

COMMUNITY CLINIC EHR READINESS ASSESSMENT

~ INTRODUCTION & INSTRUCTIONS ~

INTRODUCTION

Successful transition from paper-based charts to an electronic health record (EHR) requires organization-wide commitment, significant process change, and ample human and financial resources. As with implementation of any information technology that automates a workflow process, readiness for EHR adoption is extremely important. Lack of organization-wide readiness has been a major contributor to the overwhelmingly high failure rate of EHR adoptions throughout the health care industry.

The Community Clinic EHR Readiness Assessment ("Assessment") is designed to help clinics move toward adoption of electronic health records to improve quality of care and gain workflow efficiencies. It is intended to provide your clinic with insight about your degree of readiness for EHR adoption as well as provide education about success factors for adoption. The Assessment has four sections that include a total of 13 Readiness Areas (detailed below). Each Readiness Area is separated into three categories of readiness:

1. Selection & Contracting
2. Implementation
3. Effective Use

In order to evaluate your clinic's readiness for EHR, it is very important to take ALL THREE categories into consideration from the beginning to ensure that you select the product and develop processes that are appropriate for your clinic.

The four sections of the Assessment are organized as follows:

Section 1. Organizational Alignment - Organizational Alignment is an assessment of your clinic's organizational alignment to support EHR adoption, and readiness to embrace change associated with EHR. This section details four Readiness Areas to measure alignment including *Culture*, *Organization*, *Leadership*, and *Strategy*. Readiness indications in this section will provide you with a better understanding of your clinic's foundational infrastructure and a guide for developing an organizational plan for EHR adoption.

Section 2. Management Capacity - Management Capacity is an assessment of your clinic's readiness to manage information, human resources, and financial resources for current and future EHR requirements. This section details four readiness Areas including *Information Management*, *Clinical & Administrative Staff*, *Accountability*, and *Finance & Budget*. Readiness indications in this section will identify specific areas that require increased management focus, potential process development, or planning before moving forward.

Section 3. Operational Capacity - Operational Capacity is an assessment of your clinic's infrastructure preparedness to facilitate EHR adoption. This section details three Readiness Areas including *Workflow Process*, *Patient Involvement*, and *Training*. Readiness indications in this section will identify potential process or infrastructure barriers to adopting EHR and provide you with tangible guidance to improve these areas.

Section 4. Technical Capacity - Technical Capacity is an assessment of your clinic's technical environment and IT management capabilities in order to support the broader technical requirements of EHR adoption. This section details two Readiness Areas including *IT Management & Support* and *IT Infrastructure*. Readiness indications in this section will identify potential areas for increased IT procurement, planning, or staff development prior to moving forward with EHR adoption.

To be ready to use EHR technology to achieve quality and efficiency goals, your clinic needs to be ready to do everything to support the Readiness Areas above from understanding the clinic's needs to defining metrics to manage performance. If your clinic is not sufficiently ready in any one of the above categories, management should not begin analyzing EHR products. Management should, instead, determine priorities, take time to focus on additional areas of need, and establish criteria to determine when it will be appropriate to move forward. Only after completing the Assessment and determining a strong level of readiness should your clinic consider evaluating EHR technologies to fulfill your goals.

INSTRUCTIONS FOR COMPLETING THE ASSESSMENT

It is critical that any clinic considering EHR adoption assemble a cross-departmental, representative team to complete the Assessment. Answer each question from the perspective of one physical site (i.e., one clinic). Each Readiness Area is divided into levels showing various stages of readiness. The stages are represented by points that range from 1 to 6 with higher point values indicating a higher level of readiness. For each element, identify the description that best describes your clinic's current status and note the point value that matches that level (whole numbers only). You are likely to discover that, with some elements, your organization will not fully match any of the descriptions; in these instances, simply identify the description that is most suitable for your organization. Your HONESTY is ESSENTIAL. It is better to underestimate than overestimate your organization's capacity in order to have a valid picture of your readiness.

Note on printing the Assessment: To print all worksheets together, right-click on any one of the worksheet tabs at the bottom of the screen, and click the "Select All Sheets" option. Then go to "File" and select "Print". Be sure to ungroup the worksheets after you print; to do this, right-click on any one of the worksheet tabs, and click the "Ungroup Sheets" option.

SCORE INTERPRETATION

The Assessment is one of the first steps in the evolutionary learning process of EHR adoption. Thus, it should be used as a tool to educate this process along with continual clinic exploration. Once you have completed the Assessment, a summary of your readiness scores will appear in the "Summary Table" tab. Average scores are provided at three levels of detail: by category of readiness within each Readiness Area; by overall Readiness Area; and by each of the four main sections. In addition, there is a summary at the bottom of the page that highlights your average readiness by category to help you further understand where to focus your efforts. Although these scores do not have a strict interpretation, average scores can be broadly interpreted as follows:

Average Score of 5.0 or Higher - A score in this range may indicate that your clinic has a solid understanding of this particular readiness issue and may not need to spend too much additional focus to ensure success in this area. That said, ensure that you develop a comprehensive and inclusive plan around all areas of readiness through all phases of adoption.

Average Score of 3.0 to 4.9 - A score in this range may indicate that your clinic is not as strong in this area as it could be. It is important to study the highly prepared definitions in this area to determine where to focus additional managerial and planning attention. Consider using this information to inform the process and develop a more targeted plan toward EHR adoption.

Average Score of 1.0 to 2.9 - A score in this range may indicate that your clinic is not currently prepared to move forward with EHR adoption without increasing specific readiness in this area. In addition to using the highly prepared definitions to develop a targeted plan for this area, evaluate the need to develop a more comprehensive and inclusive plan to ensure that all areas of need are fully addressed.

In addition to evaluating scores in and across individual and detailed areas, be sure to evaluate readiness scores across the four main sections to get a sense for overall readiness. Consider developing a more comprehensive plan to facilitate management, cross-departmental education and planning processes to thoroughly understand why your clinic is interested in EHR adoption and how to build the capacity to ensure successful adoption. Incorporating lessons learned from the Assessment into a more comprehensive planning process will better prepare your clinic to use and EHR that meets your clinics needs.

GLOSSARY OF TERMS

Organizational Alignment

Culture: values; environment for achieving excellence; ability to manage change and maintain flexibility; team approach

Organization: infrastructure to support information flow, decision making, and problem resolution; role of the board and leadership team; vision for quality; ability to collaborate with external organizations

Leadership: the characteristics of leadership team: setting vision, commitment to quality; alignment across organization

Strategy: mission and vision and priorities documented in a strategic plan; internal and external communications

Management Capacity

Information Management: quality, accessibility, relevance and communication of data/information

Clinical & Administrative Staff: staff capacity; staff training and competence; consistent policies and procedures; methods to motivate and drive individuals/groups to achieve goals

Accountability: how results are achieved and mission/vision fulfilled; role and responsibility of patient in care process

Finance & Budget: extent of infrastructure and management of IT budget; capital and operational resources

Operational Capacity

Workflow Process: tools and methods for managing change, developing policies, procedures, protocols; Quality Improvement model; process for monitoring and communicating performance; analysis and actions taken to improve processes and performance

Patient Involvement: preventative and chronic care processes; patient follow-up and care continuum; comprehensive care

Training: infrastructure and resources dedicated to initial and on-going IT training

Technical Capacity

IT Management & Support: IT staff skill-set and capacity for IT management and support; consistent policies and procedures

IT Infrastructure: information systems environment and infrastructure

Please proceed to the General Information Worksheet to begin.

The Community Clinic EHR Readiness Assessment ("Assessment") was developed by Object Health (www.objecthealth.com) specifically for the California Community Clinic EHR Assessment and Readiness project, co-sponsored by the California HealthCare Foundation (www.chcf.org) and Community Clinics Initiative of Tides (www.communityclinics.org). The Excel-based version of the Assessment was created by Cory Sbarbaro, MPA, Independent Consultant (cmsbarbaro@comcast.net).

GENERAL INFORMATION

Respondent Information	
First Name	
Last Name	
Title	
Organization	
Phone Number	
Email Address	
Date Assessment Completed	
Others Involved with the Assessment Process	
Name	
Title	

Please proceed to Worksheet 1.

1. ORGANIZATIONAL ALIGNMENT

Readiness Areas & Categories	Elements	Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
CULTURE: Selection & Contracting	1.01 <i>EHR is viewed...</i>	as an IT project to "go paperless" only.	as a clinical technology to achieve workflow efficiencies.	primarily as a technology to enable quality care improvement goals.	
	1.02 <i>The EHR planning process includes...</i>	top management and/or designated investigator only.	key planners or departments and is participatory.	all departments, is team-oriented and emphasizes communication and collaboration.	
	1.03 <i>Physician involvement in the EHR process...</i>	is limited to a physician advocate to represent clinical interests.	primarily occurs for key decisions; clinical interests are valued.	is active in planning and decision-making; clinical and managerial interests are aligned.	
CULTURE: Implementation	1.04 <i>The clinic has the ability and tendency to...</i>	embrace limited amounts of change; new solutions and programs are created in response to significant pressure or funding opportunity.	modify existing processes when faced with significant change.	embrace change and create new solutions.	
	1.05 <i>Physicians...</i>	do not connect EHR technology with quality care improvement goals.	are generally aware of EHR in conjunction with the quality care improvement goals.	can clearly articulate how EHR technologies support quality goals.	
	1.06 <i>Project management is...</i>	supported, but it is not a high priority or developed skill-set.	viewed as important.	strong and viewed as a key investment to achieve success.	
CULTURE: Effective Use	1.07 <i>Quality improvement, population health management and workflow efficiency...</i>	are not a current focus.	are driven by a department or specific individual, but are not a pervasive focus.	permeate all aspects of the organization.	
	1.08 <i>Data is...</i>	not used regularly to prevent or solve problems.	viewed as one component of decision-making, but is not viewed as a preventative tool.	a key part of the management mindset and viewed as critical to preventing problems, improving efficiencies and care delivery.	
	1.09 <i>Physicians value patient data...</i>	but are not focused on increasing access to point of care information.	for point of care decision-making but are not focused on management of specific patient populations.	for point of care decision-making and population health management.	
ORGANIZATION: Selection & Contracting	1.10 <i>The Board has...</i>	discussed the need for EHR technology but has not been closely involved in the initiative.	discussed and approved the need for EHR technology to support clinical quality goals and will receive progress reports periodically.	discussed and approved EHR strategy, created an EHR subcommittee and will receive progress reports regularly.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	1.11	<i>Conflicts are typically resolved...</i>	on an ad hoc basis.	via informal practices and resolutions are communicated as necessary.	via management practices that enable communication and conflict resolution in a timely and orderly manner.	
	1.12	<i>EHR priorities have...</i>	not been thoroughly discussed.	been discussed but not documented prior to initiating vendor evaluation.	been documented and prioritized before initiating vendor evaluation and are being used to evaluate products.	
	1.13	<i>Partnerships with other community organizations are...</i>	being considered or do not exist.	formed to promote improved care.	actively pursued to develop formal care delivery improvement programs.	
ORGANIZATION: Implementation	1.14	<i>Priorities for EHR implementation and use...</i>	have not been defined.	are in the process of being defined.	have been established and managed through systematic roll out of features and functions including go/no-go decision points.	
	1.15	<i>A communication plan about EHR implementation and related responsibilities, change management plans and quality care improvement goals is...</i>	being developed to educate management and staff, but is limited to generic information about EHRs only.	being developed to educate management and staff.	in place to educate management and staff.	
ORGANIZATION: Effective Use	1.16	<i>Information on changing patient demands and community needs is...</i>	is gathered on an ad hoc basis.	obtained from alert and observant staff and informal leadership discussions.	gleaned through data analysis, evaluation and ongoing organizational learning.	
	1.17	<i>Executives and management...</i>	tend not to follow industry events to inform clinic initiatives.	follow industry events to inform clinic initiatives.	follow industry events, read relevant publications and attend educational conferences to inform clinic initiatives.	
	1.18	<i>Management has defined efficiency and quality goals that are...</i>	broad and not measurable.	evaluated periodically to determine progress.	evaluated regularly and adjustments made as needed.	
LEADERSHIP: Selection & Contracting	1.19	<i>Leadership...</i>	believes EHRs are necessary, but is divided as to how to communicate why and when to pursue.	has studied the pros and cons of implementing an EHR and can make an argument for why benefits outweigh costs.	understands the benefits of the EHR and risk of failed implementation, and sets a clear and consistent vision for how EHR supports efficiency and quality improvement goals.	
	1.20	<i>The Executive team...</i>	relies on vendor to provide EHR planning guidance.	delegates EHR planning to managers or a specific team.	devotes substantial time to EHR planning and execution.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	1.21	<i>Physician leader(s)...</i>	create clinical EHR requirements without physician input for submission into the decision-making process.	actively engage physician peers to determine EHR requirements for submission into the decision-making process.	are aligned with administrative leaders and incorporate consensus-based needs into EHR requirements.	
LEADERSHIP: Implementation	1.22	<i>Leadership sets...</i>	no tone and does not engage in consensus-building efforts for implementation.	the tone for implementation with general consensus and partial physician buy-in.	future direction, positive tone for implementation and aligns staff for integration of EHR into workflow.	
	1.23	<i>The Executive team has designated...</i>	limited staff time to EHR implementation activities.	time for key management to prepare for EHR implementation.	substantial staff time from multiple departments for EHR implementation.	
	1.24	<i>Physician leadership...</i>	does not take a leadership role in EHR implementation.	will be actively involved in EHR implementation.	actively participates in EHR planning and communication.	
	1.25	<i>A strong physician champion...</i>	does not exist.	exists.	exists and is well respected by physicians and staff.	
LEADERSHIP: Effective Use	1.26	<i>Leadership...</i>	developed an EHR-enabled vision addressing quality and efficiency, but has not made implementation a high priority.	has a clear understanding of EHR-enabled efficiency goals and quality initiatives and participates in planning activities.	ensures the creation of strategies, systems and methods for achieving quality and efficiency goals.	
	1.27	<i>Physician leadership...</i>	rarely engages physicians in efficiency and quality initiatives.	generally engages physician in efficiency and quality initiatives.	actively engages physicians in data use to improve workflow efficiencies and quality.	
STRATEGY: Selection & Contracting	1.28	<i>IT strategic planning has...</i>	not been considered part of the strategic planning process, but operational and addressed through special projects.	been carved out as a separate part of the organizational strategic planning process, resulting in an IT Strategic Plan.	been an integral part of the organizational strategic planning process, resulting in a 3-year Strategic Plan that guides EHR procurement.	
	1.29	<i>IT strategic planning...</i>	is limited to a specific event or timeframe.	is limited to discussion when strategic planning modifications are made.	tends to be a continuous process reflecting ongoing changes in internal and external conditions; modifications to the Strategic Plan made as necessary.	
	1.30	<i>Quality and efficiency are...</i>	discussed, but not clear objectives of the organization nor connected with EHR technology use.	objectives, but not clearly defined in a measurable way nor connected with EHR technology use.	documented as key objectives in the Strategic Plan with measurable objectives, corresponding time horizon and clearly connected with EHR technology use.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
STRATEGY: Implementation	1.31	<i>EHR goals and objectives...</i>	for quality and efficiency strategies have not been defined.	are being developed to support quality and efficiency strategies.	have been developed to support quality strategies.	
	1.32	<i>EHR-specific performance metrics for implementation and use...</i>	have not been defined.	are being defined.	have been defined and linked to operational goals and incentives; baseline measured.	
	1.33	<i>A timeline for expected benefit realization...</i>	has not been defined.	has been generally estimated.	has been defined for each functional area to be implemented.	
STRATEGY: Effective Use	1.34	<i>A quality improvement model...</i>	is being considered or does not exist.	incorporating EHR and other data is being designed.	incorporating EHR and other data has been designed.	
	1.35	<i>Measurable workflow efficiency goals and...</i>	quality targets are broad and not measurable or have not been defined.	general quality targets are being defined to support clinic initiatives.	population-specific quality targets have been developed to support clinic initiatives.	
	1.36	<i>Priorities for efficiency and quality metrics...</i>	have not been developed.	are being developed.	have been established and linked to operational goals and incentives.	
COMMENTS:						

Please proceed to Worksheet 2.

2. MANAGEMENT CAPACITY

Readiness Areas & Categories	Elements	Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
INFORMATION MANAGEMENT: Selection & Contracting	2.01 <i>Decision-making is often informed.....</i>	without use of data from periodic reports or ad hoc requests.	by ad hoc data; periodic reports are published but not consistently managed to; data is not systematically trended for practice management purposes.	by information from scheduled periodic reports and ad hoc data requests; a dashboard of indicators has been established for practice management.	
	2.02 <i>Standard reports generated from the EHR for management, population health and quality improvement...</i>	have not been defined or documented.	have been partially defined but have not been documented.	have been defined, documented and are used to evaluate products.	
INFORMATION MANAGEMENT: Implementation	2.03 <i>Processes to evaluate data integrity...</i>	are rarely performed unless a specific problem occurs.	are frequently performed.	are performed on a regular basis using a validated tool and corrective action is taken.	
	2.04 <i>Description of the use and analysis of standard EHR document types and reports...</i>	is not intended to be documented.	will be documented and centrally stored by a manager.	is readily available to users in a user manual.	
INFORMATION MANAGEMENT: Effective Use	2.05 <i>PECS or other electronic disease registry...</i>	has not been used.	has been used to manage population health for at least one condition.	has been used to manage population health for more than one condition on a routine basis.	
	2.06 <i>UDS, OSHPD and other reporting requirements are...</i>	produced manually; only federally or state-mandated reports are produced on a regular basis.	partially produced by mining data from current information systems as needed.	produced by mining data from current information systems on a systematic basis.	
	2.07 <i>Current management reports show organizational performance...</i>	only, with no benchmark comparisons and no trending over time.	compared with results from external data sources, but reports are created through extensive manual data manipulation.	compared with statistical norms from external benchmarking data; including dashboard indicators and trended data over months, quarters and/or years.	
	2.08 <i>Periodic reporting to executive management and the Board has...</i>	limited analysis accompaniment.	narrative or graphical analysis accompaniment.	written and graphical analysis accompaniment including longitudinal trend analysis.	
CLINICAL & ADMINISTRATIVE STAFF: Selection & Contracting	2.09 <i>Staffing needs for EHR implementation and use...</i>	have not been analyzed.	are generally understood, but a staffing plan has not been developed.	have been documented in a staffing model, detailing current staffing and proposed needs; requirements have been included in the planning process.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	2.10	<i>Staff dedicated to change management and quality improvement...</i>	have not been specifically identified.	have a basic understanding of EHR functionality and are participating in the EHR decision-making process.	are experienced, have been educated about EHR functionality and workflow impacts, are authorized to lead the decision-making process and will work closely with management to resolve issues throughout the process.	
	2.11	<i>Staff and other human resource(s) dedicated to EHR vendor contracting...</i>	are involved in specific aspects the EHR decision-making process but does not have vendor selection or negotiation experience; publicly available RFP is used "out of the box" for system selection.	have a general understanding of the trade-offs between products but may not have vendor selection or negotiation experience; publicly available RFP has been used as a guideline to determine high priority requirements.	are experienced in IT vendor selection and contracting, driving analyses of product offerings to match the organization's needs and capabilities with available solutions and determine optimal contract approach and terms; clinic's own requirements have been documented in a detailed RFP that will be used as an addendum to the contract.	
	2.12	<i>Financial and non-financial incentives for physicians and staff users for EHR adoption...</i>	have not been considered.	have been discussed by leadership and an individual assigned to develop plan.	have been analyzed and a multi-departmental planning process in place to develop appropriate incentives.	
CLINICAL & ADMINISTRATIVE STAFF: Implementation	2.13	<i>Staff driving the implementation process, EHR vendor management and workflow redesign are...</i>	limited in experience and allocated to initiative less than 50% of their job requirement.	experienced and mostly allocated to initiative.	very experienced in system implementation and change management, fully allocated to the initiative and duly authorized.	
	2.14	<i>A project manager is...</i>	in place with less than 100% of time allocated to project.	fully allocated to manage project but full scope of authority and accountability is still not clear.	strong, fully allocated, authorized, and a methodology is in place to manage the project.	
	2.15	<i>Staff to fill EHR implementation roles and responsibilities...</i>	have not been determined.	will be made available.	have been designated and division of labor and accountability clearly articulated.	
	2.16	<i>EHR users will...</i>	not be involved in testing the EHR prior to going live and are not encouraged to submit functionality problems or enhancements for resolution.	participate in EHR user acceptance testing and are encouraged to submit functionality problems or enhancements to the help desk.	have super users (subject matter experts) available to them to help resolve functionality issues or propose usability enhancements.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	2.17	<i>Physician and organizational incentives (financial and/or non-financial) for EHR adoption and quality improvement...</i>	are not part of the EHR adoption plan.	are not designed to align interests nor differentiated by implementation phase.	are in alignment and a specific plan is in place; incentives are designed for each phase of implementation (i.e. EHR use vs. care delivery performance).	
CLINICAL & ADMINISTRATIVE STAFF: Effective Use	2.18	<i>Staff allocated to support EHR use are...</i>	are allocated to support data generation, but few, if any resources are assigned to data analysis.	adequate and have been allocated to support data generation and data analysis functions.	adequate, appropriate and have been allocated for workflow oversight and data analysis.	
	2.19	<i>Staff understand...</i>	the general idea, but have not been formally educated on their role or the importance of data and information flow in the patient care process.	their role in the patient care process, but have not been educated about the importance of data and information flow.	end-to-end data and information flow and their role in the patient care process.	
	2.20	<i>Assessment of staff model modifications and staff redeployment...</i>	has not been analyzed.	has been conducted.	has been conducted and a staff plan is in place.	
	2.21	<i>Incentives are designed to...</i>	influence utilization and the cost of care delivered.	support patient care goals or to achieve efficiencies.	motivate physicians and staff to support patient care goals and achieve efficiencies.	
	2.22	<i>Non-financial recognition is...</i>	not part of the EHR plan.	awarded to individuals for specific accomplishments toward efficiency and quality objectives.	in place for staff and physicians who identify improved uses of EHR or achieve efficiency or quality goals.	
ACCOUNTABILITY: Selection & Contracting	2.23	<i>Roles and responsibilities for analyzing product options, contract terms and negotiating with the EHR vendor...</i>	have not been established or assigned or may exist in a functioning group (i.e. Management Team).	have been developed; requirements are generally understood and prioritized accordingly.	have been assigned and are clear; requirements and expectations have been captured and vendor response documented.	
	2.24	<i>As part of the product selection process, key team members are tasked to...</i>	attend product demonstrations and check 1 or 2 vendor-supplied references.	Test products through vendor demonstrations, make site visits to product installations where possible and interview at least 3 vendor-supplied references.	test products through vendor demonstrations using standard scenarios, make site visits to product installations, interview at least 3 vendor-supplied references and 2 other references with a standardized interview checklist, and ensure that results of each are heavily weighted in the decision-making process.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	2.25	<i>EHR agreement is intended to incorporate...</i>	vendor boilerplate agreement for IT contracting only with minimal modifications.	deliverables including procurement, implementation, conversion and service level agreements.	phased performance metrics tied to payments for the vendor based on timely procurement, implementation, conversion and service level agreements.	
ACCOUNTABILITY: Implementation	2.26	<i>Roles and responsibilities for EHR implementation...</i>	have been established loosely or not at all.	have been established for multiple committees and vendor.	have been established with clear accountability for clinic and vendor and have been documented in a project charter.	
	2.27	<i>Oversight and progress reporting on physician EHR adoption will be...</i>	managed by various non-physician leaders.	managed by non-physician leaders with physician leadership support.	the responsibility of a physician executive who will report directly to the CEO and Board.	
	2.28	<i>Reporting on EHR implementation and adoption progress...</i>	will be delivered verbally to executive management.	will be communicated periodically to executive management and the Board.	to executive management and the Board will be systematic, metric-based and will include a report on project plan milestones.	
ACCOUNTABILITY: Effective Use	2.29	<i>Operational accountability for quality improvement is...</i>	loose or does not exist.	shared in specific areas, but activities are not coordinated.	centralized under one department.	
	2.30	<i>Staff, physician and department performance...</i>	are qualitatively assessed or not formally assessed at all.	are based on their individual performance only which is evaluated and included in the annual review process.	are based on individual and organization performance on clinical and operational metrics based on EHR use, included in the annual review process and tied to related incentives.	
	2.31	<i>Data-driven decision-making is...</i>	not enforced with any systematic evaluation process.	encouraged across all levels but not part of the performance review process.	analyzed as part of the manager's annual performance review.	
FINANCE & BUDGET: Selection & Contracting	2.32	<i>Information technology...</i>	expenses are allocated to various departments and categories and managed by several.	is an expense on one department's budget and managed by a non-IT individual or group.	is managed on a separate line item in the operating budget and by a designated individual.	
	2.33	<i>EHR technology is considered...</i>	More of an expense than an investment, requiring a return-on-investment based on traditional IT or office automation models.	an investment requiring less than 2-year timeframe for return-on-investment.	an investment rather than an expense; return-on-investment is analyzed over a longer time horizon and incorporates non-quantifiable returns.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	2.34	<i>EHR costs and benefits...</i>	have not been clearly defined.	are partially developed; EHR purchase and initial training costs are known but measurable benefits have not been defined.	have been evaluated in a cost-benefit analysis and results communicated to management; total cost of ownership calculations take into account initial productivity declines and the cost of on-going training.	
	2.35	<i>EHR acquisition and on-going maintenance...</i>	will come out of existing funds.	will be funded with one-time discretionary funds.	will be funded with capital earmarked for such.	
	2.36	<i>Development and fundraising efforts...</i>	have not focused on information technology needs.	have focused on information technology needs.	have focused on EHR technology to support quality improvement goals including population health management.	
FINANCE & BUDGET: Implementation	2.37	<i>The EHR implementation project funding...</i>	is funded through various departmental budgets and funds.	is part of the organization's total budget but is not specifically funded for unplanned needs.	has a separate budget that lasts at least 12 months beyond the implementation phase to incorporate productivity decreases.	
	2.38	<i>Acceptable productivity losses, reductions in schedules and revenue impact...</i>	have not been evaluated.	are estimated but not accounted for in the budget.	have been estimated and accounted for.	
	2.39	<i>Identification of benefits to be included in a return-on-investment analysis...</i>	are not intended to be specifically tracked.	will be tracked post-implementation.	will be tracked in a benefit analysis tool to inform management of progress, challenges and potential actions.	
	2.40	<i>An assessment of future EHR functionality, information technology infrastructure and staffing plan needs...</i>	is not currently planned.	will be assigned as a special project.	will be on-going and requirements included in the annual budget and planning processes.	
FINANCE & BUDGET: Effective Use	2.41	<i>The annual budgeting process will...</i>	not consider cost and revenue impacts as a result of workflow efficiencies or quality improvements.	consider potential cost and revenue impacts as a result of workflow efficiencies and quality improvements.	incorporate appropriate EHR cost and revenue impacts as a result of workflow efficiencies and quality improvements.	
	2.42	<i>The Chief Financial Officer...</i>	requests budgets from each P&L manager at year-end to develop the annual budget.	works with each P&L manager at year-end to understand budgeting needs and financial implications of EHR and related processes.	works frequently and closely with each P&L manager to understand budgeting needs and financial implications of EHR and related processes.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	2.43	<i>Funds for ongoing adoption of clinical IT and required standards to enable improved efficiencies and quality of care...</i>	are not incorporated into future planning.	will be part of a special fund request.	will be part of the IT budget.	
COMMENTS:						

Please proceed to Worksheet 3.

3. OPERATIONAL CAPACITY

Readiness Areas & Categories	Elements	Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
WORKFLOW PROCESS: Selection & Contracting	3.01 <i>Current and proposed EHR-enabled administrative and clinical processes including estimated patient and staff volumes are...</i>	not developed.	generally understood and incorporated into product evaluation, but workflow redesign and change management approaches are not documented.	documented in a process map and requirements are included in product evaluation process; planning process is in place for workflow redesign and change management approaches.	
	3.02 <i>Policies, procedures and protocols necessary for EHR-enabled processes, including information access rights, medical record correction, system downtime, data storage requirements and record printing...</i>	have been considered but not analyzed.	have been analyzed and a plan for development in place.	have been analyzed and developed.	
	3.03 <i>Analysis of state, federal and local regulations including privacy and security, confidentiality and accreditation...</i>	has not been performed.	is part of the planning process though all policies and procedures have not been developed.	has been performed and requirements included in the EHR planning process.	
WORKFLOW PROCESS: Implementation	3.04 <i>Implementation is designed for roll-out in...</i>	a one-phase event.	12-month phases.	a phased roll-out of sites, functionality and users with deliverable cycles in time increments of less than 12 months.	
	3.05 <i>A project plan using project management software including responsibilities, milestones, action steps and systematic processes for communicating goals, managing implementation and workflow redesign, implementing policies and procedures and identifying improvement opportunities...</i>	does not exist. Clinic is managing to the vendor's project plan and has not incorporated it into an overall implementation plan.	is currently being developed and a plan is in place for clinic-wide accessibility and periodic review.	has been developed, is available for review and will be evaluated periodically for progress and adjustments.	

Readiness Areas & Categories	Elements	Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
	3.06 <i>Customized product templates for specialties and/or visit types, coding and documentation lists for physicians, customizable views for various data needs (e.g. clinical vs. analysis vs. audit), record validity and completion processes, electronic signature considerations, including clinical guidelines, best practices and other workflow details...</i>	have not been considered as part of EHR implementation.	are being considered as part of EHR implementation.	have been incorporated into EHR implementation with input from physicians, and include delegation of tasks and mandatory or optional designation.	
	3.07 <i>Standards for data entry, including mandatory data fields, how data will be entered and how paper and electronic chart will interact...</i>	have not been determined.	are being determined by the implementation team.	have been determined by a cross-departmental team including physicians.	
	3.08 <i>EHR user feedback and issue resolution...</i>	will be handled on an ad hoc basis and resolutions communicated as necessary.	is managed by a key representative designated to provide EHR feedback to management and communicate resolutions to users.	is managed through a cross-departmental team of Super Users that shadow physicians and staff, meet regularly with management to discuss issues, incorporate findings into training plan and communicate EHR-specific messages and resolutions to users.	
WORKFLOW PROCESS: Effective Use	3.09 <i>The Practice Management system...</i>	has not been maximized or utilized for patient management.	has been mostly maximized including a number of features that facilitate patient management.	has been maximized and modules that support patient management fully utilized.	
	3.10 <i>Workflow efficiencies, population-based analysis and clinical process interventions to achieve best practices and reduce variation at the point-of-care are managed...</i>	on an ad hoc basis; physicians decide which best practices to incorporate into their daily work at their discretion.	by individuals with appropriate training; physicians share best practices with peers and let each individual decide what to include in their practice.	by a centralized, coordinated, cross-departmental team that meets regularly.	
	3.11 <i>Evidence-based guidelines...</i>	may be available, but are not consistently used in care delivery.	are available and supported by physician education.	are available, supported by physician education and adoption and are incorporated into care delivery through reminders and clinical processes.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1.....2	Moderately Prepared 3.....4	Highly Prepared 5.....6	Rating Column
	3.12	<i>Physician feedback regarding practice patterns...</i>	is not provided in an organized manner.	is provided to physicians with summaries of their clinical practice patterns against established standards.	is provided on a systematic, timely basis by a respected leader including best practice, peer comparisons and suggested action items; physicians are involved in report definition and generation.	
	3.13	<i>Workflow efficiency initiatives to streamline annotation and forwarding of record, task hand-offs and electronic signature capability...</i>	have not been considered.	are being considered.	are designed in EHR workflow.	
	3.14	<i>Automation of high-volume data interfaces (demographics, referrals, e-prescribing, lab orders/results, diagnosis and procedure codes)...</i>	have not been analyzed.	are being analyzed.	are designed into EHR workflow.	
	3.15	<i>Physical space redeployment opportunities and patient visit time-motion study...</i>	have not been analyzed or performed.	have been analyzed and performed, but no plan has been developed.	have been analyzed and performed and a plan is in place to modify.	
PATIENT INVOLVEMENT: Selection & Contracting	3.16	<i>Patient interaction with EHR ...</i>	has not been evaluated.	has been considered, but no requirements have been documented.	has been determined with patient input and requirements have been included in the planning process.	
	3.17	<i>Policies and procedures for patient corrections or amendments to medical records and release of patient information...</i>	have not been evaluated.	have been discussed but not documented; a plan is in place to develop policies and procedures.	have been analyzed, requirements included in the planning process; a plan is in place to develop communications for patients and external organizations.	
	3.18	<i>EHR-enabled referral processes, e-prescribing and other patient-specific hand-offs...</i>	have not been evaluated.	have been discussed but no specific plan exists.	have been designed and requirements included in the planning process.	
PATIENT INVOLVEMENT: Implementation	3.19	<i>Patient EHR access procedures, communications and training sessions...</i>	have not been developed.	are being designed and a plan in place to develop materials.	have been designed with patient input; clear and compelling education materials and documentation has been produced.	
	3.20	<i>Patient self-management, follow-up and hand-off requirements...</i>	have not been considered.	are being incorporated into EHR implementation plans.	have been incorporated into EHR implementation plans.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
PATIENT INVOLVEMENT: Effective Use	3.21	<i>Informing patients about care guidelines...</i>	happens on request or not at all.	includes materials developed for the generic diagnosis; may be generated by EHR.	includes patient-specific materials and is incorporated into EHR-enabled process.	
	3.22	<i>Connecting patients to external resources is...</i>	limited to providing patient a pre-printed list.	accomplished through a designated resource responsible for ensuring that providers and patients optimize services.	accomplished through active coordination with other health or community organizations and designed into EHR process.	
	3.23	<i>Patient follow-up is...</i>	scheduled by the patient or physician on an ad hoc basis.	scheduled in accordance with guidelines and managed by a team or individual monitoring patient utilization.	customized to patient needs, varying in language, content, method and intensity, and designed into EHR process.	
	3.24	<i>Assessment and documentation of self-management needs are...</i>	not performed.	expected as part of the care delivery process and provided to patients.	routine and linked to treatment plan available to physicians and patients; plan is designed into EHR process.	
TRAINING: Selection & Contracting	3.25	<i>A formal training plan...</i>	is not in place; clinical and administrative staff will receive training from the vendor and on-the-job.	including EHR implementation and skill-set gaps is being developed for necessary physicians and key staff.	including EHR implementation, workflow redesign and skill-set gaps is in place for management, physicians and staff.	
	3.26	<i>Training programs for project managers and IT staff involved in EHR adoption...</i>	have not been included as part of the EHR initiative.	will be identified as necessary by management.	have been identified to ensure these staff possess appropriate skill sets.	
	3.27	<i>Creative approaches to training...</i>	have not been considered.	that supplement on-site training are being considered.	including e-learning, distance learning and certification programs have been explored and appropriate approaches incorporated into EHR plan.	
TRAINING: Implementation	3.28	<i>Initial training is...</i>	optional for some staff; competency will not be evaluated.	mandatory for most staff; individual competency will be informally evaluated by trainer during class.	mandatory for all; individual competency will be formally evaluated before training is considered complete.	
	3.29	<i>Skill-sets and EHR training needs are...</i>	thought to be sufficient after vendor training.	assessed periodically; scheduled training occurs when implementing a new feature only.	continually being assessed; periodic training schedule is in place.	
	3.30	<i>A dedicated trainer...</i>	and training facility have not been identified.	and a training facility have been identified.	has been identified for initial and on-going training and a training room exists.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
TRAINING: Effective Use	3.31	<i>EHR use and data quality...</i>	training will be provided to new hires and current employees as part of on-the-job training; subsequent training provided at the request of the employee or manager.	training will be integrated into formal new hire orientation, but is not provided for in a formal on-going training program; needs are assessed as needed and not incorporated into annual review or budget processes.	needs assessment and training will be integrated into new hire orientation, on-going training curriculums, annual review and budgeting processes.	
	3.32	<i>Shadowing of physicians and staff...</i>	will be limited or not performed.	will be performed periodically to identify improvement areas.	will be performed periodically by an experienced workflow specialist to identify improvement areas.	
	3.33	<i>Physician education on preventative and chronic care...</i>	is provided sporadically or not at all.	is provided through external education approaches.	includes training all practice teams in population health management and self-management support using EHRs.	
COMMENTS:						

Please proceed to Worksheet 4.

4. TECHNICAL CAPACITY

Readiness Areas & Categories	Elements	Not Yet Prepared 1 2	Moderately Prepared 3 4	Highly Prepared 5 6	Rating Column
IT MANAGEMENT & SUPPORT: Selection & Contracting	4.01 <i>IT is managed...</i>	ad hoc across resources with technical knowledge throughout the organization.	by an individual or group of technical resources that manages IT projects and supports the IT environment.	by an information technology team segmented into skill-based roles and dedicated to managing IT projects, supporting the IT environment, and working hand-in-hand with functional experts in each department.	
	4.02 <i>IT Management has...</i>	limited experience with system integration or data conversion, and relies heavily on external resources for IT planning and decision-making.	experience with system integration or data conversion but tends to rely on the vendor to detail the tasks and activities.	strong experience with system integration, data conversion and managing expert resources to fill internal skill or knowledge gaps.	
	4.03 <i>IT staffing for EHR implementation, maintenance, infrastructure and users...</i>	has not been analyzed.	is generally understood but is not documented in the planning process.	has been documented in a Staffing Plan and requirements have been included in the planning process.	
	4.04 <i>IT staff...</i>	are determining IT infrastructure requirements without involvement in process.	are involved in decision-making process to determine IT infrastructure requirements.	have been educated about EHR objectives in order to actively engage in the EHR decision-making process and determine necessary IT infrastructure requirements.	
IT MANAGEMENT & SUPPORT: Implementation	4.05 <i>Technical resources necessary to install, support, maintain the EHR...</i>	have not been allocated.	are limited.	are defined in the IT Staffing Plan.	
	4.06 <i>IT staff have been trained...</i>	by the vendor on EHR functions and support processes.	on functionality and system requirements; IT management understands the benefits of EHR.	comprehensively on EHR functions and system requirements and have a basic understanding of EHR benefits.	
	4.07 <i>A structure to report and track incidence and resolution of EHR issues...</i>	has not been designed.	will be supported by a manual system.	will be supported by an automated monitoring system.	
IT MANAGEMENT & SUPPORT: Effective Use	4.08 <i>Support for EHR application users, infrastructure components and applicable interfaces...</i>	will be ad hoc; EHR users will be trained to seek solutions from the manual, online help or vendor tools.	will be provided by someone on call.	will be provided by a dedicated individual or group.	
	4.09 <i>User and system support...</i>	is provided during clinic hours only and is inconsistently reliable.	is provided during clinic hours only and is mostly reliable; users have learned workarounds.	processes are designed to be reliable, timely, consistent and available 24/7 or as dictated by physicians and clinical staff.	

Readiness Areas & Categories	Elements		Not Yet Prepared 1.....2	Moderately Prepared 3.....4	Highly Prepared 5.....6	Rating Column
	4.10	<i>Vendor user groups are...</i>	are not attended.	attended by an IT representative.	attended regularly by IT management and management is responsible for functionality improvements.	
IT INFRASTRUCTURE: Selection & Contracting	4.11	<i>Product enhancements and support improvement ideas are...</i>	not part of the future planning process.	discussed by management periodically.	determined by a systematic and periodic review.	
	4.12	<i>A needs assessment of hardware, desktop terminals and other devices necessary to support EHR use...</i>	is generally understood but has not been evaluated.	has been performed but not documented in the planning process.	has been performed and requirements included in the planning process.	
IT INFRASTRUCTURE: Implementation	4.13	<i>A plan for an information technology infrastructure using a high-availability platform, upgraded to be standardized, scalable, and easily maintained...</i>	is not in place; infrastructure will be upgraded according to projected needs and as standards-compliant as possible as new systems are purchased.	is being developed and will be standards-compliant with HL7.	is in place and will be standards-compliant with HIPAA, HL7 and other clinical and administrative transaction standards.	
	4.14	<i>The information technology infrastructure necessary to support EHR implementation, system access, connectivity and bandwidth, database requirements and interoperability components...</i>	has not been updated.	will be updated based on a priority of mission critical and non-critical components.	is updated and available; potential points of failure have been identified and a risk mitigation plan developed to resolve issues.	
	4.15	<i>Data security will be protected by...</i>	very few user-level processes.	limited data access rules and unique user identification and password management.	flexible, multi-level, software-enabled data access rules including unique user identification and password management.	
	4.16	<i>Data entry or conversion plan to pre-populate the EHR...</i>	has not been considered.	is being developed.	has been created with a start date for all records; data from source system will be checked for validity.	
	4.17	<i>A scalable mechanism to address medical record numbers across systems or integrate specific demographic data among systems...</i>	has not been evaluated.	is being determined.	has been determined.	
	4.18	<i>Interfaces with internal or external source systems (lab, pharmacy, imaging, billing, etc.) or disease registries...</i>	have not been identified.	have been identified.	have been identified; a plan is in place for development and testing.	

Readiness Areas & Categories	Elements	Not Yet Prepared 1.....2	Moderately Prepared 3.....4	Highly Prepared 5.....6	Rating Column
	4.19 <i>Procedures and tools to minimize, detect and report data access issues...</i>	have not been included in the EHR plan.	are being implemented as part of the EHR plan.	have been determined including implementation of a firewall and virus protection.	
	4.20 <i>Contingency plans including redundancy strategy and back-up/restore capability...</i>	have not been defined.	have been defined.	have been developed including media, retention and rotation cycle; a plan is in place to test.	
	4.21 <i>A disaster recovery plan including off-site storage of EHR historical information...</i>	has not been developed.	is being planned.	has been developed.	
	4.22 <i>An enterprise-wide data dictionary...</i>	has not been documented.	has been documented and a change process is being created.	has been documented and changes will be maintained; database will be populated and tested.	
	4.23 <i>A timeline for data conversion, interface, performance and stress testing...</i>	has not been determined.	is included in the plan.	is included in the project plan with ample time to make adjustments.	
IT INFRASTRUCTURE: Effective Use	4.24 <i>The technology infrastructure will support...</i>	data collection, but reports are limited to vendor-supplied.	basic end-user analysis and will generate EHR-based reports.	data collection, complex data analysis queries and flexible reporting needs.	
	4.25 <i>A hardware replacement schedule...</i>	has not been created.	has been created.	has been created and integrated into the fiscal budgeting process.	
COMMENTS:					

Please proceed to the Summary Table to view your responses.

COMMUNITY CLINIC EHR READINESS ASSESSMENT
 ~ SUMMARY OF RESPONSES ~

<i>Select any link below to be redirected to that section in the Assessment</i>	Averages		
1. ORGANIZATIONAL ALIGNMENT			
<u>CULTURE</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>ORGANIZATION</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>LEADERSHIP</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>STRATEGY</u>	Selection & Contracting		
	Implementation		
	Effective Use		
2. MANAGEMENT CAPACITY			
<u>INFORMATION MANAGEMENT</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>CLINICAL & ADMINISTRATIVE STAFF</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>ACCOUNTABILITY</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>FINANCE & BUDGET</u>	Selection & Contracting		
	Implementation		
	Effective Use		
3. OPERATIONAL CAPACITY			
<u>WORKFLOW PROCESS</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>PATIENT INVOLVEMENT</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>TRAINING</u>	Selection & Contracting		
	Implementation		
	Effective Use		
4. TECHNICAL CAPACITY			
<u>IT MANAGEMENT & SUPPORT</u>	Selection & Contracting		
	Implementation		
	Effective Use		
<u>IT INFRASTRUCTURE</u>	Selection & Contracting		
	Implementation		
	Effective Use		

OVERALL CATEGORY AVERAGES	SELECTION & CONTRACTING	
	IMPLEMENTATION	
	EFFECTIVE USE	