

Rural Wisconsin Health Cooperative Transforming Healthcare Quality
Through Information Technology: Readiness Assessment

Reedsburg Area Medical Center, Reedsburg WI

This is a questionnaire designed to be completed by administrators, clinical staff, and IT staff in an inpatient setting. The tool includes questions to assess user's needs of electronic health records, health information exchange, and practice management systems.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified or used as is without additional permission from the authors.

Instructions

The Rural Wisconsin Health Cooperative (RQHC) seeks your input in assessing the readiness of your organization with regard to implementation of electronic healthcare information systems and related network activities. We understand that this Readiness Assessment instrument is lengthy, and appreciate your cooperation in working with appropriate staff (i.e. IT professionals, business planners, lead clinicians, administrators) within your organization to answer the mostly qualitative survey. The results will give the Steering Committee an appreciation of current and proposed healthcare IT directions within your institution so that we may better discuss existing commonalities, differences, and how an ongoing collaborative may better serve your interests.

While individual responses may be used by Steering Committee members for discussion at monthly meetings and for planning purposes, any resulting publicly available information -- including a final report to the Agency for Healthcare Research and Quality -- will contain only aggregated and/or de-identified data.

Name of person responsible for survey completion:

Position title:

Telephone number:

Email:

1. Hospital name _____

2. Location (s) (city, zip code) _____

3. Is your facility (check one):

- for profit
- not-for-profit
- other (specify) _____

4. Number of licensed beds _____

5. Average census _____

6. Population of local community served _____

7. Size of service area (communities served, population) _____

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8. Does your hospital have formal arrangements with other hospitals for referring patients who need specialty care?

- Yes No

If yes, please specify the hospital(s) and the distance from your facility):

9. Number of Providers expressed as FTEs:

PROFESSIONAL TYPE	NUMBER
a. Physicians on Active Staff	
b. Physicians on Courtesy Staff	
c. Nurses (RN, NP, LPN)	
PROFESSIONAL TYPE	NUMBER
d. Physician Assistants/Nurse Practitioners, and others who have "provider" status	
e. Midwives	
f. Other allied health staff	

10. Indicate the services available at your hospital:

SERVICE	PRACTICE LOCATION (CITY)	DOES YOUR HOSPITAL SPONSOR A CLINIC/ OUTPATIENT DEPARTMENT IN THIS SPECIALTY?	CLINIC FREQUENCY (EG., ONCE PER MONTH)	CLINIC LOCATION (CITY)
Anesthesia				
Clinical Pharmacology				
Emergency Medicine				
Medicine				
• Cardiology				
• Dermatology				
• Endocrinology & Metabolism				
• Gastroenterology				
• General Internal Medicine				
• Hematology/Oncology				

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SERVICE	PRACTICE LOCATION (CITY)	DOES YOUR HOSPITAL SPONSOR A CLINIC/ OUTPATIENT DEPARTMENT IN THIS SPECIALTY?	CLINIC FREQUENCY (EG., ONCE PER MONTH)	CLINIC LOCATION (CITY)
<ul style="list-style-type: none"> • Infectious Diseases • Nephrology & Hypertension • Pulmonary • Critical Care • Sleep Medicine • Rheumatology/Immunology & Allergy 				
Neurosciences				
Obstetrics & Gynecology				
Ophthalmology				
Orthopaedic Surgery				
Otolaryngology				
Pathology				
Pediatrics				
Physical Medicine and Rehabilitation				
Psychiatry				
Radiation Medicine				
Radiology and Interventional Radiology				
Rehabilitation Medicine				
Surgery:				
<ul style="list-style-type: none"> • Cardiothoracic Surgery • General Surgery • Pediatric Surgery • Plastic Surgery • Transplant Surgery • Vascular Surgery 				
Urology				

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SERVICE	PRACTICE LOCATION (CITY)	DOES YOUR HOSPITAL SPONSOR A CLINIC/ OUTPATIENT DEPARTMENT IN THIS SPECIALTY?	CLINIC FREQUENCY (EG., ONCE PER MONTH)	CLINIC LOCATION (CITY)
Other (please specify):				

11. Ancillary services available at your institution (check all that apply):

- Pathology
- Home health
- Laboratory
- Pharmacy
- Radiology
- Others (Please specify):

12. Indicate the degree to which your organization currently relies on information technology (IT) for the following functions. (If the function is not managed by your organization, insert N/A for not applicable).

Answer key:

None: The function is paper-based

Mixed: The function uses some paper and some electronic transactions

Fully: The function is solely electronic

	Degree the function relies on IT:		
	None	Mixed	Fully
ADMINISTRATIVE FUNCTIONS			
a. Registration for inpatient admissions			
b. Registration for outpatient procedures			
c. Insurance eligibility: Online look-up of information			
d. Insurance eligibility: Electronic transaction			

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e. Prior authorization/certification			
f. Billing			
g. Human resources			
h. Financial management/general accounting			
i. Patient accounting			
j. Hospital Supply			
k. Housekeeping Department			
l. Dietary Department			
m. Marketing (including web site)			
n. Community outreach/education			
o. Health reporting to local, state and federal agencies			
p. Quality assurance/management			
Others (please specify):			
Comments:			

Degree the function relies on IT:			
	None	Mixed	Fully

PATIENT HEALTH INFORMATION AND DATA			
a. Medical history and physical exam			
b. Admission note (physician)			
c. Admission note (nurse)			
d. Allergies			
e. Physician diagnosis/es (coding only)			
f. Physician notes			
g. Nursing diagnosis/es			
h. Nurses notes			
Others (please specify):			
Comments:			

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	Degree the function relies on IT:		
	None	Mixed	Fully
ORDER ENTRY / ORDER MANAGEMENT			
a. Physician orders (non-medication)			
b. Nursing care plan/orders			
c. Medication orders			
d. Pharmacist notes			
e. Lab orders			
f. Lab technician notes			
Others (please specify):			
Comments:			

	Degree the function relies on IT:		
	None	Mixed	Fully
RESULTS MANAGEMENT			
a. Lab test results			
b. Radiology results reports			
c. Pathology results reports			
Others (please specify):			
Comments:			

	Degree the function relies on IT:		
	None	Mixed	Fully
DECISION SUPPORT			
a. Systems for drug dosing			
b. Identification and communication of drug contraindications			
c. Diagnosis and medical management			
d. Detection of adverse events			
e. Identification and communication of lab critical values			

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Others (please specify):
Comments:

Degree the function relies on IT:		
None	Mixed	Fully

PATIENT SUPPORT			
a. Computer-based patient education			
b. Population health management			
c. Home monitoring			
Others (please specify):			
Comments:			

Degree the function relies on IT:		
None	Mixed	Fully

ELECTRONIC COMMUNICATIONS AND CONNECTIVITY			
a. E-mail and web messaging			
b. Interfaces for clinical data exchange			
c. Integrated clinical health record			
Telemedicine			
Others (please specify):			
Comments:			

13. State as a rough percentage the degree to which your affiliated physician clinics use any of the following information technologies:

____% Electronic Health Records

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- ___% Secure Messaging
- ___% Medication Lists
- ___% E-Visits (Telehealth, Monitoring)
- ___% E-Prescribing
- ___% Other:

14. Briefly describe by number and nonduplicative function your internal and outsourced IT leadership and support staff.

15. Please list the vendor and product for your organization’s installed electronic health record and related vendor products and support services (such as Allscripts, Badger, CareScience, Cerner, CPSI, Dairyland, Eclipsys, Epic, IBM, IDX, McKesson, Meditech, Mysys, Siemens).

VENDOR	PRODUCT	PURPOSE

16. Does your organization modify the source code (other than the options offered by the vendor) or otherwise enhance any of these “off-the-shelf” technologies?

- Yes No

If yes, how?

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17. Briefly describe your organization’s internal and external network infrastructure (i.e. LAN / WAN) and connectivity (i.e. DSL, Cable, Frame Relay, ISDN, T1, ATM, Dial-up):

18. In your view, does your organization’s existing network infrastructure serve your organizations needs? What, if any, improvements would you make?

19. Briefly describe the technologies used for your hospital information system network security:

Network Security Issue	Aspects/Examples	Technologies in Use in Your Organization
IS access controls:	Policies & procedures: identification, authentication, authorization, accountability	
Technical Security Measures:	Network perimeter, firewalls, encryption, biometrics, tokens	

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Network Security Issue	Aspects/Examples	Technologies in Use in Your Organization
IS operations security:	Administration, management, accountability, product evaluation, media & systems controls, eMail & fax security	
Others:		

20. Describe/list any quality measures or quality checks currently in use for verifying *clinical* data and information accuracy (for example, the percent of correctly processed claims, the percent of prescriptions written by physicians containing an error, medical transcription errors etc.).

21. Assess your organization’s “readiness” to adopt a networked electronic healthcare record and related tools. Please consider the following change aspects for each item: group culture, resources, leadership and organizational support.

		Degree of Readiness:		
		Not Ready	Partially Ready	Fully Ready
Human Resources				
a.	Senior manager “buy-in”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Nurses and other professional hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Degree of Readiness:		
	Not Ready	Partially Ready	Fully Ready
d. Non professional hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vendors/business partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Resources			
g. Organizational plan for IT adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Near, mid, long-term budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Begun addressing legal and regulatory barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Results of a needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Defined appropriate products & services required for integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Planned for staffing & training issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Established evaluation plan and metrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Indicate the primary source of your institution's IT spending:

- Operating revenue
- Reserves
- Contracts, Grants, Cooperative Agreements
- Loans
- Other _____

23. In order of preference, briefly state your organization's top five currently unmet information needs:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

24. Please rank order on a scale of 1-7 (*with 1 being the highest*) your organization's IT objectives:

RANK (1 – 7)	OBJECTIVES
	Improved patient safety
	Support delivery of effective patient care

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	Facilitate management of chronic conditions
	Improved organizational efficiency
	Better patient empowerment
	Improved patient to provider communications
	Compliance with Laws and Regulations (i.e. HIPAA, JACHO, CLIA)

25. In consideration of these objectives, briefly state your organization's near-term priority (1 to 3 years) for acquiring new information technologies:

26. Describe your longer-term priorities for IT acquisition (3-5 years):

27. Does your organization have a written information technology plan (formal or informal)?

- Yes No

28. Briefly describe the barriers to your organization making additional IT investments and/or achieving connectivity? (e.g. lack of financing, lack of technical support, legal issues, acceptance on the part of patients or clinicians, accreditation and licensure, need for standards, lack of infrastructure, etc.).

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29. As above, briefly describe perceived barriers to achieving electronic connectivity with your affiliated physician clinics for EMR / CPOE – like activities:

30. The U.S. Department of Health and Human Services is striving toward establishment of “Regional Health Information Organizations” (RHIOs) that would facilitate the development, implementation, and application of secure health information exchange across various care settings. What would you view as the greatest benefit/s to establishment of such a RHIO?

Rank order the following from 1 to 9, with 1 being the most important:

RANK (1 – 9)	BENEFITS
	Medication reconciliation/confirmation
	Improve information access for MD consultants and referrals
	Improve provider productivity
	Improved interdisciplinary communication (doctor-nurse; clinical staff-hospital administration)
	More tightly link physicians to community
	Risk management (error detection)
	Improved coordination of patient care
	Improved patient access to care
	Improved admission and billing processes

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31. What do you see as the major obstacles to creation of a regional health information organization (RHIO)?

Check all that apply:

- Data security
- Managing authorization for access
- Structuring trading partner agreements
- Organizational readiness
- Cost to develop a shared infrastructure
- Cost to participate in RHIO on an ongoing, sustained basis.
- Others _____

32. At a minimum, who do you see as key participants in a successful RHIO?

Check the *one that best applies*:

- Individual hospitals and their affiliated physicians
- All hospitals in the community and their affiliated physicians
- All hospitals in community, their affiliated physicians, and other components of integrated delivery systems
- All hospitals in community and their affiliated physicians as well major health plans
- Other: _____