

Pre-survey Instructions

IMPORTANT: Please carefully review the information below, prior to beginning your survey.

Each organization will receive a unique link to access the survey without the need for a user ID and password. You will still receive an organization ID for record identification purposes, please include this number in your survey communications.

If your organization is part of a health system or IDN, you can complete one survey to include all hospitals if those facilities operate on the same EHR and have similar structure.

Once you select the survey(s) you are participating in, the system will automatically generate the coordinating questions. Once you have made the selection, you cannot start over. If a new link is needed, please email mostwired@chimecentral.org

Instructions are as follows:

- Identify individuals from your organization to help you gather the data you will need to complete the various sections of the survey. CHIME recommends distributing a hardcopy of the survey to these individuals where they will mark their responses to be kept as a hardcopy.
- **Only one user should be in the survey at a given time.** Having multiple people in the survey simultaneously will result in lost data. Please designate one individual to enter data from the hardcopy into the survey tool. You can toggle between survey sections using the index.
- Prior to beginning the survey, please review the list of definitions [here](#). Reviewing this will help clarify the intent of questions and response options.
- Complete a hardcopy of the survey before entering data to the survey tool.
- If using your 2020 survey submission as a reference, please be mindful that some response options have changed and may not match against the 2021 version.
- The online survey tool will automatically save your responses as you move to the next page. Be sure to move to the next page before you close the survey.
- For questions that require screenshot validation, please include the question number as well as your organization ID in the submission email to mostwired@chimecentral.org
- All technologies need to have been in place by 3/31/2021 in order to include it in a survey response. Please do not include pilot programs unless otherwise stated in the question.
- Once all data has been entered into the survey tool, please go through each section, and review all responses thoroughly.

- At the end of the survey, you will be required to verify that the CIO has reviewed and signed off on the submission. **Do not check this box or move forward until you are ready to submit. Once submitted, the survey cannot be reopened.**
- Upon submitting, you will be redirected to a survey summary where you can **print your submission for your records**. Amendments can be made up to 90 days after benchmark reports have been released to participants.

Scoping

Where are facilities represented in this survey located? (select one)

- United States of America
- International

IMPORTANT NOTE

IF MULTIPLE FACILITY TYPES ARE REPRESENTED IN ONE SURVEY, RESPONSES MUST REPRESENT THE AVERAGE EXPERIENCE ACROSS ALL FACILITY TYPES. *There will still be unique and individual scoring returned for each facility type; scores will be similar but slightly different.*

IF THE EXPERIENCE IS DIFFERENT ACROSS FACILITY TYPES, ANOTHER SURVEY WILL NEED TO BE FILLED OUT FOR EACH UNIQUE FACILITY EXPERIENCE REPRESENTATION DESIRED. *There will be unique and individual scoring returned for each facility survey filled out; scores will be different according to unique facility survey responses.*

What type of facilities are represented in this survey? (Making multiple selections will allow you to complete all facility types within one survey)

- International Acute Hospital (INTERNATIONAL ONLY)
- US Domestic Acute Hospital
- US Domestic Ambulatory Clinic
- US Domestic Long-Term/Post-Acute Care (LTPAC) Facility

General Information

Organization Information -

Organization Name:

Name of Parent Organization/IDN (if applicable):

Street Address:

City, State (Province), Postal Code:

Country:

Federal Tax ID Number:

CIO Information -

Name:

Phone Number:

Email:

If CIO DID NOT complete the Survey, survey respondent information -

Name:

Title:

Phone Number:

Email:

Results and benchmarking reports will be sent to both email addresses

Public Relations Information –

Name:

Title:

Phone Number:

Email:

Other Information -

Please identify which best describes the organization(s) represented in this survey:

- Independently owned hospital
- Hospital owned by health network/health system
- Integrated health network/multihospital system (two or more hospitals)
- Children's Hospital
- Department of Defense Hospital or VA
- Urban
- Rural
- Critical Access (fewer than 25 inpatient beds)
- Teaching
- Non-teaching
- HIE
- Independently owned clinic
- Clinic owned by hospital or health network/system
- Independently owned long-term care facility
- Long-term care facility owned by hospital or health network/system

Number of Ambulatory clinics represented in this survey* _____

*If this survey is for more than one facility, your answers should reflect the **AVERAGE FOR ALL FACILITIES REPRESENTED**

Number of Beds/exam rooms regularly available (those set up and staffed for use) represented in this survey: _____

Number of physicians at your organization: _____

Number of other clinicians at your organization (NP, PA)

Please report the number of FTEs on the IT staff as of March 31, 2021

Applications Staff:

Technology Staff:

Informatics/ Analytics Staff:

Innovation/ Digital/ AI Staff:

HIM:

BioMed:

Administrative:

Outsourced:

Other: (leave fill in option)

Total IT Staff FTE (should equal the numbers listed above):

Total number of organization employees: _____

IT staff includes employees in other areas (e.g., decision support, clinical areas, and strategic planning) whose primary role is creating or supporting systems or information technologies. It excludes PBX operators and other direct reports to the CIO that are not part of planning, supporting or provisioning IT services. Do not include vacant positions, include only staff on board.

Finance Information -

What is your organization's total gross revenue (net patient revenue + other income)?

What is your organization's total IT expenses? _____

What is your organization's total operating expense? _____

What is your organization's total capital expense? _____

Total _____

What vendors do you use for the following inpatient and outpatient

Primary Inpatient EHR in use:

Primary Outpatient EHR in use:

Population health vendors:

Primary Security Solutions Provider:

Telehealth vendors:

Business intelligence (BI):

AI vendors (AI):

ERP vendors:

Rev Cycle vendors:

Infrastructure

(PDF-001) What methods does your organization(s) use to monitor your IT systems? (Check all that apply.)

- A. Use tools to monitor the end-user experience (network and system performance)
- B. Use automated tools to escalate problems to highly skilled technicians (Level 2 or 3) based on category and type
- C. Analyze issues to determine root cause analysis as a means to put fixes in place to avoid reoccurrences
- D. Use dashboard to manage infrastructure by exceptions/anomalies
- E. Log collection automation
- F. Utilize pattern detection against automated login attempts
- G. Gather and trend data to mitigate potential issues before they occur
- H. Perform and escalate on system log exceptions/errors
- I. Utilize tools such as user behavior analytics or user/entity behavior analytics (UBA/UEBA)
- J. None of these tools are used

(PDF-002) How does your organization(s) support its **wireless** communications? (Select the one that best describes your situation.)

- A. Multiple discrete wireless networks for different purposes
(clinical/biomedical/physicians/public)
- B. A unified enterprise-wide wireless infrastructure enabling reliable access to all online applications
- C. No wireless infrastructure

(PDF-003) Which of the following **wireless** applications and/or technologies does your organization(s) support? (Check all that apply.)

- A. Cellular connectivity throughout premises
- B. Nurse call/paging systems
- C. RFID/RTLS Locator System
- D. IP telemetry
- E. Two-way radio/security systems
- F. Video monitoring
- G. Wireless VoIP
- H. EHR/clinical information systems
- I. Wireless barcode medication administration
- J. Wireless infusion pumps
- K. Wireless barcode scanners for supplies
- L. Clinician alarm notification correlated for events
- M. Connected implants that deliver alerts regarding changes in medical conditions to smart device
- N. Wireless barcode for blood products administration
- O. Device alarm notification
- P. Patient facing wireless technologies (wayfinding, Geofence based push notification systems)
- Q. Remote monitoring for on call clinicians
- R. Telehealth for on call clinicians
- S. **NA for Ambulatory**
- T. None

(PDF-004) Which of the following resource functions can physicians and other clinicians access remotely (from outside your organization(s) firewall)? (Check all that apply.)

- A. Full access to EHR (Complete/sign medical record, place orders, see other facilities' results, exchange patient data and orders with other facilities, etc.)
- B. Full access to diagnostic quality PACS/images
- C. Communicate with patients (email, alerts)
- D. Secure texting
- E. Support virtual patient visits
- F. Secure messaging via HISP (Health Information Service Provider)
- G. Secure messaging using other non-HISP vehicle
- H. Monitor chronic patients through alerts/notifications
- I. Data received on smart devices from connected implants, RFID/RLTS
- J. Clinician guidelines/pathways or evidence-based order sets with links to reference literature
- K. Full access to referential quality PACS/images from outside organizations
- L. Covid-19 test results (**Not Scored**)
- M. None

(PDF-005) Which of the following technologies does your organization(s) utilize to improve caregiver workflow? (Check all that apply.)

- A. HL7 CCOW standard for patient context management between applications
- B. Integrated clinical application suites
- C. Single sign-on—biometrics
- D. Single sign-on—proximity systems (tap-n-go)
- E. Roaming virtual desktop sessions (VDI)
- F. Traveling profiles
- G. Mobile POC devices
- H. Mobile voice recognition for clinician notes
- I. Remote published applications
- J. None

(PDF-006) What mobile devices are provided to your care team at the point of care?

- A. Laptops/Tablets
- B. IP Based Telephone
- C. Mobile carts or Workstations on Wheels
- D. Care team is not issued dedicated devices

(PDF-007) What types of BYOD is your organization able to support?

- A. Laptops/Tablets
- B. Smartphones
- C. Patient wearables
- D. Voice activated devices
- E. None

(PDF-008) What capabilities are provided to the care team at the point of care via wireless networking to a handheld device?

- A. Secured messaging
- B. Discrete patient data
- C. Waveforms
- D. Alerts
- E. None

Security

(PDF-009) Please indicate below which information security frameworks your organization(s) has adopted and follows as part of your information security program. (Check all that apply)

- A. NIST cybersecurity framework
- B. COBIT
- C. ISO 2700 series
- D. HITRUST
- E. SANS Top 20/CIS critical controls
- F. HICP **NEW**
- G. Self-developed
- H. No framework adopted

(PDF-010) Who is responsible for leading information security in your organization(s)? (check one)

- A. Dedicated security leader in your executive suite (CISO)
- B. CIO who doubles as a security leader
- C. An external security leader
- D. A non-executive security leader (Director of Security)
- E. No dedicated security leader

(PDF-011) Please indicate how often your board of directors/trustees or board committee receives a report on your information security program? (Check one.)

- A. Information security program update is provided monthly (or more often)
- B. Information security program update is provided quarterly
- C. Information security program update is provided semi-annually
- D. Information security program update is provided annually
- E. Not on a regular schedule but as requested by the board
- F. Never

(PDF-012) How often does your organization(s) formally chartered cybersecurity governance, risk and compliance committee comprising executive team meet? (Check one.)

- A. Monthly (or more often)
- B. Quarterly
- C. Semi-annually
- D. Annually
- E. Never
- F. Unsure
- G. We do not have a formally chartered cybersecurity governance, risk and compliance committee comprising executive team

(PDF-013) Which of the following security measures does your organization(s) currently use to authenticate/manage authorized **users**? (Check all that apply.)

- A. Smartcard access control (biometrics, key cards, proximity, magnetic)
- B. Identity management/governance (creation of unique identities that are tied to user accounts)
- C. Single sign-on
- D. Multi-factor authentication (soft tokens, hard tokens, SMS, biometrics, etc.)
- E. PKI/digital signature systems
- F. Adaptive/risk-based authentication for network access
- G. Federated access management (e.g., SAML)
- H. Privileged access management
- I. None

(PDF-014) Which of the following security measures does your organization(s) currently use to authenticate/manage **devices**? (Check all that apply.)

- A. Inventory of authorized devices (tie to asset management systems, IoT/IoMT discover tools, network access control, or other factors)
- B. Inventory of authorized medical devices (tie to asset management systems, IoT/IoMT discover tools, network access control, or other factors)
- C. Network access control, monitoring of devices joining network
- D. Network access control, enforcement of devices joining network
- E. Bring-your-own-device (BYOD) management
- F. Mobile device management (MDM) for hospital owned devices
- G. None

(PDF-015) Which of the following security technologies, services, tools or measures has your organization(s) implemented and used as part of security processes? (Check all that apply.)

- A. Database monitoring
- B. Data loss prevention (DLP)
- C. Intrusion prevention or prevention systems (IPS, IDS)
- D. Log management
- E. Privacy audit systems
- F. Automated user access provisioning systems
- G. Security incident event management (SIEM)
- H. Next generation endpoint protection systems (EDR, signatureless/machine learning agents, etc)
- I. Deception technology
- J. Endpoint encryption (laptops and desktops)
- K. Basic spam/phishing protection (signatures, digests, spam blacklists, etc)
- L. Anomalous network monitoring and analytics (full packet capture analytics tools to find threats)
- M. Medical device security tools
- N. Micro-segmentation /virtualization
- O. Governance, risk, and compliance (GRC) systems
- P. Cloud access security broker (CASB)
- Q. Encryption of removable devices
- R. None

(PDF-016) Which of the following security processes does your organization(s) currently use to safeguard information? (Check all that apply.)

- A. Proper disposal of ePHI hardware or electronic media
- B. Remote mobile device data wiping capabilities
- C. Endpoint passcode/password
- D. Encryption of backups
- E. Encryption for wireless LANs
- F. Encryption for laptops and/or workstations (virtual desktop)
- G. Medical device password/access controls
- H. Formal incident response plan
- I. Consumption of threat intelligence information from other organizations (ISAC, DHS, etc)
- J. Procurement/contracting with security term including vendor risk assessment
- K. Segmentation of medical devices on specialized network segments
- L. 24/7/365 Security operations center (insourced, outsourced, hybrid)
- M. Training and education of workforce
- N. Data classification
- O. Secure system baseline images
- P. Encryption key management
- Q. None

(PDF-017) How often does your organization(s) conduct each of the following activities? If unannounced or third party, select that as well. (e.g. quarterly phishing exercises that are unannounced).

Activity		Unannounced	3 rd Party	Quarterly or more often	Annually	Every 2 years	Less than 2 years/Never
A	Risk assessment to identify compliance gaps and security vulnerabilities						
	Cybersecurity Maturity Assessments NEW						
B	Penetration testing to identify security vulnerabilities						
C	Wireless penetration testing						
D	HIPAA compliance audits						
E	Testing recovery plan (all-tiers)						
F	Testing recovery plan (mission critical systems)						
G	Simulated phishing exercises						
H	Web application security assessments						
I	Social engineering risk assessment						
J	Application security assessment						
K	Security audits						
L	Vulnerability scanning						
M	Medical device security audits						
N	Security awareness training						
O	Vendor security (or risk) assessments						
P	System/data access audits						
	Purple Team Exercises NEW						
	Incident response tabletop exercises NEW						

(PDF-018) How often are the results of the following security assessments, audits, analysis, exercises, or testing reported to leadership? (Check one per row.)

Activity		Quarterly or more often	Annually	Every 2 years	Never
A	Progress on security is tracked and reported to leadership				
B	Gaps or continuing deficiencies reported to leadership				
C	Business units are involved helping to prepare remediation plans after the work (above) is performed				

(PDF-019) Does your organization(s) have any of the following insurance coverages related to cybersecurity? (Check all that apply.)

- A. Cyber liability
- B. Data breach
- C. Crime insurance coverage
- D. Business loss
- E. Network security and privacy
- F. Media liability
- G. Natural disaster **NEW**
- H. None

(PDF-020) Which of the following information sharing and analysis organizations is your organization(s) participating with to identify cybersecurity threats and vulnerabilities? (Check all that apply.)

- A. Cyber Information Sharing and Collaboration Program (CISCP): DHS's program for public-private information sharing
- B. Health Information Trust Alliance (HITRUST)
- C. Informal sharing in HIT user groups
- D. Informal sharing in professional society
- E. Health Information Sharing and Analysis Center (H-ISAC)
- F. State hospital associations
- G. Department of Homeland Security/ CISA
- H. National Cybersecurity & Communication Integration Center (NCCIC)
- I. Health Cybersecurity & Communication Integration Center (HC3)
- J. Private Information Sharing and analysis organizations **NEW**
- K. None of the above

(PDF-021) If you have a documented risk management program, what is the highest level the results are reported to? (check one)

- A. Board of trustees, or committee of the board
- B. Executive leadership / executive governance
- C. IT leadership
- D. Results are not reported in a formal way
- E. We do not have a documented risk management program

(PDF-022) What components are included in your documented risk management program? (check all that apply)

- A. Risk responsibilities
- B. Mitigation steps for an event
- C. Environmental contingency plan (Floods, Earthquake, Etc) **NEW**
- D. Demonstration – Intrusion contingency plan **NEW**
- E. Other contingency plan **NEW**
- F. Risk Level Identification
- G. Risk registers
- H. Risk assessment
- I. Scheduled Required Training and Documentation **NEW**
- J. We do not have a documented risk management program

(PDF-023) Which of the following activities are included in your business vendor or third-party risk management program? (Check all that apply)

- A. An inventory of all business vendors
- B. List of 3rd party vendors that is prioritized based on the risk to your organization
- C. We are evaluating high risk vendors
- D. Our business vendors have completed their sub-contractor related assessments.
- E. We do not have a business vendor or third-party risk management program

(PDF-024) Do you have a comprehensive incident response plan with these components? (Check all that apply.)

- A. Documented tier 1 outage procedures
- B. Security/privacy breach notification procedures
- C. Planning and exercises including HR team
- D. Planning and exercises including legal team
- E. Planning and exercises including resource management (materials management/supply chain) team
- F. Planning and exercises including marketing & communications team
- G. Planning and exercises including other members of the organization
- H. Tabletop exercise at least annually
- I. Enterprise-wide exercise at least annually
- J. Disaster recovery plan tied to organizational business continuity plan
- K. Documented incident response team roster and responsibilities
- L. Post incident review, remediation and accountability process documented
- M. No comprehensive incident response plan

(PDF-025) Please estimate how quickly your organization(s) can restore mission critical operations if a disaster causes the complete loss of your primary data center? (Check one per operation.)

a. Clinical information systems (EHR, lab, radiology)

<input type="checkbox"/> 0 – 4 hours	<input type="checkbox"/> 5 – 8 hours	<input type="checkbox"/> 9 – 24 hours	<input type="checkbox"/> 2 – 3 days
<input type="checkbox"/> 4 – 7 days	<input type="checkbox"/> 8 days – 1 month	<input type="checkbox"/> 1 month +	<input type="checkbox"/> Don't Know

b. Financial systems (payroll, patient accounting)

<input type="checkbox"/> 0 – 4 hours	<input type="checkbox"/> 5 – 8 hours	<input type="checkbox"/> 9 – 24 hours	<input type="checkbox"/> 2 – 3 days
<input type="checkbox"/> 4 – 7 days	<input type="checkbox"/> 8 days – 1 month	<input type="checkbox"/> 1 month +	<input type="checkbox"/> Don't Know

c. Human resources and staffing systems

<input type="checkbox"/> 0 – 4 hours	<input type="checkbox"/> 5 – 8 hours	<input type="checkbox"/> 9 – 24 hours	<input type="checkbox"/> 2 – 3 days
<input type="checkbox"/> 4 – 7 days	<input type="checkbox"/> 8 days – 1 month	<input type="checkbox"/> 1 month +	<input type="checkbox"/> Don't Know

d. Supply chain management systems

<input type="checkbox"/> 0 – 4 hours	<input type="checkbox"/> 5 – 8 hours	<input type="checkbox"/> 9 – 24 hours	<input type="checkbox"/> 2 – 3 days
<input type="checkbox"/> 4 – 7 days	<input type="checkbox"/> 8 days – 1 month	<input type="checkbox"/> 1 month +	<input type="checkbox"/> Don't Know

(PDF-026) In the event of an emergency, what communication equipment and services does your staff use? (Check all that apply.)

- A. Fixed line network
- B. First Responder Network
- C. Satellite phone, VSAT, MSAT and other satellite communications
- D. Government Emergency Telephone Service (GETS) cards
- E. Wireless Priority Service (WPS) service
- F. Telecommunication Service Priority (TSP)
- G. Crisis communications platform
- H. None

Administrative Supply Chain

(PDF-027) Select the primary method your organization(s) uses to complete the majority of these **pharmacy supply activities**. (Select the one that best describes your situation.)

- **Automated: More than 50% of the activities are handled via electronic interfaces with appropriate internal controls (e.g., EDI, API integration, web)**
- **Semi-automated: More than 50% of activities are handled via electronic transaction (data keyed in), electronic tracking systems, and electronic usage reports**
- **Manual: More than 50% of activities are handled by telephone or fax**

	Activities	Automated	Semi-Automated	Manual/Phone/Fax
A	Check Product price/Contract Price			
B	Check product availability			
C	Process Purchase Requisition			
D	Process Purchase order			
E	Check order Status/routing			
F	Received Order/Check-in			
G	Receive Invoice			
H	Pay Invoice			

(PDF-028) For what percentage of **pharmaceutical supplies** is an electronic order generated when they reach a predetermined par level? (Check one.)

- A. 81-100%
- B. 61-80%
- C. 41-60%
- D. 21-40%
- E. 1-20%
- F. None

(PDF-029) Select the primary method your organization(s) uses to complete the majority of these **medical/surgical supply activities**. (Select the one that best describes your situation.)

- **Automated: More than 50% of the activities are automated via electronic interfaces with appropriate internal controls (e.g., EDI, API integration, web)**
- **Semi-automated: More than 50% of activities are handled via electronic transaction (data keyed in), electronic tracking systems, and electronic usage reports**
- **Manual: More than 50% of activities are handled by telephone or fax**

Activities	Automated	Semi-Automated	Manual/Phone/Fax
A Check Product price/contract price			
B Check Product availability			
C Process Purchase Requisition			
D Process Purchase order			
E Check order status/routing			
F Receive Order/Check-in			
G Receive Invoice			
H Pay Invoice			

(PDF-030) For what percentage of **medical/surgical supplies** is an electronic order generated when they reach a predetermined par level? (Check one.)

- A. 81-100%
- B. 61-80%
- C. 41-60%
- D. 21-40%
- E. 1-20%
- F. None

(PDF-031) Please estimate the percentage of use of auto-ID technology (bar code and RFID) for **tracking/identifying** each item listed below. (Check one per row.)

Tracking/Identifying of:		RFID					Barcode				
		>90%	50-90%	<50%	0%	N/A	>90%	50-90%	<50%	0%	N/A
A	Movable equipment**										
B	Patient ID										
C	Staff ID										
D	Blood Supply										
E	Surgical Supplies										
F	Medical Supplies (nonsurgical)										
G	Medication (bulk)										
H	Medication (unit dose)										
I	NA for Ambulatory										
J	Patient Tracking										
K	Staff Tracking										
L	Hand Hygiene										

** (IV Pumps, beds, IV poles, wheelchairs, portable x-ray units etc)

(PDF-032) How do you monitor and collect information needed to manage supply/equipment recalls and expiration dates (i.e., product integrity) of the following products? (Check all that apply.)

- **Automated: More than 90% of activities are handled automated systems as appropriate to the item (e.g. electronic supply cabinet tracking, bar-coding, RFID, unique identifier tracked be database)**
- **Semi-automated: More than 50-89% of activities are handled automated systems as appropriate to the item (e.g. electronic supply cabinet tracking, bar-coding, RFID, unique identifier tracked be database)**
- **Manual: More than 50% of monitoring activities are handled via manual process logs (e.g. pen/paper, electronic document, spreadsheet, etc.)**

Products	Automated	Semi-Automated	Manual	N/A
A Drugs				
B Blood				
C Equipment				
D Implants				
E Vaccines NEW				

(PDF-033) Does your organization(s) have a revenue-cycle and contracts-management application that:
(Check all that apply.)

- A. Aggregates and measures cost of care across settings
- B. Aggregates charges to form bundles and episodes, with the aggregation logic enabling different groupings for different payers
- C. Manages the distribution of bundled payments to the clinicians, hospitals and non-acute facilities that delivered the care
- D. 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.
- E. Reconciles charges and patient accounts to a monthly premium payment, billing co-payments and noncovered charges according to insurance agreements.
- F. Supports real-time patient identification and tracking for value-based care conditions, e.g., COPD
- G. Provides patients with estimates on out-of-pocket expenses
- H. None

(PDF-034) For each of the following **payer-related transactions**, estimate the percentage of activities conducted using HIPAA compliant transactions. (Check one per row.)

Activities	>90%	50-90%	<50%	None
A Claims Status Inquiry				
B Claims Submission				
C Electronic Funds Transfer				
D Eligibility Inquiry				
E Pre-certification				
F Referral and authorization				
G Remittance Advice				
H Address Verification				

(PDF-035) What Percentage of the following validation activities is accomplished electronically using automated routines and/or software? (Check one per row.)

Definitions:

- A. **Charge and order matching:** Keeping charge master up to date as annual HCPCS codes are released and as prices of stocked items changes
- B. **Charge capture reconciliation:** Recording the service and charge to the patient at the point of care through automated systems entry that includes a system application that validates appropriate entry.
- C. **Contract management:** Refers to payer contracts and may include the following: (1) Automated system capable of validating whether contracted pricing is properly paid according to the negotiated rate (2) Payer-negotiated rates based on specific patient volumes; system adjusts payments when volume thresholds change.
- D. **Denial management:** Identify, quantify, correct, and resubmit denied claims.
- E. **Medical necessity criteria checks:** Validating proposed services against local and national policies. Track the causes for medical necessity denials. Monitor/track performance of clinicians, coders, and others on compliance with documentation policies.
- F. **Physician performance comparisons:** Both quality and cost-efficiency measures that provide comparisons of individual physician performance against their peers with the goal of improving clinical outcome and appropriate utilization of services.

Activities	>90%	50-90%	<50%	None
A Charge and order matching				
B Charge Capture Reconciliation				
C Contract Management				
D Denial management				
E Medical necessity criteria checks				
F Physician-performance comparisons				

(PDF-036) Are you using bed/exam room tracking or patient-flow software as described below (bed tracking/patient-logistics management may be functionality included within your electronic health record)? (Check one per row.)

System	Yes	No
A NA for Ambulatory		
B NA for Ambulatory		
C NA for Ambulatory		
D Exam room/bed tracking system		
E Integrated patient logistics system that includes patient status, pending orders, critical lab results and room availability for the entire enterprise		
F NA for Ambulatory		
G NA for Ambulatory		

(PDF-037) Which of these employee management tools are available electronically/online throughout more than 50% of the organization(s)? (Check all that apply.)

- A. Self-scheduling of open shifts
- B. Enterprise HR management system or online HR manager portal
- C. Performance-improvement scorecards (organizational improvement)
- D. Goal Management System (employee goals) **NEW**
- E. Real-time operational budget versus expense monitoring, financial modeling, and budget forecasting
- F. Recruitment/onboarding tools **NEW**
- G. Benefits/compensation tools **NEW**
- H. Performance and goal management tools **NEW**
- I. Learning management system
- J. Automated benefit selection
- K. Workforce management tool (productivity and cost trends)
- L. None

(PDF-038) What types of computer-based education do you provide to clinicians? (Check all that apply.)

		Physicians	Nurses	Other licensed Providers
A	Privacy Training			
B	Information Security Training			
C	EHR Training			
D	CPOE Training			
E	Data Analytics Training			
F	Voice Recognition Software Training			
G	Sharing Best Practices for patient Safety			
H	Mobile Device Applications Training			
I	Biomed Bar Code Reader Training			

Analytics and Data Management

(PDF-039) What is your status of embedding predictive analytics into the clinician’s workflow?

- A. Fully deployed and achieving outcomes
- B. Implementing or starting to use
- C. Looking to buy
- D. Not using

(PDF-040) How is data delivered to **clinical and operational leaders**? (check all that apply)

- **Visualization tools:** offer the ability to re-structure queries to “drill-down” into the data and filter information by a variety of parameters (date/time, patient, provider, disease, payer, etc.) on the fly.
- **Self-service and visualization tools** offer the same functionality as data visualization tools, but add the ability of end-users to reconfigure the data views to meet the needs of clinical and operational areas

		Real time analytics	Self-service and Visualization tools	Visualization tools	Spreadsheets/ Graphs/Pivot Tables	Paper/ PDF Reports	None
A	Clinical Quality Metrics						
B	Clinician productivity metrics						
C	Patient volume metrics						
D	EHR utilization/ performance data						
E	Population health metrics						
F	Patient engagement/ satisfaction metrics						
G	Person Centric Longitudinal metrics NEW						
H	Social Determinant Metric NEW						

(PDF-041) How is data delivered to **individual clinicians** (nurses, doctors, pharmacists, etc.)? (check all that apply)

- **Data visualization tools** offer the ability to re-structure queries to “drill-down” into the data and filter information by a variety of parameters (date/time, patient, provider, disease, payer, etc.) on the fly.
- **Self-service data visualization tools** offer the same functionality as data visualization tools but add the ability of end-users to reconfigure the data views to meet the needs of clinical and operational areas.

		Real time analytics	Self-Service and visualization tools	Visualization Tools	Spreadsheets/ Graphs/Pivot Tables	Paper/PDF Reports	None
A	Clinical Quality Metrics						
B	Clinician productivity metrics						
C	Patient volume metrics						
D	EHR utilization/ performance data						
E	Population health metrics						
F	Patient engagement/ satisfaction metrics						
G	Person Centric Longitudinal metrics NEW						
H	Social Determinant Metric NEW						

(PDF-042) Do you use an automated review of CMS key indicators integrated with the EHR that signals caregivers with compliance alerts? Check all that apply.) [Click here for more information](#)

- A. **NA for Ambulatory**
- B. **NA for Ambulatory**
- C. **NA for Ambulatory**
- D. At discharge/checkout
- E. Organization wide
- F. No, system is not capable of providing

(PDF-043) What backup systems and data repository models does your organization(s) use? (Check all that apply.)

- A. Cloud services for clinical systems
- B. Cloud services for non-clinical systems
- C. Data as a service (DaaS)
- D. Infrastructure as a service (IaaS)
- E. Storage virtualization
- F. Off-site redundant data center
- G. None

(PDF-044) Do you have an analytic tool, such as a dashboard, that allows you to retrieve the following data within the following venues of care? [New Question](#)

		Across all venues without departmental filtering	Outpatient / ambulatory clinics	Peri-operative	Emergency Department	Discharges from inpatient	None/Does not apply
A	The percentage prescribed controlled substances						
B	Average MMED (morphine mg equivalent per day) per opioid Rx						
C	The percentage of patients concurrently prescribed Benzodiazepines and opioids						
D	The percentage of appropriate naloxone prescriptions for high-risk patients (high risk as defined by institution eg. history of OUD, >50 MMED, co-prescribed benzodiazepines)						
E	The percentage of prescribed controlled substances						

Interoperability and Population Health

(PDF-045) Which of the following entities are your organizations **sending a discrete data to**? (Check all that apply)

- A. External hospital / hospital system
- B. External physician practice
- C. Home health agency
- D. Skilled nursing facility, extended/chronic care facility
- E. Retail pharmacy
- F. Government data/records such as immunizations, death records, syndromic surveillance
- G. External laboratories
- H. Health information exchange (HIE)
- I. Insurance companies/payers
- J. Emergency Ambulance Agency **NEW**
- K. Emergency room not affiliated with a hospital **NEW**
- L. Cannot send discrete data to external entities

(PDF-046) Which of the following external entities can your organization **consume discrete data** from? (Check all that apply.) (If you answer that you can consume discrete data, we will require a screenshot of this system. Screenshots should be e-mailed to mostwired@chimecentral.org)

- A. External hospital / hospital system
- B. External physician practice
- C. Home health agency
- D. Skilled nursing facility, extended/chronic care facility
- E. Retail pharmacy
- F. Government agency such as immunizations, death records, syndromic surveillance
- G. External laboratories
- H. Health information exchange (HIE)
- I. Insurance companies/payers
- J. Emergency Ambulance Agency **NEW**
- K. Emergency room not affiliated with a hospital **NEW**
- L. Cannot consume any discrete data into the EHR

(PDF-047) For what percentage of automated transitions of care or referrals does your organization(s) provide a summary care record: (Check one.)

Functions	>90%	50-90%	<50%	None
Directly via EHR				
Via a HIE				

(PDF-048) Are you using an electronic disease registry to identify and manage gaps in care across a population?

- A. Yes
- B. No
- C. Unsure

(PDF-048b) If yes, which data sources contribute to your registry and can this data be accessed at the point of care?

	Does this data source contribute to your registry? (Y/N/NA)	Can this data be accessed at the point of care? (Y/N/NA)
Ambulatory EHR and billing system		
Acute EHR and billing system		
ADT feeds		
Payer/claims data		
HIE		
Post-acute (continuum of care)		

(PDF-049) Do you have a system to track chronic-care management?

- A. Yes
- B. No
- C. Unsure

(PDF-050) Which chronic disease management services do you provide to patients at home? Include only fully implemented programs (not pilots) for relevant patient population. (Check all that apply.)

Condition	Self-test results entered manually online	Self-test results submitted using internet-enabled monitoring device	Medication management/ compliance using secure e-mail	Real-time care management	Integrated with EHR
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chronic obstructive pulmonary disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Congestive heart failure					
f. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. End stage renal disease (ESRD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. No services are offered to patients at home.					

(PDF-051) What types of risk/value-based care contracts is your organization(s) participating in? Please, estimate the percentage of total revenue for each. (check all that apply)

- | | |
|--|------------|
| A. Fee-for-service: | % revenue: |
| B. Pay for performance: | % revenue: |
| C. Shared savings (upside risk only): | % revenue: |
| D. Shared saving (upside and downside risk): | % revenue: |
| E. Bundled payments: | % revenue: |
| F. Capitation: | % revenue: |

(PDF--052a) What technologies are you using to perform the following population health activities?
(Check all that apply.)

Data aggregation:

Activities	EMR	3 rd Party	Home grown	NA
Compilation of a longitudinal record that includes clinical, claims, and care-management interventions				
Reliable master patient index including duplicate record merging/deletion				
Aggregation of other data sources (social determinants of health, genomics, imaging data, etc.)				

52b. Data analysis:

Activities	EMR	3 rd Party	Home grown	NA
Stratify patients according to risk				
Tailored advanced predictive/prescriptive analytics (i.e. AI, machine learning)				
Ability to identify and tag patient groups to develop internal registries				
Prioritized Worklist				

52c. Care management:

Activities	EMR	3 rd Party	Home grown	NA
Identify gaps in care				
Empower care management workflow with data-driven intelligence				
Chronic disease management				
Use of social care networks for SDoH referrals to community organizations				

52d. Administrative and financial reporting:

Activities	EMR	3 rd Party	Home grown	NA
Financial performance tracking under risk-based contracts				
Total cost of care analytics				
Network utilization tracking and network optimization analysis (i.e. leakage and steering)				
Tool to monitor care management performance				

52e. Patient engagement:

Activities	EMR	3 rd Party	Home grown	NA
Target patients for outreach				
Secure messaging between patient, care-providers and care-managers				
Full CRM that includes integrated patient portal, outreach, education, and satisfaction				

52f. Clinician engagement:

Activities	EMR	3 rd Party	Home grown	NA
Ability to track clinician usage of population health tools and activities				
Quality measures and analytics at the physician level (including MIPS, MACRA, etc.)				
Prioritized guidance on patient care-gaps and statuses				

(PDF-053) Do you electronically coordinate care with clinical partners to perform the following activities?
(Check all that apply.)

- A. Manage care transitions
- B. Build linkages to community-based resources
- C. Coordinate and monitor exchanges of information with specialists and other facilities
- D. Use call center to support care coordination
- E. Secure messaging with patients and health professionals
- F. Electronic medication and diagnostic ordering/management
- G. Consult/referral management and follow-up communications with electronic authorizations
- H. Wellness and prevention **NEW**
- I. None

Patient Engagement

(PDF-054) What percent of unique patients have accessed your patient portal within the last 12 months?

- A. Percent of unique Patients Accessed:
- B. Does not apply (we do not have a patient portal)

(PDF-055) What patient convenience or clinical communication capabilities are being used by patients through your patient portal? (Check all that apply.)

- A. Test results
- B. Visit summary
- C. Discharge/checkout instructions
- D. OpenNotes (progress notes, H&P, discharge summary, operative notes)
- E. Self-management tools for chronic conditions
- F. Immunization records
- G. Wayfinding via wireless guidance **NEW**
- H. Parking assistance and payments **NEW**
- I. Self-check-in **NEW**
- J. Secure messaging with provider/care team
- K. Provide medical history elements that can be directly included in EHR
- L. Asynchronous provider visits
- M. Complete questionnaires that can be directly included into EHR
- N. Transmission of information about a hospital admission to another care provider
- O. Access patient specific education
- P. Access patient specific education in non-English language(s)
- Q. Access family (or care team) education
- R. Access family (or care team) education in non-English language(s)
- S. Appointment self-scheduling tool
- T. Appointment reminders
- U. Prescription renewal request tool
- V. Bill payment/ bill status check
- W. Symptom checker **NEW**
- X. Ability to update insurance information
- Y. Access to electronic copy of medical record
- Z. Ability to share electronic copy of medical record with external organizations
- AA. No patient portal capabilities are available or being used

(PDF-056) What information and education opportunities are available to patients and families inside & outside the facility setting via an online or interactive system? (Check all that apply.)

- A. Introduce the patient and family to the care environment
- B. Introduce the patient and family to the services that will be delivered
- C. Parking assistance/location **NEW**
- D. Review the education and other materials provided to the patient and family during a visit
- E. Where applicable, exchange secure e-mails with their care team members
- F. Continue the care pathway that was initiated prior to or during the clinical encounter
- G. Use videos to educate patient and family about procedures
- H. Use videos to educate patient and family about medications
- I. Use videos to educate patient and family about lab tests and results when available
- J. Participate in virtual patient visits (clinician and patient).
- K. Email appointment reminders
- L. Participate in virtual visits (patient and family)
- M. Remote patient monitoring
- N. Self-scheduling
- O. Automated check-in on arrival/self-check-in
- P. Wayfinding via wireless guidance
- Q. **NA for Ambulatory**
- R. No online capabilities are available.

(PDF-057) **NA for Ambulatory**

(PDF-058) **NA for Ambulatory**

(PDF-059) What functionalities are included in mobile apps provided for patients? (These should be apps created for a mobile handheld device and should NOT include responsive designed websites) (Check all that apply.)

- A. Alerts/notifications from mHealth devices
- B. Click-to-call contact directory
- C. Electronic insurance card
- D. ER wait times
- E. E-visit/virtual assistant
- F. Health library
- G. Patient portal
- H. Personal health record
- I. Personal health tracker
- J. Real-time news and blog feed
- K. Renew prescription
- L. Schedule visit
- M. Secure messaging (one way/two way)
- N. Wayfinding with floor plans and maps
- O. Price list for different services
- P. Text appointment reminders
- Q. Location Sharing for assistance **NEW**
- R. Health Maintenance Campaigns **NEW**
- S. Mobile Check In **NEW**
- T. Telemedicine Integration **NEW**
- U. Event Alerts **NEW**
- V. No mobile app is available

(PDF-060) Do you provide the ability for a patient to create or edit a personal health record via a patient portal on your website and/or in partnership with a third-party PHR vendor? (Check one.)

- A. Yes, fully rolled out
 - What percentage of unique patients have used this tool? _____
- B. Yes, pilot program
- C. No

(PDF-061) Which of the following price transparency/price comparison capabilities do you provide to patients or prospective patients via the health portal, app, website etc.? (Please check all that apply.)

- A. List of procedures/services and associated price
- B. List of clinicians and associate prices
- C. NA for Ambulatory
- D. NA for Ambulatory
- E. NA for Ambulatory
- F. Filter and compare price information based on types of procedures/services
- G. Filter and compare price information based on clinician
- H. NA for Ambulatory
- I. Provide definitions of key terms related to pricing, insurance, and/or service types
- J. Ability to estimate patients' cost burden based on insurance type without human intervention
- K. Provide access to education regarding services listed, price estimates, patient estimates, co-pays etc.
- L. Access to patient gifting/fundraising tools that integrates patient bills with social media to help with healthcare fundraising efforts and transparency
- M. No price transparency capabilities are available

(PDF-062) Which of the following telemedicine services does your organization(s) use to conduct diagnostic and therapeutic medical exchanges between patients and providers, and at which sites do you provide these services? (Check all that apply.)

	Telemedicine Service	Physician Office	Hospital	Post-Acute facilities (SNF, LTC, etc.)	Patient's Home
A	Consultations and office visits				
B	Pharmacologic management				
C	Behavioral Health				
D	Rehabilitation				
E	Maternity				
F	Stroke care				
G	e-ICU				
H	Inpatient management				
I	Genetic counseling				
J	Addiction treatment and counseling				
K	NA for Ambulatory				
L	No Telemedicine services available in this area				

(PDF-063) What percent total patient visits are performed using telemedicine? (Reworded question)

a. _____

(PDF-064) What percent of your providers in your organization use telemedicine technology? New Question _____

(PDF-065) Please describe how your organization(s) is using personal health tracking data from patient's wearable(s):

- A. Patient's wearable data is integrated with patient portal (Never, Sometimes, Always)
- B. Patient's wearable data is integrated with EHR (Never, Sometimes, Always)
- C. Patient's wearable data is used in a meaningful way by clinicians (Never, Sometimes, Always)

Clinical Quality and Safety

(PDF-066) What frequency are the following orders in use throughout your organization?

(Slide percent bar next to each)

- A. CPOE
- B. Closed loop bar-coded (or RFID) meds administration to match patient to drug (formulation, dose, route, date/time)
- C. Closed loop bar-coded (or RFID) matching of patient to blood products administration
- D. Radiology orders supported by imaging decision support

(PDF-067) **NA for Ambulatory**

(PDF-068) How do clinicians electronically access the following functions at **clinician offices**? (Check all that apply.)

	Functions	Full Read/Write Capabilities	Limited Read/Write Capabilities	View Only	No Electronic Access
A	Clinical guidelines/pathways or evidence-based order sets with links to reference literature				
B	Medical image review				
C	EHR/CPOE				
D	Evidence/ references				
E	Image sharing from other organizations				

(PDF-069) Which of the following nurse activities are electronic for your organization? (Check all that apply.)

- A. Discharge/checkout/ADT checklist sends alerts for unmet criteria
- B. Discharge/checkout/ADT risk assessment
- C. Embedded links to relevant research and quality measures
- D. Evidence-based plan of care with links to reference literature
- E. Post-discharge/checkout follow-up
- F. Standardized care transition process
- G. Capture patient education assignments and status
- H. Provider hand-off tools
- I. Routine Regulatory Assessments **NEW**
- J. Taking/Recording vital signs **NEW**
- K. Medication Administration Documentation **NEW**
- L. None

(PDF-070) Which of the following patient monitoring equipment in your organization(s) routinely sends information directly to the EHR? (Check one per row.)

Equipment	Fully Deployed	Partially Deployed	Not Deployed	N/A
A Blood pressure				
B Lab tests				
C Pulse oximetry				
D Temperature				
E Blood glucose				
F Cardiovascular catheter output				
G EKG				
H Fetal monitor				
I Intracranial monitor				
J IV pump				
K Ventilator				
L NA for Ambulatory				
M Medication Dispensing Instrument NEW				

(PDF-071) What percent of your clinicians are using the following real-time quality reporting resources? If none, put 0%. (Slide percent bar next to each option) (If you answer that you have real-time reporting, we will require a screenshot of this system. Screenshots should be e-mailed to mostwired@chimecentral.org)

- A. Clinical decision support rule for high-priority hospital/health condition
- B. Critical values
- C. Dose checking (max/min)
- D. Dose suggesting (e.g., renal failure)
- E. Drug allergy alerts
- F. Drug formulary check
- G. Drug-diet checking
- H. Drug-to-drug interaction alerts
- I. Duplicate order alerts
- J. Predictive analytics
- K. Radiology decision support
- L. Medication Management NEW
- M. Deprescribing NEW
- N. Polypharmacy NEW
- O. Pharmacogenomics NEW
- P. NA for Ambulatory

(PDF-072) NA for Ambulatory

(PDF-073) NA for Ambulatory

(PDF-074) Please estimate the percentage of discharge/check-out medication orders (for new or changed prescriptions) transmitted as an electronic prescription. (Check one.)

- A. >90%
- B. 50-90%
- C. <50%
- D. None

(PDF-075) By what method does your organization(s) track Hospital-Acquired/Onsite Infections? (Check all that apply.)

- A. Manual only
- B. Electronically stored (e.g., departmental system)
- C. Integrated with EHR
- D. No method to track Hospital-Acquired/Onsite Infections

(PDF-076) Which of the following solutions are part of your enterprise imaging strategy? (Check all that apply)

- A. PACS
- B. VNA
- C. Universal viewer
- D. Image exchange
- E. None

(PDF-077) What diagnostic images can be accessed via your enterprise imaging strategy?

- A. Radiology ("plain films," CT, MRI, ultrasound)
- B. Interventional radiology static and video images
- C. Cardiac catheterization static and video images
- D. Echocardiography static and video images
- E. Endoscopy static and video images
- F. Bronchoscopy static and video images
- G. Intraoperative static and video images
- H. Ophthalmology images
- I. Microscopic pathology images
- J. Photography (dermatology, trauma, other)
- K. 3-D reconstruction images (CT, MRI, angiography)
- L. Cardiology diagnostic images
- M. None of the above

(PDF-078) Does your organization(s) engage in the following opioid use reduction programs and how impactful are those programs on reducing opioid use?

Opioid Use Reduction Programs	Organization Engagement (Yes/No/NA)	Program Impact on Reducing Opioid Use (1 low – 9 high; NA) NOT SCORED
Limiting doses/pills per prescription		
Use of non-narcotics in order-sets		
Electronic physician education programs		
Electronic patient education programs		
Electronic prescribing of controlled substances (EPCS)		
E-Prescribing module connected to state/regional PDMP (prescription drug monitoring program) data base		

(PDF-079) Does your organization(s) engage in the following antipsychotic use reduction programs and how impactful are those programs on reducing antipsychotic use? [New Question](#)

Antipsychotic Use Reduction Programs	Organization Engagement (Yes/No/NA)	Program Impact on Reducing Antipsychotic Use (1 low – 9 high; NA) NOT SCORED
Limiting doses/pills per prescription		
Use of non-antipsychotic in order-sets		
Electronic physician education programs		
Electronic patient education programs		
Electronic prescribing of controlled substances (EPCS)		
E-Prescribing module connected to state/regional PDMP (prescription drug monitoring program) data base		

(PDF-080) Are you using machine enabled detection to identify any of the following possible prescribing anomalies? (check all that apply)

- a. Unusual/unsafe drug interactions
- b. Prescriptions outside dosing guidelines
- c. Unusual/unsafe drug use
- d. Abnormal prescribing practices
- e. Not using machine enabled detection to identify possible prescribing anomalies

(PDF-081) Which of the following e-prescribing functions do you provide, and which physician practices do you provide them for? (Check all that apply.)

	Functions	Employed Physicians	Independent Practicing Physicians	Do Not Provide	N/A
A	Capture pharmacy dispense history				
B	Check payer-based formulary				
C	Check allergies, drug-drug interactions				
D	Prescription automatically faxed to retail pharmacy				
E	Prescription sent electronically to retail pharmacy (do not include fax)				
F	Prescription discontinued transmitted electronically to retail pharmacy (do not include fax)				
G	Renewal request received by fax from retail pharmacy				
H	Renewal request received electronically from retail pharmacy (do not include fax)				
I	Electronic prescribing of controlled substances				
J	Connection to prescription drug monitoring program integrated within EHR				

(PDF-082) Across your health system what percentage of controlled substances (schedules 2-4) are prescribed electronically (not printed or handwritten) [New Question](#)

a. _____ (percent slide bar)

(PDF-083) Can you somehow identify and track the percent of electronically prescribed controlled substances (schedule 2-4) across the following venues of care? [New Question \(Not scored\)](#)

		Yes	No	N/A
A	Hospital discharges			
B	Emergency Department			
C	Outpatient/Ambulatory Clinics			
D	Peri-operative			
E	Oncology			
F	Palliative Care			

(PDF-084) Does your EHR prompt you to review your state’s PDMP at an appropriate point in the clinician’s workflow, (i.e. when a provider initiates an eRx for a controlled substance?) **New Question**

- A. Yes
- B. No
- C. NA

(PDF-085) If PDMP integration is permitted in your state, can clinicians access the PDMP directly from the EHR? **New Question**

- A. Yes, with SSO and preserves patient context
- B. Yes, with SSO only
- C. No
- D. NA

(PDF--085b) If yes, does your EHR provide any of the following?

		Yes	No	N/A
A	Interpretation guidance			
B	Risk scoring			
C	Decision support			

(PDF-086) Which best describes your Drug Diversion Monitoring Program today (please report the highest level you currently utilize)? **New Question (Not scored)**

- A. Extensive proactive monitoring with an Advanced Analytics tool
- B. Minimal proactive monitoring with a report-based tool
- C. Manual process including monthly Controlled Substance Audits
- D. Manual process primarily responding to employee tips
- E. We do not have a Drug Diversion Monitoring Program

(PDF-087) Are you using the following opioid use reduction mechanisms? [New Question](#)

		Yes	No	N/A	Program Impact on Opioid Usage (1=low; 9=high) Not Scored
A	Order set maintenance: Do greater than 50% of order sets containing opioid options default or suggest limiting doses/MME?				
B	Order set maintenance: Do greater than 50% of order sets default or offer non-opioid options?				
C	Automated patient opioid education and/or instructions for greater than 50% of patients prescribed opioids?				
D	Identify patients with documented or at risk of Substance Use Disorder (SUD) for referral? NOT SCORED				
E	Are you able to identify patients who may be appropriate for MOUD (medication for opioid use disorder) and initiate treatment (e.g. buprenorphine) while inpatient or in ER? NOT SCORED				
F	EHR/system prompts to perform urine drug screens (UDS) at least once per year for patients being prescribed chronic opioids?				
G	System to prompt creation of a controlled substance agreement in appropriate patients? NOT SCORED				
H	If a patient has an opioid agreement on file, does the system make that available to appropriate treating providers?				

COVID-19 Response (This section is not scored)

(PDF-088) Do you use technology for the management of COVID-19 contact tracing in your environment?

- A. Yes
- B. No

(PDF-088b) -If yes- Do you plan to continue using contact tracing for other communicable illnesses beyond Covid-19?

- A. Yes
- B. No
- C. Unsure

(PDF-089) IS your EHR able to report the following data to state local or federal public health entities?
(Select all that apply)

- A. COVID-19 testing
- B. Bed capacity
- C. Vaccination
- D. None

(PDF-090) What percentage of non-clinical employees currently have a work from home status to limit exposure?

a. _____ (percent slide bar)

(PDF-091) Does your organization plan on maintaining work from home status for non-clinical employees to limit exposure, throughout the remainder of the pandemic?

- D. Yes
- E. No
- F. Unsure

(PDF-092) Do you plan to continue telehealth services in the future regardless of whether the government continues to offer Medicare flexibilities or not?

- G. Yes
- H. No
- I. Unsure

(PDF-093) Did the lack of a universal patient identifier (UPI) hinder your ability to track patients for covid-19 related services including:

		Yes	No	Unsure
A	Testing			
B	Tracing			
C	Bed usage			
D	Vaccination			

(PDF-094) Did COVID-19 hinder your ability to respond or plan for emergent cybersecurity threats?

- J. Yes
- K. No
- L. Unsure

(PDF-095) Did you receive funding to support your telehealth implementation or administration from the following? (select all that apply)

- A. Provider Relief Fund
- B. FCC COVID-19 Telehealth Program
- C. HRSA Rule Telehealth Program
- D. State Program
- E. We did not receive funding support

(PDF-96) Did the lack of broadband access hinder or eliminate the ability for providers to provide telehealth services or patients to receive them?

- A. Yes, we could not provide them due to broadband
- B. Yes, patients could not receive them due to broadband
- C. No, we had no issues delivering telehealth

(PDF-97) Which of the following initiatives is your organization currently using to address ongoing financial constraints? Check all that apply.

- A. Staff reduction
- B. Hiring freeze or slow down
- C. Reduction of employee hours
- D. Compensation reductions
- E. Operational budget cuts
- F. Capital budget cuts
- G. Training and education budget cuts
- H. Travel restrictions
- I. Real estate reductions
- J. Other
- K. None