

2016 Most Wired Survey

- Surveys are due MARCH 15, 2016. There is NO DEADLINE EXTENSION.
- The survey is open to U.S. hospitals; only organizations with at least one acute care hospital should participate.
- All answers must reflect projects in place by March 1, 2016.
- Some survey questions are being used for research. These questions are marked (Research) and may not be part of the analytic process.
- Submit the survey at www.hhnmostwiredsurvey.com.
- If you need your pass code, please email mostwired@healthforum.com with your organization's complete name, city and state.
- Definitions and FAQs are available at www.hhnmostwiredsurvey.com.
- Email questions to mostwired@healthforum.com.
- Phone calls or emails for verification or follow-up research questions may be required.
- You will receive an analysis of your organization's results compared with the other participating organizations.
- Results and winning organizations will be profiled in the July issue of Hospitals & Health Networks and subsequent features in H&HN.
- You may be interviewed based on your answers to the survey questions.
- By submitting your response to this survey in whole or in part, you understand and agree that Health Forum reserves the right to use, publish, distribute and sell any and all information it collects for any purpose it deems fit, including commercial purposes, without your express permission.

Organizational Information Please provide the following information:	
Organization name	Website (URL)
Name of parent organization (if applicable)	
Street address	
City	State Zip
Please provide the following information for the CIO:	
Name	_ Title
Phone number Email address* _	
If the CIO did not complete the survey, who completed the survey	/ey?
Name	_ Title
Phone number Email address* _ * Benchmarking reports will be sent to these email addresses.	
Please identify which best describes the organization represented of Independently owned hospital of Hospital owned by health network/health system of Integrated health network/multihospital system (two or Number of hospitals represented on this survey Number of beds regularly available (those set up and staffed for ** If this survey is for more than one hospital, your answers should reform the stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the Stage of the syour organization achieved meaningful use under the stage of the syour organization achieved meaningful use under the syour organization achieved meaning	more hospitals)** ** or use) represented on this survey flect the average for all hospitals represented. criteria? ederal, etc.) ? criteria?

Infrastructure 1 Which of the following

ı	 VVhich of the following security measures do 	es your organ	iization curre	ently use for (autnorized user:	sé (Check i
	that apply.)	, 0		,		
	O Access control (biometrics, key cards, pro	ximity, smart o	cards, etc.)			
	O Automatic logoff					
	O Configuration management systems					
	O Database monitoring					
	O Data loss prevention					
	O Identity management					
	O Intrusion detection systems					
	O Log management					
	O Mobile device management systems					
	O Network access controls					
	O Physical security incident management					
	O PKI/digital signature systems					
	O Privacy audit systems					
	O Provisioning systems					
	O Security incident event management					
	O Single sign-on					
	O Strong password requirements					
	O Two-factor authentication					
	O Unique user identification					
2.		oud services (c tware as a se -site backups ability configu	other) rvice (SaaS) ration)	O D O S	ata as a servic erver virtualizati	e (DaaS) on
J.	(Check all that apply.)	does your org	ganizalion ci	urrerilly use i	o saleguara ini	Officialions
	O Physical device locks O Firewalls	O Di	isnose of ePt	-11 hardware	or electronic m	nedia
	O Mobile device data wiping capabilities				(smartphone/ta	
	O Mobile device passcode/password		emote data v			
	O Tape encryption				rea network)	
	O Encryption for server databases		ncryption for			
	O Encryption for thumb drive or removable s					
	O Encryption for laptops and/or workstation					
4.	How often does your organization conduct each	ch of the follow	ring activities?	Check one		
	Activities	Unannounced	0	مالسسسال.	Once every	Marray
		Unannouncea	Quarterly	Annually	2 years or less	Never
	a. Risk analysis to identify compliance gaps and security vulnerabilities	\circ	0	0	0	0
	b. Infrastructure security assessment		0	0	0	0
	c. Penetration testing to identify security	9	•	•	9	9
	vulnerabilites	\circ	0	0	0	0
	d. Wireless security assessment		0	0	0	0
	e. Wireless penetration testing		0	0	Ö	0
	f. HIPAA-compliance audits		0	0	Ö	0
	g. Testing recovery plan		0	0	Ö	0
	h. Incident response exercise/tabletops		0	0	0	0
	· DI · I · · ·		0	0	0	0
	j. Web security assessments		0	0	0	0
	k. Public Internet uses/social media risk	•	9	9		•
		O	0	0	0	0
	I. Social engineering* risk assessment		0	0	0	9
	sacial anginouring tion doscoomeni	🔾	_	\mathcal{I}	_	_

	m. Application security assessment n. Third-party security audit o. System/data access audits * Social Engineering: The art of manip than by breaking in or using technical computer access. Note: h. and i. are to		O O O performing actions ; i.e., contacting a	O O O or divulging con help desk to res	O O O nfidential inform et a password	O O O nation, rather to gain
5.	(Research) Does your hospital boo consideration of cybersecurity risk? O Yes O No O Unsure	(Check one.)	k management a	nd reduction sp	pecifically incl	ude
6.	(Research) Does your hospital have O Yes O No O Unsure		urance? (Check c	one.)		
7.	(Research) Is your hospital participal vulnerabilities? (Check one.) O Yes O No O Unsure	,	rity information-sh	aring actitivities	s to identify th	reats and
8.	What tools does your organization O Use tools to monitor if infrastructu O Use tools to monitor the end-user O Use automated tools to escalate and type O Analyze issues to determine root O Use dashboards to manage infracture O Log collection automation O Utilize pattern detection against O Gather and trend data to mitigat O Perform and escalate on system	re components a experience problems to high cause as a mear astructure by exce automated login at potential issues	re up or down y skilled technicions to put fixes in putions/anomalies attempts before they occur	ans (Level 2 or place to avoid	3) based on a	σ,
9.	Please estimate how quickly your of that are considered "mission critical (Check one.) O 0-4 hours O 5-8 hours	l") if a disaster ca	uses the complete	e loss of your p	rimary data c rs–7 days	
10.	O 8 days-1 month How does your organization support O A single, unified enterprisewide w O A single, unified enterprisewide m applications at 99.999% reliability O Multiple discrete wireless networks O No wireless infrastructure	its wireless commu ireless infrastructure edical-grade wirele	unications? (Select that runs at least 7 ess infrastructure th	the one that bes 75% of the appl at runs clinical c	st describes you ications und other	ur situation.)
11.	Which of the following wireless ap that apply.) O Cellular service O RFID/RFLS locator systems O Video monitoring O Patient monitoring equipment O Bar-code medication administrat O Wireless bar-code scanners for se	O 802.11 c O Patient tele O Wireless V O EHR/Clini ion O Wireless i	omputer network emetry /oIP cal information sy	O Nurse ca O Two-way O Handheld	ll/paging syst radio/securit ds	rems ty systems

Business and Administrative Management

12. For pharmaceutical supplies, what percentage of the dollar volume of supplies purchased relies on the following activities or methods? (Select the one that best describes your situation.)

	Activities a. Check product price/contract price b. Check product availability	O O O O O O O O			% 4	tomated 1-60% O O O O O O O O O O O O O O O O O O	Automated 61-100% O O O O O O O O O O O O O O O O O O
13.	For medical-surgical supplies , what percen following activities or methods? (Select the	one that bes				ed relies c	on the
	Activities a. Check product price/contract price b. Check product availability	0	Automated 21-40% O O O O O O O O O O O O O O O O O O	Automate 41-1009		tomated 1-60% O O O O O O O O O O O O O O O O O O	Automated 61-100%
14.	For what percentage of pharmaceutical sup a predetermined par level? (Check one.) O None O 1-20% O 21-40		lectronic ord 1–60%	er generate ○ 61-80		they reach	
15.	For what percentage of medical-surgical sura predetermined par level? (Check one.) O None O 1-20% O 21-40		electronic or 1–60%	der genera 061–80		they read 81–1009	
16.	Please estimate the percentage of use of auto- one per row.)	ID technology	for tracking /	identifying/	each item	listed belo	ow. (Check
	Tracking/identifying of:	None	1-20%	21-40%	41-60%	61-80%	81-100%
	a. Movable equipment (include IV pumps, k IV poles, wheelchairs, portable X-ray unit b. Patient ID	ts, etc.)OOOOOO	O O O O O O	O O O O O O	O O O O O O) 0 0 0 0 0	0 0 0 0 0 0 0 0
17.	How do you monitor and collect information raintegrity) of the following products? (Check all		nage supply	recall and e	expiration	dates (i.e.,	product
	Products a. Drugs	Manual system	Electronic cabinet O O O	Bar coding O	RFID O O O O		

18. (Research) Does your s			ards (e.g.,	GLN, GTIN	1)sဲ		
Global Location Numb tied to each unique nu Global Trade Item Nu	per (GLN) is a 13-digit n mber which is specific to mber® (GTIN®) is the glo ude both products and so	umber. To only one bally uni	e exact and que GS1 ic	d very preci dentification	ise location number us	within the sed to ider	world. tify
supply chain.	ude boill products and si	ervices ii	iai aie soia,	, delivered	ana mvoic	ea ar any	pomi in me
19. For each of the following	g payer-related transactio ctions. (Check one per rov		ate the perce	entage of ac	ctivities cond	ducted using	9
Activities	elions. Tericek one per lov	None	1-20%	21-40%	41-60%	61-80%	81-100%
a. Claims status inquiry	/	О	0	O	0	0	0
			O	O	O	0	O
c. Electronic funds tran	ısfer	О	0	O	O	0	O
d. Eligibility inquiry		О	0	O	O	0	O
e. Precertification		О	0	O	O	0	0
f. Referral and authori	zation	О	0	O	O	0	0
g. Remittance advice		О	О	0	0	0	О
20. What percentage of the					nically usin	g automate	ed routines
and/or software? (Che	eck one per row and refe	er to deti None	nitions belo 1– 20 %	∨√.) 21–40 %	41–60%	61–80%	81-100%
	matching		1–20 _{/0}	21 -4 0%	00%	01-00%	O1-100%
	onciliation		0	0	0	0	0
	ent		0	0	0	0	0
	†		0	0	0	0	0
	riteria checks		0	0	0	0	0
	ce comparisons		0	0	0	0	0
Charge and order ma:	tching — Are you keeping y	. Our char		_	_	_	•
and as pricing of stocked		your charg	ge masier up	io daic as a	illiodi i ici c	o codes an	o reiedoed
	ciliation — Are you recording	a the servi	ce and charc	ae to the pati	ient at the po	oint of care t	hrough
	Do you also have a system						
 Contract management 	refers to payer contracts an	d may inc	clude the follo	owing: (1) D	oes your fac	cility have a	n automated
system capable of valida	ting whether contracted price	cing is pro	pperly paid a	according to	the negotiat	ed rate?	
	rates based on spedific pat			ated rates ar	re based on	specific pa	tient volume,
	payments when volume thre						
d. Denial management —	- identify, quantify, correct of	and resub	mit denied cl	laims.	. 1 1		f
	eria checks — validating pro						
	cal necessity denials? Do y	ou monito	r pertormanc	e of physicion	ans, coders	and others (on
compliance with docume	entation polices? comparisons include both a		l cost officion	0.4 magazuraa	that provide		no of
	comparisons include boin q ormance against their peers						
of services.	office against their peets	wiii iiie (godi oi iiipic	oving clinical	i oulcome di	и арргорги	ale ullization
or services.							
21. (Research) Please estin	nate the percentage of th	e Top 5	strategic IT	projects fo	r which vo	u perform e	each of the
	ivities? (Check one per ro		sindlegic II	projects to	i willen yo	o pononii (bach of the
Activities Activities	ivilies: Telleck one per it	None	1-20%	21-40%	41-60%	61-80%	81-100%
a. Definition and base	line metrics established						
		\circ	0	O	0	0	0
	nen project metrics and	•	9	9	9	9	•
	se objectives will be						
	se objectives will be Jated	\bigcirc	\circ	\circ	\circ	\bigcirc	\circ
			0	\circ	0	0	0
	ysis or assessment		0	0	0	0	0
a. rie-project cost-bene	efit analysis	•	О	0	0	0	О
22 /Dansamah 1 Dansama	o an IT are remarked as	sture !-	المعالم مما	ا ۲۰۰۰ T دراه	l, fran !	ntion to .	lootic =
22. (Research) Do you have		nure in p	iuce inat fro	icks 11 Work	k IIOIII INCE	biion to se	ieciion
through implementation							
O Yes O No)						

23.	O Yes	o No	n nave a lecnno	logy subcommiliee	e on the board level	Ċ	
24.	will be a focus clinical data, ge utilizing the data O Utilize busine O Utilize sophis multiple depo O Utilize tools f O Conduct con	in the future. The tenomics, multimed a it collects today? ess intelligence today; sticated analytics sartments for clinical decision trolled experiment	ypes of data sto lia, social media ? (Check all that ols in single depo such as predictive n-making s or scenario pla	red and correlated and the Internet. I apply.) artments e modeling and do unning to make be	alyzing large data so I will also increase i How is your organiz ata to improve decis tter management de ess levers just in time	in complexi zation mand sion-making ecisions, ba	ity, such as aging and g across
25.	How have you	deployed clinical	analytics at your	organization? (Ch	neck one per row.)		
	b. Do you have c. Are your clini d. Are your clin	enterprise-level go ical analytics projo ical analytics proj	overnance in pla ects governed ar ects governed ar	ce for your clinicand deployed at an	ects (C-suite)? l analytics? enterprise level? . e deparmental level?	O	No
26.	How often does	s your organizatio	n deliver applica	ıble quality metrics	electronically to all	clinical lec	aders?
	(Check one.) O Real time O Never	,	O Monthly	. ,	• Semiannually		Annually
27.		s your organizatio	n deliver applica	ble quality metrics	electronically to inc	dividual phy	ysicians?
	(Check one.) O Real time O Never	O Weekly O Don't know	O Monthly	Quarterly	O Semiannually	OA	annually
28.	Are you using p	patient-flow softwa	re (Bed manager	ment/patient-logist	ics managment may	be functio	nality
	System a. Bed manage b. Bed manage c. Bed manage	ement for the emer ement for observati ement for medical-s	gency department on beds surgical units			O O	No O
					t integrates informat ailability		O
29.	By which metho	od are the followin	ig benefit functio	ns available to all	employees? (Check	all that ap	ply.)
	Benefits				Client/server, Intranet	Internet	
						0	
						0	
						0	
						0	
						Ö	
	g. Personnel rec	ords			O	0	
						O	
						0	
	 ketirement tui 	na management.			•	0	

as

30. By which method are the following employment functions available to employees? (Check all that apply.)

		Client/server,		
	Employment and professional development	Intranet	Interne	t
	a. Application for employment		0	
	b. Competency training for licensed personnel		0	
	c. Education and trainingd. Education enrollment		0	
	e. Employment satisfaction survey		0	
	f. Leadership		0	
	g. Performance feedback/evaluation systems		0	
	h. Postings for open positions/employment		Ö	
	i. Pre-employment screening tools		Ö	
	j. Reporting employee injury		Ö	
	k. Resources/references for diversity/multicultural education and events		Ö	
	I. Resources/references for occupational health and safety		Ö	
31.	 What management tools are available electronically or online? (Check at O Enterprise HR management system or online HR manager portal O Bid-a-shift Workforce management tool (productivity and cost trends) Performance improvement scorecards Talent management tools (recruiting, onboarding, compensation, performance) Real-time, Web-based operational budget versus expense monitoring, budget forecasting 	mance, succ	ession, c	liversity) nd
32.	. What educational resources do you provide to clinicians on information sapplications? (Check all that apply.)	systems and	enterprise	
		DL:.:	N	Other licensed
	Privacy training	Physicians	Nurses O	providers O
	Information security training		0	0
	EHR training		0	0
	CPOE training.		Ö	Ö
	Sharing best practices for patient safety, such as implementing safety		9	9
	checklists	O	0	O
33.	Check type of support provided. (Check all that apply.) Nurse dedicated to IT training full time			
34.	What type of training strategies are used? (Check all that apply.) O Computer-assisted learning O Classroom O One-on-one instruction O Super user training O Role-based training O Process-based training			
35.	(Research) When your organization deploys health information technolog of an existing HIT system, which of the following do you currently do? (C) Define project plan, key milestones and resource requirements for apply O Have established project governance process that includes key stakeholeadership vendor — to make key milestone decisions O Evaluate existing workflow processes and desired outcomes, plan for i	heck all that roval by mar olders — IT s	apply.) nagemen staff, clini	t cal staff,

	Please estimate the percentage of patients as following demographics are recorded as struent Demographics a. Date of birth	None None	ospital's ingled fields with the control of the con	patient or emvithin a record 21-40% O O O O O O O O O O O O O O O O O O O	ergency de d or file). (C 41-60% O O O	partment fo Check one p 61–80% O O O	oo% r whom the per row.) 81–100% O O O O
41.	following demographics are recorded as strue Patient Demographics a. Date of birth	None None None None None None None None	ospital's in ed fields v 1–20% O O	patient or em vithin a record 21–40% O O O	ergency de d or file). (C 41–60% O O	partment fo Check one p 61–80% O O	00% r whom the per row.) 81–100% O O O
41.	following demographics are recorded as strue Patient Demographics a. Date of birth	Jactured data (fixe None 	ospital's in ed fields w 1–20% O O	patient or em vithin a record 21–40% O O	ergency de d or file). (C 41–60% O O	partment fo theck one p 61–80% O O	00% r whom the oper row.) 81–100% O O
41.	following demographics are recorded as strue Patient Demographics a. Date of birth	uctured data (fixe	ospital's in ed fields w 1–20% O O	patient or em vithin a record 21–40% O O	ergency de d or file). (C 41–60% O O	partment fo theck one p 61–80% O O	00% r whom the oper row.) 81–100% O O
41.	following demographics are recorded as stru Patient Demographics a. Date of birth b. Gender	uctured data (fixe None O	ospital's in ed fields w 1–20% O	patient or emvithin a record 21–40% O	ergency de d or file). (C 41–60% O	partment fo theck one p 61–80% O	00% r whom the per row.) 81–100% O
41.	following demographics are recorded as stru Patient Demographics a. Date of birth	uctured data (fixe None 	ospital's in ed fields v 1– 20 %	patient or em vithin a recore 21–40%	ergency de d or file). (C 41–60%	partment fo Theck one p	00% r whom the per row.) 81–100%
41.	following demographics are recorded as stru Patient Demographics	uctured data (fixe None	ospital's in ed fields w	patient or em vithin a recor	ergency de d or file). (C	partment fo Theck one p	00% r whom the per row.)
41.			ospital's in	patient or em	ergency de	partment fo	00% r whom the
<i>A</i> 1	Please actimate the percentage of patients as	Imitted to the h					00%
				10iui			00%
	c. Modication for discillating matched.			Total	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	d. User ID entered through proximity or biometric e. Medication not electronically matched.						
	c. Patient and user ID keyed into automate	ad dispensing o	device aw	/ay trom bed	dside		
	b. Patient and user ID keyed into automate	ed dispensing o	device at	bedside		······ <u></u>	
	a. Bar coding or RFID matching of drug, p	patient, order o	nd nurse	at bedside		<u></u>	
40.	 Please estimate the percentage of medicat ANSWERS MUST ADD UP TO 100%. 	ions matched	o the pat	ient by cate(gory:		
40			o the set	iont by aster	con /:		
39.	 Please estimate the percentage of radiology emergency department recorded using CPO 	orders created E. %	by authori	zed provider	s of the hos	pital's inpa	tient or
38.	Please estimate the percentage of lab orders emergency department recorded using CPO	created by aut E%	horized pr	oviders of the	e hospital's i	inpatient or	
	Please estimate the percentage of all medical or emergency department recorded using CF	POE	%				
	Total 100%						
	f. Not entered electronically Total 100%	-					
	e. Nonclinicians	_					
	c. Nurses d. Pharmacists	_					
		practitione	rs)				
	a. Physicians* b. Other authorizing providers**	* * (Physician	assistants, r	nurse practition	ers or other l	icensed inde	ependent "
	a. Physicians*	*(Employed	and indep	endent practi	cing physici	ans; include	e residents)
	department entered electronically by the for ANSWERS MUST ADD UP TO 100%.	ollowing group	S:				
36.	 Please estimate the percentage of medicat 	tion orders for	oatients a	dmitted to h	ospital inpo	atient or en	nergency
inica	l Quality and Safety (Hospital Inpa	itient/Outpo	itient)				
	O Conduct post-implementation evaluation	1					
	O Conduct post-implementation training						
	mitigation strategies			,		/	
	O Have event reporting that includes iden						
	O Use clinical informaticists in implementa O Have established training and compete					linical syste	≥m¢
	customization of clinical applications			ما المام			
	O Have policies in place to establish stan	dards and app	proval pro	cesses for co	onfiguration	n, content o	and

	b. Weight	О	O O	O O	0	O O O	O O
	e. Advanced directive status (patients 65 years of or older) Note: doesn't apply to children's		•				9
	hospitals	О	0	0	0	0 0	0
43.	Please estimate the percentage of patients admitted whom at least one entry of patient documentation indicate that there are no prescriptions, medication (fixed fields within a record or file). (Check one patients)	n on medi on allergie	cation a	llergies an	d problem	list are reco	orded, or
	Patient documentation	None	1–20%	21–40%	41–60%	61–80%	81–100%
	a. Up-to-date medication list		0	0	0	0	0
	active diagnosis (as defined by EHR Incentives MU)	0	O	0	0	0	О
44.	Please estimate the percentage of clinicians that r clinical information functions. (Check one respons			cally acces	ss (enter or	review) the	following
	Functions	None	1-20%	21–40%	41–60%	61–80%	81–100%
	a. Medical history		0	0	0	0	O O
	c. Physician observations, orders and progress						J
	notes	0	0	0	О	0	О
	standardized order sets		0	0	O	0	O
	e. Evidence/references		0	0	0	О	0
	medicine, EKG images, fetal monitor images.		0	0	O	0	O
	g. Order entry (clinical laboratory, radiology)		0	0	0	0	0
	h. Results review (clinical laboratory, radiology) .i. Operating room documentation		0	0	0	0	O O
	j. Anesthesia documentation		0	Ö	Ö	0	Ö
	k. Medication reconciliation		Ö	Ö	Ö	Ö	Ö
	I. Discharge instructions		0	O	O	0	O
	m. Care plan	О	O	0	0	0	0
45.	Has your hospital/health system implemented any o	of the follow	ving CPC General i		es? (Check itical care	all that apply	/.) No t
	CPOE initiatives		surgica		units	units	implemented
	a. Standing, evidence-based electronic order sets	S	•		О	0	O
	b. Test for 50% or more of common serious preso				O	O	O
	c. Regular review/update of electronic order sets d. Alerts synchronized for physician, nurse and p)	О	О	О
	workflow)	О	О	О
46.	Which of the following resource functions can ph (Check all that apply.)	nysicians c	access e		,	· ·	ocations?
	Fundam		IIa.l	Physician	Other remot		VDI or Citrix
	Functions a. Clinical guidelines/pathways or evidence-		Hospital	offices	locations	арр	session
	based order sets with links to reference literatu	re	\circ	0	0	0	0
	b. Medical image review			Ö	Ö	0	Ö
	c. EHR			Ö	Ŏ	Ö	Ö
	d. CPOE			Ŏ	Ö	Ö	Ö
	e. Evidence/references			0	O	O	O

47	 Which of the following electronic nursing document apply.) None Evidence-based plan of care with links to referent to Embedded links to relevant research and quality Discharge risk assessment Discharge checklist sends alerts for unmet criterion Standardized care transition process Post-discharge follow-up 	nce literature measures	organizatio	n use? (Check a	ll that
48	Which of the following patient monitoring equipmen (Check one per row.) Equipment a. Bedside blood pressure b. Bedside lab tests c. Bedside pulse oximetry d. Bedside temperature e. Blood glucose f. Cardiovascular catheter output g. EKG h. Fetal monitor i. Intracranial monitor j. IV pump	Does not apply O O O O O O O O O O O O O O O O O O O	None O O O O O O O O O O O O O O O O O O O	Pilot program O O O O O O O O O O O O O O O O O O O	Fully deployed O O O O O O O O O O O O O O O O O O
49	k. Ventilator Which of these real-time quality reporting resources physicians? (Check all that apply.) Alerts a. Drug formulary check. b. Drug allergy alerts. c. Critical values d. Dose checking (max/min). e. Dose suggesting (e.g., renal failure).	has your orgain.	O zation enab NursesOOO	O	O
50	f. Drug-diet checking	ans access through the properties of the propert	OOO ,h your orga formation) point-to-point ced portals, poviders	t exchange) /HIEs)	
51	facilities electronically) O Communicate with patients (email, alerts) Do you use a surveillance system that monitors patie information capable of sending an electronic alert ror a possible adverse event? (If you answer that you of this system. Screenshots should be emailed to make the orange of the surveillance system. O Surveillance system to step-down units	notifying caregive u have an alert s ostwired@healthfo O Surveillan	ers of a pati ystem, we v orum.com.) ce system to	ent's deterioratir vill require a cur	ng condition rent screenshot apply.) its

	${f O}$ Surveillance system tied to "present on adm	mission" reporting			
52.	Do you use an automated review of CMS ker answer that you have an alert system, we wil be emailed to mostwired@healthforum.com.) O No, system not capable of providing O In emergency department O Not applicable to this type of organization	l require a current screensl (Check all that apply.) •• On med-surg floor •• At discharge	not of this		ts should :a
53.	Which of the following technologies does you desktop to improve caregiver workflow? (Che O HL7 CCOW standard for patient context roll integrated clinical application suites O Single sign-on — keystrokes O Roaming sessions	eck all that apply.) management between app •• Single sign-on — bion	lications netrics		at the
54.	For each of the following departments/service digital clinical images to the appropriate care structured reporting and an EHR? (Check all t	e provider, and are the dig hat apply.)	ital clinic	al images integrate Integrated digital dictation, structured	d with Integrated
	Departments/Services		inpatient/ outpatient	reporting and voice recognition with PACS	with EHR
	a. Radiology			O	0
	b. Cardiovascular imaging			0	O
	c. Mammography		. О	O	0
	d. Neuroimaging		. О	0	O
	e. Pathology			О	O
	f. Nuclear medicine/molecular imaging			О	O
	g. Genomics		. О	О	O
55.	Does your organization use an electronic syst for patients admitted to hospital inpatient or electronics. a. Compare patient's inpatient and preadmists b. Provide updated medication list to patient c. Provide updated medication list to appropriate to another care setting (skilled-nursing facion d. Information not available electronically	emergency department? (Cossion medication lists	heck all	that apply.)	activities
56.	Please estimate the percentage of hospital discher		iew or ch	anged	
	prescriptions transmitted as an electronic prescrip O None O 1-25% O 26-		<u> </u>) 76–100%	
57.	By what method does your organization track h O No system in place O Manual only Integrated with EHR				
58.	Estimate the percentage of CMS quality indic ANSWERS MUST ADD UP TO 100%. Data from paper records manually entered into Data electronically extracted from a database	to an electronic file e/EHR and manually entere	 ed into a	· · · · · · · · · · · · · · · · · · ·	
	electronic file	d interfaced into an electro	nic file .		
	Do not track			· · · · · · · · · · · · · · · · · · ·	
	Taol applicable to this type of organization .	Toto	al		 %

59.	For patients admitted to the hospital's inpatient and emergency department, can a clinician electronically identify patient-specific education resources according to, at a minimum, the data elements included in the patient's problem list, medication list and laboratory test results? O Yes O No
Clinica 60.	Integration (Ambulatory/Physician/Community) What is a patient able to do through a patient portal (accessed on a personal device, or through patient kiosk*)? Do not include pilots; all services should be fully rolled out. (Check all that apply.) Services
61.	(Research) What are you doing to address patient and family engagement in a nonclinical setting through the internet? Please to not include pilots. All services/capabilities should be fully deployed HIT based products and services. (Check all that apply.) O Introduce the patient and family to the care environment O Introduce the patient and family to the services which will be delivered O Review the education and other materials provided to the patient and family during a visit O Where applicable, exchange secure e-mails with their care team members O Continue the care pathway that was initiated prior to or during the clinical encounter O Use videos to educate patient and family about medications O Use videos to educate patient and family about lab tests, and when available, the results
62.	(Research) What are you doing to address patient and family engagement in the inpatient setting through the internet? Please to not include pilots. All services/capabilities should be fully deployed HIT based products and services. (Check all that apply.) Patient and family functions: O Control the environment, e.g. report problems that are not clinical in nature such as room temperature O Order meals and snacks subject to dietary restrictions O Perform all the functions on the traditional "white board" (staffing identification, schedule, patient goals, family goals, contact information) O Participate in the discharge planning process O Submit patient and satisfaction responses O Recognize staff who have performed above satisfaction O Allow a patient and family to perform common functions, e.g. e-mail, browsing, entertainment Staff functions: O Initiate a patient pathway which will use HIT to follow a care plan specific set of processes

	activities .	, 3		•	nts can be made du	ring the clinical			
63		D Perform data analysis that will assess efficacy and facilitate process improvements Research) Please estimate the percentage of patients for whom the patient's preference for communication medium							
00.		il, text and phone). O 1–20%		O 41-60%	O 61-80%	O 81-100%			
64.	O None O Alerts/notifico O Click-to-call co O Electronic ins O ED wait times O E-visit O Health library O Patient portal O Personal heal blood glucos O Real-time new O Renew prescu O Schedule visi O Secure messo O Wayfinding	ations from mHealth contact directory urance card s / Ith record Ith tracker (tools to ie, diet, exercise, si vs and blog feeds ription	h devices help you track, orgo tress, medications a ro-way) d maps	anize and analyze	atients? (Check all the				
65.	stored for subsections existing electronic with a third-party	quent direct access l	by the patient; conte bination of both) via ck one.)	nt may be entered	(electronic patient m by the patient or tro n your website and/	insferred from			
66.	an electronic co (Check all that of O Yes, download	opy of their discharg apply.) ad through patient O Yes, other	ge instructions using portal O Yes, secure means of de	an EHR at time o	npatient or emergen of discharge upon re h a personal health nt (e.g., secure ema	equest? record			
67.	with an electron lists, medication business days? (O Yes, download)	ic copy of their hed allergies, discharg (Check all that app ad through patient O Yes, other	alth information (inc ge summary, proced sly.) portal O Yes, secure means of de	luding diagnostic t lures) using an EH download throug	npatient and emerge test results, problem R upon request with h a personal health nt (e.g., secure ema	list, medication in three			
68.	(Research) Whice O Blogs O Care Pages O Facebook O Flicker O Foursquare O Google+ O Instagram O LinkedIn	ch social media plat	forms does your orga	anization use? (Che	eck all that apply.)				

	 Live web chats Mobile web app Pinterest RSS feed Sharecare Tumblr Twitter Vimeo Vitals Yammer Yelp YouTube Other, please specify 					
69.	(Research) Social media is used at your or O Care management messages	rganization to p	provide: (Check	all that apply.)		
	O Chats with physicians					
	O Clinical adviceO Community engagement					
	O Crisis communications					
	O Customer service					
	O General hospital information					
	O Health care tips					
	O Live streaming of procedures/surgerieO Patient education	es				
	O Physician education					
	O Real-time education					
	O Referring physician outreach					
	O Support groups					
	O Updates on hospital events					
	O Updates on services offeredO Videos of events					
	Videos of events					
70.	Does your organization provide the gene their health and health care online? (Che O Health library O Interactive health O Clinical quality outcomes reporting (The O Charges for common procedures (The	eck all that app tools O/ ne URL is requi	oly.) Multimedia pation red for verificati	ent education a on	nd health infor	mation .)
71.	Which chronic disease management ser programs. (Check all that apply.)	vices do you p			me ? Include p	ilot
		c.lf.i. · · · · ·	Self-test results	Medication		
		Self-test results entered	submitted using Internet-enabled	management/ compliance using	Real-time care	Integrated
	Condition	manually online	monitoring device	secure email	management	with EHR
	a. Asthma		O)	<u> </u>	0
	b. Diabetes		0	0	0	O
	c. Cancer		0	0	0	O
	d. Chronic obstructive pulmonary disease		0	0	0	0
	e. Congestive heart failure		0	0	0	O
	f. Heart disease		0	0	0	0
	g. Obesity		0	0	0	0
	h. Other, please specify	O	0	0	О	0

72. Does your organization offer the following telemedicine services to patients at any of the following sites via audio and video equipment that provide diagnostic and therapeutic medical information exchange between patient and provider? (Check all that apply.)

	Telemedicine services	Physician offices	Hospital		tical access hospital		health [/] FQHC	Patient's home
	a. Consultations and office visits)	
	b. Pharmacologic management		0		0)	0
			_		_		_	
	c. Psychiatric examination/psychotherapy	0	0		0)	0
	d. Rehabilitation		0		0)	0
	e. Stroke care		0		0)	0
	f. e-ICU		O		O)	O
	g. Inpatient management		О		0			0
	h. Skilled nursing facility	O	0		О)	0
	In event of an emergency, what communication Fixed Mobile Satellite phone, VSAT, MSAT and other Government Emergency Telephone Ser Wireless Priority Service (WPS) Telecommunication Service Priority (TSF) How often do you check the emergency of	er satellite convice (GETS)	mmunicatior cards ns continge	ns ncy plan	/equipm	ent testin	g? (Che	ck one.)
	O Monthly O Quarterly O Every 6 m							
75.	In what percentage of your employed phy functionalities implemented? (Check one p	per row.)		following	g physicio	an-office	EHR	
	Functions	Does n		1–20%	21-40%	41–60%	61-80%	81-100%
	a. Electronic clinical documentation	apply						
			0	0	0	0	0	0
	b. Results viewing		0	0	0	0	0	0
	c. Computerized provider order entry		0	0	0	0	0	0
	d. Decision support	O	0	О	0	0	О	0
76.	(Research) In what percentage of your ind functionalities implemented? (Check one p	per row.)		ctices ar	e the follo	owing ph	ysician-c	office EHR
	Functions	Does n apply		1–20%	21-40%	41–60%	61-80%	81-100%
	a. Electronic clinical documentation		None					
			_	0	0	0	0	0
	b. Results viewing		0	0	0	0	0	0
	c. Computerized provider order entry		0	0	0	0	0	0
	d. Decision support		0	0	0	О	0	О
77.	Can your hospital/health system incorpord (CCR) prepared from a physician-office ENO Yes, only from employed physician practice of Yes, only from independent physician polyes, from both employed and independent of Cannot accept a CCD or CCR from a	AR?? (Check ctices bractices dent physicina	one.)	documen	t (CCD) o	or continu	uity of co	ire record
78.	. Which of the following e-prescribing functi that apply.)	ons do you p	orovide and	to whic	ch physici	an pract	ices? (C	Check all
					dependent			
			Employe		racticing	Do not		Does not
	Functions		physicia	ns p	hysicians	provide	9	apply
	a. Generate paper prescriptions		О		0	O		O
	b. Capture pharmacy dispense history		O		0	0		O
	c. Check payer-based formulary		О		0	0		O
	d. Check allergies, drug-drug interactions.		O		0	0		O
	e. Prescription automatically faxed to retail f. Prescription sent electronically to retail p	pharmacy			О	0		О

		(do not include fax)		\circ	0	0	O
		Refill request received by fax from retail phar Refill request received electronically from retail	rmacy		0	0	0
		pharmacy (do not include fax)		О	0	0	О
79.	Ву	what method does your organization track and	d report pu	blic health-rel	ated data? (Cl	heck one per	
	Syst	tem Disease/syndromic surveillance	No system in place	Manual only •	Electronically stored	Electronically updated	Electronically transmit to public health agencies
	b. с.	Immunization records	. О	0	Ο	0	O
		i.e., communicable diseases	. O	0	О	0	О
80.	 Does your organization have a revenue-cycle and contracts-management application that: (Check all that apply.) Aggregates and measures cost of care across settings Aggregates charges to form bundles and episodes, with the aggregation logic enabling different groupings for different payers Manages the distribution of payment for a bundle to the physicians, hospitals and non-acute facilities that delivered the care Provides tools for retrospective analysis of clinical and administrative data to identify areas for improving the quality of care and reducing the cost of care delivered Reconciles charges to patient accounts to a monthly premium payment, billing co-payments and noncovered charges according to insurance agreements 						
81.	 Does your organization have an electronic disease registry to identify and manage gaps in care across a population and how is the majority of the data populated? (Check one.) O No O Yes, manually O Yes, only from practice-management data O Yes, combination of clinical and billing data from the hospital or health system information systems O Yes, from an HIE or other means of clinical integration between at least two different organizations 						
82.	tho () () () () () () () () () () () () ()	bes your organization have population health at apply.) Interface EHR data with population health tools Integrate clinical and claims data so that they a Aggregate data from patient encounters to a Identify and target patients for outreach Stratify patients according to risk Empower care management workflow with a Track quality of care across networks and ph Synchronize clinical and financial risk measure	are accesib reate a co data-driven nysicians c	le, searchable mmunity hea intelligence ompared wit	e and reportab lith record th evidence-bo	le across the	care community
83.	О	as your organization implemented a patient-co Yes, fully developed and certified •• Yes No, but plan to •• O No plans to de	es, fully de				development
84.		as your organization implemented a clinically Yes, fully developed O Yes, in developm				No plans to	o develop
85.	0	o you electronically coordinate care across the Manage care transitions Build linkages to community-based resources Coordinate and monitor exchanges of inform Use call center to support care coordination				,	

 Secure messaging with patients an Electronic medication and diagnos Consult/referral management and Proactive health management of ea 	stic ordering/mand follow-up commur	agement			
86. Does your organization electronically	exchange any of	the following p	patient data wi	th applications	or other
organizations? (Check all that apply.)	Exchanged with other applications within	Affiliated hospitals (owned	Nonaffiliated	Ambulatory providers	Health information
Patient data a. Patient demographics	the hospital	or managed) O	hospitals O	(nonaffiliated) O	exchange)
b. Clinical care record (problem list,		9	9	9	9
clinical history)	O	0	0	0	0
c. Laboratory results		0	0	0	0
d. Medication list and history		0	0	0	0
e. Radiology results	O	0	0	0	0
f. Diagnostic (DICOM) images (e.g.,	,				~
radiology, cardiology, etc.)		0	0	0	0
g. E-prescribing		O O	0	O O	O O
h. Discharge summary i. Clinical decision supports/alerts .		0	0	0	0
j. Admission, discharge and transfer	alerts O	0	9	Ö	Ö
 88. For what percentage of transitions of using a certified EHR through an HIEG None 1-25% 26-5 	? (Check one.)	, ,	·	e a summary c	are record
General Information The following questions must be comp as a Most Wired organization. This in					
What percentage of your operating of IT operating expersions FY ending in percentage of ope	nse as	rts (full fiscal yed IT capital expense as ercentage of capital ex		ed to IT?	
2015 (actual)	_% _% he IT staff as of D o , strategic plannin es PBX operators o IT services. Do not	ec. 31, 2015. g) whose primary other direct	IT staff include ary role is crea reports to the t positions, onl	ting or support CIO that are r	ing systems not part of
Please estimate the percentage of phy ANSWERS MUST ADD UP TO 100% Employed physicians	,		· ·	·	1.
ls your organization or CIO a membe O CHIME O CHCA O		owing profession	onal groups? ((Check all that c	apply.)

ques	cialty hospital teedback: It your organization is a specialty hospital, please indicate it any ot the stions on the survey were not applicable or problematic for you to answer. Indicate which question(s) and ief explanation why:
O E	v is your organization using the Most Wired Survey and Benchmarking Reports? (Check all that apply.) Benchmark against national compare group Capital expenditure planning
	Documentation for other awards programs (e.g., Malcolm Baldrige National Quality Award)
	Prioritze resource allocation
O R	Recognition for organization's achievements
	Strategic planning tool
0	Other, please specify:

Depending on your responses to Questions 51 and 52, you may be required to send screenshots. Please email screenshots to mostwired@healthforum.com.

O Checking this box indicates that survey submission has been reviewed and approved by the CIO, and that senior clinical, financial and administrative staff have reviewed sections where appropriate.

Thank you for your participation!

Please complete the survey by March 15, 2016.

NOTE: THERE IS NO DEADLINE EXTENSION

Submit the survey online at www.hhnmostwiredsurvey.com