# 2020 AHA Annual Survey Information Technology Supplement File Layout

Control/ownership

	set
Field Description	<b>Database Field Name</b>
AHA Identification Number	ID
Medicare Provider Number	MCRNUM
Hospital name	MNAME
Street Address	MLOCADDR
City	MLOCCITY
State	MSTATE
ZIP code	MLOCZIP
Total facility beds set up and staffed	BDTOT

Кеу	
Government, nonfederal	Government, federal
12 = State	40 = Department of Defense
13 = County	44 = Public Health Service other than 47
14 = City	45 = Veterans Affairs
15 = City-county	46 = Federal other than 41-45, 47- 48
16 = Hospital district or authority	47 = Public Health Service Indian Service
	48 = Department of Justice
Nongovernment, not-for-profit	
21 = Church operated	
23 = Other	
Investor-owned, for-profit	
31 = Individual	
32 = Partnership	
33 = Corporation	

Contact us at 866-375-3633 or ahadatainfo@aha.org

Note: Key FOLLOWS each Question

MCNTRL

### **Field Description**

#### **Database Field Name**

Primary service code

**MSERV** 

### 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
- 91 = Children's cancer

# **Hospital Capacity Reporting**

1. To which government entities is your hospital responsible for reporting this data? Note: This data could include availability and use of hospital beds, personal protective equipment (PPE), ventilators, staffing, and/or other medical supplies/resources.

	Survey Question Number	Database Field Name
a. City or local public health agencies	Q1_A	HCRLOCAL
b. State public health agencies	Q1_B	HCRSTATE
c. Federal entities (such as the CDC or HHS)	Q1_C	HCRFED
d. We are not responsible for reporting data associated with hospital capacity and utilization of resources to government entities	Q1_D	HCRNR
e. Do not know	Q1_E	HCRDNW

# Key

1 = Yes

0 = No

2. To what extent are hospital capacity and utilization of medical supplies data and reporting requirements similar across Federal, State, or Local agencies?

To what extent are hospital capacity and utilization of medical supplies data and reporting requirements similar across Federal, State, or Local agencies?

Q2

SPDTASM

#### Key

- 1 = Completely similar
- 2 = Somewhat similar
- 3 = Not very similar
- 4 = Not at all similar
- 5 = Not applicable (we only report to one government entity)
- 6 = Don't know

# 3. Please indicate whether your hospital experienced any of the issues below when collecting or reporting hospital capacity and utilization of medical supplies data to Federal, State, or Local public health agencies.

	<b>Survey Question Number</b>	Database Field Name
a. Unclear instructions on how to complete and submit relevant data - Federal	Q3a_1	UNCLRFED
a. Unclear instructions on how to complete and submit relevant data - State	Q3a_2	UNCLRSTE
a. Unclear instructions on how to complete and submit relevant data - Local/City	Q3a_3	UNCLRLCL
a. Unclear instructions on how to complete and submit relevant data - None	Q3a_4	UNCLRNO
a. Unclear instructions on how to complete and submit relevant data - Do not know	Q3a_5	UNCLRDNK
b. Inconsistant or unclear definitions of reported data elements - Federal	Q3b_1	UDRDEFED
b. Inconsistant or unclear definitions of reported data elements - State	Q3b_2	UDRDESTE
b. Inconsistant or unclear definitions of reported data elements - Local/City	Q3b_3	UDRDELCL
b. Inconsistant or unclear definitions of reported data elements - None	Q3b_4	UDRDENO
b. Inconsistant or unclear definitions of reported data elements - Do not know	Q3b_5	UDRDEDNK
c. Lack of standard submission templates or file formats - Federal	Q3c_1	NOTMPFED
c. Lack of standard submission templates or file formats - State	Q3c_2	NOTMPSTE
c. Lack of standard submission templates or file formats - Local/City	Q3c_3	NOTMPLCL
c. Lack of standard submission templates or file formats - None	Q3c_4	NOTMPNO
c. Lack of standard submission templates or file formats - Do not know	Q3c_5	NOTMPDKN
d. Many data points required for capacity and utilization reporting were not available in the EHR or other IT systems and required significant effort to document/report - Federal	Q3d_1	DPNAFED

d. Many data points required for capacity and utilization reporting were not available in the EHR or other IT systems and required significant effort to document/report - State	Q3d_2	DPNASTE
d. Many data points required for capacity and utilization reporting were not available in the EHR or other IT systems and required significant effort to document/report - Local/City	Q3d_3	DPNALCL
d. Many data points required for capacity and utilization reporting were not available in the EHR or other IT systems and required significant effort to document/report - None	Q3d_4	DPNANO
d. Many data points required for capacity and utilization reporting were not available in the EHR or other IT systems and required significant effort to document/report - Do know know	Q3d_5	DPNADNK
e. Required measures do not accurately reflect our hospital capacity and utilization of medical supplies - Federal	Q3e_1	MSRNAFED
e. Required measures do not accurately reflect our hospital capacity and utilization of medical supplies - State	Q3e_2	MSRNASTE
e. Required measures do not accurately reflect our hospital capacity and utilization of medical supplies - Local/City	Q3e_3	MSRNALCL

e. Required measures do not accurately reflect our hospital capacity and utilization of medical supplies - None	Q3e_4	MSRNANO
e. Required measures do not accurately reflect our hospital capacity and utilization of medical supplies - Do not know	Q3e_5	MSRNADNK
Key		
1 = Yes 0 = No		
0 - 110		
Prescribing Controlled Substances		
4. Is your hospital enabled for electronic prescribing of controlled substances (EPCS)?		
	<b>Survey Question Number</b>	Database Field Name
Is your hospital enabled for electronic prescribing of controlled substances (EPCS)?	Q4	HEPCS
Key		
1 = Yes		
2 = No		
3 = Do not know		
4 = NA		
Patient Engagement		
<b>5a. Does your hospital provide outpatient care to patients?</b> Note: Outpatient care refers to bot	h hospital based and satellite outpation	ent departments/sites.
	Survey Question Number	Database Field Name
Does your hospital provide outpatient care to patients	Q5a	OPCARE
Key		
1 = Yes (go to 5b) 0 = No (skip to 6)		
U - NU ISNID LU UI		

# Survey Question Number Survey Question Number Database Field Name Is there more than one primary EMR/HER system in use across your outpatient site(s)? Q5b POPEHR

Кеу
1 = Yes
<b>Key</b> 1 = Yes 0 = No

6. Are patients who receive care provided by your hospital or outpatient sites able to do the following: (Check "Yes" only if the functionality has been "turned on" and is fully implemented and available to patients. Check both (1) and (2) if the functionality is turned on in both inpatient and outpatient settings)

	Survey Question Number	Database Field Name
a. View their health/medical information online in their portal - inpatient sites	Q6a_1	PEFVIIS
a. View their health/medical information online in their portal - some or all outpatient sites	Q6a_2	PEFVIOS
a. View their health/medical information online in their portal - no	Q6a_3	PEFVINO
a. View their health/medical information online in their portal - do not know	Q6a_4	PEFVIDNK
b. Download health medical information from their medical record from your portal - inpatient sites	Q6b_1	PEFDIIS
b. Download health medical information from their medical record from your portal - some or all outpatient sites	Q6b_2	PEFDIOS
b. Download health medical information from their medical record from your portal - no	Q6b_3	PEFDINO
b. Download health medical information from their medical record from your portal - do not know	Q6b_4	PEFDIDNK
c. Import their medical records from other organizations into your portal - inpatient sites	Q6c_1	PEFIRIS

c. Import their medical records from other organizations into your portal - some or all outpatient sites	Q6c_2	PEFIROS
c. Import their medical records from other organizations into your portal - no	Q6c_3	PEFIRNO
c. Import their medical records from other organizations into your portal - do not know	Q6c_4	PEFIRDNK
d. Electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents - inpatient sites	Q6d_1	PEFRSIS
d. Electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents - some or all outpatient sites	Q6d_2	PEFRSOS
d. Electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents - no	Q6d_3	PEFRSNO
d. Electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents - do not know	Q6d_4	PEFRSDNK
e. Electronically transmit (send) health/medical information to a third party from your portal (in a structured format such as CCDA) - inpatient sites	Q6e_1	PEFSFIS
e. Electronically transmit (send) health/medical information to a third party from your portal in a structured format such as CCDA - some or all outpatient sites	Q6e_2	PEFSFOS
e. Electronically transmit (send) health/medical information to a third party from your portal (in a structured format such as CCDA) - no	Q6e_3	PEFSFNO
e. Electronically transmit (send) health/medical information to a third party from your portal (in a structured format such as CCDA) - do not know	Q6e_4	PEFSFDNK

f. Request an amendment to change/update their medical record online - inpatient sites	Q6f_1	PEFRAIS
f. Request an amendment to change/update their medical record online - some or all outpatient sites	Q6f_2	PEFRAOS
f. Request an amendment to change/update their medical record online - no	Q6f_3	PEFRANO
f. Request an amendment to change/update their medical record online - do not know	Q6f_4	PEFRADNK
g. Designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access) - inpatient sites	Q6g_1	PEFPROXIS
g. Designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access)- some or all outpatient sites	Q6g_2	PEFPROXOS
g. Designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access) - no	Q6g_3	PEFPROXNO
g. Designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access) - do not know	Q6g_4	PEFPROXDNK
h. View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal - inpatient sites	Q6h_1	PEFVCNIS
h. View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal - some or all outpatient sites	Q6h_2	PEFVCNOS
h. View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal - no	Q6h_3	PEFVCNNO
h. View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal - do not know	Q6h_4	PEFVCNDNK
i. Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR - inpatient sites	Q6i_1	PEFAPIIS

i. Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR - some or all outpatient sites	Q6i_2	PEFAPIOS
i. Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR - no	Q6i_3	PEFAPINO
i. Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR - do not know	Q6i_4	PEFAPIDNK
j. Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications - inpatient sites	Q6j_1	PEFFHIIS
j. Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications - some or all outpatient sites	Q6j_2	PEFFHIOS
j. Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications - no	Q6j_3	PEFFHINO
j. Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications - do not know	Q6j_4	PEFFHIDNK
k. Submit patient generated data (e.g., blood glucose, weight) - inpatient sites	Q6k_1	PEFSDIS
k. Submit patient generated data (e.g., blood glucose, weight) - some or all outpatient sites	Q6k_2	PEFSDOS
k. Submit patient generated data (e.g., blood glucose, weight) - no	Q6k_3	PEFSDNO
k. Submit patient generated data (e.g., blood glucose, weight) - do not know	Q6k_4	PEFSDDNK

I. Send/receive secure message with providers - inpatient sites	Q6I_1	PERSMIS
I. Send/receive secure message with providers - some or all outpatient sites	Q6I_2	PERSMOS
I. Send/receive secure message with providers - no	Q6I_3	PERSMNO
I. Send/receive secure message with providers - do not know	Q6I_4	PERSMDNK
m. Pay bills online - inpatient sites	Q6m_1	PEFPBIS
m. Pay bills online - some or all outpatient sites	Q6m_2	PEFPBOS
m. Pay bills online - no	Q6m_3	PEFPBNO
m. Pay bills online - do not know	Q6m_4	PEFPBDNK
n. Request refills for prescriptions online - some or all outpatient sites	Q6n_2	PEFRPOS
n. Request refills for prescriptions online - no	Q6n_3	PEFRPNO
n. Request refills for prescriptions online - do not know	Q6n_4	PEFRPDNK
o. Schedule appointments on-line - some or all outpatient sites	Q6o_2	PEFSAOS
o. Schedule appointments on-line - no	Q6o_3	PEFSANO
o. Schedule appointments on-line - do not know	Q6o_4	PEFSADNK

Key		
1 = Yes		
0 = No		
Provider Burden Related to Reporting and Documentation		
7a. Does your hospital receive or have access to measures from your EHR vendor documentation? Such measures typically use EHR audit log data.	r that report the amount of time clinicians spo	end completing
	Survey Question Number	Database Field Name
Use of EHR to track time clinicians spend completing documentation	Q7a	TRKDOC
Key		
1 = Yes (go to 7b)		
2 = No (go to 8)		
3 = Do not know (go to 8)		
4 = NA (go to 8)		
7b. If yes, how are these data used?		
	Survey Question Number	Database Field Name
Vendor product improvement and trouble shooting	Q7_B1	DUPRDIMP
2. Identify providers in need of training and support	Q7_B2	DUIDPROV
3. Provider burden reduction initiatives	Q7_B3	DUPBRI
4. Performance/efficiency monitoring of clinicians	Q7_B4	DUPRFMN
5. Identify areas to improve clinical workflow	Q7_B5	DUCLWF
6. Other data uses	Q7_B6	DUOTH
Other description data uses	Q7_B6_OTH	DUOTH_DESC
Key		
1 = Yes		
0 = No		
Participation in health information exchange networks		
8a. Please indicate your level of participation in a state, regional, and/or local he	aalth information exchange (HIF) or health inf	ormation organization (UIC
Note: This does not refer to a private, enterprise network.	and mornation exchange (me) of health in	ormation organization (nic
, , ., ,,	<b>Survey Question Number</b>	Database Field Name

Key

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

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

# 8b. Please indicate which state, regional and/or local HIE/HIO(s) with whom your hospital participates and actively exchanges data as well as the first year that your hospitals actively participated in this HIE/HIO. (See HIO list)

	Survey Question Number	Database Field Name
8b1a. Name/reference number 1	Q8b1_A	NMREF1
8b1b. First year your hospital participated 1	Q8b1_B	YEAR1
8b1b.Name1 Other	Q8b1_OTH	NM10TH
8b2a. Name/reference number 2	Q8b2_A	NMREF2
8b2b. First year your hospital participated 2	Q8b2_B	YEAR2
8b1b.Name2 Other	Q8b2_OTH	NM2OTH
8b3a. Name/reference number 3	Q8b3_A	NMREF3
8b3b. First year your hospital participated 3	Q8b3_B	YEAR3
8b1b.Name3 Other	Q8b3_OTH	NM3OTH

# 9. Which of the following *national* health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)? Check all that apply

a. CommonWell Health Alliance	Survey Question Number Q9_A	Database Field Name CWHA
b. e-Health Exchange	Q9_B	HLTHXCH
c. Strategic Health Information Exchange Collaborative (SHIEC)/Patient Centered Data Home (PCDH)	Q9_C	SHIEC
d. Carequality (network-to-network trust/governance framework	Q9_D	SPCAREQ
e. EHR vendor-based-network that enables record location and exchange within the EHR vendor's network of users (e.g., Epic's Care Everywhere) f. Other national health exchange network	Q9_F Q9_G	VENNET OTHNET

Other national health exchange network description

g. Do not participate in any national health information exchange networks (either via vendor or directly)

h. Do not know

Q9\_G\_OTH

OTHNET\_DESC

Q9\_H

NETNO

NETDNK

# Key

1 = Yes

0 = No

## 10. Does your hospital currently use Direct messaging that is enabled through DIRECT protocol and the DirectTrust?

Hospital uses Direct messaging enabled through DIRECT protocal and the DirectTrust

Q10

DRTMSG

#### Key

1 = Yes

2 = No

3 = Do not know

### Querying information from outside providers or sources

11a. Does your hospital <u>query</u> electronically for patients' health information (e.g. medications, outside encounters) from sources <u>outside</u> of your organization or hospital system? *Note: Hospitals that auto-query should respond "Yes"* 

Hospital able to query electronically for a patient's health information from sources outside organization or system

Survey Question Number

Q11a

EQPHIOS

#### Key

1 = Yes (go to 11b)

2 = No, but have the capability (go to 12)

3 = Do not know (go to 12)

4 = No, do not have capability (go to 12)

# 11b. How often are the following electronic methods used to <u>search for (e.g., query or auto-query) and view</u> patient health information from <u>sources outside your organization or hospital system</u>?

Electronic Methods	Survey Question Number	Database Field Name
1. Provider portals that allow you to view records in another organization's EHR system	Q11b_1	EMOPORT
2. Interface connection between EHR systems (e.g. HL7 interface)	Q11b_2	EMOINTF
3. Access to other organizations' EHR system using login credentials	Q11b_3	EMODIRAC

4. Regional, state, or local health information exchange organization (HIE/HIO). NOT local, proprietary, enterprise network	Q11b_4	EMOREG
5. EHR vendor-based network that enables record location within the network (e.g. Care Everywhere)	Q11b_5	EMOVBN
<ul> <li>6. EHR connection to national networks that enable record location across EHRs in different networks (e.g. Commonwell, e-health exchange, Carequality)</li> <li>7. Other electronic methods</li> <li>Other electronic methods description</li> </ul>	Q11b_6 Q11b_7 Q11b_7_OTH	EMONATNET EMOOTH EMOOTH_DESC

# Key

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 5 = Do not know/NA

# Sending patient health information

12. When a patient transitions to another care setting organization outside of your organization or hospital system, how often are the following methods used to SEND a summary of care record?

	<b>Survey Question Number</b>	Database Field Name
Methods without intermediaries		
a. Mail or fax	Q12_A	MAILSND
b. eFax using EHR	Q12_B	EFAXSND
c. Provider portals that allow outside organization to view records in your EHR sysstem	Q12_C	PORTSND
d. Interface connection between EHR systems (e.g. HL7 interface)	Q12_D	INTCONSND
e. Login credentials that allow access to your EHR	Q12_E	DIRACCSND
f. Other methods without intermediaries	Q12 F	OTHNISND
Other description	Q12_F_OTH	OTHNISND_DESC
Methods with intermediaries		
g. HISPs that enable messaging via DIRECT protocol	Q12_G	HISPSND
h. Regional, state, or local health information exchange organization (HIE/HIO). Not local	Q12 H	HIOSND
proprietary, enterprise network	QIZ_II	THOSIND
i. EHR vendor-based network that enables exchange with vendor's other users. (e.g., Epic's	012	SEHRSND
Care Everywhere)	Q12_I	SELIVOIAN

j. National networks that enable exchange across different EHR vendors (e.g. Commonwell, e-Q12 J health exchange, Carequality) k. Other methods with intermediaries Q12 K Other description Q12 K OTH Key 1 = Often 2 = Sometimes 3 = Rarely 4 = Never

Electronic N	otifications
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5 = Do not know/NA

13a. When a patient visits your Emergency Department (ED), do you routinely provide electronic notification to the patient's primary care physician?

Provide electronic notification to primary care physician after ED visit

**Survey Question Number** Q13a

**Database Field Name** 

**ENED** 

**MEHRSND** 

OTHISND

OTHISND DESC

#### Key

- 1 = Yes, routinely
- 2 = Yes, but not routinely
- 3 = No, but have the capability
- 4 = No, don't have the capability
- 5 = Don't know
- 6 = Don't have ED

reorder to match last year

### 13b. If yes, are electronic notifications provided to primary care physicians below? (Check all that apply)

<b>Survey Question Number</b>	Database Field Name
Q13b_a	PCPENI
Q13b_b	PCPENO
Q13b_c	PCPENDK

#### Key

1 = Yes

#### Receive and integrate patient health information

14. When a patient transitions from another care setting outside your organization or hospital system, how often does your hospital use the following methods to RECEIVE a summary of care record?

	Survey Question Number	<b>Database Field Name</b>
Methods without intermediaries		
a. Mail or fax	Q14_A	MAILRCV

b. eFax using EHR	Q14_B	EFAXRCV
c. Provider portals that allow you to view records in another organizations' EHR system	Q14_C	PORTRCV
d. Interface connection between EHR systems (e.g. HL7 interface)	Q14_D	INTCONRCV
e. Access to other organizations' EHR system using login credentials	Q14_E	DIRACCRCV
f. Other methods without intermediaries	Q14_F	OTHNIRCV
Other description	Q14_F_OTH	OTHNIRCV_DESC
Methods with intermediaries		
g. HISPs that enable messaging via DIRECT protocol	Q14_G	HISPRCV
h. Regional, state, or local health information exchange organization (HIE/HIO). NOT local proprietary enterprise network	Q14_H	HIORCV
i. EHR vendor-based network that enables exchange with vendor's other users (e.g. Epic's Care Everywhere)	Q14_I	SEHRRCV
j. National networks that enable exchange across <u>different</u> EHR vendors (e.g. CommonWell, e-		
health exchange, Carequality)	Q14_J	MEHRRCV

# Key

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 5 = Do not know/NA

15. Does your EHR integrate the information contained in summary of care records received electronically (not eFax) without the need for manual entry? **Database Field Name Survey Question Number** Integration of electronically received summary of care records Q15 **SOCINT** Key 1 = Yes, routinely 2 = Yes, but not routinely 3 = No 4 = Do not know 5 = NAAvailability and usage of data that is exchanged 16. When treating a patient that was seen by a provider outside your organization or hospital system, 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** Clinical information available electronically from outside providers/sources Q16 CIAOUT Key 1 = Yes 2 = No 3 = Do not know 17a. 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** Use electronic patient health information from outside providers Q17a **PHIOUT** Key 1 = Often 2 = Sometimes 3 = Rarely 4 = Never 5 = Do not know

17b. Please indicate which of the following barriers reduce usage. Check all that apply.		
	<b>Survey Question Number</b>	Database Field Name
1. Information not always available when needed (e.g. not timely)	Q17b_1	PHI_INFONA
2. Information is not trusted	Q17b_2	PHI_NOTRUST
3. Information available but not within EHR	Q17b_3	PHI_DIFF
4. Information available within EHR but not part of clinicians' workflow	Q17b_4	PHI_NOVIEW
5. Information not presented in a useful format (e.g. too much information, redundant, or unnecessary information)	Q17b_5	PHI_FORMAT
6. Information that is specific and relevant is hard to find	Q17b_6	PHI_CNTFND
7. External data uses different standards (e.g., vocabulary and/or semantic representation	Q17b 7	PHI VOCAB
differs) making it difficult to use	Q175_7	FIII_VOCAB
8. Other	Q17b_8	PHI_OTH
Other description (barriers reduce usage)	Q17b_8_OTH	PHI_OTH_DESC
Кеу		
1 = Yes		
0 = No		

# Information exchange related to COVID -19

18. To what extent do you agree with this statement: my hospital electronically received information from outside providers needed to effectively treat COVID-19?

	Survey Question Number	Database Field Name
My hospital electronically received information from outside providers needed to effectively	Q18	CVDIOP
treat COVID-19	Q16	CVDIOF

### Key

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- 6 = Don't know

# 19. How frequently is each type of clinical information that is necessary for treating patients with COVID-19 electronically available (not e-Fax) from outside providers or other sources at the point of care?

Information type:	Survey Question Number	Database Field Name
a. Diagnoses	Q19_a	DGNCVD
b. Problem lists	Q19_b	PLCVD
c. Lab results	Q19_c	LRCVD
d. Clinical notes	Q19_d	CNCVD
e. Medications	Q19_e	MEDCVD
f. Images	Q19_f	IMGCVD
g. Immunization Details	Q19_g	IDCVD

# Key

- 1 = Always
- 2 = Often
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = Don't know
- 20. When patients who were admitted to your hospital had been tested for COVID-19 outside of your health system, to what extent did you receive results in an electronic, structured format (e.g. HL7 containing LOINC and SNOMED codes) from each type of entity outside of your healthcare system?

Entity:	Survey Question Number	Database Field Name
a. Large commercial labs	Q20_a	LCLSF
b. Small/independent/regional labs	Q20_b	SIRSF
c. Public health labs	Q20_c	PHLSF
d. Other hospitals	Q20_d	OTHHPSF
e. Point of care testing by traditional ambulatory providers	Q20_e	TAPSF
f. Point of care testing by emerging providers (e.g. pharmacies performing testing, 'pop up' testing)	Q20_f	EMPRSF

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- 1 = Always
- 2 = Often
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = Don't know
- 7 = NA/Do not receive from this entity

# **Public Health Reporting**

21a. What is your hospital's current stage of active engagement towards electronically submitting data for public health reporting related to activities listed below?

	Survey Question Number	Database Field Name
1. Syndromic surveillance reporting	Q21a_1	SSRAE
2. Immunization registry reporting	Q21a_2	IRRAE
3. Electronic case reporting	Q21a_3	ECRAE
4. Public health registry reporting	Q21a_4	PHRAE
5. Clinical data registry reporting	Q21a_5	CDRAE
6. Electronic reportable laboratory result reporting	Q21a_6	ERLAE

#### Kev

- 1 = Actively electronically submitting production data
- 2 = In the process of testing and validating electronic submission of data
- 3 = Completed registation to submit data
- 4 = Have not completed registration
- 5 = Don't know

21b. How does your hospital electronically submit data for public health reporting related to the activities listed below? *Note this is referring to data generated through clinical processes involving patient care (production data NOT test data).* 

	Survey Question Number	Database Field Name
1. Syndromic surveillance reporting	Q21b_1	SSRESD
2. Immunization registry reporting	Q21b_2	IRRESD

3. Electronic case reporting	Q21b_3	ECRESD
4. Public health registry reporting	Q21b_4	PHRESD
5. Clinical data registry reporting	Q21b_5	CDRESD
6. Electronic reportable laboratory result reporting	Q21b_6	ERLESD
7. Hospital capacity and utilization of medical supplies	Q21b_7	HCUESD

## Key

1 = Electronic health record

2 = Health information exchange

3 = Other electronic method (besides EHR and HIE)

4 = Not electronically submitting data

5 = Don't know

21c. For each activity, how often is the data successfully submitted/sent to the public health entity in a timely manner and electronic, structured format? Successfully implies sending messages with <u>few-to no errors</u> in a form the public health agency can use, and when errors do occur they are resolved in a <u>timely</u> manner, transmitted within required timeframe.

	Survey Question Number	Database Field Name
1. Syndromic surveillance reporting	Q21c_1	SSRSSPH
2. Immunization registry reporting	Q21c_2	IRRSSPH
3. Electronic case reporting	Q21c_3	ECRSSPH
4. Public health registry reporting	Q21c_4	PHRSSPH
5. Clinical data registry reporting	Q21c_5	CDRSSPH
6. Electronic reportable laboratory result reporting	Q21c_6	ERLSSPH
7. Hospital capacity and utilization of medical supplies	Q21c_7	HCUSSPH

# Key

1 = Always

2 = Often

3 = Sometimes

4 = Rarely

5 = Never

6 = Not applicable (do not report)

7= Don't know

# 21d. For each type of public health reporting, please indicate whether your hospital uses automated, manual, or a mix of both types of processes to transmit the data.

	Survey Question Number	Database Field Name
1. Syndromic surveillance reporting	Q21d_1	SSRSTRDT
2. Immunization registry reporting	Q21d_2	IRRSTRDT
3. Electronic case reporting	Q21d_3	ECRSTRDT
4. Public health registry reporting	Q21d_4	PHRSTRDT
5. Clinical data registry reporting	Q21d_5	CDRSTRDT
6. Electronic reportable laboratory result reporting	Q21d_6	ERLSTRDT
7. Hospital capacity and utilization of medical supplies	Q21d_7	HCUSTRDT

#### Key

- 1 = Fully or primarily automated
- 2 = Mix of automated and manual processes
- 3 = Fully or primarily manual
- 4 = Don't know/NA

# 21e. If you use an HIE to submit data for public health reporting activities, does the HIE perform value added services during submission (e.g. reformat message, add additional data to message, etc.)?

	Survey Question Number	Database Field Name
1. Syndromic surveillance reporting	Q21e_1	SSRSHIE
2. Immunization registry reporting	Q21e_2	IRRSHIE
3. Electronic case reporting	Q21e_3	ECRSHIE
4. Public health registry reporting	Q21e_4	PHRSHIE
5. Clinical data registry reporting	Q21e_5	CDRSHIE
6. Electronic reportable laboratory result reporting	Q21e_6	ERLSHIE
7. Hospital capacity and utilization of medical supplies	Q21e_7	HCUSHIE

#### Key

- 1 = Value added services (e.g. adding information from another source)
- 2 = Simple modifications (e.g. code translation)
- 3 = Pass Through/transmit only
- 4 = Don't know
- 5 = Not applicable (do not report)

22. To what extent do you agree with this statement: We have been successfully submitting vaccine related adverse events to relevant State and Federal agencies (e.g. CDC Vaccine Adverse Event Reporting System)?

Survey Question Number

Database Field Name

Successfully submitting vaccine related adverse events to relevent State and Federal agencies Q22 ADVEVNTS

### Key

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- 6 = Don't know
- 23. Does your HIE charge your hospital additionally to submit data for public health reporting activities?

Survey Question Number Database Field Name

HIE charges your hospital additionally to submit data for public health reporting activities.

Q23 HIECHRGE

#### Key

- 1 = Yes
- 2 = No
- 3 = Do not know
- 24. Does your EHR developer charge your hospital additionally to submit data for public health reporting activities?

EHR developer charges your hospital additionally to submit data for public health reporting activities

24

Burvey Question Number

Database Field Name

PRICHRGE

#### Key

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

#### Barriers to exchange and interoperability

# 25a. Which of the following issues has your hospital experienced when trying to <u>electronically</u> (not eFax) send, receive, or find (query) patient health information to/from other organizations or hospital systems? (Check all that apply)

# Barriers related to electronically sending patient health information

	Survey Question Number	Database Field Name
1. Providers we would like to electronically send patient health information to, do <u>not</u> have an EHR or other electronic system with capability to receive the information	Q25a_1	NPEHR
2. Providers we would like to electronically send patient health information to <u>have</u> an EHR; however, it lacks the technical capability to receive the information	Q25a_2	PEHRNRI
3. Difficult to locate the address of the provider to send the information (e.g. lack of provider directory)	Q25a_3	NOPA
4. Many recipients of our electronic care summaries (e.g. CCDA) report that the information is not useful	Q25a_4	NUECS
5. Cumbersome workflow to send (not eFax) the information from our EHR system	Q25a_5	CSEHR
6. It is difficult to locate the Direct address of the provider to send the information	Q25a_6	NODPA
7. We frequently receive error messages when attempting to send Direct messages to recipients	Q25a_7	ERRMSG

# Key

1 = Yes

0 = No

# 25b. Barriers related to electronically receiving patient health information

	Survey Question Number	Database Field Name
1. Difficult to match or identify the correct patient between systems	Q25b_1	NOIDP

2. There are providers whom we share patients with that don't typically exchange patient data with us $\frac{1}{2}$	Q25b_2	PRVNOEX
3. There are providers whom we electronically share patient information with that don't typically share patient information with us	Q25b_3	EPRVNOEX
4. There are providers who share data with us but do not provide that data in the format that we request	Q25b_4	NFMTRQST
5. There are providers who state that they cannot exchange information with us due to privacy laws (e.g. HIPAA) in situations where that does not seem appropriate	Q25b_5	NAPRVLWS
Key 1 = Yes		

0 = No

25c. Other barriers related to exchanging patient health information		
	Survey Question Number	Database Field Name
1. Experience greater challenges exchanging (e.g. sending/receiving) data across different vendor platforms	Q25c_1	DIFVEND
2. We have to pay additional costs to send/receive data with outside organizations/hospital systems	Q25c_2	ADCOST
3. We had to develop customized interfaces in order to exchange (e.g., send/receive) data with outside organizations/health systems	Q25c_3	CUSTINT
4. Contractual constraints between healthcare providers and health vendors limit our ability to exchange data with providers using certain systems	Q25c_4	CNTRTCST
Key		
1 = Yes		
0 = No		

25d. In what form(s) have you observed or experienced information blocking by Enterprise I	EHR vendor(s)?	
	<b>Survey Question Number</b>	<b>Database Field Name</b>
1. Price	Q25d_1	EVPRCE

2. Contract language	Q25d_2	EVCNTLNG
3. Artificial technical, process, or resource barriers	Q25d_3	EVARTF
4. Refusal 5. Other	Q25d_4 Q25d_5	EVRFSL EVOTH
Other description (EHR vendor blocking)	Q25d_5_OTH	EVOTH_DESC

# Key

- 1 = Often/Routinely
- 2 = Sometimes
- 3 = Never/Rarely
- 4 = Don't know

# 25e. In what form (s) have you observed or experienced information blocking by healthcare providers?

	<b>Survey Question Number</b>	Database Field Name
1. Artificial technical, process, or resource barriers	Q25e_1	HCPARTF
2. Refusal	Q25e_2	HCPRFSL
3. Strategic affiliations	Q25e_3	HCPSTAFL
4. Other	Q25e_4	HCPOTH
Other description (healthcare provider blocking)	Q25e_4_OTH	HCPOTH_DESC

# Key

- 1 = Often/Routinely
- 2 = Sometimes
- 3 = Never/Rarely
- 4 = Don't know

25f. To what extent have you observed the following stakeholders engaging in information blocking behaviors?		
	Survey Question Number	Database Field Name
1. Certified Health IT Developers (e.g. Enterprise EHR vendors)	Q25f_1	SHCERTDV
Healthcare Providers     National Networks	Q25f_2 Q25f_3	SHHCPROV SHNTLNTW
4. State, regional, and/or local health information exchange	Q25f_4	SHSRLHIE
5. Other Other description (stakeholder blocking)	Q25f_5 Q25f_5_OTH	SHOTH SHOTH_DESC
Key 1 = Often/Routinely 2 = Sometimes 3 = Never/Rarely 4 = Don't know		
EHR System and IT Vendors  26a. Does your hospital use an EHR system that has been certified?		
Does your hospital use an EHR system that has been certified?	Survey Question Number Q26a	Database Field Name EMRHRCRT
Key 1 = Yes 2 = No 3 = Do not know		
26b. If yes, has your hospital switched to a 2015 certified EHR system?		
Hospital switched to a 2015 certified EHR system	Survey Question Number Q26b	Database Field Name EHR2015CRT
Key 1 = Yes 2 = No 3 = Don't know		

27. 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. (Check only one)

Primary provider of inpatient EHR

<b>Survey Question Number</b>	Database Field Name
Q27	PIEMR
Q27_OTH	PIEMRO

Key	
1 = Allscripts	
2 = Cerner	
3 = eClinical works	
4 = Eclipsys	
5 = Epic	
6 = GE	
7 = McKesson	
8 = MED3000	
9 = Meditech	
10 = NextGen	
11 = Harris Healthcare/Quad	raMed
12 = Sage	
13 = Siemens	
14 = Self-developed	
15 = Other (specify)	
Other described	
16 = Would prefer not to disc	lose
17 = CPSI/Evident	
18 = HMS	
19 = Healthland	
20 = Vitera/Greenway	
21 = Evident	
22 = MEDHOST	
23 = Allscripts	
24 = Prognosis	
25 = Athenahealth	
26 = MedWorx	
27 = Health Care System	
28 = Azalea Health/Prognosis	

# 28. Overall, how satisfied or dissatisfied are you with your primary inpatient EHR system?

Satisfaction with primary inpatient EHR system

<b>Survey Question Number</b>	Database Field Name
028	SATISFHR

### Key

- 1 = Very satisfied
- 2 = Somewhat satisfied
- 3 = Somewhat dissatisfied
- 4 = Very dissatisfied
- 5 = Neither satisfied nor dissatisfied

# 29. What changes, if any, are you planning for your primary inpatient EMR/EHR system within the next 18 months?

	Survey Question Number	Database Field Name
a. Initial deployment	Q29_A	CHNG_ID
b. Vendor switch	Q29_B	CHNG_VEN
c. Change from enterprise architecture to best-of-breed	Q29_C	CHG_ARCA
d. Change from best-of-breed to enterprise architecture	Q29_D	CHG_ARCB
e. Optimizing functionality of new releases	Q29_E	CHG_FCTNR
f. Significant additional functionalities	Q29_F	CHNG_FUNC
g. Do not know	Q29_G	CHNG_UNKN
h. No major changes planned	Q29_H	CHNG_NUN

# Key

1 = Yes

0 = No

# 30a. Does your primary inpatient EHR system have the capability to export multiple records from its system?

Primary inpatient EHR system able to export multiple records from system

<b>Survey Question Number</b>	Database Field Name
Q30a	PIEXMREC

# Key

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

	<b>Survey Question Number</b>	Database Field Name
. Analytics and reporting	Q30b_1	ARCAP
. Population health management	Q30b_2	PHMCAP
. Switching EHR systems	Q30b_3	SWTSYCAP
. Have not used the capability yet	Q30b_4	NOUSECAP
iey ey		
= Yes		
= No		
1a. Do you use the same primary inpatient EHR/EMR system vendor (noted above) for your	primary outpatient EMR/EHR sy	stem?
	Survey Question Number	Database Field Name
Same primary inpatient EHR/EMR system vendor (noted above) for primary outpatient EMR/EHR system	Q31_A	SIOPV
iey		
= Yes, share single instance (skip to 32)		
= Yes, but do not share the single instance/version (proceed to 31b)		
= No (proceed to 31b)		
= Do not know (skip to 32)		
= NA (skip to 32)		
1b. Is information needed to inform treatment of patients with COVID-19 electronically exchapatient and outpatient EHR systems so that data is easily available to clinicians across care	· ·	ailable between your prima
	<b>Survey Question Number</b>	Database Field Name
information needed to inform treatment of patients with COVID-19 electronically exhanged or nade electronically avaliable between your primary inpatient and outpatient EHR systems so	Q31b	CVDEHX

**Key**1 = Yes
2 = No

3 = Do not know