic data on reportable lab results to public health agencies per meaningful use standards ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Reporting			
l. Automatically generate HQA (Hospital Quality Alliance) measures for a full Medicare inpatient prospective payment system update.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Automatically generate hospital-specific meaningful use quality measures by extracting data from an electronic record without additional manual processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Automatically generate physician-specific meaningful use quality measures calculated directly from the EHR without additional manual processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³ **Public Health Reporting** Hospitals must perform at least one test of certified EHR technology’s capacity to submit the public health data specified above, and hospitals must send a follow up submission if the test is successful (unless none of the recipients to which a hospital sends this information have the capacity to receive electronically). The vocabulary standard for the submission(s) is LOINC, and the transmission standard is HL7.

3. Do any current 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)?

- Arrangement(s) exist(s) *(select any participation level in 3a)*
 Arrangement(s) do(es) not exist(s) *(select only second or third participation level in 3a)*

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

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

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

	With Hospitals In Your System	With Hospitals Outside of Your System	With Ambulatory Providers Inside of Your System	With Ambulatory Providers Outside of Your System		
a. Patient demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Clinical/Summary care record in any format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Clinical/Summary care record in Continuous Care Record (CCR) or Continuous Care Documentation (CCD) format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Laboratory results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Medication history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Radiology reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. What proportion of discharge summaries are sent to ambulatory care providers electronically (not fax or mail) using a standardized format (e.g. CCD, CCR)?		100-75% <input type="checkbox"/>	74-50% <input type="checkbox"/>	49-25% <input type="checkbox"/>	24-1% <input type="checkbox"/>	0% <input type="checkbox"/>

6. When your patient is discharged, how long does it usually take to send a discharge summary to the ambulatory care providers so they have all of the information they need to continue managing the patient?

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Less than
48 hours | 2-4 days | 5-14 days | 15-30 days | More than
30 days | Rarely or never
send information | Does not apply |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please Note: The remaining questions are new and designed to capture your current level of adoption and future plans in the context of meaningful use. Again, this information will help inform the government on the state of health IT in hospitals as relating specifically to meaningful use proposed standards.

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

- Yes, fully electronic
- Yes, partially electronic
- No
- Do not know

EMR/EHR is defined as “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.”

8. If so, in what year did you first deploy an EMR/EHR? _____

Check for not applicable

Deployed is defined as “going live with at least one major component of the EMR/EHR.”

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

	Yes	No	Do not know
a. Check insurance eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submit claims electronically to both public and private payers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Send reminders to patients for pre-admission and/or follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Capture patient consents or authorizations electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10a. Is your current system capable of providing patients with an electronic copy of their health information that includes all of the following: diagnostic test results, problem lists, medication lists, allergies, and discharge summaries within 3 business days?

- Yes *Proceed to question 8a*
- No *Proceed to question 9*
- Do not know *Proceed question 9*

10b. Through what mechanism(s) are you currently providing this electronic information?
(Please check *all* that apply)

- PHR
- Patient portal
- Secure message
- USB drive or other physical device
- Other (Please List _____)
- None

11. What are your plans to apply for a first year Medicaid EHR incentive payment to support adoption, implementation, or upgrading of certified EHR technology, and if so, in what federal fiscal year (FFY) will you apply?

- Yes, in FFY 2011 (by Sep 30, 2011)
- Yes, in FFY 2012 (by Sep 30, 2012)
- Yes, in FFY 2013 (by Sep 30, 2013)
- Yes, after FFY 2013
- Not eligible for Medicaid incentives
- Eligible, but not planning to apply
- Do not know

Note: To receive a first year payment under Medicaid a hospital does NOT need to be a meaningful user. The hospital must, however, meet the Medicaid patient volume threshold, which is generally 10 percent (less for children's hospitals).

12. What are your plans to attest as a Meaningful User of certified EHR technology and if so, in what federal fiscal year (FFY) will you achieve meaningful use for the first time?

- Yes, in FFY 2011 (by Sep 30, 2011)
- Yes, in FFY 2012 (by Sep 30, 2012)
- Yes, in FFY 2013 (by Sep 30, 2013)
- Yes, by FFY 2015 (by Sep 30, 2015)
- Not planning to attest
- Not eligible for either Medicare or Medicaid EHR incentives
- Do Not Know

Note: To qualify as a meaningful user for Medicare and Medicaid, a hospital must (1) possess EHR technology certified against all 24 objectives of meaningful use; (2) meet each of 14 "core" objectives of meaningful use, at least 1 public health objective, and at least 4 additional "menu set" objectives; and (3) report on each of 15 clinical quality measures generated directly from the certified EHR.

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

- Yes
- No
- Do Not Know
- 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 for meaningful use? *(Please check all that apply).*

- a. Upfront capital costs/lack of access to 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/will be made at a system leadership level
- k. Other (specify) _____

15. Of those selected from 12, please indicate the single largest barrier to reaching meaningful use. *(Please select letter corresponding to the barrier in 12 above).*

(Choose only one)

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a | b | c | d | e | f | g | h | i | j | k |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Implement clinical decision support (CDS) rules
- Implement computerized provider order entry (CPOE) at specified level of sophistication
- Exchange clinical information with other providers
- Perform medication reconciliation across settings of care
- Give patients access to their data in electronic form
- Generate problem lists using codified data sets
- Generate numerator and denominator data for quality reporting directly from EHR
- Electronically submit required data on public health-related measures to state/other entities, including reportable lab results, immunizations, or syndromic surveillance.

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

- Yes
- No
- Do not know

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

- A mix of products from different vendors
- Primarily one vendor
- Self-developed
- Not Applicable (go to question 20)

19a. Who provides your primary inpatient EHR/EMR system? (Please check only one)

“Primary” is defined as the system that handles the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Allscripts/Eclipsys | <input type="checkbox"/> CPSI | <input type="checkbox"/> Cerner | <input type="checkbox"/> eClinical Works |
| <input type="checkbox"/> Epic | <input type="checkbox"/> GE | <input type="checkbox"/> HMS | <input type="checkbox"/> Healthland |
| <input type="checkbox"/> McKesson | <input type="checkbox"/> Meditech | <input type="checkbox"/> QuadraMed | <input type="checkbox"/> Sage |
| <input type="checkbox"/> Siemens | <input type="checkbox"/> Self-developed | | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
| <input type="checkbox"/> Would prefer not to disclose | | | |

19b. Who provides your primary outpatient EHR/EMR system? (Please check only one)

“Primary” is defined as the system that handles the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Allscripts/Eclipsys | <input type="checkbox"/> CPSI | <input type="checkbox"/> Cerner | <input type="checkbox"/> eClinical Works |
| <input type="checkbox"/> Epic | <input type="checkbox"/> GE | <input type="checkbox"/> HMS | <input type="checkbox"/> Healthland |
| <input type="checkbox"/> McKesson | <input type="checkbox"/> Meditech | <input type="checkbox"/> QuadraMed | <input type="checkbox"/> Sage |
| <input type="checkbox"/> Siemens | <input type="checkbox"/> Self-developed | | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
| <input type="checkbox"/> Would prefer not to disclose | | | |

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

- Initial deployment
- Major change in vendor
- Change from enterprise architecture to best-of-breed
- Change from best-of-breed to enterprise architecture
- Significant additional functionalities
- Do not know
- No major changes planned

Thank you for your cooperation in completing this survey. If you are not the CIO or person responsible for information technology, has he or she reviewed your answers to this survey?

Yes No

Respondent Name (please print) Circle CIO or Print Title if other (Area Code) Telephone #

Contact Email Address

____/____/____ _____
Date of Completion Name of CIO (if other than respondent)

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

THANK YOU