

2014 AHA Annual Survey Information Technology Supplement Health Forum, L.L.C.

Please return to:
AHA Annual Survey
Information Technology Supplement
155 N. Wacker
Chicago, IL 60606

Please Note: This year we continue to include new questions designed to capture your current level of adoption and gain insights in the context of the US Department of Health and Human Service's Meaningful Use initiative. This information will provide important data on the state of health IT in hospitals as relating specifically to the goals of the program.

GENERAL INSTRUCTIONS: Please respond to each of the following questions as of the day the survey is completed.

1. Does your hospital currently have a computerized system which allows for:

<i>(Fully implemented means it has completely replaced paper record for the function.)</i>	(1) Fully Implemented Across <u>ALL</u> Units	(2) Fully Implemented in <u>at least</u> <u>one</u> Unit	(3) Beginning to Implement in <u>at least</u> <u>one</u> Unit	(4) Have Resources to Implement in the next year	(5) Do Not have Resources but Considering Implementing	(6) Not in Place and Not Considering Implementing
Electronic Clinical documentation						
a. Patient demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physician notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nursing notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Problem lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medication lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discharge summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Advanced directives (e.g. DNR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results Viewing						
a. Laboratory reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Radiology reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Radiology images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diagnostic test results (e.g. EKG report, Echo report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diagnostic test images (e.g. EKG tracing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consultant reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerized Provider Order Entry (Provider (e.g., MD, APN, NP) directly enters own orders that are transmitted <i>electronically</i>)						
a. Laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Radiology tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consultation requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nursing orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Fully implemented means it has completely replaced paper record for the function.)

	(1) Fully Implemented Across <u>ALL</u> Units	(2) Fully Implemented in <u>at least</u> <u>one</u> Unit	(3) Beginning to Implement in <u>at least</u> <u>one</u> Unit	(4) Have Resources to Implement in the next year	(5) Do Not have Resources but Considering Implementing	(6) Not in Place and Not Considering Implementing
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Decision Support

a. Clinical guidelines (e.g. Beta blockers post-MI, ASA in CAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical reminders (e.g. pneumovax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drug allergy alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug-drug interaction alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drug-lab interaction alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug dosing support (e.g. renal dose guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bar Coding or Radio Frequency Identification (RFID) for Closed-loop Medication Tracking

a. Medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caregiver verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pharmacy verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Functionalities

a. Bar coding or Radio Frequency (RFID) for supply chain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to connect mobile devices (tablet, smart phone, etc.) to EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meaningful Use Functionalities

2. Does your hospital currently have a computerized system which allows for:

Electronic Clinical Documentation	Yes	No	Do Not Know
a. Record gender/sex and date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Record race and ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Record time and preliminary cause of death when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Record preferred language for communication with providers of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Record vital signs (height, weight, blood pressure, BMI, growth charts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Record smoking status using standard format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Record and maintain medication allergy lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Record patient family health history as structured data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Incorporate as structured data lab results for more than 40 percent of patients admitted to inpatient or emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Population Health Management	Yes	No	Do Not Know
a. Generate lists of patients by condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify and provide patient-specific education resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	Yes	No	Do Not Know
a. Compare a patient's inpatient and preadmission medication lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide an updated medication list at time of discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Check inpatient prescriptions against an internal formulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Automatically track medications with an electronic medication administration record (eMAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescribe (eRx) discharge medication orders electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care Summary Documents	Yes	No	Do Not Know
a. Generate summary of care record for relevant transitions of care using Clinical Document Architecture (CCDA) format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Include care teams and plan of care in summary of care record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Send summary of care records to an unaffiliated organization using a different certified EHR vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated Quality Reporting			
a. Automatically generate hospital-specific meaningful use quality measures by extracting data from an EHR without additional manual processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Automatically generate Medicare Inpatient Quality Reporting program measures for a full Medicare inpatient update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Automatically generate physician-specific meaningful use quality measures calculated directly from the EHR without additional manual processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Reporting	Yes	No	Do Not Know
a. Submit electronic data to immunization registries/information systems on an ongoing basis per meaningful use standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submit electronic data on reportable lab results to public health agencies on an ongoing basis per meaningful use standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Submit electronic syndromic surveillance data to public health agencies on an ongoing basis per meaningful use standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Functionalities	Yes	No	Do Not Know
a. Implement at least 5 Clinical Decision Support interventions related to 4 or more clinical quality measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conduct or review a security risk analysis and implement security updates as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are patients treated in your hospital able to do the following:	Yes	No	Do Not Know
a. View their health/medical information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Download information from their health/medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronically transmit (send) transmission of care/referral summaries to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Request an amendment to change/update their health/medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Request refills for prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Schedule appointments online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pay bills online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Submit patient-generated data (e.g., blood glucose, weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Secure messaging with providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Information Exchange Functionalities

4. Which of the following patient data does your hospital electronically exchange/share with one or more of the provider types listed below? (Check *all* that apply)

	With Hospitals Inside of Your System	With Hospitals Outside of Your System	With Ambulatory Providers Inside of Your System	With Ambulatory Providers Outside of Your System	Do Not Know
a. Patient demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Laboratory results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medication history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Radiology reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical/Summary care record in any format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This next section asks further detail about sending and/or receiving summary care records.

5. When a patient transitions to another care setting or organization outside your hospital system, how does your hospital routinely send and/or receive a summary of care record? Check *all* that apply.

	Send	Receive	Do not know
a. Mail or fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. eFax using EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Secure messaging using EHR (via DIRECT or other secure protocol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provider portal (i.e., post to portal or download from portal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Via health information exchange organization or other third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When a patient transitions to or from another care setting or organization, does your hospital routinely electronically send and/or receive (NOT eFax) a summary of care record in a structured format (e.g. CCDA) with the following providers? Check *all* that apply (across a row)

	Send	Receive	Do not know
a. Other Hospitals outside your system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ambulatory Care Providers outside your system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Long-term Care Providers (inside or outside your system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavioral Health Providers (inside or outside your system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This next section asks other questions related to electronically sending or receiving data.

7. Does your EHR integrate any type of clinical information received electronically (not eFax) from providers or sources outside your hospital system/organization without the need for manual entry? *This could be done using software to convert scanned documents into indexed, discrete data that can be integrated into EHR.*

- Yes, routinely Yes, but not routinely No Do not know NA

8. If yes, does your EHR integrate the information contained in summary of care records received electronically (not eFax) without the need for manual entry? *This could be done using software to convert scanned documents into indexed, discrete data that can be integrated into EHR.*

- Yes, routinely Yes, but not routinely No Do not know NA

9a. Do providers at your hospital routinely have necessary clinical information available electronically from outside providers or sources when treating a patient that was seen by another health care provider/setting?

- Yes No Do not know

9b. Do providers at your hospital query electronically for patients' health information (e.g. medications, outside encounters) from sources outside of your organization or hospital system?

- Yes No No, don't have capability Do not know

10a. When a patient visits your Emergency Department (ED), do you routinely provide electronic notification to the patient's primary care physician?

- Yes No Do Not Know Do Not Have ED

10b. If yes, are electronic notifications provided to primary care physicians below? (Check *all* that apply)

- Inside System Outside System Do Not Know

11. Please indicate your level of participation in a state, regional, and/or local health information exchange (HIE) or health information organization (HIO).

- a. HIE/HIO is operational in my area and we are participating and actively exchanging data in at least one HIE/RHIO
- b. HIE/HIO is operational in my area but we are not participating
- c. HIE/HIO is not operational in my area
- d. Do not know

12. Which of the following issues has your hospital experienced when trying to electronically (not eFax) send, receive or find (query) patient health information to/from other care settings or organizations? (Check *all* that apply)

- a. We lack the capability to electronically send patient health information to outside providers or other sources
- b. We lack the capability to electronically receive patient health information from outside providers or other sources
- c. Providers we would like to electronically send patient health information to do not have an EHR or other electronic system with capability to receive the information
- d. Providers we would like to electronically send patient health information to have an EHR; however, it often lacks the capability to receive the information
- e. Many recipients of our electronic care summaries (e.g. CCDA) report that the information is not useful
- f. Cumbersome workflow to send (not eFax) the information from our EHR system
- g. Difficult to match or identify the correct patient between systems
- h. Difficult to locate the address of the provider to send the information (e.g. lack of provider directory)
- i. We have to pay additional costs to send/receive data with care settings/organizations outside our system
- j. We don't typically share our patient data with care settings/organizations outside our system

EHR System and IT Vendors

13. Does your IT Department currently support an infrastructure for two factor authentication (e.g. tokens or biometrics)?

- Yes No Do not know

14. Do you possess an EHR system that has been certified as meeting federal requirements for the hospital objectives of Meaningful Use?

- Yes No Do not know

15. On the whole, how would you describe your EMR/EHR system?

- a. A mix of products from different vendors
b. Primarily one vendor
c. Self-developed

16a. Which vendor below provides your primary inpatient EMR/EHR system? (Please check only one)

“Primary” is defined as the system that is used for the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Allscripts/Eclipsys | <input type="checkbox"/> CPSI | <input type="checkbox"/> Cerner | <input type="checkbox"/> NextGen |
| <input type="checkbox"/> Epic | <input type="checkbox"/> GE | <input type="checkbox"/> HMS | <input type="checkbox"/> Healthland |
| <input type="checkbox"/> McKesson | <input type="checkbox"/> Meditech | <input type="checkbox"/> QuadraMed | <input type="checkbox"/> Vitera/Greenway |
| <input type="checkbox"/> Siemens | <input type="checkbox"/> Self-developed | | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
| <input type="checkbox"/> Would prefer not to disclose | | | |

16b. Do you use the same primary inpatient EHR/EMR system vendor (noted above) for your primary outpatient EMR/EHR system? “Primary” is defined as the system that is used for the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.

- Yes No Do not Know NA

17. Which vendor(s) below does your hospital directly use to electronically exchange patient health information?

- The same system as our primary inpatient EMR/EHR system (noted above)
- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> MedFX | <input type="checkbox"/> Intersystems | <input type="checkbox"/> Harris | <input type="checkbox"/> Surescripts |
| <input type="checkbox"/> Medicity | <input type="checkbox"/> Truven Analytics | <input type="checkbox"/> Mirth | <input type="checkbox"/> Relay Health |
| <input type="checkbox"/> Orion Health | <input type="checkbox"/> Alare | <input type="checkbox"/> Care Evolution | <input type="checkbox"/> Optom/Axolotl |
| <input type="checkbox"/> IBM | <input type="checkbox"/> Covinst | <input type="checkbox"/> Sandlot | <input type="checkbox"/> ICA |
| <input type="checkbox"/> Browsersoft | <input type="checkbox"/> Microsoft | <input type="checkbox"/> Certify Data Systems | |
- Other (please specify) _____
- Do not exchange patient health information electronically Would prefer not to disclose

18. What changes, if any, are you planning for your primary inpatient EMR/EHR system within the next 18 months? (Check *all* that apply)

- a. Initial deployment
- b. Major change in vendor
- c. Change from enterprise architecture to best-of-breed
- d. Change from best-of-breed to enterprise architecture
- e. Significant additional functionalities
- f. Do not know
- g. No major changes planned

19. What is (are, or would be) the primary challenge(s) in implementing an EMR/EHR system that meets the federal requirements for meaningful use? (Please check all that apply)

- a. Upfront capital costs/lack of access to capital to install systems
- b. Ongoing cost of maintaining and upgrading systems
- c. Obtaining physician cooperation
- d. Obtaining other staff cooperation
- e. Concerns about security or liability for privacy breaches
- f. Uncertainty about certification requirements
- g. Limited vendor capacity
- h. Lack of adequate IT personnel in hospital to support implementation/maintenance
- i. Challenge/complexity of meeting all meaningful use criteria within implementation timeframe
- j. Other (specify) _____

20. Please indicate whether you have used electronic clinical data from the EHR or other electronic system in your hospital to: (Please check all that apply)

- a. Create a dashboard with measures of organizational performance
- b. Create a dashboard with measures of unit-level performance
- c. Create individual provider performance profiles
- d. Create an approach for clinicians to query the data
- e. Assess adherence to clinical practice guidelines
- f. Identify care gaps for specific patient populations
- g. Generate reports to inform strategic planning
- h. Support a continuous quality improvement process
- i. Monitor patient safety (e.g., adverse drug events)
- j. Identify high risk patients for follow-up care using algorithm or other tools
- k. None of the above

Definitions

Question 2 - Summary Care Record The Centers for Medicare & Medicaid Services (CMS) define a transition of care as the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. The federal regulation for Meaningful Use specifies that for more than 50 percent of transitions of care or referrals, eligible hospitals must provide a summary care record using specified vocabulary, clinical documentation, and transmission standards and including, at a minimum, diagnostic tests results, problem list, medication list, and medication allergy list.

Question 4 – Electronic Exchange Electronic exchange of patient healthcare information refers to exchanging of data through non-manual means, such as EHRs and/or portals, and excludes fax/paper.

Question 4 – Inside/Outside System Hospitals and ambulatory providers inside your system refer to those affiliated with your integrated delivery system/network. Hospitals and ambulatory providers outside your system refer to those unaffiliated with your integrated delivery system/network.

Question 6 – Continuous Care Records Continuous care record standard enables a patient health summary to be created, read, and interpreted by any EHR/EMR software application.

Question 6 – Clinical Document Architecture Continuous document architecture is an XML-based markup standard intended to specify the encoding, structure, and semantic of clinical document for exchange.

Question 6 – Continuous Care Documentation Continuous care documentation is an HL7 Clinical Document Architecture implementation of the Continuous Care Record.

Thank you for your cooperation in completing this survey. If you are not the CIO or person responsible for information technology, has he or she reviewed your answers to this survey?

Yes

No

Respondent Name (please print) Circle CIO or Print Title if other (Area Code) Telephone #

____/____/____
Date of Completion

Name of CIO (if other than respondent)

Email Address

NOTE: PLEASE PHOTOCOPY THIS INFORMATION FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE AMERICAN HOSPITAL ASSOCIATION.

THANK YOU