2015 AHA Annual Survey
Information Technology Supplement File Layout

Health Forum, LLC

Note: Key FOLLOWS each Question set

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

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

Nongovernment, not-for-profit
21 = Church operated
23 = Other

Investor-owned, for-profit
31 = Individual
32 = Partnership
33 = Corporation

Government, federal
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
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 a facility for persons with intellectual disabilities

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 = Intellectual disabilities

80 = Acute Long-Term Care

82 = Alcoholism and other chemical dependency

90 = Children's acute long-term

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

	Survey Question Number	Database Field Name	Expanded Field Name
Electronic Clinical Documentation			
a. Patient demographics	Q1_A1	CSEDPD	Patient demographics (doc.)
b. Physician notes	Q1_B1	CSEDPN	Physician notes (doc.)
c. Nursing notes	Q1_C1	CSEDNA	Nursing notes (doc.)
d. Problem lists	Q1_D1	CSEDPL	Problem lists (doc.)
e. Medication lists	Q1_E1	CSEDML	Medication lists (doc.)
f. Discharge summaries	Q1_F1	CSEDDS	Discharge summaries (doc.)
g. Advanced directives (e.g. DNR)	Q1_G1	CSEDAD	Advanced directives (doc.)

Results viewing

a. Laboratory reports	Q1_A2	CSRVLR	Lab reports (view)
b. Radiology reports	Q1_B2	CSRVRR	Radiology reports (view)
c. Radiology images	Q1_C2	CSRVRI	Radiology images (view)
d. Diagnostic test results (e.g. EKG report, Echo report)	Q1_D2	CSRVDR	Diagnostic test results (view)
e. Diagnostic test images (e.g. EKG tracing)	Q1_E2	CSRVDI	Diagnostic test images (view)
f. Consultant reports	Q1_F2	CSRVCR	Consultant reports (view)

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

a. Laboratory tests	Q1_A3	CSCPLT	Laboratory tests
b. Radiology tests	Q1_B3	CSCPRT	Radiology tests
c. Medications	Q1_C3	CSCPM	Medications
d. Consultation requests	Q1_D3	CSCPCR	Consultation requests
e. Nursing orders	Q1_E3	CSCPNO	Nursing orders

Decision support

a. Clinical guidelines (e.g. Beta blockers post-MI, ASA in CAD)	Q1_A4	CSDSCG	Clinical guidelines
b. Clinical reminders (e.g. pneumovax)	Q1_B4	CSDSCR	Clinical reminders
c. Drug allergy alerts	Q1_C4	CSDSDA	Drug allergy alerts
d. Drug-drug interaction alerts	Q1_D4	CSDSDD	Drug-drug interaction alerts
e. Drug-Lab interaction alerts	Q1_E4	CSDSDL	Drug-Lab interaction alerts
f. Drug dosing support (e.g. renal dose guidance)	Q1_F4	CSDSDS	Drug dosing support

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

a. Medication administration	Q1_A5	CSBCMA	Medication administration
b. Patient verification	Q1_B5	CSBCPTV	Patient verification
c. Caregiver verification	Q1_C5	CSBCCV	Caregiver verification
d. Pharmacy verification	Q1_D5	CSBCPV	Pharmacy verification

Other functionalities

a. Bar coding or Radio Frequency (RFID) for supply chain management	Q1_A6	CSOFRF	Bar coding or Radio frequency (RFID)
b. Telehealth	Q1_B6	CSOFT	Telehealth
c. Remote patient monitoring	Q1_C6	CSRPM	Remote patient monitoring
d. Ability to connect mobile devices (tablet, smart phone, etc.) to EHR	Q1_D6	CSOFMD	Ability to connect mobile devices to EHR

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

Meaningful Use Functionalities

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

	Survey Question Number	Database Field Name	Expanded Field Name
Electronic Clinical Documentation & Population Health Management			
a. Record patient demographics, including race, ethnicity and preferred language	Q2_A1	ESPTDEM	Patient demographics
b. Identify and provide patient-specific education resources	Q2_B1	ESCDIP	Patient-specific education resources
Medication Management			
a. Compare a patient's inpatient and preadmission medication lists	Q2_A2	ESCAP_CIP	Compare patient's inpatient & preadmission med. list
b. Check inpatient prescriptions against an internal formulary	Q2_B2	ESYSPRE	Check inpatient prescriptions against internal formulary
c. Prescribe (eRx) discharge medication orders electronically	Q2_C2	ESMDMO	eRx of discharge medication orders
d. Provide an updated medication list at time of discharge	Q2_D2	ESCAP_UMD	Provide updated med. list at discharge
Care Summary Documents			
a. Generate summary of care record for relevant transitions of care	Q2_A3	ESDICDA	Generate summary of care record for relevant transitions of care
b. Send summary of care record to an unaffiliated organization using a different certified EHR vendor	Q2_B3	ESDIUO	Send summary of care record to an unaffiliated organization using a different certified EHR vendor
Automated Quality Reporting			
a. Automatically generate hospital-specific meaningful use quality measures by extracting data from an EHR without additional manual processes	Q2_A4	QREHRHSP	Auto generate hospital meaningful use quality measures by electronic data extract
b. Automatically generate Medicare Inpatient Quality Reporting program measures for a full Medicare inpatient update	Q2_B4	ESC_HQA	Auto generate HQA measures for Medicare inpatient update
c. Automatically generate physician-specific meaningful use quality measures calculated directly from the EHR without additional manual processes	Q2_C4	QREHRPHY	Auto generate physician meaningful use quality measures calculated from EHR
Public Health Reporting			
a. Submit electronic data to immunization registries/information systems on an on-going basis per meaningful use standards	Q2_A5	PHRSUBI	To immunization registries or information systems
b. Submit electronic data on reportable lab results to public health agencies on an ongoing basis per meaningful use standards	Q2_B5	PHRSUBPHS	Reportable lab results to public health agencies
c. Submit electronic syndromic surveillance data to public health agencies on an ongoing basis per meaningful use standards	Q2_C5	PHRQNA	Syndromic surveillance data to public health agencies
d. Submit specialized data registry reports to public health agencies on an on-going basis per meaningful use standards	Q2_D5	PHRREG	Specialized data registry reports to public health agencies

Other Functionalities

a. Implement at least 5 Clinical Decision Support interventions related to 4 or more clinical quality measures	Q2_A6	ESOFCDS	Implement at least 5 Clinical Decision Support interventions related to 4 or more clinical quality measures
b. Conduct or review a security risk analysis and implement security updates as necessary	Q2_B6	ESOFSRA	Security risk analysis and implement security updates

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

3. Are patients treated in your hospital able to do the following:

	Survey Question Number	Database Field Name	Expanded Field Name
a. View their health/medical information online	Q3_A	PEFVI	View their health/medical information online
b. Download information from their health/medical record	Q3_B	PEFDI	Download information from their health/medical record
c. Electronically transmit (send) transmission of care/referral summaries to a third party	Q3_C	PEFRS	Electronically transmit (send) transmission of care/referral summaries to a third party
d. Request an amendment to change/update their health/medical record	Q3_D	PEFRA	Request an amendment to change/update their health/medical record
e. Request refills for prescriptions online	Q3_E	PEFRP	Request refills for prescriptions online
f. Schedule appointments online	Q3_F	PEFSA	Schedule appointments online
g. Pay bills online	Q3_G	PEFPB	Pay bills online
h. Submit patient-generated data (e.g. blood, glucose, weight)	Q3_H	PEFSD	Submit patient-generated data
i. Secure messaging with providers	Q3_I	PEFSM	Secure messaging with providers
j. Designate family member or caregiver to access information on behalf of the patient (e.g., proxy access)	Q3_J	PEFPROX	Proxy access

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

Health Information Exchange Functionalities

4. Which of the following patient data does your hospital electronically exchange/share with one or more of the provider types listed below? (check all that apply)

	Survey Question Number	Database Field Name	Expanded Field Name
a. Patient demographics			
With Hospitals inside of your System	Q4_A1	PDWHIS	Patient Demographics (HIS)
With Hospitals Outside of your system	Q4_A2	PDWHOS	Patient Demographics (HOS)
With Ambulatory Providers inside of your system	Q4_A3	PDWAIS	Patient Demographics (AIS)
With Ambulatory Providers outside of your system	Q4_A4	PDWAOS	Patient Demographics (AOS)
Do not know	Q4_A5	PDDNK	Patient Demographics (DNK)

b. Laboratory results

With Hospitals inside of your System	Q4_B1	LRWHIS	Laboratory Results (HIS)
With Hospitals Outside of your system	Q4_B2	LRWHOS	Laboratory Results (HOS)
With Ambulatory Providers inside of your system	Q4_B3	LRWAIS	Laboratory Results (AIS)
With Ambulatory Providers outside of your system	Q4_B4	LRWAOS	Laboratory Results (AOS)
Do not know	Q4_B5	LRDNK	Laboratory Results (DNK)

c. Medication history

With Hospitals inside of your System	Q4_C1	MHWHIS	Medication history (HIS)
With Hospitals Outside of your system	Q4_C2	MHWHOS	Medication history (HOS)
With Ambulatory Providers inside of your system	Q4_C3	MHWAIS	Medication history (AIS)
With Ambulatory Providers outside of your system	Q4_C4	MHWAOS	Medication history (AOS)
Do not know	Q4_C5	MHDNK	Medication history (DNK)

d. Radiology reports

With Hospitals inside of your System	Q4_D1	RRWHIS	Radiology Reports (HIS)
With Hospitals Outside of your system	Q4_D2	RRWHOS	Radiology Reports (HOS)
With Ambulatory Providers inside of your system	Q4_D3	RRWAIS	Radiology Reports (AIS)
With Ambulatory Providers outside of your system	Q4_D4	RRWAOS	Radiology Reports (AOS)
Do not know	Q4_D5	RRDNK	Radiology Reports (DNK)

e. Clinical / Summary care record in any format

With Hospitals inside of your System	Q4_E1	CRWHIS	Clinical Care Record in any format (HIS)
With Hospitals Outside of your system	Q4_E2	CRWHOS	Clinical Care Record in any format (HOS)
With Ambulatory Providers inside of your system	Q4_E3	CRWAIS	Clinical Care Record in any format (AIS)
With Ambulatory Providers outside of your system	Q4_E4	CRWAOS	Clinical Care Record in any format (AOS)
Do not know	Q4_E5	CRDNK	Clinical Care Record (DNK)

Key
1 = Exchanges data (yes)

5. When a patient transitions to another care setting or organization outside your hospital system, how does your hospital routinely send and/or receive a summary of care record? Check all that apply.

	Survey Question Number	Database Field Name	Expanded Field Name
a. Mail or fax			
Send	Q5_A1	MAILS	Mail or Fax (send)
Receive	Q5_A2	MAILR	Mail or Fax (receive)
Neither send nor receive	Q5_A3	MAILN	Mail or Fax (neither)
Do not know	Q5_A4	MAILDNK	Mail or Fax (DNK)
b. eFax using EHR			
Send	Q5_B1	EFAXS	eFax using EHR (send)
Receive	Q5_B2	EFAXR	eFax using EHR (receive)
Neither send nor receive	Q5_B3	EFAXN	eFax using EHR (neither)
Do not know	Q5_B4	EFAXDNK	eFax using EHR (DNK)
c. Secure messaging using EHR (via DIRECT or other secure protocol)			
Send	Q5_C1	SMEHRS	Secure messaging using EHR (send)
Receive	Q5_C2	SMEHRR	Secure messaging using EHR (receive)
Neither send nor receive	Q5_C3	SMEHRN	Secure messaging using EHR (neither)
Do not know	Q5_C4	SMEHRDNK	Secure messaging using EHR (DNK)
d. Provider portal (i.e., post to portal or download from portal)			
Send	Q5_D1	PORTS	Provider portal (send)
Receive	Q5_D2	PORTR	Provider portal (receive)
Neither send nor receive	Q5_D3	PORTN	Provider portal (neither)
Do not know	Q5_D4	PORTDNK	Provider portal (DNK)
e. Via health information exchange organization or other third party			
Send	Q5_E1	HIES	HIE or other third party (send)
Receive	Q5_E2	HIER	HIE or other third party (receive)
Neither send nor receive	Q5_E3	HIEN	HIE or other third party (neither)
Do not know	Q5_E4	HIEDNK	HIE or other third party (DNK)

Key
1 = Yes

6. When a patient transitions to or from another care setting or organization, does your hospital routinely electronically send and/or receive (NOT eFAX) a summary of care record in a structured format (e.g. CCR, CCDA or CCD) with the following providers? Check all that apply.

	Survey Question Number	Database Field Name	Expanded Field Name
a. Other Hospitals outside your system			
Send	Q6_A1	SFHOSS	Other hospitals outside system (send)
Receive	Q6_A2	SFHOSR	Other hospitals outside system (receive)
Neither send nor receive	Q6_A3	SFHOSN	Other hospitals outside system (neither)
Do not know	Q6_A4	SFHOSDNK	Other hospitals outside system (DNK)
b. Ambulatory Care Providers outside your system			
Send	Q6_B1	SFAOSS	Ambulatory outside system (send)
Receive	Q6_B2	SFAOSR	Ambulatory outside system (receive)
Neither send nor receive	Q6_B3	SFAOSN	Ambulatory outside system (neither)
Do not know	Q6_B4	SFAOSDNK	Ambulatory outside system (DNK)
c. Long-term and Post-Acute Care Providers (inside or outside your system)			
Send	Q6_C1	SFLTCPS	Long-term and Post-Acute Care Providers (send)
Receive	Q6_C2	SFLTCPR	Long-term and Post-Acute Care Providers (receive)
Neither send nor receive	Q6_C3	SFLTCPN	Long-term and Post-Acute Care Providers (neither)
Do not know	Q6_C4	SFLTCPDNK	Long-term and Post-Acute Care Providers (DNK)
d. Behavioral Health Providers (inside or outside your system)			
Send	Q6_D1	SFBHPS	Behavioral Health Providers (send)
Receive	Q6_D2	SFBHPR	Behavioral Health Providers (receive)
Neither send nor receive	Q6_D3	SFBHPN	Behavioral Health Providers (neither)
Do not know	Q6_D4	SFBHPDNK	Behavioral Health Providers (DNK)

Key
1 = Yes

7. Does your EHR integrate any type of clinical information received electronically (not eFax) from providers or sources outside your hospital system/organization without the need for manual entry? *This could be done using software to convert scanned documents into indexed, discrete data that can be integrated into EHR.*

	Survey Question Number	Database Field Name	Expanded Field Name
Integration of electronically received clinical information from outside sources	Q7	EHRINT	Integration of electronically received clinical information

Key
1 = Yes, routinely
2 = Yes, but not routinely
3 = No
4 = Do not know
5 = NA

8. If yes, does your EHR integrate the information contained in summary of care records received electronically (not eFax) without the need for manual entry? *This could be done using software to convert scanned documents into indexed, discrete data that can be integrated into EHR?*

	Survey Question Number	Database Field Name	Expanded Field Name
Integration of electronically received summary of care records	Q8	SOCINT	Integration of electronically received summary of care records

Key
1 = Yes, routinely
2 = Yes, but not routinely
3 = No
4 = Do not know
5 = NA

9. Do providers at your hospital query electronically for patients' health information (e.g. medications, outside encounters) from sources outside your organization or hospital system?

	Survey Question Number	Database Field Name	Expanded Field Name
Providers able to query electronically for a patient's health information from sources outside organization or system	Q9	EQPHIOS	Providers able to query electronically for a patient health info from sources outside

Key
1 = Yes
2 = No, but do have the capability
3 = Do not know
4 = No, don't have capability

10. Do providers at your hospital routinely have necessary clinical information available electronically (not e-Fax) from outside providers or sources when treating a patient that was seen by another healthcare provider/setting?

	Survey Question Number	Database Field Name	Expanded Field Name
Clinical information available electronically from outside providers/sources	Q10	CIAOUT	Clinical information available electronically from outside providers

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

11a. How frequently do providers at your hospital use patient health information received electronically (not e-Fax) from outside providers or sources when treating a patient?

	Survey Question Number	Database Field Name	Expanded Field Name
Use electronic patient health information from outside providers	Q11_A	PHIOUT	Use electronic patient health information from outside providers

Key
1 = Often
2 = Sometimes
3 = Rarely
4 = Never
5 = Don't know

11b. If rarely or never used, please indicate the reason(s) why. Check all that apply.

	Survey Question Number	Database Field Name	Expanded Field Name
1. Information not always available when needed	Q11_B1	PHI_INFONA	Not available when needed (PHI)
2. Do not trust accuracy of information	Q11_B2	PHI_NOTRUST	Do not trust accuracy (PHI)
3. Difficult to integrate information in EHR	Q11_B3	PHI_DIFF	Difficult to integrate (PHI)
4. Information not available to view in EHR as part of clinicians' workflow	Q11_B4	PHI_NOVIEW	Not available to view (PHI)
5. Information not presented in a useful format (e.g. too much information, redundant, or unnecessary information)	Q11_B5	PHI_FORMAT	Format not useful (PHI)
6. Other	Q11_B6	PHI_OTH	Other (PHI)
Other description	Q11_B6_OTH	PHI_OTH_DESC	Other (PHI) description

Key
1 = Yes

12a. When a patient visits your Emergency Department (ED), do you routinely provide electronic notification to the patient's primary care physician?

	Survey Question Number	Database Field Name	Expanded Field Name
Provide electronic notification to primary care physician when patient visits Emergency Department	Q12_A	ENPCP	Provide electronic notication to primary care physician when patient visits ED

Key
1 = Yes
2 = No but do have the capability
3 = Do not know
4 = Do not have ED
5 = No, don't have capability

12b. If yes, are electronic notifications provided to primary care physicians listed below? (Check all that apply)

	Survey Question Number	Database Field Name	Expanded Field Name
Inside system	Q12_B1	ENPCPIS	Electronic notication to primary care physician when patient visits ED (IS)
Outside system	Q12_B2	ENPCPOS	Electronic notication to primary care physician when patient visits ED (OS)
Do not know	Q12_B3	ENPCPDNK	Electronic notication to primary care physician when patient visits ED (DNK)

Key
1 = Yes

13. Please indicate your level of participation in a state, regional, and/or local health information exchange (HIE) or health information organization (HIO)

	Survey Question Number	Database Field Name	Expanded Field Name
Level of HIE or HIO participation	Q13	RHIO_LVL1	Level of HIE or HIO participation

Key
1 = HIE/HIO is operational in my area and we are participating and actively exchanging data in at least one HIE/RHIO

2 = HIE/HIO is operational in my area but we are not participating

3 = HIE/HIO is not operational in my area
4 = Do not know

14. Which of the following issues has your hospital experienced when trying to electronically (not eFax) send, receive, or find (query) patient health information to/from other care settings or organizations? (Check all that apply)

	Survey Question Number	Database Field Name	Expanded Field Name
a. We lack the technical capability to electronically send patient health information to outside providers or other sources	Q14_A	ESPHI	No technical capability to electronically send to outside providers
b. We lack the technical capability to electronically receive patient health information from outside providers or other sources	Q14_B	ERPHI	No technical capability to electronically receive from outside providers
c. Providers we would like to electronically send patient health information to do not have an EHR or other electronic system with capability to receive the information	Q14_C	NPEHR	Providers do not have EHR
d. Providers we would like to electronically send patient health information to have an EHR; however, it lacks the technical capability to receive the information	Q14_D	PEHRNRI	Providers have EHR but lacks technical capability to receive information
e. Many recipients of our electronic care summaries (e.g. CCDA) report that the information is not useful	Q14_E	NUECS	Information is not useful to recipients
f. Cumbersome workflow to send (not eFax) the information from our EHR system	Q14_F	CSEHR	Cumbersome workflow to send information from EHR system
g. Difficult to match or identify the correct patient between systems	Q14_G	NOIDP	Difficult to match/identify the correct patient between systems

h. Difficult to locate the address of the provider to send the information (e.g. lack of provider directory)	Q14_H	NOPA	Lack provider address
i. Experience greater challenges exchanging (e.g. sending/receiving data) across different vendor platforms	Q14_I	DIFVEND	Exchanging across different vendor platforms
j. We don't typically share our patient data with care settings/organizations outside our system	Q14_J	NOSHARE	Do not share patient data outside system
k. We have to pay additional costs to send/receive data with care settings/organizations outside our system	Q14_K	ADCOST	Pay additional costs to send/receive data

Key

1 = Yes

14a. If 14k is yes, please indicate the source(s) of those additional costs below (check all that apply)

	Survey Question Number	Database Field Name	Expanded Field Name
1. Your EHR vendor	Q14_A1	COSTMYVEN	Your EHR vendor (additional costs)
2. The recipient's EHR vendor	Q14_A2	COSTRECVEN	The recipeient's EHR vendor (additional costs)
3. An intermediary that enables the sending or receiving of data (e.g. HISP, HIE, Direct Trust, NATE)	Q14_A3	COSTINT	Intermediary (additional costs)
4. Other source not listed above	Q14_A4	COSTOTH	Other sources not listed above (additional costs)
Other description	Q14_A_OTH	COSTDSCR	Other description (additional costs)

Key

1 = Yes

EHR System and IT Vendors

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

	Survey Question Number	Database Field Name	Expanded Field Name
IT supports two factor authentication	Q15	IT_AUTH	Two factor authentication

Key

1 = Yes

2 = No

3 = Do not know

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

	Survey Question Number	Database Field Name	Expanded Field Name
Posses a certified system for meeting meaningful use requirements	Q16	EMRHRCRT	Certified EHR for Meaningful Use

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

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

	Survey Question Number	Database Field Name	Expanded Field Name
Development framework/set-up of EHR	Q17	EMR_DSCR	EHR Description

Key
1 = A mix of products from different vendors
2 = Primarily one vendor
3 = Self-developed

18a. Which vendor below provides your primary inpatient EHR/EMR system? *"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 the vendor name rather than product.*

	Survey Question Number	Database Field Name	Expanded Field Name
Primary provider of inpatient EHR	Q18_A	PIEMR	Primary inpatient EHR/EMR vendor
	Q18_A_OTH	PIEMRO	Primary inpatient EHR/EMR vendor - other

Key
1 = Allscripts/Eclipsys
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
17 = CPSI
18 = HMS
19 = Healthland
20 = Vitera/Greenway

18b. Do you use the same primary inpatient EHR/EMR system vendor (noted above) for your primary outpatient EMR/EHR system? *"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 the vendor name rather than product.*

	Survey Question Number	Database Field Name	Expanded Field Name
Same primary inpatient EHR/EMR system vendor (noted above) for your primary outpatient EMR/EHR system	Q18_B	SIOPV	Same primary inpatient/outpatient EHR/EMR system vendor

Kev
1 = Yes
2 = No
3 = Do not know
4 = NA

19. Which vendor(s) below does your hospital directly use to electronically exhange patient health information?

	Survey Question Number	Database Field Name	Expanded Field Name
a. The same system as our primary inpatient EMR system	Q19_A	HIE_SAME	Same as inpatient (HIE vendor)
b. MedFX	Q19_B	HIE_MEDFX	Medfx (HIE Vendor)
c. Intersystems	Q19_C	HIE_INTSYS	Intersystems (HIE Vendor)
d. Harris	Q19_D	HIE_HARRIS	Harris (HIE Vendor)
e. Surescripts	Q19_E	HIE_SRSCRPTS	Surescripts (HIE Vendor)
f. Medicity	Q19_F	HIE_MEDCTY	Medicity (HIE Vendor)
g. Truven Analytics	Q19_G	HIE_TRVN	Truven Analytics (HIE Vendor)
h. Mirth	Q19_H	HIE_MIRTH	Mirth (HIE Vendor)
i. Relay Health	Q19_I	HIE_RELAY	Relay Health (HIE Vendor)
j. Orion Health	Q19_J	HIE_ORION	Orion Health (HIE Vendor)
k. Inpriva	Q19_K	HIE_INPRIVA	INPRIVA (HIE Vendor)
l. Care Evolution	Q19_L	HIE_CARE	Care Evolution (HIE Vendor)
m. Optom/Axolotl	Q19_M	HIE_OPAX	Optom/Axolotl (HIE Vendor)
n. MaxMD	Q19_N	HIE_MAXMD	MAXMD (HIE Vendor)
o. Covinst	Q19_O	HIE_CVNST	Covinst (HIE Vendor)
p. Sandlot	Q19_P	HIE_SNDLT	Sandlot (HIE Vendor)
q. ICA	Q19_Q	HIE_ICA	ICA (HIE Vendor)
r. MedAllies	Q19_R	HIE_MEDALL	MedAllies (HIE Vendor)
s. Microsoft	Q19_S	HIE_MCRSFT	Microsoft (HIE Vendor)
t. Certify Data Systems	Q19_T	HIE_CDS	Certify Data Systems (HIE Vendor)
u. Other (please specify)	Q19_U	HIE_OTH	Other (HIE Vendor)
v. Do not exchange patient health information electronically	Q19_V	HIE_NOEX	Do not exhange (HIE Vendor)
w. Would prefer not to disclose	Q19_W	HIE_NODIS	Prefer not to disclose (HIE Vendor)
Other description	Q19_OTH	PPHIEO	Other description (HIE Vendor)

Key
1 = Yes

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

	Survey Question Number	Database Field Name	Expanded Field Name
a. Initial deployment	Q20_A	CHNG_ID	Initial deployment
b. Major change in vendor	Q20_B	CHNG_VEN	Major change in vendor
c. Change from enterprise architecture to best-of-breed	Q20_C	CHG_ARCA	Enterprise architecture to best-of-breed
d. Change from best-of-breed to enterprise architecture	Q20_D	CHG_ARCB	Best-of-breed to enterprise architecture
e. Significant additional functionalities	Q20_E	CHNG_FUNC	Significant additional functionalities
f. Do not know	Q20_F	CHNG_UNKN	Changes Unknown
g. No major changes planned	Q20_G	CHNG_NUN	No major changes planned

Key
1 = Yes

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

	Survey Question Number	Database Field Name	Expanded Field Name
a. Upfront capital costs/lack of access to capital to install systems	Q21_A	FEDCST	Upfront capital costs, or lack of capita
b. Ongoing costs of maintaining and upgrading systems	Q21_B	FEDUS	Ongoing costs of maintaining/upgrading
c. Obtaining physician cooperation	Q21_C	FEDPHY	Obtaining physician cooperation
d. Obtaining other staff cooperation	Q21_D	FEDSTF	Obtaining other staff cooperation
e. Concerns about security or liability for privacy breaches	Q21_E	MNGFL_SEC	Concerns about security/liability for privacy breaches
f. Uncertainty about certification requirements	Q21_F	MNGFL_CERT	Uncertainty about certification process
g. Limited vendor capacity	Q21_G	MNGFL_VEN	Lack of vendor capacity
h. Lack of adequate IT personnel in hospital to support implementation/maintenance	Q21_H	MNGFL_IT	Lack adequate IT staff
i. Challenge/complexity of meeting all meaningful use criteria within implementation timeframe	Q21_I	MNGFL_TIME	Meeting all meaningful use criteria on time
j. Other specify	Q21_J	MNGFL_OTH	Other reason (MNGFL)
k. Other description	Q21_K	MNGFL_OTHD	Other reason specified (MNGFL)

Key
1 = Yes

22. 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)

	Survey Question Number	Database Field Name	Expanded Field Name
a. Create a dashboard with measures of organizational performance	Q22_A	ECDMOP	Create a dashboard with measures of organizational performance
b. Create a dashboard with measures of unit-level performance	Q22_B	ECDMUP	Create a dashboard with measures of unit-level performance
c. Create individual provider performance profiles	Q22_C	ECDIPP	Create individual provider performance profiles
d. Create an approach for clinicians to query the data	Q22_D	ECDCQD	Create an approach for clinicians to query the data
e. Assess adherence to clinical practice guidelines	Q22_E	ECDICG	Assess adherence to clinical practice guidelines
f. Identify care gaps for specific patient populations	Q22_F	ECDCGP	Identify care gaps for specific patient populations
g. Generate reports to inform strategic planning	Q22_G	ECDISP	Generate reports to inform strategic planning
h. Support a continuous quality improvement process	Q22_H	ECDCQI	Support continuous quality improvement process
i. Monitor patient safety (e.g. adverse drug effects)	Q22_I	ECDMPS	Monitor patient safety
j. Identify high risk patients for follow-up care using algorithm or other tools	Q22_J	ECDHRP	Identify high risk patients for follow-up care using algorithm or other tools
k. None of the above	Q22_K	ECDNONE	None (ECD)

Key
1 = Yes