

# SURVEY QUESTIONNAIRE

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

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

	(1) Fully Implemented 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</u> <u>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
<b>Electronic Clinical documentation</b>						
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"/>
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"/>

1. Does your hospital currently have a computerized system which allows for: *(continued)*

	(1) Fully Implemented 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</u> <u>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
<b>Decision Support</b>						
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"/>

**Bar Coding or Radio Frequency Identification (RFID) for Closed-loop Medication Tracking**

a. Medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caregiver verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pharmacy verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Functionalities**

a. Bar coding or Radio Frequency (RFID) for supply chain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to connect mobile devices (tablet, smart phone, etc.) to EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MEANINGFUL USE FUNCTIONALITIES

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

	YES	NO	DO NOT KNOW
<b>Electronic Clinical Documentation</b>			
a. Record gender and date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Record race and ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Record time and preliminary cause of death when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record preferred language for communication with providers of care	<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"/>
f. Record smoking status using standard format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Record and maintain medication allergy lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Record patient family health history as structured data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Incorporate as structured data lab results for more than 40 percent of patients admitted to inpatient or emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### Population Health Management

a. Generate lists of patients by condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify and provide patient-specific education resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### Medication Management

a. Compare a patient's inpatient and preadmission medication lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide an updated medication list at time of discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Check inpatient prescriptions against an internal formulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Automatically track medications with an electronic medication administration record (eMAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Electronic prescribing (eRx) of discharge medication orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MEANINGFUL USE FUNCTIONALITIES

2. Do you currently have an electronic system that allows you to do the following: *(continued)*

	YES	NO	DO NOT KNOW
<b>Discharge Instructions and Care Summary Documents</b>			
a. Provide patients an electronic copy of their discharge instructions upon request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide patients an electronic copy of their record upon request within 3 business days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Generate summary of care record for relevant transitions of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Include care teams and plan of care in care summary record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Electronically exchange key clinical information with providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Send transition of care summaries to an unaffiliated organization using a different certified electronic health record vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### Automated Quality Reporting

a. 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"/>
b. Automatically generate Medicare Inpatient Quality Reporting program measures for a full Medicare inpatient update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Automatically generate physician-specific meaningful use quality measures calculated directly from the electronic health record (EHR) without additional manual processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### Public Health Reporting

a. Submit electronic data to immunization registries/information systems per meaningful use standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submit electronic data on reportable lab results to public health agencies per meaningful use standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Submit electronic syndromic surveillance data to public health agencies per meaningful use standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### Other Functionalities

a. Implement at least 5 Clinical Decision Support interventions related to 4 or more clinical quality measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conduct or review a security risk analysis and implement security updates as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH INFORMATION EXCHANGE FUNCTIONALITIES**

3a. Which of following patient data does your hospital electronically exchange/share with one or more of the provider types 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	Do not know
a. Patient demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Laboratory results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medication history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Radiology reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical/Summary care record in any format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other types of patient data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We do not exchange any patient data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3b. If you exchange or share clinical/summary care records with other providers, what is the primary mechanism used? (select only one)

- Through EHR or other electronic means       Manual Process (e.g. fax, mail) Do Not Know

3c. Does your hospital have the capability to send clinical/summary of care records in Continuous Care Record (CCR), Clinical Document Architecture (CDA) or Continuous Care Documentation (CCD) format?

- Yes       No       Do not know       Not applicable

4a. 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 4b)  
 Arrangement(s) do(es) not exist .....(select only second or third participation level in 4b)  
 Do not know .....(proceed to question 5a)

4b. 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  
 Do not know

## HEALTH INFORMATION EXCHANGE FUNCTIONALITIES CONTINUED

- 5a. When a patient visits your Emergency Department, do you routinely provide electronic notification to the patient's primary care physician?
- Yes       No       Do not know
- 5b. If yes, are electronic notifications provided to primary care physicians listed below? (Check *all* that apply)
- Inside of Your System       Outside of Your System       Do Not Know
- 6a. Are providers at your hospital able to query electronically for a patient's health information (e.g. medications, outside encounters) from sources outside of your organization or system?
- Yes       No       Do not know
- 6b. Are providers at your hospital able to send and receive secure electronic messages containing patient's health information (e.g. medications, outside encounters) to and from sources outside of your organization or hospital system?
- Yes       No       Do not know
- 

### Patient Engagement Functionalities

7. Are patients able to do any of the following regarding their health/medical records: (Please check *all* that apply)
- View information from their health/medical record online
- Download information from their health/medical record
- Electronically transmit (send) transmission of care/referral summaries to a third party
- Request an amendment to change/update their health/medical record
- Request refills for prescriptions online
- Schedule appointments online
- Pay bills online
- Submit patient-generated data (e.g., blood glucose, weight)
- None of the above (skip to question #9)
- Do not know (skip to question #9)
8. What mechanism(s) do you use to provide patients with the ability to access their health information and manage their healthcare electronically (such as those capabilities listed above)? (Please check *all* that apply)
- Personal Health Record (PHR)
- Patient/Consumer portal
- Secure messaging with providers
- Other (Please Specify \_\_\_\_\_)
- None

**EHR SYSTEM AND IT VENDORS**

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

- Yes       No       Do not know

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

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.”

- Yes, fully electronic  
 Yes, partially electronic  
 No. . . . . (skip to question #15)  
 Do not know. . . . (skip to question #15)

11. If so, in what year did you first deploy your current EMR/EHR system? \_\_\_\_\_

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

- Do not know

12. Do you possess an EHR system that has been certified as meeting federal requirements for the hospital objectives of Meaningful Use?

- Yes       No       Do not know

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

- A mix of products from different vendors       Primarily one vendor Self-developed

14a. Which vendor below provides your primary inpatient EMR/EHR system?  
(Please check only one)

“Primary” is defined as the system that is used for 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"/> NextGen    |
| <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"/> Vitera     |
| <input type="checkbox"/> Siemens                      | <input type="checkbox"/> Self-developed |                                    |                                     |
| <input type="checkbox"/> Other (please specify) _____ |   |                                    |                                     |
| <input type="checkbox"/> Would prefer not to disclose |   |                                    |                                     |

**EHR SYSTEM AND IT VENDORS CONTINUED**

**14b. Which vendor below provides your primary outpatient EMR/EHR system?  
(Please check only one)**

“Primary” is defined as the system that is used for 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"/> Vitera          |
| <input type="checkbox"/> Siemens                      | <input type="checkbox"/> Self-developed |                                    |  |
| <input type="checkbox"/> Other (please specify) _____ |   |                                    |  |
| <input type="checkbox"/> Would prefer not to disclose |   |                                    |  |

**15. What changes, if any, are you planning for your primary inpatient 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

**16. What is(are) /would be the primary challenge(s) in implementing an EMR/EHR system that meets the federal requirements for meaningful use? (Please check *all* that apply)**

- Upfront capital costs/lack of access to capital to install systems
- Ongoing cost of maintaining and upgrading systems
- Obtaining physician cooperation
- Obtaining other staff cooperation
- Concerns about security or liability for privacy breaches
- Uncertainty about certification requirements
- Limited vendor capacity
- Lack of adequate IT personnel in hospital to support implementation/maintenance
- Challenge/complexity of meeting all meaningful use criteria within implementation timeframe
- Complexity associated with coordinating decision with system-level leadership
- Other (specify) \_\_\_\_\_



**EHR SYSTEM AND IT VENDORS** CONTINUED

17. Please indicate the degree to which you have redesigned workflows to make optimal use of your EHR:

Workflows have  
not been  
redesigned

Beginning to  
redesign  
workflows

Some workflows  
are redesigned;  
others are not

Most workflows  
are redesigned

All workflows are  
redesigned

18. Please indicate whether you have used electronic clinical data from the EHR or other electronic system in your hospital to: (Please check *all* that apply)

- Create a dashboard with measures of organizational performance
- Create a dashboard with measures of unit-level performance
- Create individual provider performance profiles
- Create an approach for clinicians to query the data
- Assess adherence to clinical practice guidelines
- Identify care gaps for specific patient populations
- Generate reports to inform strategic planning
- Maximize quality improvement
- Identify high risk patients for follow-up care using algorithm or other tools

## DEFINITIONS

### Question 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.

### Question 3a – Electronic Exchange

Electronic exchange of patient healthcare information refers to exchanging of data through non-manual means, such as EHRs and/or portals, and excludes fax/paper.

### Question 3a/5a – Inside/Outside System

Hospitals and ambulatory providers inside your system refer to those affiliated with your integrated delivery system/network. Hospitals and ambulatory providers outside your system refer to those unaffiliated with your integrated delivery system/network.

### Question 3c – Continuous Care Records

Continuous care record standard enables a patient health summary to be created, read, and interpreted by any EHR/EMR software application.

### Question 3c – Clinical Document Architecture

Continuous document architecture is an XML-based markup standard intended to specify the encoding, structure, and semantic of clinical document for exchange.

### Question 3c – Continuous Care Documentation

Continuous care documentation is an HL7 Clinical Document Architecture implementation of the Continuous Care Record.