# APPENDIX B. TECHNICAL EXPERT PANEL MATERIALS

Technical expert panel (TEP) members provided three rounds of feedback on survey development during the project. The initial round included review and ratings of draft survey items by e-mail in late summer 2008. Feedback from the pre-meeting review was compiled and used to help direct the two-day TEP meeting held in Washington, DC in September 2008. The discussion and recommendations from the TEP meeting significantly shaped the survey content and approach. After project team members revised the survey questions based on the TEP meeting recommendations, TEP members reviewed and provided feedback on the revised survey in spring 2009 via e-mail.

This appendix contains the following materials related to the fall 2008 TEP activities that helped guide development of the core and drill-down survey questions and administration recommendations (materials for the spring 2009 review are not included as the review did not involve ratings or structured questions).

- B.1: List of TEP members
- B.2: Materials used to obtain TEP feedback prior to the September 2008 meeting, including the following:
  - Review instructions letter
  - Core survey to complete
  - Core survey ratings sheet
- B.3: Compilation of the ratings and feedback received from the pre-meeting review
  - Compiled ratings
  - Comments from TEP members
- B.4: Notes summarizing September 2008 TEP meeting discussion and recommendations

## Survey Questions for EHR Adoption and Use in Nursing Homes

#### **Technical Expert Panel Members**

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September 5, 2008

Dear	:

We appreciate your willingness to participate in the TEP meeting on September 24 and 25 in Washington, DC, for the project to develop survey questions related to health information technology in nursing homes. This letter provides project background, a description of the attachments, and instructions to complete two documents: a rating form for the draft core survey and the draft core survey itself. We ask that you return them to our office by September 17th. We will use your consolidated responses to these ratings as a basis for the meeting. Please let us know if you have any questions regarding these ratings.

#### Background

The Office of the Assistant Secretary for Planning and Evaluation (ASPE), through a contract with the University of Colorado Denver Division of Health Care Policy and Research (HCPR), is developing survey questions to measure the adoption, barriers, and use of electronic health records (EHRs) and health information technology (HIT) in nursing homes. Survey questions are composed of 1) a set of core questions that could potentially be added to the National Nursing Home Survey (NNHS) periodically fielded by the National Center for Health Statistics; and 2) an expanded set of survey questions that could be used by public and private sector entities interested in measuring issues related to EHR/HIT in nursing homes.

Core survey questions will focus on the level of automation used to support several key work functions (e.g., clinical notes, medication administration, provider orders), as well as identifying barriers and incentives that may influence HIT adoption. It is anticipated that this set of 10-12 questions may be fielded with the NNHS. Questions could be provided (electronically or surface mail) along with the staffing questionnaire portion of the NNHS to the nursing home administrator or delegated individual prior to the telephone interview. During the telephone interview, the interviewer would request that the NH respondent refer to the list of questions and provide verbal responses, which would be data entered along with other NNHS responses.

The expanded survey is intended for administration via an electronic (Web) format and could be fielded by long-term care stakeholder groups. We anticipate that survey respondents will be Nursing Home Information Systems officers or delegated

individuals. Respondents will first respond to care survey questions. The response for each core question will trigger follow-up questions designed to provide additional information about specific functionalities. For example, if the respondent indicated that a specific HIT application has health information exchange (HIE) capabilities, a follow-up questions will inquire whether the application incorporates HIE for semantic or messaging standards.

#### **Attachments**

There are six attachments to this document.

- Meeting Agenda
- 2. Core Survey--includes an instruction sheet and then five sections of questions
- 3. Rating from for the core survey
- 4. Branch on Drill-Down Questions for Expanded Survey
- 5. List of Other Related Questions on HIT Adoption from Selected Surveys
- 6. Literature review

The second and third documents, the core survey and rating form for the core survey, are electronic documents in Microsoft Word, which you can save and then fill out. Instructions are provided in this letter and with the core survey. Once you have completed them, please send them back in a reply e-mail to angela.richard@uchsc.edu. The other documents are for you to review prior to the meeting. As you can see from the agenda, the first day will be spent on the core survey using consolidated information that you provided to us related to the core survey. The second day will be devoted to the expanded survey.

#### Instructions

Core Survey: Please complete the core survey questions as if you were a nursing home administrator (or person delegated by the administrator) completing the survey. If possible, use your knowledge of the HIT applications in use at a particular nursing home, with which you are very familiar.

Rating Form: Please rate each question on a three-point Likert scale for the following three criteria:

- 1. <u>Clarity of wording</u>--"1" represents "not clear enough to complete," and "3" represents "as clear as it needs to be." Please provide specific rewording suggestions if you think they are required.
- 2. <u>Importance for the survey</u>--"1" represents "do not include in survey," and "3" represents "definitely include in survey."
- 3. <u>Likely response variability</u>--"1" represents "likely to vary only minimally across nursing homes," and "3" represents "substantial variability is likely."

In addition to completing the evaluation of the core questions, please review the branch or drill-down questions for scope, clarity, and relevance. We will be obtaining your feedback on these items during the meeting. We also plan to discuss the feasibility of the current plans for fielding the survey. We look forward to your input and the subsequent discussion. Call if you have questions (303-724-2500). We look forward to seeing you in Washington and thanks again.

Sincerely,

/S/ Andrew Kramer, MD Principal Investigator /S/ Angela Richard, MS, RN Project Director

#### Survey on Use of Health Information Technology and Barriers and Incentives to Use in Nursing Homes

# Core Survey INSTRUCTIONS

#### **Survey Sections**

Section 1: MDS Automation

Section 2: Electronic Capability of Clinical Work Functions

Section 3: Surveillance Data Transmission
Section 4: Barriers to HIT Adoption and Use
Section 5: Incentives for HIT Adoption and Use

#### Survey Instructions by Section

Section 1: Indicate how you enter, store, and transmit MDS data based on the five questions.

<u>Section 2</u>: Questions 2.1-2.14 ask you to rate your facility's level of electronic capability for 14 functions. Please select the response option that best reflects the system used at your facility for each function based on the highest level of automation currently used—not just installed or available, but actually used—even if not used system-wide (e.g., used only on one unit or by particular provider types, or only by some individuals).

For each function, please choose one of five response options that represent increasing levels of electronic capability, from none (i.e., paper system) to an integrated electronic system that supports information exchange within and outside of your facility (and health network, if relevant). Each level is named to indicate the additional capacity gained by that level, as shown below.

Level a: Paper System

Level b: Electronic Storage and Access within Facility/Health Network

Level c: Point of Care Data Input

Level d: Integrated Systems within Facility/Health Network

Level e: Electronic Information Exchange with Outside Providers or Contractors

To clarify each level, a description is provided on the following five dimensions in the table above the questions:

- Information input
- Information storage
- · Information access within facility/health network
- · Internal system integration within facility/health network
- · Information exchange with outside providers or contractors

Please use the table as a reference when responding. The table highlights the progressive/cumulative nature of information management. The addition of electronic capacity from one level to the next is highlighted by the use of italics and by the level name. For example, the change from Level a to Level b is characterized by additional electronic capacity with regard to three dimensions: information input, storage, and access (in italics). Level b is named "Electronic Storage and Access" to reflect this added capacity.

Section 3: Answer the two questions related to surveillance data transmission.

<u>Section 4</u>: For each factor listed, please indicate how much of a barrier it was or currently is to purchasing and using electronic systems for clinical work functions in your facility.

<u>Section 5</u>: Please rate the impact that each of the possible policy changes would have on your decision to adopt health information technology, or your perception of their impact on adoption among nursing homes generally. Also indicate whether the impact was/is positive or negative.

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Section 1: MDS Automation	
<ul> <li>1.1 How does your facility collect MDS data?</li> <li>a - MDS data are collected using paper form and data entered at a central location (e.g., by a data entry clerk)</li> <li>b - MDS data are entered into an electronic system at point of care</li> </ul>	
<ul> <li>1.2 How does your facility store MDS data?</li> <li>a - MDS data are not stored electronically; hard copies only are maintained</li> <li>b - MDS data are stored electronically in a database separate from the medical record</li> <li>c - MDS data are stored electronically within an electronic medical record</li> </ul>	
1.3 Are MDS data transmitted electronically to entities other than those required by CMS?  a - No b - Yes, to physicians c - Yes, to other providers when residents are transferred d - Yes, to a third party that audits them e - Yes, to other entities (specify):	
1.4 Does the information exchange application incorporate any messaging or semantics standards? Mark all that apply.  a - Only text is exchanged  b - Health Level 7 (HL7) (specify):  c - Laboratory Logical Observation Identifier Name Codes (LOINC)  d - SNOMED CT  e - National Council on Prescription Drug Programs (NCPDP)  f - Institute of Electrical and Electronics Engineers 1073 (IEEEE1073)  g - Digital Imaging Communications in Medicine (DICOM)  h - Other (specify):	
1.5 Are fields on electronic MDS forms populated from other electronic applications?  a - No  b - Yes	
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Section 2: Electronic Capability of Clinical Work Functions: Using Levels a-e as described below, rate your facility's level of electronic capability for each of the functions listed in 2.1-2.14.

Information Clinical and derical and/or clinical stuff enter information or proper information or care data implication — no point of care data implication — no point or care data implication — no poi	Dimension	Level a: Paper System	Level b: Electronic Storage and Access within Facility/Network	Level c: Point of Care Data Input	Level d: Integrated Systems (Facility/Health Network)	Ele	ectroni	Leve c Inform (Exte	ation E	xchange
Access   All saff receive information by hard copy only and copy   electronically   electronically   electronically   electronical   Anywhere/ anytime*   electronical   Anywhere/ anytime*   electronic access for authorized staff (nosite, remote).   (nosite, remote).		staff handwrite or type notes, use hard copy	staff enter handwritten or typed information electronically at central workstation – no point	information electronically at point of care (when relevant) – using kiosk, laptop,	information electronically at point of care (when relevant) - using kiosk, laptop,	electr	ronical ant) –	ly at poi using ki	nt of car	re (when
information by hard copy  Integrated with other clinical or administrative record components or software systems within the facility  Information Exchange (External)  Information Exchange (External)	Storage					Inform	mation	stored	electron	ically
cher clinical or administrative record components or software systems within the facility within the facility or software systems within the facility within the facility or software systems or software systems within the facility or decrease and contractors including fax, e-mail, mail or software systems with outside providers and contractors, including fax, e-mail, mail or software systems with outside providers and contractors including fax, e-mail, mail or software systems with outside providers and contractors including fax, e-mail, mail or software systems with outside providers and contractors	Access	information by hard	electronic access for authorized staff	electronic access for authorized staff	electronic access for authorized staff	acces	ss for a			
Exchange   exchange with outside   fixternal   providers and   contractors (e.g., unaffliated physician   pharmacy), including fax, e-mail, mail   pharmacy, including fax, e-mail,	System	No electronic system	other clinical or administrative record components or software systems	other clinical or administrative record components or software systems	functions within facility. Information exchange (e.g., medication orders populate MAR) accomplished by a) single software product that includes multiple functions or b) interfaces built between unique	facilit medi- accor produ functi	y. Info cation mplish- uct that ions or	orders ped by a) tinclude b) inter	exchan copulate single : s multip faces bi	nge (e.g., e MAR) software ble uilt
2.1 Resident Demographic Data  2.2 Problem Lists (list of conditions [potentially] affecting resident physical or psychosocial status and requiring facility evaluation)  2.3 Assessment/Care Planning (other than MDS)  2.4 Dietary Management (e.g., special diets, meal tickets, etc.)  2.5 Resident Activities Management  2.6 Clinical Notes (except CNA notes)  2.7 Medication Administration Record (MAR)  2.8 CNA Charting and Workflow (e.g., electronic task lists by resident)  2.9 Decision Support Tools, Alerts, Reminders (e.g., flags for drug interactions, preventive screening reminders)  2.10 Provider Orders - Medications  2.11 Provider Orders - Other than Meds  2.12 Lab Results  2.13 Radiology Results	Exchange	exchange with outside providers and contractors (e.g., unaffiliated physician group, hospital, pharmacy), including	exchange with outside providers and contractors, including	exchange with outside providers and contractors, including	exchange with outside providers and contractors, including	outsie witho or two betwee syste popu- facilit entry recei	de prot out use o-way een fac ems. E lates o ty heali syster ves da	of stand of stand informa cility and ix: Hosp r can be th record the to/fro ta to/fro	contractor dards. ( tion tran di externi pital data e pulled di facility mits and m phan	ors with o One-way nsmission al a in to y order t/or macy
2.2       Problem Lists (list of conditions [potentially] affecting resident physical or psychosocial status and requiring facility evaluation)	24	idaat Dawaaaa bia Da	<u>.</u>		Level:	<u>a</u>	<u>b</u>	⊆ □	₫	<u>e</u>
status and requiring facility evaluation)  2.3 Assessment/Care Planning (other than MDS)  2.4 Dietary Management (e.g., special diets, meal tickets, etc.)  2.5 Resident Activities Management  2.6 Clinical Notes (except CNA notes)  2.7 Medication Administration Record (MAR)  2.8 CNA Charting and Workflow (e.g., electronic task lists by resident)  2.9 Decision Support Tools, Alerts, Reminders (e.g., flags for drug interactions, preventive screening reminders)  2.10 Provider Orders - Medications  2.11 Provider Orders - Other than Meds  2.12 Lab Results  2.13 Radiology Results				ing resident physical o	r nsvchosocial			Ц	Ц	
2.4       Dietary Management (e.g., special diets, meal tickets, etc.)				and resident billysical o	payonosocial					
2.5 Resident Activities Management	2.3 Asse	essment/Care Planning	g (other than MDS)							
2.6 Clinical Notes (except CNA notes)  2.7 Medication Administration Record (MAR)  2.8 CNA Charting and Workflow (e.g., electronic task lists by resident)  2.9 Decision Support Tools, Alerts, Reminders (e.g., flags for drug interactions, preventive screening reminders)  2.10 Provider Orders - Medications  2.11 Provider Orders - Other than Meds  2.12 Lab Results  2.13 Radiology Results	2.4 Diet	ary Management (e.g.,	special diets, meal ticl	kets, etc.)						
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2.7       Medication Administration Record (MAR)	2.6 Clini	ical Notes (except CNA	A notes)							
2.9 Decision Support Tools, Alerts, Reminders (e.g., flags for drug interactions, preventive screening reminders)  2.10 Provider Orders - Medications  2.11 Provider Orders - Other than Meds  2.12 Lab Results  2.13 Radiology Results	2.7 Med	lication Administration	Record (MAR)							
Screening reminders	2.8 CNA	Charting and Workflo	w (e.g., electronic task	lists by resident)						
2.11       Provider Orders – Other than Meds			lerts, Reminders (e.g.,	flags for drug interaction	ons, preventive					
2.12 Lab Results	2.10 Prov	vider Orders - Medicati	ons					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2.13 Radiology Results	2.11 Prov	rider Orders - Other th	an Meds				1 (11 (4)	Ten 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.5	
	2.12 Lab	Results					195702			
2.14 Resident Summary Reports (e.g., discharge summaries)										
	2.14 Res	ident Summary Report	ts (e.g., discharge sum	maries)						

Section 3: Surveillance Data Transmission	
<ul> <li>3.1 Do you use an electronic system for transmitting information on notifiable diseases to meet public health reporting requirements?</li> <li>□ a − No</li> </ul>	
□ b – Yes	
<ul> <li>3.2 If no to 3.1, are you unable to transmit information electronically due to your system capabilities or due to the capabilities of the receiving end/county Health Department?</li> <li>a - Facility capabilities</li> <li>b - Recipient capabilities</li> </ul>	ies
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	ion 4: Barriers to HIT Adoption and Use: For each factor listed, please indicantly is to purchasing and using electronic systems for clinical work functions in y			oarrier it w	as or
		Not a barrier	Minimum barrier 1	Moderate barrier 2	Major barrier <u>3</u>
Finar	icial Barriers	_	_		
4.1	The amount of capital needed to acquire and implement				
4.2	Uncertainty about the return on investment (ROI)				
Orga	nizational Barriers				
4.3	Resistance from facility staff				
4.4	Lack of IT personnel/expertise within organization				
4.5	Capacity to select, contract, install, and implement a software/technology system				
4.6	Capacity to train staff				
4.7	Concern about loss of productivity during transition to the new system(s)				
4.8	Difficulty transitioning historic information into new systems or maintaining historic information in paper record and new information in electronic record during transition period (or indefinitely if no plans to transition historic information)				
Lega	or Regulatory Barriers				
4.9	Concerns about inappropriate disclosure of protected health information (i.e., breaches of resident confidentiality)				
4.10.	Concerns about the ability to keep resident data private and secure (including illegal record tampering or "hacking")				
4.11	Concerns about the legality of accepting an EHR that is donated from a hospital				
4.12	Concerns about legal liability if residents have more access to information in their medical records				
4.13	State regulations preventing acceptance of electronic signatures				
State	of the Technology				
4.14	Finding a system that meets the needs of users in your facility				
4.15	Concerns that the system will become obsolete (e.g., due to concerns about vendor ability to upgrade and/or support products on an ongoing basis)				
4.16	Software incompatibilities with established systems (e.g., administrative software products)				
4.17	Hardware incompatibilities				
4.18	Difficulty obtaining or maintaining wireless access (e.g., if located in rural area)				
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1	Section 5: Incentives for HIT Adoption and Use: Please risted below would have on your decision to adopt health inforadoption among nursing homes generally. Also indicate whet	mation techno	ology, c	r your p	erception	of their i			
5	5.1 Removal of legal or regulatory barriers (e.g., regulatory changes		No impact <u>0</u>	Minor impact	Moderate impact 2	Major impact	Pos.	Neg.	
	recognizing and accepting electronic signatures)		185007	_	_	300			
	5.2 Certification identifying EHRs meeting published standards								
	5.3 Subsidies for the purchase of an EHR or other electronic functio e-prescribing (e.g., tax credits, low interest loans, grants)	ns such as						Ш	
5	5.4 Additional payments (i.e., reimbursement) for the use of an EHR electronic functions such as e-prescribing	? or other							
5	5.5 Lower liability insurance premiums for facilities using EHRs								
5	6.6 Use of technology to support quality improvement as a Pay for Performance incentive								
5	5.7 Use of technology to support inclusion of NHs as part of an HIT demonstration program								
5	5.8 Other (specify):								
	Thank you for	participatin	ig.						
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#### Survey on Use of Health Information Technology and Barriers and Incentives to Use in Nursing Homes

#### **Core Survey Rating Sheet**

Clarity for Survey 1, 2, or 3 1, 2, or 3 1, 2, or 3 Comments:

#### 1. MDS Automation

- 1.1 How does your facility collect MDS data? Mark all that apply.
- 1.2 How does your facility store MDS data?
- 1.3 Are MDS data transmitted electronically to entities other than those required by CMS?
- 1.4 Does the information exchange application incorporate any messaging or semantics standards? Mark all that apply.
- 1.5 Are fields on electronic MDS forms populated from other electronic applications?

#### 2. Electronic Capability of Clinical Work Functions

- 2.1 Resident Demographic Data
- 2.2 Problem Lists (list of conditions [potentially] affecting resident physical or psychosocial status and requiring facility evaluation)
- 2.3 Assessment/Care Planning (other than MDS)
- 2.4 Dietary Management (e.g., special diets, meal tickets, etc.)
- 2.5 Resident Activities Management
- 2.6 Clinical Notes (exc. CNA)
- 2.7 Medication Administration Record (MAR)
- CNA Charting and Workflow (e.g., electronic task lists by resident)
- Decision Support Tools, Alerts, Reminders (e.g., flags for drug interactions, preventive screening reminders)
- 2.10 Provider Orders Medications
- 2.11 Provider Orders Other than Meds
- 2.12 Lab Results
- 2.13 Radiology Results
- 2.14 Resident Summary Reports (e.g., discharge summaries)

#### 3. Surveillance Data Transmission

- 3.1 Do you use an electronic system for transmitting information on notifiable diseases to meet public health reporting requirements?
- 3.2 If no to 3.1, are you unable to transmit information electronically due to your system capabilities or due to the capabilities of the receiving end/county Health Department?

#### 4. Barriers to HIT Adoption and Use

- 4.1 The amount of capital needed to acquire and implement
- 4.2 Uncertainty about the return on investment (ROI)
- 4.3 Resistance from facility staff

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1

Likely
Importance Respond
Clarity for Survey Variability
1, 2, or 3 1, 2, or 3 1, 2, or 3 Comments:

- 4.4 Lack of IT personnel/expertise within organization
- 4.5 Capacity to select, contract, install, and implement a software/technology system
- 4.6 Capacity to train staff
- Concern about loss of productivity during transition to the new system(s)
- 4.8 Difficulty transitioning historic information into new systems or maintaining historic information in paper record and new information in electronic record during transition period (or indefinitely if no plans to transition historic information)
- 4.9 Concerns about inappropriate disclosure of protected health information (i.e., breaches of resident confidentiality)
- 4.10. Concerns about the ability to keep resident data private and secure (including illegal record tampering or "hacking")
- 4.11 Concerns about the legality of accepting an EHR that is donated from a hospital
- 4.12 Concerns about legal liability if residents have more access to information in their medical records
- 4.13 State regulations preventing acceptance of electronic signatures
- 4.14 Finding a system that meets the needs of users in your facility
- 4.15 Concerns that the system will become obsolete (e.g., due to concerns about vendor ability to upgrade and/or support products on an ongoing basis)
- 4.16 Software incompatibilities with established systems (e.g., administrative software products)
- 4.17 Hardware incompatibilities
- 4.18 Difficulty obtaining or maintaining wireless access (e.g., if located in rural area)

#### 5. Incentives for HIT Adoption and Use

- 5.1 Removal of legal or regulatory barriers (e.g., regulatory changes recognizing and accepting electronic signatures)
- 5.2 Certification identifying EHRs meeting published standards
- 5.3 Subsidies for the purchase of an EHR or other electronic functions such as e-prescribing (e.g., tax credits, low interest loans, grants)
- 5.4 Additional payments (i.e., reimbursement) for the use of an EHR or other electronic functions such as e-prescribing
- 5.5 Lower liability insurance premiums for facilities using EHRs
- 5.6 Use of technology to support quality improvement as a Pay for Performance incentive
- 5.7 Use of technology to support inclusion of NHs as part of an HIT demonstration program

5.8	Other	(specify):	
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ASPE/University of Colorado NH HIT Survey

#### FINAL VERSION 093008 **CORE SURVEY RATINGS** 1 MDS DC PK FM RW MD TS a b C d e f q h NR 28.6% 71.4% 0 1.1 b a b b b a 1.2 7 0.0% 42.9% 71.4% 0 c C b C bc C b 1.3 d d d 7 42.9% 0.0% 0.0% 57.1% 14.3% 0 a de a a 1.4 7 85.7% 14.3% 0.0% 0.0% 0.0% 0.0% 0.0% 14.3% 0 a a ab a a h a 14.3% 85.7% 0 1.5 b b b b b b a 7 0.0% -----2 Capability DC PK BK FM RW MD TS N a b C d e NR 0.0% 7 42.9% 28.6% 28.6% 28.6% e d b e bcd Ċ b 0 7 14.3% 42.9% 42.9% 28.6% 0.0% 0 b C a d bcd C b 2.3 ab de bcd 28.6% 28.6% 57.1% 28.6% 14.3% 0 C C C a 42.9% 14.3% 42.9% 28.6% 14.3% 0 a C de bcd C a C b bcd 14.3% 14.3% 71.4% 14.3% 0.0% 0 2.6 7 ¢ C d bcd C b 14.3% 28.6% 57.1% 28.6% 0.0% 0 a 7 2.7 a a b bcd C a 42.9% 28.6% 42.9% 14.3% 0.0% 0 28 7 14.3% 57.1% 0.0% C d C d bcd C a 14.3% 42.9% 0 2.9 C ¢ a d bcd ¢ a 7 28.6% 14.3% 57.1% 28.6% 0.0% 0 2.10 7 14.3% c b b e bcd C a 42.9% 42.9% 14.3% 14.3% 0 2.11 28.6% 42.9% 7 42.9% 14.3% 0.0% 0 C a b d bcd C a 7 2.12 57.1% 28.6% 28.6% 14.3% 0.0% 0 b bcd a a a C a 2.13 7 57.1% 28.6% 28.6% 14.3% 0.0% 0 a b bcd a a C a 2.14 С 7 28.6% 28.6% 57.1% 14.3% 0.0% 0 C a b bcd C a 3 Surveil. DC PK BK FM RW MD TS N a b NR 7 3.1 a b a a a a a 85.7% 14.3% 0 ab ab 7 100.0% 42.9% 0 3.2 a ab a a a 4 Barriers DC PK BK FM RW Pct 0 Pct 1 Pct 2 Pct 3 NR MD TS N 3 3 3 2 3 2 NR 6 0.0% 0.0% 33.3% 66.7% 1 4 1 4.2 3 3 3 1 3 2 NR 6 0.0% 16.7% 16.7% 66.7% 1 4.3 2 1 2 1 3 1 NR 6 0.0% 50.0% 33.3% 16.7% 1 4.4 2 0 2 1 3 2 NR 6 16.7% 16.7% 50.0% 16.7% 1 2 3 33.3% 4.5 1 2 2 NR 6 0.0% 50.0% 16.7% 1 4.6 2 1 3 1 3 2 NR 6 0.0% 33.3% 33.3% 33.3% 1 4.7 2 1 2 3 2 NR 6 0.0% 33.3% 50.0% 16.7% 1 4.8 23 2 NR 0.0% 66.7% 33.3% 16.7% 1 1 4.9 1 0 1 0 3 NR 33.3% 50.0% 0.0% 16.7% 1 4.10 1 0 3 0 3 1 NR 6 33.3% 33.3% 0.0% 33.3% 1 4.11 0 0 1 1 3 0 NR 6 50.0% 33.3% 0.0% 16.7% 1 4.12 1 1 0 0 3 0 NR 6 50.0% 33.3% 0.0% 16.7% 1 4.13 1 1 2 0 0 2 NR 6 33.3% 33.3% 33.3% 0.0% 1 4.14 2 2 3 2 3 2 NR 6 0.0% 0.0% 66.7% 33.3% 1 4.15 1 2 1 0 3 1 NR 6 16.7% 50.0% 16.7% 16.7% 1 4.16 1 1 3 0 3 1 NR 6 16.7% 50.0% 0.0% 33.3% 1 NR 4.17 1 0 1 0 3 1 6 33.3% 50.0% 0.0% 16.7% 1 4.18 1 0 3 1 3 0 NR 6 33.3% 33.3% 0.0% 33.3% 1 Pct 2 PK BK FM RW MD Pct 0 Pct 1 Pct 3 Pos Neg 5 Incent. DC TS 1+ 1+ 3+ 2+ 3+ 2+ NR 6 0.0% 33.3% 33.3% 33.3% 6 100.0% 0.0% 2 2+ 2+ 3+ 1+ 3+ 2+ NR 6 0.0% 16.7% 33.3% 50.0% 6 100.0% 0.0% 2 3+ 1+ 3+ NR 6 0.0% 50.0% 0.0% 50.0% 100.0% 0.0% 2+ 3+ 3+ 1+ 3+ 3+ NR 6 0.0% 16.7% 16.7% 66.7% 6 100.0% 0.0% 2 2 5.5 1+ 3+ 3+ 1+ 3+ 2+ NR 6 0.0% 33.3% 16.7% 50.0% 6 100.0% 0.0% 2+ 2 5.6 3+ 3+ 2+ 3+ 3+ NR 6 0.0% 0.0% 33.3% 66.7% 6 100.0% 0.0% 1+ 1+ 3+ 3+ 2+ 6 2 5 7 0+ NR 16.7% 33.3% 16.7% 33.3% 6 100.0% 0.0% 5.8 NR NR 3+ NR NR NR NR 1 0.0% 0.0% 0.0% 100.0% 6 100.0% 0.0% 6

NR = No Response

09/30/08

# Survey on Use of Health Information Technology and Barriers and Incentives to Use in Nursing Homes

TEP Meeting September 24-25, 2008

#### PARTICIPANT'S COMMENTS REGARDING SURVEY QUESTIONS

#### 1. MDS AUTOMATION

#### 1.1. How does your facility collect MDS data?

Dan Cobb (DC): Some data may be collected electronically, some on paper. Perhaps change to "mark all that apply" or add a third hybrid option. Or, the "b" option could say that "some data" entered at point of care (POC).

Yael Harris (YH): Suggest b is broken into two--data collected electronically sometimes (e.g., by CNAs) but not by others (e.g., therapist) and another option that ALL MDS data is collected electronically. Might want to acknowledge that small subset of homes do not transmit any of their data electronically

Nathan Lake (NL): There are more than 2 ways to do this. In fact, most facilities probably do both a and b in some combination.

Peter Kress (PK): MDS is a summary so each section sources information separately.

Frank McKinney (FM): The phrase "point of care" could be clarified here and where used elsewhere in the survey, e.g., would entry at a kiosk in the hallway suffice. Also, how should this be answered if the majority, but not all info is entered at point of care?

Michelle Dougherty (MD): The word point of care is confusing. Many who assess and complete the MDS are not doing it at the "point of care". Reword-"assessors complete directly in the EHR" or something similar.

#### 1.2. How does your facility store MDS data?

DC: Similar issues to above. Some may store MDS electronically, while still printing hard copy and placing in the chart. It would be useful to know how many facilities store electronically, but also still print hard copy for the chart.

NL: I don't know if most people would know if b or c is true. This also assumes they have an electronic medical record (EMR) and that is doubtful depending on how they define that term.

Bill Kubat (BK): Need a choice of electronic and hard copy.

MD: Is a even a probable answer with electronic submission requirements? When would an MDS be stored in a separate data base--would this be a stand-alone MDS module like RAVEN?

Barbara Manard (BM): On all of these questions, are you sure enough that you have covered all the possible options so you don't need a "other" response?

# 1.3. <u>Are MDS data transmitted electronically to entities other than those required</u> by CMS?

DC: Are multiples allowed?

PK: Consumer should be added. Not sure how significant it is that MDS specifically is transmitted. More interested in summary documents which could incorporate MDS.

MD: What about electronic submission to corporate offices?

BM: What do you mean by "transmitted electronically"? Does an e-mail count?

# 1.4. <u>Does the information exchange application incorporate any messaging or semantics standards?</u>

DC: I believe most providers will not understand "information exchange application". Also SNOMED should be spelled out or briefly explained. Finally the CDA, CCR, CCD should be added as a single option.

YH: Add "don't know" as category.

NL: I am not sure how aware facility people are aware of this.

BK: Administrators won't know.

PK: Detailed terminology knowledge won't be available to those filing out form. MDS Context makes this particularly unclear. Perhaps better would be "textual" vs. "structure" vs. "standards-based".

MD: A response of "I don't know" is needed make sure that people do not just guess and decrease the accuracy. Although the question is clear, I think this will be a very difficult questions to answer--messaging and semantic interoperability is understood by a fairly small group. Consider rewording or delete.

# 1.5. <u>Are fields on electronic MDS forms populated from other electronic applications?</u>

DC: "Other electronic applications" may be confusing--from external sources or internal?

BK: Clarify whether talking about demographic or clinical assessments.

NL: All major vendors that I am aware of make this possible. The better question might be whether the facility makes use of this. Also, all software allow a "pull forward" functionality from the previous MDS. This is something that many facilities do not allow.

PK: Different for different segments, options include paper sourced, electronically sources but keyed, electronically sourced automatically integrated.

MD: Will users understand other electronic applications? Consider "populated from information within the EHR/clinical system".

#### 2. ELECTRONIC CAPABILITY OF CLINICAL WORK FUNCTIONS

## 2.1. Resident Demographic Data

DC: As a general comment there will be gray areas. A provider may not have point of care, but may exchange information integrated systems (d) and External exchange (e) doesn't necessarily guarantee point of care input.

YH: Find table very cumbersome. Can this be an appendix to the survey or a look up table if administered electronically?

NL: All software does this. I would rather see this entire section worded so that we can determine who has this functionality AND who actually uses it.

PK: In general, column d is problematic, wide variability of approach and result.

FM: Throughout this section, it wasn't entirely clear where data entry at the point of care applies. This one seems less likely to involve point of care entry than others. It would be useful to provide more direction on this point to the reader. Another comment about the section in general: rising above level c requires point of care entry...that means that a facility with an integrated system (the level d differentiator) but not POC will be lumped in with level b facilities--and the survey will not reflect its additional capability. Likewise re the level b requirement for remote access...if a facility's system isn't Webbased can it get above level a? Lastly, does use of a tablet computer running a standard desktop app count for POC, or is it expected that there would be a more specialized application/module (e.g., touch screen w/no stylus needed).

BM: I found all of the questions in this section very confusing and pretty much impossible to answer, unless I am really willing to study the instructions. I would not count on people being willing to do that. My suggestion would be to go for greater simplicity, recognizing that you will have less precision. You need a simpler definition of the various "levels".

# 2.2. <u>Problem Lists (list of conditions [potentially] affecting resident physical or psychosocial status and requiring facility evaluation)</u>

NL: The term "problem list" is open to interpretation. Does this mean automatically generated lists based upon some facility input (e.g., diagnosis or risk assessments)?

FM: See above. I included the identification of new problems as a point of care event.

### 2.3. <u>Assessment/Care Planning (other than MDS)</u>

BK: Two different questions.

PK: Confusing as assessment and care planning are typically separate steps in process, also and relationship to MDS is not always clear.

FM: See above. I didn't see the care conference as a point of care opportunity, but did see that for tracking the follow-through on approaches.

MD: Consider separating assessments from care plans.

#### 2.4. Dietary/Management (e.g., special diets, meal tickets, etc.)

PK: Clarify between data collection, nutritional assessment, and service delivery.

FM: See above. Assumed that planning was not POC, but tracking intake and response is.

## 2.5. Resident Activities Management

FM: As for Dietary Mgmt above. Point of care w/b relevant to tracking activity.

#### 2.6. Clinical Notes (exc. CNA)

NL: Why exclude CNA? This application is one that varies the most in functionality. Some are no more than just a text field. Others offer substantially more features.

MD: Consider clarifying--progress notes, weekly/monthly summary notes, etc. if all are included in this clinical notes category.

#### 2.7. Medication Administration Record (MAR)

DC: Add Treatment Administration (TAR)

NL: What about CPOE and electronic prescribing?

BK: And TAR (treatment administration).

PK: Distinguish between MAR and medication bar coding?

FM: Would interpret that level e requires use of an eMar.

MD: Does this also include TARs?

### 2.8. CNA Charting and Workflow (e.g., electronic task lists by resident)

BK: Two different questions--also communication tools would be important here.

PK: Observation vs. task.

MD: Are workflow and charting always a combined application? May want to ask the question separately.

# 2.9. <u>Decision Support Tools, Alerts, Reminders (e.g., flags for drug interactions, preventive screening reminders)</u>

YH: Ask to describe or select from drop down list.

PK: What does it mean to "data enter" alerts/reminders? Not sure the matrix works for this question.

MD: Does this mean the ability to enter med orders into the EMR, to the pharmacy or to the physician--only one of these or all three?

#### 2.10. Provider Orders--Medications

NL: Does this mean orders entered directly by the prescriber, or a system of documenting orders as entered by the nurse?

BK: Import to ask if physician can enter orders from home or office with acceptable electronic signature.

PK: Do we need to distinguish e-prescribing?

#### 2.11. Provider Orders--Other than Meds

YH: Might want to break out lab ordering.

NL: Same comment as above.

MD: Does this mean the ability to enter med orders into the EMR, to the pharmacy or to the physician--only one of these or all three?

#### 2.12. Lab Results

NL: Anything about receiving lab results electronically?

PK: How to answer self service Web access, vs. message based integration?

FM: Electronic lab communication isn't very common, but I believe that the ability to upload faxed/PDF'd results is more frequently available (and better than nothing). Since the infrastructure for electronic labs, radiology isn't widely available, would it be useful to track the lesser upload capability?

MD: Please clarify--would one answer the question the same if they received results from the lab on a separate system which wasn't integrated into the EMR?

#### 2.13. Radiology Results

NL: Same comment as above.

FM: See above re. electronic labs.

MD: Please clarify--would one answer the questions the same if they received results from the lap on a separate system (or electronically--i.e., e-mail) which wasn't integrated into the EMR?

#### 2.14. Resident Summary Reports (e.g., discharge summaries)

NL: Same comment as above.

MD: Very vague--are you talking about a discharge transfer form, consult form, the discharge summary (i.e., recap of stay).

PK: Matrix is difficult. Interesting aspects are how much of summary report is assembled by system. Is annotation manual, or keyed, and how is summary transmitted.

#### 3. SURVEILLANCE DATA TRANSMISSION

3.1. <u>Do you use an electronic system for transmitting information on notifiable diseases to meet public health reporting requirements?</u>

YH: Clarify that this is NOT e-mail.

NL: I would really like to know if this capability is part of their core suite of applications, or a stand-alone non-integrated product.

PK: Should distinguish between Web self service reporting and message based integration.

BM: Need to give some "for examples."

# 3.2. If no to 3.1, are you unable to transmit information electronically due to your system capabilities or due to the capabilities of the receiving end/county Health Department?

DC: They may not know. Or, unable due to both?

YH: May need any other category.

MD: What about both answers being a possibility--include a box for both.

BM: What is the answer is "neither"--I have the capability and so does the HD, but we just don't do it.

#### 4. BARRIERS TO HIT ADOPTIONG AND USE

4.1. The amount of capital needed to acquire and implement

BM: I am rating all of these clear and important because they are clear and easy to fill out, hence useful to know, relative to the ease of complaint.

- 4.2. Uncertainty about the return on investment (ROI)
- 4.3. Resistance from facility staff

DC: Another factor to add: "Lack of support from board or executive management".

BK: Should be asking about a change management methodology and whether staff have basic keyboarding skills--use e-mails, etc.

4.4. Lack of IT personnel/expertise within organization

BK: Two separate questions.

MD: Would this be for both installation and ongoing management?

4.5. <u>Capability to select, contract, install, and implement a software/technology system</u>

BK: Multiple questions. Should be more than one question.

MD: Should a separate question be asked about the use of agency/pool/ temp staff and the ability to train for the intricacies of the EMR?

#### 4.6. Capacity to train staff

BK: Capacity to backfill for staff being trained and to assist with workflow changes after initial implementation. Should be more than one question.

MD: Used EHR in this statement--EMR had been used in other parts of the survey.

- 4.7. Concern about loss of productivity during transition to the new systems
- 4.8. <u>Difficulty transitioning historic information into new systems or maintaining historic information in paper record and new information in electronic record during transition period (or indefinitely if no plans to transition historic information)</u>

BK: No value to this question.

NL: Too complex. Might be better as multiple items.

PK: Mixes multiple issues, data conversion vs. hybrid record are fundamentally different and, at times coincident problems.

4.9. <u>Concerns about inappropriate disclosure of protected health information (i.e., breaches of resident confidentiality)</u>

DC: Mention HIPAA?

BK: Capacity to identify adequate security strategies.

PK: I don't perceive a clear distinction between 4.9 and 4.10.

4.10. Concerns about the ability to keep resident data private and secure (including illegal record tampering or "hacking")

DC: Mention HIPPA?

YH: This g and 4.9 could be consolidated into single privacy question.

4.11. Concerns about the legality of accepting an EHR that is donated from a hospital

NL: I would bet most have not even considered this possibility.

BK: Concern about meeting e-discovery requirements and electronic health exchange information as secondary information--keep or get rid of/lack of retention guidelines for secondary info transferred from another organization.

PK: Not sure how applicable this really is.

MD: Whether records are paper or electronic shouldn't change what a resident has access to in their medical record. Perhaps this should be concern with the ability to provide electronic access.

# 4.12. Concerns about legal liability if residents have more access to information in their medical records

BK: Residents wouldn't have more access than they do now--can access entire chart in hard copy if needed.

PK: hmmm.

#### 4.13. State regulations preventing acceptance of electronic signatures

YH: This will not be a barrier in just a few years.

BK: Lack of federal standards for electronic signatures--so states do not have different requirements.

PK: Excuse only.

#### 4.14. Finding a system that meets the needs of users in your facility

BK: Multi-state centers have to meet data collection requirements because of another state regulation the organization practices in.

# 4.15. Concerns that the system will become obsolete (e.g., due to concerns about vendor ability to upgrade and/or support products on an ongoing basis)

# 4.16. <u>Software incompatibilities with established systems (e.g., administrative software products)</u>

BK: Additional question might be--Lack of interface engine to easily build interfaces as well as lack of mobile Web-based learning software availability (other than for iPhones).

PK: Perhaps reword to something like "challenges of integrating disparate systems".

#### 4.17. Hardware incompatibilities

BK: Ability to afford replacement of hardware periodically.

PK: Reword to "cost of acquiring/replacing hardware"?

MD: Where would you place concerns with having enough hardware in the facility adequately maintain an EMR?

# 4.18. <u>Difficulty obtaining or maintaining wireless access (e.g., if located in rural areas)</u>

DC: Another factor "Concerns about system availability and reliability".

BK: Additional item might be bandwidth limitation and network costs. Need additional clarification.

FM: Is this referring to simply Internet access or to wireless networking inside the facility? Being a rural facility would impact Internet access but not wireless networking (e.g., for POC devices), I'd suggest having one question about Internet availability and a separate question about cost/complexity of establishing a wireless network.

#### 5. INCENTIVES FOR HIT ADOPTION AND USE

5.1. Removal of legal or regulatory barriers (e.g., regulatory changes recognizing and accepting electronic signatures)

BK: Standard format for health information exchange and recognition or legal ownership and responsibilities for secondary information receive from another organization as miscellaneous information.

PK: Too generic. Generally I think the pos/neg indicators are redundant as the questions are phrased to equate size of impact to the positive.

FM: Could break out different areas of regulation, electronic signatures in general, pharmacy board regulations, state NH regs, etc.

BM: I do not think people can give meaningful answers to these questions as written because it all depends on the details of the policy changes--for example, "payments" depends on "how much"; my guess is that people will answer anyway, assuming the details are to their liking, but I'd suggest rethinking how to address this section.

5.2. <u>Certification identifying EHRs meeting published standards</u>

YH: Need better language. Many will not know what certification is/means.

BK: Standards for certification need to advance in depth--having a function and doing it according to an efficient workflow are two different things!

MD: May want to clarify--external agency validates and certifies EHR product and adherence to published standards.

- 5.3. Subsidies for the purchase of an EHR or other electronic functions such as e-prescribing (e.g., tax credits, low interest loans, grants)

  PK: First use of e-prescribing, so suggest lack of clarify regarding components being evaluated.
- 5.4. Additional payments (i.e., reimbursement) for the use of an EHR or other electronic functions such as e-prescribing

### 5.5. <u>Lower liability insurance premiums for facilities using EHRs</u>

# 5.6. <u>Use of technology to support quality improvement as a pay for performance incentive</u>

NL: This is worded differently than the rest of the items in this section. Not sure what it means.

# 5.7. <u>Use of technology to support inclusion of NHs as part of an HIT</u> demonstration program

NL: Same comment as above.

FM: This question isn't clear to me. Would the incentive be free or reduced-cost access to technology due to a grant or subsidy?

#### 5.8. Other (specify)

DC: Another factor: "Readily available objective business cases and returns on investments".

NL: There is nothing about electronic communication (Health Level 7 for demographics, e-prescribing, etc.).

BK: Incentives to implement a Content Management System with document imaging to be paperless and to assist with workflow design and improvements. Defined federal standard for cut, copy and past functions in EHR. Define requirements for printing an entire EHR for the legal system.

#### Additional comments:

YH: Found the format of the survey to be difficult to navigate. Will this survey be electronic or paper based? If it is paper based, I suggest that the table for section 2 be a separate document that they can reference as they work through the questions. I also recommend that we ask if they have an EHR (we can then map that response to the functionalities that they claim they have) and whether it is Certification Commission for Healthcare Information Technology (CCHIT) certified. Another thing knowing is the size of the facility, if they are affiliated with a hospital, if they are for profit or not for profit, and their location, how long have they been doing each of these functionalities. And for those who don't have an EHR, do they plan on buying one in the next 6-12 months? In the next 2-5 years? We are adding two questions to the NAMC survey going forward that might be valuable to add to the survey:

24.	What year did you last buy or upgrade your EMR system?	Year
25.	Are you using a "Certification Commission for Healthcare Information Technology" (CCHIT) Certified EMR system?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown

(Note that the language will be changed to EHR in the final survey.)

I think we need to recognize that providers may not know which standards they are using so it is probably more practical to ask them if they are using products that are CCHIT certified rather than whether they are using LOINC, SNOMED, etc. Finally, I think it would be great to ask them about their plans to purchase/upgrade in the future. (I believe I mentioned this in my e-mail below but wanted to re-emphasize the point.)

## Survey Questions for EHR Adoption and Use in Nursing Homes

#### **Notes from Technical Expert Panel (TEP) Meeting**

Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Humphrey Building Health Policy Conference Room 443F, Washington, DC
September 24-25, 2008

#### **Meeting Participants**

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## **Survey Questions for EHR Adoption and Use in Nursing Home**

## Technical Expert Panel (TEP) Meeting September 24-25, 2008

## <u>Agenda</u>

## September 24, 2008--Core Survey

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8:00 a.m.	Continental Breakfast
8:30 a.m.	Welcome and Introductions
9:00 a.m.	Overview of Project Background and Goals
9:30 a.m.	TEP Member General Comments on Draft Core and Expanded Survey Questions, Including Alignment with Existing Surveys
10:30 a.m.	Break
10:45 a.m.	Summary of TEP Feedback: Proposal Fielding of Core and Expanded Surveys
11:15 a.m.	DiscussionCore Survey Section 2 (Clinical Work Functions)
12:15 p.m.	Lunch (catered)
1:00 p.m.	DiscussionCore Survey Sections 1 (MDS) and 3 (Public Health Reporting)
2:00 p.m.	DiscussionCore Survey Section 4 (Barriers)
2:30 p.m.	Break
2:45 p.m.	DiscussionCore Survey Section 5 (Incentives)
3:30 p.m.	DiscussionFacility Characteristics
4:00 p.m.	Additional Discussion of Fielding Issues and Wrap-Up Comments
4:30 p.m.	Adjourn

## September 25, 2008--Expanded Survey

8:00 a.m.	Continental Breakfast
8:30 a.m.	Overview of Expanded Survey and Break-out Groups to Discuss Assigned Subsets of Survey Questions
10:15 a.m.	Break
10:30 a.m.	Discussion of Break-out Group Input on Expanded Survey Questions
11:30 a.m.	Discussion of Time Frames and Next Steps and Wrap-up Comments
12:00 p.m.	Adjourn

## **Meeting Summary**

#### **Overview and TEP Member Initial Comments**

Jennie Harvell and Andy Kramer opened the meeting with a brief overview of the policy background for funding the project and overall project goals. A summary of the draft survey design and potential fielding applications were discussed.

The articulated goals for the meeting were to obtain feedback on:

- Draft survey items alignment with existing surveys
- Proposed survey fielding in collaboration with the NNHS and other private sector surveys, needed facility data, and needed next steps to pursue prior to fielding
- Potential core item refinements (work functions and response scale)
- Potential expanded item refinements

Prior the meeting, TEP members had been provided with the draft survey items and asked to: (a) complete the items based on knowledge of a particular nursing home system (if possible); and (b) to rate the items in terms of clarity, importance and potential response variability. After the start of the TEP meeting, each TEP member was given the opportunity to provide general comments on the draft survey. Key points from the initial comments are listed below.

- Responses to the overall survey approach were generally positive.
- A point was made that historical motivation to adopt HIT applications may be predictive of future HIT adoption efforts.
- There were some concerns about the complexity of questions (particularly question #2 on the core survey) and consistent use of terms.
- There were some concerns about the ability of the potential respondents to answer all questions. Some questions may be more appropriate for a clinical expert to answer while others may require administrative input.
- There were concerns about the length of the expanded survey and potential burden to nursing homes.
- Very few people would be able to answer the question on specific standards (an expanded survey question).

- Another study funded by the Commonwealth Foundation is conducting a market scan of HIT applications available to nursing homes and identifying barriers to adoption. Their work may help inform this project.
- The current wording of the barriers section has a negative tone. However, the concept is important for many audiences, including vendors and policymakers.
- The current questions may not work for more than one fielding method, such as in-person data collection effort (i.e., NNHS) and an on-line survey.
- Comments were mixed on the need to align the survey with existing surveys
  addressing HIT adoption in other provider settings. From a policy setting, it is
  important to track adoption rates across settings. However, if this approach is
  judged to be superior to those used in existing surveys, it should be used.
- Text fields for comments should be allowed.
- The current scale for the clinical functions (question #2 on the core survey) may not adequately distinguish levels of adoption. For example, it does not really indicate if systems are fully implemented vs. partially implemented.
- Some of the clinical function areas are too broad (e.g., assessment and care planning).
- The surveys do not include any infrastructure questions, such as securities and records management.
- The survey approach should take a futuristic viewpoint. The industry is rapidly changing, roles and definitions are changing, software solutions are rapidly changing. A maturation model of HIT adoption may be a better approach.
- There should be a heavier emphasis on aligning with the industry developments such as the Long-Term Care-Nursing Home EHR-System Functional Profile.

# **Discussion of Core Survey**

Peter Kress raised the possibility of assessing general functions vs. specific "tracer" functions (e.g., would a wound assessment be a tracer for assessments in general?). The group voted to retain the focus on general functions for the core survey and to address specifics on the expanded questions.

A comment was made that our list contained both clinical functions and data sets (e.g., problem lists). Other surveys similarly list both as "functions". Dietary management and resident activity management are separate modules and should be dropped from the core list of functions.

## A new scale was proposed for **level of automation**:

Level A: Paper

Level B: Combination paper and electronic

Level C: Point of Service electronic

For each application, a question on **decision support** (y/n) will be asked (see further discussion of this topic in the discussion of the expanded survey below).

The following key areas for the core survey were identified:

#### 1. Functions/applications

Resident Demographics

**Advance Directives** 

Clinical Notes: Attending medical doctor (MD)

Clinical Notes: registered nurse

Clinical Notes: certified nurse assistant (CNA) observations and notes

Problem List Allergy List

Medication Administration Treatment Administration

MDS Assessment

Non-MDS Assessment

Care Plan

Task List (e.g., CNA workflow)

#### 2. Results Viewing

Labs

**Xrays** 

Consults

#### 3. Order Entry

Med Order Entry--Nurse

Med Order Entry--Prescriber

Other Order Entry--Nurse

Other Order Entry--Prescriber

#### 4. Telehealth/Telemonitoring

Telehealth (One question: Do you incorporate? y/n) Telemonitoring (One question: Do you incorporate? y/n)

An **information exchange scale** was created/added for a key set of functionalities (identified below).

For each function, mark all that apply:

Level A: Information sharing across applications (enter data once, access as appropriate)

Level B: Receives data from external organization

Level C: Sends data to external organization

N/A: None of the above

Each of the following areas should be rated on the information exchange scale:

- Demographics
- Notes and observations
- Assessments
- Lists: problems, allergies, meds
- Med orders/e-prescribing
- Ancillary orders (Xrays, labs, DME, therapies, etc.)
- Lab orders and results
- Other ancillary results (e.g., Xrays, labs)
- Summary reports (discharge, transfer, consults)
- Advance directives
- Public health reporting (e.g., tuberculosis, etc.)

In addition, a few areas for single questions for the core survey were identified:

- 1. Quality Management Reports (see draft expanded survey, item CDT-3 for response options).
- Summary Reports (transfer, discharge, etc.).

# **Discussion of Expanded Survey (drill-down questions)**

- A. For function/application, if respondent marks levels of automation b and c described on page A-123 of these notes, drill-down:
  - 1. Is authoritative record paper or electronic? (y/n)
  - 2. If electronic, does facility maintain a hard copy? (y/n)
  - If maintain hard copy, why? (a) for surveyors; (b) state regulations; (c) concerns that system will crash; (d) attorney advice; (e) for business continuity.
  - 4. Is electronic system housed at facility or hosted by a third party (e.g., vendor)?
  - 5. Do you have wireless capability (for level of automation c only)?
  - 6. Does the same person who generates clinical note or observation also transcribe it into the computer?

- 7. How are data captured? (a) desktop; (b) kiosk; (c) laptop on med card; (d) PDA; (e) voice-activated device; (f) sensors.
- 8. What is the ratio of devices/appropriate staff (e.g., one kiosk for every three CNAs)?
- 9. If not doing point of service, why not? (list reasons, mark all that apply)-relevant for response option "b".
- 10. Do clinicians (e.g., MD, etc.) work remotely?
- 11. Does the same person who generates the order also enter the information into the computer?
- B. Decision Support question (answered for each function), if response is "yes", drill-down:
  - 1. Is decision support function: (a) created by facility; (b) standardized library or vendor-created; or (c) a combination?
  - 2. Which decision support tools are used? (a) data quality (e.g., out-of-range data alerts); (b) alerts triggered by an entry; (c) workflow--system guides next steps; (d) reminders for scheduled events (these can be categorized from our list from the draft set of expanded questions).
  - 3. What is the timing of decision support? (a) real-time--when delivering services [preventive]; (b) near time; (c) end of shift; (d) weekly, etc. [Some discussion of the need for b-d vs. a dichotomous response for "real-time" and "later".]
- C. Information Exchange questions to be asked for the smaller group of key functions, as discussed previously, if response is d, e, or f, drill-down:
  - 1. What is the form/structure of information shared? (a) non-structured (text, images); (b) proprietary structure negotiated with vendors for system-to-system data sharing; (c) national standards-based data exchange.
  - 2. With whom do you exchange information? (a) within organization only; (b) external systems.
  - 3. If information is exchanged with external systems, which ones? (mark all that apply) (a) hospitals; (b) pharmacies; (c) home health agencies; (d) MD offices; (e) labs; (f) radiology clinics; (g) personal health records; (h) information exchange networks (Health Information Organizations); (i) other nursing homes.
- D. Barriers--For each function/application that respondent indicates is an "a" or "b" level of automation (see page A-123 of these meeting notes):
  - 1. Do you intend to implement additional automated capabilities to support this function? (a) no; (b) yes, within 1-3 months; (c) yes, within next 12 months; (d) yes, within 13-36 months.

2. There could be a general question on barriers, using the headers on our question (also adopted from the hospital survey question on barriers); financial, organizational, legal/regulatory, state of the technology.

On the question of incentives/benefits to HIT adoption, Mary Jane Koren remarked that the Degenholtz work has found that benefits fall into three categories: control (e.g., management oversight), efficiency, and empowerment (especially of CNAs). In addition to these, financial benefits should be addressed.

## **Survey Administration**

There are challenges with fielding the survey along with the NNHS. These include cost, infrequency of administration (next anticipated survey is 2010 at earliest; time is needed to analyze the data). There is no money current in the ASPE budget to support this as an add-on.

It will be necessary to use a Web-based approach if the survey is fielded by the private sector. It is unlikely that the American Association of Homes and Services for the Aging would field the survey. American Health Care Association (AHCA) has a foundation that would consider fielding such a survey, particularly if additional support could be obtained (e.g., Commonwealth).

There is an "Advancing Excellence" initiative, which is funded by Commonwealth, although CMS (through the Quality Improvement Organization) hosts a Website. This avenue should be investigated.

Barbara Manard noted that there is a private enterprise tracking adoption of hospital and ambulatory care HIT. The group recently published an article in *Health Affairs*, and they maintain a Website. She will try to get more information.

Barbara also noted that industry stakeholders need to try to push for funding to field the NNHS soon, because it has not been fielded for four years.

# **Next Steps**

- Refine instrument based on meeting input and send to TEP for another round of feedback.
- Provide paper and pencil version to potential funders.
- Convert core and drill-down questions (longer survey) to a Web format?

## APPENDIX C. CORE SURVEY QUESTIONS

This appendix contains the core survey questions from the *Survey of Use of Health Information Technology (HIT) in Nursing Homes*. The objective of the core survey questions is to track the use of automated health information systems in nursing homes over time and identify perceived barriers and benefits associated with implementation and use of such systems. The core survey questions are designed for use as a standalone survey or as part of the expanded survey (see Appendix D), which obtains additional information through follow-up questions that are triggered by responses to selected core survey questions.

# Survey on Use of Health Information Technology (HIT) in Nursing Homes CORE SURVEY (December 2009)

Core Survey Objective: To track the use of electronic/computerized (also referred to as automated) health information systems in nursing homes over time and identify perceived barriers and benefits associated with implementation and use of such systems.

- 1. Level of Automation and Plans for Additional Automation: For each function listed below, please:
  - Mark a, b, or c to indicate the level of automation (or computerization) currently in use at your facility-not just installed or available, but actually used even if not facility-wide;

#### AND

 Mark Yes or No to indicate whether your facility plans to expand current automated capabilities for each function.

		Level of Automation				Plans to Expand Automation Capabilities	
Funct	ion/Application	a Paper Only (no automation)	b Combination Paper/ Electronic	c Fully Electronic, with Point of Care <sup>1</sup>	Yes	No	
1.1	Resident (Patient) Demographics						
1.2	Advance Directives						
1.3	Medical History						
1.4	Clinical Notes: Attending MD						
1.5	Clinical Notes: Licensed Nurse						
1.6	Clinical Notes: CNA Observations and Notes						
1.7	Clinical Notes: Other Disciplines (social services, therapy, dietary, others)						
1.8	Problem List (resident diagnoses, conditions, and limitations requiring facility evaluation, treatment, and monitoring)						
1.9	Allergy List						
1.10	Medication Administration Record (MAR)						
1.11	Treatment Administration Record (TAR)						
1.12	MDS Assessment/RAPs						
1.13	Assessments Other than MDS						
1.14	Care Plan						
1.15	Task List (e.g., CNA workflow)						
	r Entry by Physician or Other Authorized Personnel						
1.16	Medication Order Entry						
1.17	Other Order Entry						
Resu	ilts Viewing						
1.18	Labs						
1.19	Radiology (e.g., x-rays)						
1.20	Diagnostic Tests Other than Radiology or Labs (e.g., lung function, stress tests)			_			
1.21	Consults						

<sup>&</sup>lt;sup>1</sup> Point of care data entry refers to an electronic/computerized system that allows the nurse, physician, aide, or other provider to enter information into an electronic record during or immediately after visits with residents. Point of care data entry involves use of equipment such as a computer laptop, handheld device (e.g., PDA), kiosk, or bar code reader to record information, rather than pen and paper notes.

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		Autom Clinical Decis	
unct	tion/Application	Yes	No
2.1	Clinical Notes and Observations (by any or all clinical staff)		
2.2	Medication Administration Record (MAR)		
2.3	Treatment Administration Record (TAR)		
2.4	Assessment (MDS and others)		
2.5	Care Plan		
2.6	Med Orders/E-Prescribing		
2.7	Lab Orders and Results		
2.8	Radiology Orders and Results		
2.9	Diagnostic Test Orders and Results Other than Radiology and Labs		

- Health Information Exchange Capabilities: For each work function listed in items 3.1 3.14, select the
  option that represents the highest level of electronic information exchange and integration capabilities used
  by your facility. Exclude e-mail and fax.
  - a Within Facility Electronic Information Sharing: Computer software programs within my facility allow patient
    information sharing among two or more databases after entering information only once. No electronic information
    sharing outside of my facility.
  - sharing outside of my facility.

    b Within Corporation/Affiliated Organization Electronic Information Sharing: Computer software programs within my facility allow patient information sharing with other organizations in the same network or system (e.g., corporate headquarters or other facilities in corporation; hospital in same health delivery system). No electronic information sharing with non-affiliated providers or organizations.
  - c Electronic Information Sharing with Non-Affiliated Organizations: My facility's computer system exchanges (sends and/or receives) electronic patient information with one or more non-affiliated providers or organizations.
  - d None

Funct	ion/Application	a Within Facility Electronic Information Sharing	b Within Corporation/ Affiliated Organization Electronic Information Sharing	c Send and/or Receive and Integrate Electronic Information with Non-Affiliated Provider	None
3.1	Resident (Patient) Demographics				
3.2	Advance Directives				
3.3	Resident Medical History				
3.4	Clinical Notes and Observations				
3.5	Lists: Problems, Allergies, Meds				
3.6	MDS Assessments				
3.7	Non-MDS Assessments				
3.8	Care Plans				
3.9	Summary Reports (discharge, transfer, consults)				
3.10	Lab Orders and Results				
3.11	Radiology Orders and Results				
3.12	Diagnostic Test Orders and Results Other than Radiology and Labs				
3.13	Med Orders / E-Prescribing				
3.14	Public Health Reporting (e.g., tuberculosis)	NA	NA		

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4. <u>Electronic Systems to Capture and Query Information Relevant to Health following electronic systems or reports does your facility use to capture and the health care quality? Mark all that apply.</u>			
<ul> <li>a - No electronic systems used for quality management and reporting at b - Incident reporting</li> <li>c - Tracking adverse occurrences (e.g., falls, medication errors, infection</li> <li>d - Calculation of outcomes from MDS or other assessment data (e.g., falls, audits for quality areas of concern for surveyors (e.g., pressure)</li> <li>f - "Dashboard Reports" or composite reports that present data on seven hospitalizations, medications or treatments due/past due but not give</li> <li>g - Occupancy rates and trends</li> </ul>	ns) nospitalizati ulcers) eral key qua	lity indicate	
<ul> <li>□ h - Other (please specify):</li> <li>Electronic Summary Reports: Which of the following electronic summary</li> </ul>	reports do y	ou use? <b>N</b>	Mark all
that apply.  a - No electronic summary reports used b - Transfer c - Discharge d - Consults e - Other (please specify):	,		
6. <u>Telehealth</u> : Does your facility use telehealth capabilities? Telehealth is def communication and information technologies to allow direct interaction betwee different locations (e.g., wound consultation by a physician at an offsite locat equipment; interpretation of a real-time EKG reading by an offsite physician □ a - No □ b - Yes	een provide ion using a	rs and patie	
7. Telemonitoring			
<ul> <li>a. Does your facility use telemonitoring capabilities (e.g., sensors to monitor respatterns; enuresis monitoring)?</li> <li>a - No</li> <li>b - Yes</li> </ul>	sident wand	lering, slee	p
<ul> <li>b. Is information obtained through telemonitoring electronically incorporated into of programs at your facility?</li> <li>a - No</li> <li>b - Yes</li> </ul>	o other elec	tronic heal	th records
8. Perceived Barriers to HIT Adoption and Use: Indicate which factors below barrier, minor barrier, or not a barrier to purchasing and/or using electronic substitutions at your facility.			
BARRIER	<u>Major</u> <u>Barrier</u>	Minor Barrier	Not a Barrier
a - Financial Barriers (e.g., needed capital, uncertain return on investment)	G 5		
b - Organizational Barriers (e.g., staff resistance, lack of IT personnel, concern about loss of productivity during transition, transitioning historic information, capacity to train staff on new system)			
c - Legal or Regulatory Barriers (e.g., concern about confidentiality breaches, state regulations regarding electronic signatures)	33 		
d - State of Technology (e.g., finding a system that meets facility needs, concerns that system will become obsolete, software or hardware incompatibilities with established systems, difficulty with wireless access)			
Comments: If you believe one or more specific functions (e.g., e-prescribing, MAR) specific barriers, please comment on this:	are particu	larly affecte	ed by
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BENE	EFIT	Major Benefit	Minor Benefit	Not a Benefi
	anywhere/anytime access to clinical data (i.e., by multiple users, from nultiple locations)			
b- N	/lanagement oversight/control	0		
c- C	Quality monitoring			
d - E	Enhanced efficiency			
e-S	Staff empowerment and/or staff satisfaction	0.		
- A	attractive job feature when recruiting new staff		2	
c	aster and more accurate billing with integrated data systems (e.g., computer programs that can "talk to each other" by allowing information entered in one screen to fill in more than one database or program)			
h - II	mproved regulatory compliance	·		
	ability to electronically exchange data with other providers or organizations (e.g., hospital, MD offices, labs, pharmacy)			
	Cost savings			
k - F	Resident safety (e.g., reduced medical errors)	2		
	mproved care planning	£.		
m - Ir	mproved communication within facility (e.g., among staff between shifts)			
	Facility Characteristics In which state is your facility located? State:			-
10.1	Control of an arms of the control of	lude all beds	s set up and	- staffed
10.1	In which state is your facility located? State:  How many beds are currently available for residents? Inc.	lude all bed:	s set up and	- staffed
10.1 10.2	In which state is your facility located? State:  How many beds are currently available for residents? Indiwhether or not they are in use by residents at the present time.	ilude all bed:	s set up and	staffed
10.1 10.2	In which state is your facility located? State:  How many beds are currently available for residents? Individual whether or not they are in use by residents at the present time.  Number of beds:	ilude all bed:	s set up and	staffed
10.1 10.2	In which state is your facility located? State:  How many beds are currently available for residents? Incomplete or not they are in use by residents at the present time.  Number of beds:  Is this facility part of a chain?	ilude all bed	s set up and	staffed I
10.1 10.2 10.3	In which state is your facility located? State:  How many beds are currently available for residents? Incomplete or not they are in use by residents at the present time.  Number of beds:  Is this facility part of a chain?  □ a - No	ilude all bed:	s set up and	staffed
10.2 10.3	In which state is your facility located? State:  How many beds are currently available for residents? Individual whether or not they are in use by residents at the present time.  Number of beds:  Is this facility part of a chain?  a - No b - Yes	er	s set up and	staffed
10.1 10.2 10.3 10.4	In which state is your facility located? State:  How many beds are currently available for residents? Incomplete whether or not they are in use by residents at the present time.  Number of beds:  Is this facility part of a chain?  a - No b - Yes  How would you describe this facility? Mark all that apply. a - Independent b - Nursing home or unit within a CCRC or retirement cent c - Hospital-based skilled nursing facility d - Part of an integrated delivery system	er	729	staffed I

## APPENDIX D. EXPANDED SURVEY

This appendix contains the expanded *Survey of Use of Health Information Technology (HIT) in Nursing Homes*, formatted for pen and paper administration. The expanded survey includes both the core survey questions and the follow-up questions triggered by responses to selected core survey questions. The expanded survey is recommended for administration through an electronic, Web-based format, which would significantly reduce respondent time commitment and burden as only follow-up questions that are relevant to the respondent would appear on the computer screen.

# Survey on Use of Health Information Technology (HIT) in Nursing Homes EXPANDED SURVEY (December 2009)

#### Question 1. Level of Automation and Plans for Additional Automation:

For each Function/Application listed in Questions 1.1 – 1.21, please:

- Mark Yes or No to indicate whether your facility Plans to Expand Current Automated Capabilities for the function/application; AND
- Mark a, b, or c to indicate the Level of Automation (or computerization) currently in use at your facility not just installed or available, but actually used even if not facility-wide.
  - If you mark response a, then skip Follow-Up Questions and go to next page.
  - > If you mark responses b or c, then answer Follow-Up Questions.

\*Note: Point of care is defined as an electronic/computerized system that allows the nurse, physician, aide, or other provider to enter information into an electronic record during or immediately after visits with residents. Point of care data entry involves use of equipment such as a computer laptop, handheld device (e.g., PDA), kiosk, or bar code reader to record information, rather than pen and paper notes.

			Plans to Expand Automation Capabilities
Level o	of Automation — Function/Application		Yes No
1.1	Resident (Patient) Demographics		
	□ a - Paper Only (no automation) → GO TO NEXT PAGE □ b - Combination Paper/Electronic □ c - Fully Electronic, with Point of Care		
FOLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automation.
1.1a. a -	Do you have wireless capability for this function?	1.1f.	Is the electronic system housed at the facility or hosted by a third party?
	Yes	a -	Housed at the facility
		b -	Hosted offsite by a vendor
1.1b.	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.1g.	How does electronic documentation/data capture occur? Mark all that apply.
a-	No, not certified	a -	Desktop computer in a central location (e.g., nursing
b -	Yes, certified		station) - No point of care data capture
1.1c.	Is the authoritative record (i.e., official, legal		Desktop computer located at bedside
1.16.	record) paper or electronic?		Laptop (e.g., on med cart)
a-	Paper Go to 1.1f		PDA or other hand-held devices
b-	Electronic		Kiosks located outside resident rooms
	100 - 3.0 - 4.3.0 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	f-	Voice-activated dictaphones for later transcription
1.1d.	Although the authoritative record is electronic, does the facility still maintain a hard copy?	g -	Other (specify):
a-	No <b>Go to 1.1</b> f	Respoi	nd to the following if selected option b for Level of
	Yes	Autom	ation (skip to next page if selected option c)
1.1e.	Why is a hard copy record maintained? Mark all	1.1h.	If you are not using point of care data capture, who not? Mark all that apply.
•	that apply. For surveyors		Budget restrictions
	Required by the state	b -	Concern about staff capabilities to effectively use this method
	As a back-up in case system crashes		Staff resistance to the idea
	Based on advice of an attorney	1000	No time for training
	For business continuity purposes		No technical support staff to support ongoing use
	The state of the s	f-	

				Plans to Automation (	
evel o	f Automation — Function/Application			Yes	No
1.2	Advance Directives				
[	a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
OLLO	W-UP QUESTIONS: Respond to the following if selected of	ption b o	r c for Level of Automatio	n	
.2a.	Do you have wireless capability for this function?	1.2f.	Is the electronic system hosted by a third party?	housed at the	facility or
	Yes	a -	Housed at the facility		
D-	165		Hosted offsite by a vendo		
.2b.	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.2g.	How does electronic doc occur? Mark all that app		ata capture
а-	No, not certified	а-	Desktop computer in a ce		g., nursing
b -	Yes, certified	h	station) - No point of care		
.2c.	Is the authoritative record (i.e., official, legal		Desktop computer located Laptop (e.g., on med cart)		
	record) paper or electronic?		PDA or other hand-held d		
a -	Paper Go to 1.2f	15370	Kiosks located outside res		
b -	Electronic	f-	Voice-activated dictaphon	es for later tran	scription
.2d.	Although the authoritative record is electronic, does the facility still maintain a hard copy?		Other (specify):		
a -	No Go to 1.2f		nd to the following if selec		
b -	Yes		ation (skip to next page if		Maria Maria
.2e.	Why is a hard copy record maintained? Mark all that apply.	1.2h.	If you are not using poin not? Mark all that apply.  Budget restrictions		capture, wh
a-	For surveyors		Concern about staff capal	nilities to effective	vely use this
b -	Required by the state		method	omites to enecu	very doe an
c-	As a back-up in case system crashes	<b>c</b> -	Staff resistance to the ide	a	
d -	Based on advice of an attorney	<b>d</b> -	No time for training		
e -	For business continuity purposes	e -	No technical support staff	to support ongo	oing use
f-	Other (specify):	f-	Other (specify):		H-10-11-11-11

				Plans to E Automation C	
evel of	f Automation — Function/Application			Yes	No
1.3 N	Medical History				
	a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
OLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
. <b>3</b> a.	Do you have wireless capability for this function?	1.3g.	How does electronic doc occur? Mark all that app		a capture
	Yes	а-	Desktop computer in a ce station) – No point of care		g., nursing
.3b.	Is the electronic application/function certified either as a stand-alone application or as part of a		Desktop computer located Laptop (e.g., on med cart		
	certified electronic health record or system?	d -			
- 376	No, not certified	e -	Kiosks located outside re-	sident rooms	
b -	Yes, certified	f-	Voice-activated dictaphor	es for later trans	cription
	Is the authoritative record (i.e., official, legal record) paper or electronic?	g -	Direct data transferred fro sensor	om a monitoring o	levice or
a -	Paper Go to 1.3f	h -	Other (specify):	nye compensation of the arrange	
b -	Electronic	1.3h.	Does the same person w	he constact	
	Although the authoritative record is electronic, does the facility still maintain a hard copy?	1.511.	information (clinical note also enter it into the com	e, observation, l	
a -	No Go to 1.3f		No		
b -	Yes	b -	Yes		
	Why is a hard copy record maintained? Mark all that apply.		nd to the following if selection (skip to next page if		
a -	For surveyors	1.3i.	If you are not using poin	t of care data ca	pture, wh
b -	Required by the state		not? Mark all that apply.		
c-	As a back-up in case system crashes	a -	Budget restrictions		
d -	Based on advice of an attorney	b -	Concern about staff capa method	bilities to effective	ely use thi
e -	For business continuity purposes	•	Staff resistance to the ide	2	
f-	Other (specify):		No time for training	a	
	Is the electronic system housed at the facility or hosted by a third party?	e -	No technical support staff Other (specify):	to support ongo	ing use
	Housed at the facility	1.*	Other (specify)	a kara eleka ela selekse	Truvires
	Hosted offsite by a vendor				

evel of			Plans to Expand Automation Capabilitie
	f Automation — Function/Application	erx er	Yes No
1.4 C	Clinical Notes: Attending MD		
	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care		
OLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automation
.4a. a -	Do you have wireless capability for this function?	1.4g.	How does electronic documentation/data captur occur? Mark all that apply.
	Yes	а-	Desktop computer in a central location (e.g., nursin station) – No point of care data capture
.4b.	Is the electronic application/function certified	b -	Desktop computer located at bedside
	either as a stand-alone application or as part of a certified electronic health record or system?	С-	Laptop (e.g., on med cart)
~	No, not certified	d -	PDA or other hand-held devices
	Yes, certified	e -	Kiosks located outside resident rooms
D -	res, certified	f-	Voice-activated dictaphones for later transcription
	Is the authoritative record (i.e., official, legal record) paper or electronic?	g -	Direct data transferred from a monitoring device or sensor
a -	Paper Go to 1.4f	h -	Other (specify):
17.000 22.000	Electronic  Although the authoritative record is electronic,	1.4h.	Does the same person who generates the information (clinical note, observation, history)
	does the facility still maintain a hard copy?		also enter it into the computer?
a -	No Go to 1.4f		No
b -	Yes	b -	Yes
	Why is a hard copy record maintained? Mark all that apply.	10.203-700	nd to the following if selected option b for Level o ation (skip to next page if selected option c)
	For surveyors	1.4i.	If you are not using point of care data capture, w
b -	Required by the state		not? Mark all that apply.
c-	As a back-up in case system crashes	a -	Budget restrictions
d -	Based on advice of an attorney	b -	Concern about staff capabilities to effectively use the
e -	For business continuity purposes		method
f-	Other (specify):	1.75	Staff resistance to the idea
46	to the electronic quotern beyond at the facility or		No time for training
	Is the electronic system housed at the facility or hosted by a third party?	e - f -	No technical support staff to support ongoing use Other (specify):
	Housed at the facility		
	Hosted offsite by a vendor		

occur? Mark all that apply.  a No b Yes  Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  a No, not certified b Yes, certified Ves, certified Is the authoritative record (i.e., official, legal record) paper or electronic? Although the authoritative record is electronic, does the facility still maintain a hard copy?  A No Go to 1.f Yes  Why is a hard copy record maintained? Mark all that apply.  A For surveyors B Required by the state B Based on advice of an attorney  For business continuity purposes  A Desktop computer in a central location (e.g., nursing station) — No point of care data capture  b Desktop computer in a central location (e.g., nursing station) — No point of care data capture  b Desktop computer in a central location (e.g., nursing station) — No point of care data capture  b Desktop computer in a central location (e.g., nursing station) — No point of care data capture  b Desktop computer in a central location (e.g., nursing station) — No point of care data capture  c Laptop (e.g., on med cart)  d PDA or other hand-held devices  e Kiosks located outside resident rooms  f Voice-activated dictaphones for later transcription  g Direct data transferred from a monitoring device or sensor  h Other (specify):  1.5h. Does the same person who generates the information (clinical note, observation, history) also enter it into the computer?  a No  b Yes  Respond to the following if selected option b for Level of Automation (skip to next page if selected option c)  1.5i. If you are not using point of care data capture, w not? Mark all that apply.  a Budget restrictions  b Concern about staff capabilities to effectively use the method				Plans to Expand Automation Capabilities
□ a - Paper Only (no automation) → GO TO NEXT PAGE □ b - Combination Paper / Electronic □ c - Fully Electronic, with Point of Care    Do you have wireless capability for this function?   a - No   No you have wireless capability for this function?   a - No   Pyes   Security   No you have wireless capability for this function?   a - No   Pyes   Security   Securi	evel o	f Automation — Function/Application		Yes No
b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  LOW-UP QUESTIONS: Respond to the following if selected option b or c for Level of Automation  Do you have wireless capability for this function? a- No - Yes  Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system? a- No, not certified  Is the authoritative record (i.e., official, legal record) paper or electronic?  a- Paper Go to 1.5f  Delectronic  Although the authoritative record is electronic, does the facility still maintain a hard copy?  a- No Go to 1.f  Yes  Why is a hard copy record maintained? Mark all that apply.  a- For surveyors  Required by the state - As a back-up in case system crashes - Based on advice of an attorney - For business continuity purposes - Other (specify):  Based on advice of an attorney - For business continuity purposes - Other (specify):  Based on advice of an attorney - For business continuity purposes - Other (specify):  Based on advice of an attorney - For business continuity purposes - Other (specify):  Based on advice of an attorney - For business continuity purposes - Other (specify): - Concern about staff capabilities to effectively use the method - No time for training - No technical support staff to support ongoing use - No technical support staff to support ongoing use	1.5	Clinical Notes: Licensed Nurse		
Do you have wireless capability for this function?  a No  Yes  Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  A No, not certified  Yes, certified  Yes, certified  Is the authoritative record (i.e., official, legal record) paper or electronic?  Although the authoritative record is electronic, does the facility still maintain a hard copy?  No No Go to 1.f  Yes  Why is a hard copy record maintained? Mark all that apply.  A For surveyors  Required by the state  As a back-up in case system crashes  Based on advice of an attorney  For business continuity purposes  Other (specify):  Is the electronic system housed at the facility or hosted by a third party?  I Housed at the facility  1.5g. How does electronic documentation/data capture occur? Mark all that apply.  a Desktop computer in a central location (e.g., nursing station) – No point of care data capture  b Desktop computer located at bedside  c Laptop (e.g., on med cart)  d PDA or other hand-held devices  e Kiosks located outside resident rooms  f Voice-activated dictaphones for later transcription  g Direct data transferred from a monitoring device or sensor  h Other (specify):  1.5h. Does the same person who generates the information (clinical note, observation, history) also enter it into the computer?  a No  b Yes  Respond to the following if selected option b for Level of Automation (skip to next page if selected option c)  1.5i. If you are not using point of care data capture, wnot? Mark all that apply.  a Budget restrictions  b Concern about staff capabilities to effectively use the method  c Staff resistance to the idea  d No time for training  e No technical support staff to support ongoing use  f Other (specify):	1	□ b - Combination Paper / Electronic □ c - Fully Electronic, with Point of Care		
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b - Yes  Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  - Required by the state  - As a back-up in case system crashes  - Based on advice of an attorney  - For business continuity purposes  - Other (specify):  - Is the electronic system housed at the facility or hosted by a third party?  - Yes  b - Yes  Respond to the following if selected option b for Level o Automation (skip to next page if selected option c)  1.5i. If you are not using point of care data capture, wond? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effectively use the method  c - Staff resistance to the idea  d - No time for training  e - No technical support staff to support ongoing use  f - Other (specify):  - Oth	.5d.		1.011.	information (clinical note, observation, history)
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that apply.  Automation (skip to next page if selected option c)  1.5i. If you are not using point of care data capture, wond? Mark all that apply.  a - Required by the state  b - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  d - Other (specify):  Is the electronic system housed at the facility or hosted by a third party?  a - Housed at the facility  Automation (skip to next page if selected option c)  1.5i. If you are not using point of care data capture, wond? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effectively use the method  c - Staff resistance to the idea  d - No time for training  e - No technical support staff to support ongoing use  f - Other (specify):  a - Housed at the facility	b -	Yes	b -	Yes
1.5i. If you are not using point of care data capture, wond? Mark all that apply.  a - Required by the state  b - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  d - Other (specify):  Is the electronic system housed at the facility or hosted by a third party?  a - Housed at the facility  1.5i. If you are not using point of care data capture, wond? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effectively use the method  c - Staff resistance to the idea  d - No time for training  e - No technical support staff to support ongoing use  f - Other (specify):  a - Housed at the facility	.5e.			
not? Mark all that apply.  a - Required by the state  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  d - Other (specify):  Is the electronic system housed at the facility or hosted by a third party?  a - Housed at the facility  not? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effectively use the method  c - Staff resistance to the idea  d - No time for training  e - No technical support staff to support ongoing use  f - Other (specify):  a - Housed at the facility	a-		1.5i.	If you are not using point of care data capture, wh
b - Concern about staff capabilities to effectively use the method c - For business continuity purposes c - Other (specify):	b-	Required by the state		
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Is the electronic system housed at the facility or hosted by a third party?  a - Housed at the facility  e - No technical support staff to support ongoing use  f - Other (specify):	f-	Other (specify):		
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		hosted by a third party?	e - f -	
5 - Hosted diffile by a veridor				
		hosted by a third party? Housed at the facility	e - f -	

				Plans to E Automation C	
evel o	f Automation — Function/Application			Yes	No
1.6	Clinical Notes: CNA Observations and Notes				
[	□ a - Paper Only (no automation) →GO TO NEXT PAGE □ b - Combination Paper / Electronic □ c - Fully Electronic, with Point of Care				
FOLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
1.6a.	Do you have wireless capability for this function?	1.6g.	How does electronic do occur? Mark all that app		ta capture
	Yes	а-	Desktop computer in a ce station) – No point of care		g., nursing
1.6b.	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	b - c -	Desktop computer locate Laptop (e.g., on med cart		
a -	certified electronic health record or system?  No, not certified	d -			
	Yes, certified		Kiosks located outside re		
	PERSONAL PROPERTY AND THE CONTRACT OF THE ANALYSIS OF THE CONTRACT OF THE CONT		Voice-activated dictaphor		
.6c.	Is the authoritative record (i.e., official, legal record) paper or electronic?		Direct data transferred fro sensor		
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b - I.6d.	Electronic  Although the authoritative record is electronic, does the facility still maintain a hard copy?	1.6h.	Does the same person winformation (clinical not also enter it into the con	e, observation,	
a -	No Go to 1.6f	а-	No		
b -	Yes	b -	Yes		
1.6e.	Why is a hard copy record maintained? Mark all that apply.		nd to the following if sele ation (skip to next page i		
a-	For surveyors	1.6i.	If you are not using poin	nt of care data c	apture, wh
b -	Required by the state		not? Mark all that apply		
C-	As a back-up in case system crashes	a -	Budget restrictions		
d -	Based on advice of an attorney	b -	Concern about staff capa method	bilities to effective	ely use thi
	For business continuity purposes	C-	Staff resistance to the ide	na	
f-	Other (specify):		No time for training		
.6f.	Is the electronic system housed at the facility or hosted by a third party?		No technical support staf	f to support ongo	ing use
	Housed at the facility		(op))		
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		6 Automotion - Frankland Ameliantian			Plans to Automation	Capabilities
□ a - Paper Only (no automation) → GO TO NEXT PAGE □ b - Combination Paper / Electronic □ c - Fully Electronic, with Point of Care  FOLLOW-UP QUESTIONS: Respond to the following if selected option b or c for Level of Automation  1.7a. Do you have wireless capability for this function? a - No b - Yes  1.7b. Is the electronic application function certified either as a stand-alone application or as part of a certified electronic health record or system? a - No, not certified b - Yes, certified  1.7c. Is the authoritative record (i.e., official, legal record) paper or electronic? a - Paper Go to 1.7f b - Electronic  1.7d. Although the authoritative record is electronic, does the facility still maintain a hard copy? a - No Go to 1.7f b - Yes  1.7e. Why is a hard copy record maintained? Mark all that apply. a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  1.7f. Is the electronic system housed at the facility or  1.7f. Is the electronic system housed at the facility or	evel of	Automation — Function/Application			Yes	No
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a - No b - Yes  17b. Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  a - No, not certified b - Yes, certified b - Yes, certified crecord) paper or electronic?  a - Paper Go to 1.7f b - Electronic  17d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.7f b - Yes  17e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  17f. Is the electronic system housed at the facility or  18	OLLO	W-UP QUESTIONS: Respond to the following if selected	ed option b o	r c for Level of Automat	ion	
1.7b.   Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?     a - No, not certified     b - Yes, certified     b - Yes, certified     c - Laptop (e.g., on med cart)     d - PDA or other hand-held devices     e - Kiosks located outside resident rooms     f - Voice-activated dictaphones for later transcription     f - Other (specify):		(2) The graduated for the contract of the cont	1.7g.			ata capture
either as a stand-alone application or as part of a certified electronic health record or system?  a - No, not certified  b - Yes, certified  7. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.7f  b - Electronic  7. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.7f  b - Yes  7. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):  1. Is the electronic system housed at the facility or  c - Laptop (e.g., on med cart)  d - PDA or other hand-held devices  e - Kiosks located outside resident rooms  f - Voice-activated dictaphones for later transcripting.  Po - Direct data transferred from a monitoring device sensor  h - Other (specify):  1.7h. Does the same person who generates the information (clinical note, observation, historalso enter it into the computer?  a - No  b - Yes  7e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):  1.7i. If you are not using point of care data captur not? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effectively using the decided of the following if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by for Legal Automation (skip to next page if selected option by f	b-	Yes	а-			e.g., nursing
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d - No time for training  7f. Is the electronic system housed at the facility or  e - No technical support staff to support ongoing u			c-		ea	
IN 20 3 - 이 이 기계	1-	Other (specify).	d -	No time for training		
					ff to support ong	oing use
a - Housed at the facility						
b - Hosted offsite by a vendor	b -	Hosted offsite by a vendor				

				Plans to Automation (	
evel o	f Automation — Function/Application			Yes	No
1.8	Problem List (resident diagnoses, conditions, and li	imitatio	ns requiring facility		
	evaluation, treatment, and monitoring  □ a - Paper Only (no automation) → GO TO NEXT PAGE  □ b - Combination Paper / Electronic			<del>-</del>	
	c - Fully Electronic, with Point of Care				
OLLO	W-UP QUESTIONS: Respond to the following if selected of	otion b o	r c for Level of Automatic	n	
. <b>8</b> a.	Do you have wireless capability for this function?	1.8f.	Is the electronic system		facility or
a -	No		hosted by a third party?		
b -	Yes		Housed at the facility	24	
.8b.	Is the electronic application/function certified	b -	Hosted offsite by a vendo	г	
.00.	either as a stand-alone application or as part of a certified electronic health record or system?	1.8g.	How does electronic does occur? Mark all that app		ata capture
a-	No, not certified	а-	Desktop computer in a ce	ntral location (e	.g., nursing
	Yes, certified		station) - No point of care		99
	Proposition of the second seco	b -	Desktop computer located	d at bedside	
.8c.	Is the authoritative record (i.e., official, legal	c-	Laptop (e.g., on med cart)	1	
	record) paper or electronic?	d -	PDA or other hand-held d	evices	
	Paper Go to 1.8f	e -	Kiosks located outside re-	sident rooms	
b-	Electronic	f-	Voice-activated dictaphor	es for later tran	scription
.8d.	Although the authoritative record is electronic, does the facility still maintain a hard copy?		Other (specify):		
	No Go to 1.8f Yes		nd to the following if select ation (skip to next page if		
.8e.	Why is a hard copy record maintained? Mark all	1.8h.	If you are not using poin not? Mark all that apply		capture, w
	that apply.	a -	Budget restrictions		
	For surveyors	b -	Concern about staff capa	bilities to effective	vely use th
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Level of Automation — Function/Application  1.9	apabilitie	Plans to Ex Automation Ca				
a - Paper Only (no automation) →GO TO NEXT PAGE   b - Combination Paper / Electronic   c - Fully Electronic, with Point of Care  FOLLOW-UP QUESTIONS: Respond to the following if selected option b or c for Level of Automation  1.9a. Do you have wireless capability for this function? a No b - Yes   1.9b. Is the electronic system housed at the fact hosted by a third party? a - Housed at the facility b - Hosted offsite by a vendor  1.9g. How does electronic documentation/data occur? Mark all that apply. a - No, not certified b - Yes, certified b - Yes, certified certified electronic health record or system? a - No, not certified b - Yes, certified b - Yes, certified certified electronic (i.e., official, legal record) paper or electronic? a - Paper Go to 1.9f b - Electronic  1.9d. Although the authoritative record is electronic, does the facility still maintain a hard copy? a - No Go to 1.9f b - Yes  1.9e. Why is a hard copy record maintained? Mark all that apply. a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes  1.9d. On the faction of the following if selected option of the faction of the faction of the faction is stated on advice of an attorney e - For business continuity purposes	No	Yes			f Automation — Function/Application	vel of
b - Combination Paper / Electronic   c - Fully Electronic, with Point of Care					Allergy List	9
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.9d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.9f b - Yes  .9e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes  g - Other (specify):  Automation (skip to next page if selected option to the following if selec	cription				Electronic	b -
a - No Go to 1.9f b - Yes  Se. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes  Respond to the following if selected option b for Automation (skip to next page if selected option of Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b for Automation (skip to next page if selected option b	Grand Street at the last					
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.9e.     Why is a hard copy record maintained? Mark all that apply.     not? Mark all that apply.       a - For surveyors     b - Concern about staff capabilities to effectively method       c - As a back-up in case system crashes     c - Staff resistance to the idea       d - Based on advice of an attorney     d - No time for training       e - For business continuity purposes     e - No technical support staff to support ongoing	c)	selected option	ation (skip to next page if	Automa	Yes	b-
a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes  b - Concern about staff capabilities to effectively method c - Staff resistance to the idea d - No time for training e - No technical support staff to support ongoing	pture, w		not? Mark all that apply.			
b - Required by the state method c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes  b - Content about staff capabilities to effectively method c - Staff resistance to the idea d - No time for training e - No technical support staff to support ongoing						
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d - Based on advice of an attorney d - No time for training e - For business continuity purposes e - No technical support staff to support ongoing		2		•		
e - For business continuity purposes e - No technical support staff to support ongoing		a				
	חמ וופס	to support ongoir				
The Other (specify).						

1.10 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	res s the electronic application/function certified ither as a stand-alone application or as part of a ertified electronic health record or system? lo, not certified res, certified s the authoritative record (i.e., official, legal ecord) paper or electronic?	1.10f. a - b - 1.10g. a - b -	Is the electronic system housed at the facility or hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data capture occur? Mark all that apply. Desktop computer in a central location (e.g., nursing station) – No point of care data capture Desktop computer located at bedside
	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care	1.10f. a - b - 1.10g. a - b -	Is the electronic system housed at the facility or hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data capture occur? Mark all that apply. Desktop computer in a central location (e.g., nursing station) – No point of care data capture Desktop computer located at bedside
	b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  -UP QUESTIONS: Respond to the following if selected  to you have wireless capability for this function?  to  'es s the electronic application/function certified ither as a stand-alone application or as part of a ertified electronic health record or system?  to, not certified 'es, certified s the authoritative record (i.e., official, legal ecord) paper or electronic?	1.10f. a - b - 1.10g. a - b -	Is the electronic system housed at the facility or hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data capture occur? Mark all that apply. Desktop computer in a central location (e.g., nursing station) – No point of care data capture Desktop computer located at bedside
.10a. D a - N b - Y .10b. Is ei cc a - N b - Y .10c. Is re a - P b - E	oo you have wireless capability for this function?  do  'es  s the electronic application/function certified ither as a stand-alone application or as part of a ertified electronic health record or system?  do, not certified  'es, certified s the authoritative record (i.e., official, legal ecord) paper or electronic?	1.10f. a - b - 1.10g. a - b -	Is the electronic system housed at the facility or hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data capture occur? Mark all that apply. Desktop computer in a central location (e.g., nursing station) – No point of care data capture Desktop computer located at bedside
a - N b - Y .10b. Is ei ca a - N b - Y .10c. Is re a - P b - E	s the electronic application/function certified ither as a stand-alone application or as part of a ertified electronic health record or system?  lo, not certified  es, certified  s the authoritative record (i.e., official, legal ecord) paper or electronic?	a - b - 1.10g. a - b -	hosted by a third party? Housed at the facility Hosted offsite by a vendor  How does electronic documentation/data capture occur? Mark all that apply.  Desktop computer in a central location (e.g., nursing station) – No point of care data capture Desktop computer located at bedside
b - Y .10b. Is ei co	res s the electronic application/function certified ither as a stand-alone application or as part of a ertified electronic health record or system? lo, not certified res, certified s the authoritative record (i.e., official, legal ecord) paper or electronic?	b - 1.10g. a - b -	Hosted offsite by a vendor  How does electronic documentation/data capture occur? Mark all that apply.  Desktop computer in a central location (e.g., nursing station) – No point of care data capture  Desktop computer located at bedside
.10b. Is ei ca a - N b - Y .10c. Is re a - P b - E	s the electronic application/function certified ither as a stand-alone application or as part of a ertified electronic health record or system? No, not certified es, certified sthe authoritative record (i.e., official, legal ecord) paper or electronic?	1.10g. a - b -	How does electronic documentation/data capture occur? <i>Mark all that apply</i> .  Desktop computer in a central location (e.g., nursing station) – No point of care data capture  Desktop computer located at bedside
a - N b - Y .10c. Is re a - P b - E	ither as a stand-alone application or as part of a ertified electronic health record or system?  lo, not certified  es, certified  s the authoritative record (i.e., official, legal ecord) paper or electronic?	a - b -	occur? Mark all that apply.  Desktop computer in a central location (e.g., nursing station) – No point of care data capture  Desktop computer located at bedside
a - N b - Y .10c. Is re a - P b - E	No, not certified  'es, certified  s the authoritative record (i.e., official, legal ecord) paper or electronic?	b -	Desktop computer in a central location (e.g., nursing station) – No point of care data capture  Desktop computer located at bedside
.10c. Is re a - P b - E	s the authoritative record (i.e., official, legal ecord) paper or electronic?		Desktop computer located at bedside
a-P b-E	ecord) paper or electronic?		
a-P b-E	ecord) paper or electronic?	c -	lautau (a.e. au usad saut)
a-P b-E			Laptop (e.g., on med cart)
b- E	Paper Go to 1.10f		PDA or other hand-held devices
404 4	Electronic		Kiosks located outside resident rooms
			Voice-activated dictaphones for later transcription
	Ithough the authoritative record is electronic, oes the facility still maintain a hard copy?	g -	Other (specify):
a-N	lo Go to 1.10f	Respoi	nd to the following if selected option b for Level or
b- Y	'es	Autom	ation (skip to next page if selected option c)
	hy is a hard copy record maintained? Mark all hat apply.		If you are not using point of care data capture, w not? Mark all that apply.
	or surveyors		Budget restrictions
	Required by the state	b -	Concern about staff capabilities to effectively use the method
	As a back-up in case system crashes	C-	Staff resistance to the idea
	Based on advice of an attorney	100	No time for training
e-F	or business continuity purposes		No technical support staff to support ongoing use
f- 0	Other (specify):		Other (specify):

evel of				Automation	Capabilities
.11	f Automation — Function/Application			Yes	No
	Treatment Administration Record (TAR)				
	a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
OLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
11a. a -	Do you have wireless capability for this function?	1.11f.	Is the electronic system hosted by a third party?		facility or
	Yes	a -	Housed at the facility		
		b -	Hosted offsite by a vendo	r	
	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.11g.	How does electronic doc occur? Mark all that app		ata capture
	No, not certified	a -	Desktop computer in a ce station) – No point of care		g., nursing
b -	Yes, certified	h			
11c.	Is the authoritative record (i.e., official, legal		Desktop computer located Laptop (e.g., on med cart)		
	record) paper or electronic?		PDA or other hand-held d		
a -	Paper Go to 1.11f		Kiosks located outside res		
b -	Electronic	10 m	Voice-activated dictaphon		scription
	Although the authoritative record is electronic, does the facility still maintain a hard copy?		Other (specify):		100 100 100 100 100 100 100 100 100 100
a -	No Go to 1.11f		nd to the following if selec		
b -	Yes	Automa	ation (skip to next page if	selected optio	in c)
	Why is a hard copy record maintained? Mark all that apply.		If you are not using poin not? Mark all that apply.		capture, wh
	For surveyors		Budget restrictions		
	Required by the state	D -	Concern about staff capa method	bilities to effect	vely use thi
	As a back-up in case system crashes	c-	Staff resistance to the ide	а	
	Based on advice of an attorney	100	No time for training		
e-	For business continuity purposes		No technical support staff	to support ong	oina use
f-	Other (specify):		Other (specify):		

I.12	Automation — Function/Application  MDS Assessment/RAPs				
	MDS Assessment/RAPs			Yes	No
The Control of the Control	a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
OLLOV	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
12a. a -	Do you have wireless capability for this function?	1.12f.	Is the electronic system		facility or
	Yes	a -	Housed at the facility		
M.	165	b -	Hosted offsite by a vendo	or	
	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.12g.	How does electronic do occur? Mark all that ap		ta capture
a -	No, not certified	a -	Desktop computer in a ce	entral location (e.	.g., nursing
b -	Yes, certified		station) - No point of care	e data capture	1-10-10-10-10-10-10-10-10-10-10-10-10-10
40-	to the authoritative record (i.e. afficial lavel	b -	Desktop computer locate		
	Is the authoritative record (i.e., official, legal record) paper or electronic?	c -		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	Paper Go to 1.12f	3503	PDA or other hand-held of		
	Electronic		Kiosks located outside re		
			Voice-activated dictaphor		Notes a North Reference
	Although the authoritative record is electronic, does the facility still maintain a hard copy?	954	Other (specify):		
a -	No Go to 1.12f		nd to the following if sele ation (skip to next page i		
b -	Yes				200-00 <b>-</b> 00
	Why is a hard copy record maintained? Mark all that apply.		If you are not using poir not? Mark all that apply Budget restrictions	nt of care data o	apture, wi
a-	For surveyors		Concern about staff capa	hilities to effective	vely use thi
b -	Required by the state	D -	method	ibilities to checti	rely use thi
c-	As a back-up in case system crashes	c-	Staff resistance to the ide	a	
d -	Based on advice of an attorney	d -	No time for training		
e -	For business continuity purposes	e -	No technical support staf	f to support ongo	oing use
f-	Other (specify):		Other (specify):		

1.13		1.13f. a - b - 1.13g. a -	Is the electronic system housed at the facility hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data cap occur? Mark all that apply. Desktop computer in a central location (e.g., nur station) – No point of care data capture Desktop computer located at bedside	ror
.13a. [ a - N b - N .13b. ks e c a - N b - N	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  /-UP QUESTIONS: Respond to the following if selected Do you have wireless capability for this function? No Yes s the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system? No, not certified Yes, certified s the authoritative record (i.e., official, legal	1.13f. a - b - 1.13g. a - b -	Is the electronic system housed at the facility hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data cap occur? Mark all that apply.  Desktop computer in a central location (e.g., nur station) – No point of care data capture Desktop computer located at bedside	or
.13a. [. a - N b - N .13b. ls e c c c a - N b - N .13c. ls n n a - F	b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  /-UP QUESTIONS: Respond to the following if selected  Do you have wireless capability for this function?  No Yes s the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  No, not certified Yes, certified s the authoritative record (i.e., official, legal	1.13f. a - b - 1.13g. a - b -	Is the electronic system housed at the facility hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data cap occur? Mark all that apply. Desktop computer in a central location (e.g., nur station) – No point of care data capture Desktop computer located at bedside	ture
.13a.	Do you have wireless capability for this function?  No Yes  s the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  No, not certified Yes, certified s the authoritative record (i.e., official, legal	1.13f. a - b - 1.13g. a - b -	Is the electronic system housed at the facility hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data cap occur? Mark all that apply. Desktop computer in a central location (e.g., nur station) – No point of care data capture Desktop computer located at bedside	ture
a - N b - N .13b. Is c a - N b - N .13c. Is	No Yes s the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system? No, not certified Yes, certified s the authoritative record (i.e., official, legal	a - b - 1.13g. a - b -	hosted by a third party? Housed at the facility Hosted offsite by a vendor How does electronic documentation/data cap occur? Mark all that apply. Desktop computer in a central location (e.g., nur station) – No point of care data capture Desktop computer located at bedside	ture
b- \\ .13b. Is e c c c c c c c c c c c c c c c c c c	Yes s the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system? No, not certified Yes, certified s the authoritative record (i.e., official, legal	b - <b>1.13g</b> . a - b -	Hosted offsite by a vendor  How does electronic documentation/data cap occur? <i>Mark all that apply.</i> Desktop computer in a central location (e.g., nur station) – No point of care data capture  Desktop computer located at bedside	
e c a - N b - Y .13c. Is n a - F	either as a stand-alone application or as part of a certified electronic health record or system?  No, not certified  Yes, certified  s the authoritative record (i.e., official, legal	<b>1.13g</b> . a - b -	How does electronic documentation/data cap occur? <i>Mark all that apply</i> .  Desktop computer in a central location (e.g., nur station) – No point of care data capture  Desktop computer located at bedside	
e c a - N b - Y .13c. Is n a - F	either as a stand-alone application or as part of a certified electronic health record or system?  No, not certified  Yes, certified  s the authoritative record (i.e., official, legal	a - b -	occur? Mark all that apply.  Desktop computer in a central location (e.g., nur station) – No point of care data capture  Desktop computer located at bedside	
b- \\ .13c. Is r a- F	Yes, certified s the authoritative record (i.e., official, legal	b -	station) – No <u>point of care</u> data capture  Desktop computer located at bedside	sing
.13c. ls r a - F	s the authoritative record (i.e., official, legal		Desktop computer located at bedside	
r a-F				
r a-F		c -	Lanton (e.g. on med cart)	
a-F	coord, paper or close onto			
	Paper Go to 1.13f		PDA or other hand-held devices	
	Electronic		Kiosks located outside resident rooms	
			Voice-activated dictaphones for later transcription	
	Although the authoritative record is electronic, does the facility still maintain a hard copy?	0.5%	Other (specify):	
a - 1	No Go to 1.13f		nd to the following if selected option b for Leve ation (skip to next page if selected option c)	el of
b - 1	Yes		50 CO CO 50 CO 150 CO	
	Nhy is a hard copy record maintained? Mark all hat apply.		If you are not using point of care data capture not? Mark all that apply. Budget restrictions	, wi
a - F	For surveyors		Concern about staff capabilities to effectively us	a thi
b - F	Required by the state		method	2.4111
c- A	As a back-up in case system crashes	c-	Staff resistance to the idea	
d - E	Based on advice of an attorney	d -	No time for training	
e-F	For business continuity purposes	e -	No technical support staff to support ongoing use	е
f- (	Other (specify):		Other (specify):	

1.14 	F Automation — Function/Application  Care Plan		Yes No
E	Care Plan		les No
OLLOV	a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care		
	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automation
.14a. a -	Do you have wireless capability for this function?	1.14f.	Is the electronic system housed at the facility or hosted by a third party?
	Yes	a -	Housed at the facility
		b -	Hosted offsite by a vendor
	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.14g.	How does electronic documentation/data captur occur? Mark all that apply.
a -	No, not certified	a -	Desktop computer in a central location (e.g., nursin
b -	Yes, certified		station) - No point of care data capture
140	Is the authoritative record (i.e., official, legal		Desktop computer located at bedside
	record) paper or electronic?		Laptop (e.g., on med cart)
a -	Paper Go to 1.14f		PDA or other hand-held devices
b-	Electronic		Kiosks located outside resident rooms
	Although the authoritative record is electronic, does the facility still maintain a hard copy?		Voice-activated dictaphones for later transcription Other (specify):
	No Go to 1.14f		nd to the following if selected option b for Level o
b-	Yes	Autom	ation (skip to next page if selected option c)
	Why is a hard copy record maintained? Mark all that apply.		If you are not using point of care data capture, we not? Mark all that apply.
	For surveyors		Budget restrictions
	Required by the state	b -	Concern about staff capabilities to effectively use the method
	As a back-up in case system crashes	C-	Staff resistance to the idea
	Based on advice of an attorney	100	No time for training
e-	For business continuity purposes		No technical support staff to support ongoing use
f-	Other (specify):		Other (specify):

l aval o				Plans to Automation (	Expand Capabilities
Level O	f Automation — Function/Application			Yes	No
1.15	Task List (e.g., CNA workflow)				
0	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
-OLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
1.15a.	Do you have wireless capability for this function?	1.15f.	Is the electronic system hosted by a third party?		facility or
	Yes	a-	Housed at the facility		
D-	les		Hosted offsite by a vendo	r	
1.15b.	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?		How does electronic dococur? Mark all that app	cumentation/da	ta capture
а-	No, not certified	a -	Desktop computer in a ce	0.50	g., nursing
b -	Yes, certified		station) - No point of care	data capture	-
	[-1]		Desktop computer located		
1.15C.	Is the authoritative record (i.e., official, legal record) paper or electronic?		Laptop (e.g., on med cart		
а.	Paper Go to 1.15f	100	PDA or other hand-held d		
	Electronic		Kiosks located outside re-	1,4000000000000000000000000000000000000	
			Voice-activated dictaphor		
	Although the authoritative record is electronic, does the facility still maintain a hard copy?	20 <u>7</u> 8	Other (specify):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	No Go to 1.15f	Respon	nd to the following if selection (skip to next page if	cted option b to	or Level of
b -	Yes				
1.15e.	Why is a hard copy record maintained? Mark all that apply.		If you are not using poin not? Mark all that apply Budget restrictions		apture, w
	For surveyors		Concern about staff capa	hilitina ta affa ati	780 88
a -		h -			JOIN LICA th
	Required by the state	b -	method	dilities to effecti	ely use th
b -	Required by the state As a back-up in case system crashes				ely use th
b - c -		с-	method		vely use th
b - c - d -	As a back-up in case system crashes	c - d -	method Staff resistance to the ide	a	10)
b - c - d -	As a back-up in case system crashes Based on advice of an attorney	c - d - e -	method Staff resistance to the ide No time for training	a to support ongo	oing use
b - c - d - e -	As a back-up in case system crashes Based on advice of an attorney For business continuity purposes	c - d - e -	method Staff resistance to the ide No time for training No technical support staff	a to support ongo	oing use

occur? Mark all that apply.  a - No b - Yes  1.16b. Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  a - No, not certified b - Yes, certified 1.16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.16f b - Electronic  1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  1.16f. Is the electronic system housed at the facility or hosted by a third party?  a - No technical support staff to support ongother training e - No technical support staff to support ongother.	1.16 M	edication Order Entry  a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  y-UP QUESTIONS: Respond to the following if selecters		
a - Paper Only (no automation) → GOTONEXT PAGE   b - Combination Paper / Electronic   c - Fully Electronic, with Point of Care    FOLLOW-UP QUESTIONS: Respond to the following if selected option b or c for Level of Automation	FOLLOW 1.16a. I	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  V-UP QUESTIONS: Respond to the following if selecte		
b - Combination Paper / Electronic   c - Fully Electronic, with Point of Care	FOLLOW 1.16a. I	b - Combination Paper / Electronic c - Fully Electronic, with Point of Care V-UP QUESTIONS: Respond to the following if selecte		
1.16a. Do you have wireless capability for this function?  a No  b Yes  1.16b. Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  a No, not certified b Yes, certified b Yes, certified b Yes, certified 1.16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a Paper Go to 1.16f b Electronic 1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a No Go to 1.16f b Yes  Why is a hard copy record maintained? Mark all that apply.  a For surveyors b Required by the state c As a back-up in case system crashes d Based on advice of an attorney e For business continuity purposes f Other (specify):  1.16f. Is you are not using point of care data of the facility or hosted by a third narty?  1.16f. Is the electronic system housed at the facility or hosted by a third narty?  1.16f. Is the electronic system housed at the facility or hosted by a third narty?	1.16a. l a-l			
a - No b - Yes  1.16b. Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?  a - No, not certified b - Yes, certified b - Yes, certified  1.16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.16f b - Electronic  1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f b - Yes  Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system roashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  1.16f. Is the electronic system housed at the facility or hosted by a third party?  a - No technical support staff to support ongother in a central location (estation) – No point of care data capture b - Desktop computer in a central location (estation) – No point of care data capture b - Desktop computer in a central location (estation) – No point of care data capture b - Desktop computer in a central location (estation) – No point of care data capture b - Desktop computer in a central location (estation) – No point of care data capture b - Desktop computer in a central location (estation) – No point of care fata capture b - Desktop computer in a central location (estation) – No point of care data capture b - Desktop computer located at bedside c - Laptop (e.g., on med cart) d - PDA or other hand-held devices e - Kiosks located outside resident rooms f - Voice-activated dictaphones for later trans g - Provider enters orders from a remote located outside resident rooms f - Voice-activated dictaphones for later trans g - Provider enters orders from a remote located outside resident rooms f - Voice-activated dictaphones for later trans g - Provider enters orders from a remote located outside resident rooms f - Voice-activated dictaphones for later trans g - Provider enters orders from a remote locate	a - 1		a opuon p o	r c for Level of Automation
1.16b. Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?   A	h - \	하는 사람들이 보고 있는 것이 없는 것이 되었다. 그 사람들이 되었다면 하는 것이 되었다는 것이 되었다. 그 것이 없는 것이 되었다면 되었다면 없는 것이 없는 것이었다면 없었다면 없는 것이었다면 없었다면 없었다면 없는 것이었다면 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없	1.16g.	How does electronic documentation/data captu occur? Mark all that apply.
either as a stand-alone application or as part of a certified electronic health record or system?  a - No, not certified  b - Yes, certified  1.16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.16f  b - Electronic  1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f  b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - Laptop (e.g., on med cart)  d - PDA or other hand-held devices  e - Kiosks located outside resident rooms  f - Voice-activated dictaphones for later trans g - Provider enters orders from a remote local Web interface or other remote access to find the system.  h - Other (specify):  1.16h. Does the prescribing clinician directly order into the electronic system?  a - No  b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  a - Budget restrictions b - Concern about staff capabilities to effective method  c - Staff resistance to the idea d - No time for training e - No technical support staff to support ongo		Yes	а-	Desktop computer in a central location (e.g., nursi station) – No <u>point of care</u> data capture
certified electronic health record or system?  a - No, not certified b - Yes, certified b - Yes, certified  1.16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.16f b - Electronic  1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  1.16f. Is the electronic system housed at the facility or hosted by a third party?  1.16f. Is the electronic system housed at the facility or hosted by a third party?				맛있다면 하다 사람들이 많은 이번에 가르게 하다가 하다 이 사람들이 얼마나 없었다.
a - No, not certified b - Yes, certified b - Yes, certified  f - Voice-activated dictaphones for later transforms whe harms f a remote locative web interface or other remote access to f system h - Other (specify):  a - No Other (specify):  a - No Does the prescribing clinician directly order into the electronic system?  a - No b - Yes  Respond to the following if selected option b for Automation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next page if selected option for formation (skip to next				
b - Yes, certified  16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.16f  b - Electronic  16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f  b - Yes  16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):  1.16h. Does the prescribing clinician directly order into the electronic system?  a - No  b - Yes  1.16h. Does the prescribing clinician directly order into the electronic system?  a - No  b - Yes  1.16h. If you are not using point of care data or why not? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effective method  c - Staff resistance to the idea  d - No time for training  e - No technical support staff to support ongo	a - 1	No, not certified		
.16c. Is the authoritative record (i.e., official, legal record) paper or electronic?  a - Paper Go to 1.16f b - Electronic  .16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f b - Yes  .16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):  .16f. Is the electronic system housed at the facility or hosted by a third party?  g - Provider enters orders from a remote local Web interface or other remote access to for system h - Other (specify):  1.16h. Does the prescribing clinician directly order into the electronic system?  a - No b - Yes  Respond to the following if selected option b for Automation (skip to next page if selected	b - `	Yes, certified	\$5.00°	
b - Electronic  1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f  b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):  h - Other (specify):  1.16h. Does the prescribing clinician directly order into the electronic system?  a - No  b - Yes  Respond to the following if selected option b for Automation (skip to next page if selected option to form the electronic system?  Automation (skip to next page if selected option b for Automation (skip to next page if selected option to form the electronic system?  a - No  b - Yes  1.16i. If you are not using point of care data or why not? Mark all that apply.  a - Budget restrictions  b - Concern about staff capabilities to effective method  c - Staff resistance to the idea  d - No time for training  e - No technical support staff to support ongo				Provider enters orders from a remote location via Web interface or other remote access to facility
1.16d. Although the authoritative record is electronic, does the facility still maintain a hard copy?  a - No Go to 1.16f  b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):	a - 1	Paper Go to 1.16f		
does the facility still maintain a hard copy?  a - No Go to 1.16f  b - Yes  .16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors  b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):  .16f. Is the electronic system housed at the facility or hosted by a third party?  order into the electronic system?  a - No  b - Yes  Respond to the following if selected option b for Automation (skip to next page if selected option b	b - 1	Electronic	h -	Other (specify):
a - No Go to 1.16f b - Yes  1.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):			1.16h.	Does the prescribing clinician directly enter the order into the electronic system?
I.16e. Why is a hard copy record maintained? Mark all that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):			a -	No
that apply.  a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):	b - `	Yes	b -	Yes
a - For surveyors b - Required by the state c - As a back-up in case system crashes d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):				nd to the following if selected option b for Level ation (skip to next page if selected option c)
b - Required by the state  c - As a back-up in case system crashes  d - Based on advice of an attorney  e - For business continuity purposes  f - Other (specify):			1.16i.	If you are not using point of care data capture,
d - Based on advice of an attorney e - For business continuity purposes f - Other (specify):	b - 1	Required by the state		
e - For business continuity purposes f - Other (specify): d - Staff resistance to the idea d - No time for training 1.16f. Is the electronic system housed at the facility or hosted by a third party?  method d - No time for training e - No technical support staff to support ongo	C - /	As a back-up in case system crashes		
f - Other (specify): c - Staff resistance to the idea d - No time for training e - No technical support staff to support ongo		Control of the Contro	b -	Concern about staff capabilities to effectively use
d - No time for training  16f. Is the electronic system housed at the facility or hosted by a third party?  d - No time for training e - No technical support staff to support ongo			•	
.16f. Is the electronic system housed at the facility or e - No technical support staff to support ongo hosted by a third party?	f - (	Other (specify):		
hosted by a third narty?	.16f. I	s the electronic system housed at the facility or		
				Other (specify):
a - Housed at the facility				
b - Hosted offsite by a vendor	b - 1	Hosted offsite by a vendor		

				Plans to Automation 0	
evel of	f Automation — Function/Application			Yes	No
1.17 (	Other Order Entry				
	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
OLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
	Do you have wireless capability for this function?	1.17g.	How does electronic do occur? Mark all that ap		ata capture
	Yes	а-	Desktop computer in a ce station) – No point of care		g., nursing
.17b.	Is the electronic application/function certified either as a stand-alone application or as part of a		Desktop computer locate		
	certified electronic health record or system?	c-			
a -	No, not certified		PDA or other hand-held of Kiosks located outside re		
b -	Yes, certified	17.00	Voice-activated dictaphor		scription
.17c.	Is the authoritative record (i.e., official, legal record) paper or electronic?		Provider enters orders from Web interface or other re	m a remote loca	ation via
a -	Paper Go to 1.17f		system		
b -	Electronic	h -	Other (specify):		
.17d.	Although the authoritative record is electronic, does the facility still maintain a hard copy?	1.17h.	Does the prescribing cli order into the electronic		enter the
a-	No Go to 1.17f	a -	No		
b -	Yes	b -	Yes		
.17e.	Why is a hard copy record maintained? Mark all that apply.		nd to the following if sele ation (skip to next page i		
a -	For surveyors	1.17i.	If you are not using poin	nt of care data	capture.
b -	Required by the state		why not? Mark all that		
c-	As a back-up in case system crashes		Budget restrictions		
	Based on advice of an attorney	b -	Concern about staff capa method	bilities to effective	ely use th
	For business continuity purposes		Staff resistance to the ide	12	
1 -	Other (specify):		No time for training		
.17f.	Is the electronic system housed at the facility or		No technical support staff	to support ongo	oing use
	hosted by a third party?		Other (specify):		
	Housed at the facility				
a -	1 N BENEROUS PROBLEM TO BE SEE SEE SEE SEE SEE SEE SEE SEE SEE				

				Plans to Automation	
_evel o	f Automation — Function/Application			Yes	No
1.18	Results Viewing – Labs				
_					
	☐ a - Paper Only (no automation) → GO TO NEXT PAGE ☐ b - Combination Paper / Electronic				
	c - Fully Electronic, with Point of Care				
FOLLO	W-UP QUESTIONS: Respond to the following if selected o	ption b o	r c for Level of Automatic	on	
					D 01 10 14
1.18a.	Do you have wireless capability for this function? No	1.18e.	Why is a hard copy reco that apply.	ord maintained	? Mark all
	Yes	a -	For surveyors		
		b -	Required by the state		
.18b.	Is the electronic application/function certified	c-	As a back-up in case sys	tem crashes	
	either as a stand-alone application or as part of a certified electronic health record or system?	d -	Based on advice of an at	torney	
a-	No, not certified		For business continuity p	urposes	
	Yes, certified	f -	Other (specify):	<u></u>	
.18c.	Is the authoritative record (i.e., official, legal record) paper or electronic?	1.18f.	Is the electronic system hosted by a third party?		facility or
a-	Paper Go to 1.18f	a -	Housed at the facility		
	Electronic	b -	Hosted offsite by a vendo	or	
	does the facility still maintain a hard copy?  No Go to 1.18f  Yes				
	niversity of Colorado NH HIT Expanded Survey – Revised Draft 12/0				

				Plans to Automation	
evel o	f Automation — Function/Application			Yes	No
1.19	Results Viewing – Radiology (e.g., x-rays)				
]	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care  W-UP QUESTIONS: Respond to the following if selected	ed option b o	r c for Level of Automati	on	
.19a.		1.19d.	Although the authoritat does the facility still ma		
	No	a -	No Go to 1.19f	intani a nara o	· ,
D -	Yes		Yes		
.19b.	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.19e.		ord maintained	? Mark all
a-	No, not certified	а-	For surveyors		
b-	Yes, certified	b -	Required by the state		
		c -	As a back-up in case sys	tem crashes	
.19C.	Is the authoritative record (i.e., official, legal record) paper or electronic?	d -	Based on advice of an at	torney	
a -	Paper Go to 1.19f	e -	For business continuity p	urposes	
	Electronic	f-	Other (specify):		
			hosted by a third party? Housed at the facility Hosted offsite by a vendo		

				Plans to Automation	Expand Capabilitie
evel of	Automation — Function/Application			Yes	No
1.20	Results Viewing – Diagnostic Tests other than Rafunction, stress tests)	adiology o	r Labs (e.g., lung		
	a - Paper Only (no automation) →GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
OLLO	W-UP QUESTIONS: Respond to the following if selected	d option b o	r c for Level of Automati	on	
.20a.	Do you have wireless capability for this function?	1.20d.	Although the authoritat		
a -	No		does the facility still ma	iintain a hard c	opy?
b -	Yes		No Go to 1.20f		
20h	Is the electronic application/function certified	b -	Yes		
200.	either as a stand-alone application or as part of a certified electronic health record or system?	1.20e.	Why is a hard copy receithat apply.	ord maintained	? Mark al
a -	No, not certified	a -	For surveyors		
b -	Yes, certified	b -	Required by the state		
00-	1-4h	c -	As a back-up in case sys	tem crashes	
20c.	Is the authoritative record (i.e., official, legal record) paper or electronic?	d -	Based on advice of an at	torney	
a -	Paper Go to 1.20f	e -	For business continuity p	urposes	
	Electronic	f-	Other (specify):		
D -	Licotoffic	4 006	to the electronic control		facility a
		1.20f.	Is the electronic system hosted by a third party?		Tacility o
		а-	Housed at the facility		
			Hosted offsite by a vendo	or.	

	S Audamadian Sunation (Amelication			Plans to Automation	Capabilities
	f Automation — Function/Application			Yes	No
1.21	Results Viewing – Consults				
	a - Paper Only (no automation) → GO TO NEXT PAGE b - Combination Paper / Electronic c - Fully Electronic, with Point of Care				
FOLLO	W-UP QUESTIONS: Respond to the following if selected	option b o	r c for Level of Automatic	on	
1.21a. a -	Do you have wireless capability for this function?	1.21d.	Although the authoritati does the facility still ma		
	Yes	a -	No Go to 1.21f		
•		b -	Yes		
.21b.	Is the electronic application/function certified either as a stand-alone application or as part of a certified electronic health record or system?	1.21e.	Why is a hard copy reco	ord maintained	? Mark all
a-	No, not certified	a-	For surveyors		
	Yes, certified		Required by the state		
			As a back-up in case syst	tem crashes	
.21c.	Is the authoritative record (i.e., official, legal		Based on advice of an att		
_	record) paper or electronic?		For business continuity p		
	Paper Go to 1.21f Electronic	f -			
	Licogonia	1.21f. a -	Is the electronic system hosted by a third party? Housed at the facility		facility or
		b -	Hosted offsite by a vendo	ır	
	niversity of Colorado NH HIT Expanded Survey – Revised Draft 12	200			

Question 2. Automated Clinical Decision Support: For each Function/Application listed in items 2.1 – 2.9, Mark Yes or No to indicate whether automated clinical decision support is used. Examples include computerized alerts triggered when unexpected or problematic information is entered (e.g., out-of-range date of birth; prescription for a drug with potential contraindications for a particular resident) or reminders for scheduled events (e.g., lab draws, immunizations). Answer Follow-up questions as indicated. Automated Clinical Decision Support — Function/Application Clinical Notes and Observations (by any or all clinical staff) ☐ No →GO TO Question 2.2 Yes, automated clinical decision support is used FOLLOW-UP QUESTIONS: Respond to the following if selected Yes for Automated Clinical Decision Support Which of the following automated decision 2.1a. 2.1b. How were the underlying data support tools does your facility use for this parameters/algorithms for this function's decision function? Mark all that apply. support mechanism created? Mark all that apply. a - Data quality checks/illogical data alerts (e.g., out-ofa - Created entirely by facility staff range date of birth) b - Created entirely by an outside entity (e.g., vendor b - Clinical alerts triggered by an entry (e.g., alert for low developed, standardized library) heart rate prior to giving digoxin, outlier lab values, c - Combination - the facility modified/customized a drug-to-drug interactions) standard set created by an outside entity c - Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical 2.1c. What is the timing of decision support alerts and pathways/standardized care plans; disease guidance for this function? management programs) a - Real time - when using the electronic system d - Reminders for scheduled events (e.g., lab draws, b - Near time immunizations) c - End of shift e - Lab results management d - Weekly f - Alerts for SOM/F-tag compliance e - Monthly g - Other (specify): \_ f- Other (specify): \_\_\_\_\_ Automated Clinical Decision Support — Function/Application Medication Administration Record (MAR) ☐ No →GO TO Question 2.3 ☐ Yes, automated clinical decision support is used FOLLOW-UP QUESTIONS: Respond to the following if selected Yes for Automated Clinical Decision Support Which of the following automated decision 2.2b. How were the underlying data parameters/algorithms for this function's decision support tools does your facility use for this function? Mark all that apply. support mechanism created? Mark all that apply. a - Data quality checks/illogical data alerts (e.g., out-ofa - Created entirely by facility staff range date of birth) b - Created entirely by an outside entity (e.g., vendor b - Clinical alerts triggered by an entry (e.g., alert for low developed, standardized library) heart rate prior to giving digoxin, outlier lab values, c - Combination - the facility modified/customized a drug-to-drug interactions) standard set created by an outside entity c - Workflow/guide to next steps (e.g., disease-specific What is the timing of decision support alerts and medical treatment protocols; clinical pathways/standardized care plans; disease guidance for this function? management programs) a - Real time - when using the electronic system d - Reminders for scheduled events (e.g., lab draws, b - Near time immunizations) c - End of shift e - Lab results management d - Weekly f - Alerts for SOM/F-tag compliance e - Monthly g - Other (specify): \_\_ f - Other (specify): \_\_\_ ASPE/University of Colorado NH HIT Expanded Survey - Revised Draft 12/09 22

2.3	Treatment Administration Record (TAR)		
	No →G0 TO Question 2.4     Yes, automated clinical decision support is used		
OLLO	W-UP QUESTIONS: Respond to the following if selecte	d Yes for Au	tomated Clinical Decision Support
3a.	Which of the following automated decision support tools does your facility use for this function? <i>Mark all that apply.</i>	2.3b.	How were the underlying data parameters/algorithms for this function's decisio support mechanism created? Mark all that apply
a -	Data quality checks/illogical data alerts (e.g., out-of-		Created entirely by facility staff
h	range date of birth) Clinical alerts triggered by an entry (e.g., alert for low	b -	Created entirely by an outside entity (e.g., vendor developed, standardized library)
D-	heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)	c-	Combination – the facility modified/customized a standard set created by an outside entity
c-	Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)	2.3c.	What is the timing of decision support alerts and guidance for this function?
d-	Reminders for scheduled events (e.g., lab draws,		Real time – when using the electronic system
4	immunizations)	1273	Near time End of shift
e -	Lab results management		Weekly
	Alerts for SOM/F-tag compliance		Monthly
g -	Other (specify):		
utoma 2.4	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used	f -	one (specify).
utoma 2.4	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used		
utoma 2.4	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this		itomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisio
COLLOI .4a.	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecters  Which of the following automated decision	rd Yes for Au 2.4b.	itomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisio
2.4 C C COLLOI .4a.	Assessment (MDS and others)  No →GO TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low	od Yes for Au 2.4b. a -	itomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply
2.4 E	Assessment (MDS and others)  No →GO TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)	od Yes for Au 2.4b. a - b -	How were the underlying data parameters/algorithms for this function's decisio support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor
2.4 E E E E E E E E E E E E E E E E E E E	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	2.4b. a - b - c -	How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function?
2.4  COLLOI .4a.  a - b -	Assessment (MDS and others)  No →G0 TO Question 2.5 Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selected Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth) Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions) Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)	2.4b. a- b- c- 2.4c. a-	How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system
2.4  COLLOI .4a.  a - b -	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	2.4b. a- b- c- 2.4c. a- b-	How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system
2.4 COLLOI .4a. a - b -	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws,	2.4b.  a - b -  2.4c.  a - b -  c -	How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time End of shift
utoma 2.4  C C C C C C C C C C C C C C C C C C	Assessment (MDS and others)  No →G0 TO Question 2.5  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)	2.4b.  2.4c.  2.4c.  2.4c.	How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system

2.5	Care Plan		
7	☐ No →GO TO Question 2.6 ☐ Yes, automated clinical decision support is used		
OLLO	W-UP QUESTIONS: Respond to the following if selecte	d Yes for Au	tomated Clinical Decision Support
.5a.	Which of the following automated decision support tools does your facility use for this function? <i>Mark all that apply.</i>	2.5b.	How were the underlying data parameters/algorithms for this function's decisio support mechanism created? Mark all that apply
a -	Data quality checks/illogical data alerts (e.g., out-of- range date of birth)		Created entirely by facility staff
b-	Clinical alerts triggered by an entry (e.g., alert for low	b -	Created entirely by an outside entity (e.g., vendor developed, standardized library)
<b>.</b>	heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)	С-	Combination – the facility modified/customized a standard set created by an outside entity
c-	Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	2.5c.	What is the timing of decision support alerts and guidance for this function?
4	management programs)  Reminders for scheduled events (e.g., lab draws,		Real time – when using the electronic system
u -	immunizations)		Near time
e -	Lab results management		End of shift Weekly
f-	Alerts for SOM/F-tag compliance		Monthly
	Other (specify):		
utom: 2.6	ated Clinical Decision Support — Function/Application  Med Orders/E-Prescribing  □ No → 60 TO Question 2.7  □ Yes, automated clinical decision support is used	f -	Other (specify):
utoma 2.6	ated Clinical Decision Support — Function/Application  Med Orders/E-Prescribing  □ No →60 TO Question 2.7		
utoma 2.6	mated Clinical Decision Support — Function/Application  Med Orders/E-Prescribing  □ No →G0 TO Question 2.7  □ Yes, automated clinical decision support is used		
2.6	Med Orders/E-Prescribing  No →GO TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-	d Yes for Au 2.6b.	tomated Clinical Decision Support How were the underlying data parameters/algorithms for this function's decision
2.6	Med Orders/E-Prescribing  No →GO TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low	d Yes for Au 2.6b. a - b -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library)
2.6	Med Orders/E-Prescribing  No →60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)	d Yes for Au 2.6b. a - b -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor
2.6	Med Orders/E-Prescribing  No → 60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	d Yes for Au 2.6b. a - b - c - 2.6c.	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity  What is the timing of decision support alerts and guidance for this function?
utoma 2.6 	Med Orders/E-Prescribing  No → 60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)	d Yes for Au 2.6b. a - b - c - 2.6c. a -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity  What is the timing of decision support alerts and guidance for this function?  Real time – when using the electronic system
utoma 2.6 	Med Orders/E-Prescribing  No → 60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	d Yes for Au 2.6b. a- b- c- 2.6c. a- b-	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time
utoma 2.6	Med Orders/E-Prescribing  No →60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)  Lab results management	d Yes for Au 2.6b.  a - b - c - 2.6c. a - b - c -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time End of shift
utoma 2.6	Med Orders/E-Prescribing  No → 60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)  Lab results management  Alerts for SOM/F-tag compliance	d Yes for Au 2.6b.  a - b - c - 2.6c.  a - b - c - d -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time
utoma  L.6	Med Orders/E-Prescribing  No →60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecte  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)  Lab results management	d Yes for Au 2.6b. a - b - c - 2.6c. a - b - c - d - e -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time End of shift Weekly
utoma  L.6	Med Orders/E-Prescribing  No → 60 TO Question 2.7  Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)  Lab results management  Alerts for SOM/F-tag compliance	d Yes for Au 2.6b. a - b - c - 2.6c. a - b - c - d - e -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time End of shift Weekly Monthly

2.7	Lab Orders and Results		
	□ No →GO TO Question 2.8 □ Yes, automated clinical decision support is used		
OLLO	W-UP QUESTIONS: Respond to the following if selecte	d Yes for Au	tomated Clinical Decision Support
7a.	Which of the following automated decision support tools does your facility use for this function? <i>Mark all that apply.</i>	2.7b.	How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply
a -	Data quality checks/illogical data alerts (e.g., out-of-		Created entirely by facility staff
b-	range date of birth) Clinical alerts triggered by an entry (e.g., alert for low		Created entirely by an outside entity (e.g., vendor developed, standardized library)
	heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)	c-	Combination – the facility modified/customized a standard set created by an outside entity
С-	Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	2.7c.	What is the timing of decision support alerts and guidance for this function?
al	management programs)		Real time - when using the electronic system
<b>a</b> -	Reminders for scheduled events (e.g., lab draws, immunizations)		Near time
e-	Lab results management		End of shift
f-	Alerts for SOM/F-tag compliance	d-	
	Other (specify):		Monthly Other (specify):
unctic 2.8	Padiology Orders and Results  □ No → GO TO Question 2.9 □ Yes, automated clinical decision support is used		
unctio	on/Application  Radiology Orders and Results  □ No →GO TO Question 2.9		
unctio	on/Application  Radiology Orders and Results  □ No →GO TO Question 2.9 □ Yes, automated clinical decision support is used		
8 I OLLO	Proportion  Radiology Orders and Results  No → 60 TO Question 2.9  Yes, automated clinical decision support is used  Proportion of the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-	d Yes for Au 2.8b.	tomated Clinical Decision Support How were the underlying data parameters/algorithms for this function's decision
L.8    OLLO 8a.	Radiology Orders and Results  □ No → GO TO Question 2.9 □ Yes, automated clinical decision support is used  ■ W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low	d Yes for Au 2.8b. a -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply
DLLO 88a.  a - b -	Radiology Orders and Results  □ No → GO TO Question 2.9 □ Yes, automated clinical decision support is used  □ W-UP QUESTIONS: Respond to the following if selected  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)	d Yes for Au 2.8b. a - b -	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor
DLLO 88a.  a - b -	Radiology Orders and Results  □ No →60 TO Question 2.9 □ Yes, automated clinical decision support is used  PW-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	2.8b. a- b- c- 2.8c.	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity  What is the timing of decision support alerts and guidance for this function?
L.8	Radiology Orders and Results  □ No → 60 TO Question 2.9 □ Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)	2.8b. a- b- c- 2.8c. a-	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decision support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity  What is the timing of decision support alerts and guidance for this function?  Real time – when using the electronic system
L.8	Radiology Orders and Results  □ No →60 TO Question 2.9 □ Yes, automated clinical decision support is used  PW-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease	2.8b. a- b- c- 2.8c. a- b-	How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system
	Radiology Orders and Results  □ No →60 TO Question 2.9 □ Yes, automated clinical decision support is used  ### W-UP QUESTIONS: Respond to the following if selected  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws,	2.8b. a- b- c- 2.8c. a- b- c-	How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time End of shift
	Radiology Orders and Results  □ No →60 TO Question 2.9 □ Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)	2.8b. a- b- c- 2.8c. a- b- c- d-	How were the underlying data parameters/algorithms for this function's decisic support mechanism created? Mark all that apply Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity What is the timing of decision support alerts and guidance for this function? Real time – when using the electronic system Near time End of shift
2.8	Radiology Orders and Results  □ No →60 TO Question 2.9 □ Yes, automated clinical decision support is used  W-UP QUESTIONS: Respond to the following if selecter  Which of the following automated decision support tools does your facility use for this function? Mark all that apply.  Data quality checks/illogical data alerts (e.g., out-of-range date of birth)  Clinical alerts triggered by an entry (e.g., alert for low heart rate prior to giving digoxin, outlier lab values, drug-to-drug interactions)  Workflow/guide to next steps (e.g., disease-specific medical treatment protocols; clinical pathways/standardized care plans; disease management programs)  Reminders for scheduled events (e.g., lab draws, immunizations)  Lab results management	2.8b. a- b- c- 2.8c. a- b- c- d-	tomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisi support mechanism created? Mark all that appl Created entirely by facility staff Created entirely by an outside entity (e.g., vendor developed, standardized library) Combination – the facility modified/customized a standard set created by an outside entity  What is the timing of decision support alerts and guidance for this function?  Real time – when using the electronic system Near time End of shift  Weekly Monthly

a → GO TO Question 3 s, automated clinical decision support is used CQUESTIONS: Respond to the following if select ch of the following automated decision port tools does your facility use for this ction? Mark all that apply. a quality checks/illogical data alerts (e.g., out-of- tied date of birth) ical alerts triggered by an entry (e.g., alert for low that rate prior to giving digoxin, outlier lab values, i-to-drug interactions)	2.9b. a -	Itomated Clinical Decision Support  How were the underlying data parameters/algorithms for this function's decisio support mechanism created? Mark all that apply Created entirely by facility staff
ch of the following automated decision port tools does your facility use for this stion? Mark all that apply.  a quality checks/illogical data alerts (e.g., out-of-lee date of birth)  ical alerts triggered by an entry (e.g., alert for low trate prior to giving digoxin, outlier lab values,	2.9b. a -	How were the underlying data parameters/algorithms for this function's decisio support mechanism created? Mark all that apply
port tools does your facility use for this ction? Mark all that apply.  a quality checks/illogical data alerts (e.g., out-of- de date of birth)  ical alerts triggered by an entry (e.g., alert for low trate prior to giving digoxin, outlier lab values,	а-	parameters/algorithms for this function's decisio support mechanism created? Mark all that apply
e date of birth) ical alerts triggered by an entry (e.g., alert for low t rate prior to giving digoxin, outlier lab values,		Created entirely by facility staff
t rate prior to giving digoxin, outlier lab values,		Created entirely by an outside entity (e.g., vendor
i-to-drug interactions)	C-	developed, standardized library)  Combination – the facility modified/customized a
kflow/guide to next steps (e.g., disease-specific		standard set created by an outside entity
ical treatment protocols; clinical ways/standardized care plans; disease	2.9c.	What is the timing of decision support alerts and guidance for this function?
agement programs)		Real time - when using the electronic system
		Near time
		End of shift
		Weekly
		Monthly Other (specify):
,	minders for scheduled events (e.g., lab draws, nunizations)  results management rts for SOM/F-tag compliance er (specify):	minders for scheduled events (e.g., lab draws, b-nunizations) c - results management d - rts for SOM/F-tag compliance e -

**Question 3.** Health Information Exchange Capabilities: For each work function listed in items 3.1 – 3.14, select the option that represents the highest level of electronic information exchange and integration capabilities used by your facility. Exclude e-mail and fax.

- a Within Facility Electronic Information Sharing: Computer software programs within my facility allow patient information sharing among two or more databases after entering information only once. No electronic information sharing outside of my facility.
- b Within Corporation/Affiliated Organization Electronic Information Sharing: Computer software programs within my facility allow patient information sharing with other organizations in the same network or system (e.g., corporate headquarters or other facilities in corporation; hospital in same health delivery system). No electronic information sharing with non-affiliated providers or organizations.
- c Electronic Information Sharing with Non-Affiliated Organizations: My facility's computer system exchanges (sends and/or receives) electronic patient information with one more non-affiliated providers or organizations.
- d None

3.1	Resident (Patient) Demogr	aphics
	□ a - Within Facility Electronic In □ b - Within Corporation/Affiliated	nformation Sharing →G0 TO QUESTION 3.1c  Indeed Organization Electronic Information Sharing →G0 TO QUESTION 3.1b  Integrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.1a
FOLLO	W-UP QUESTIONS	
3.1a.	Which of the following represe	nts your facility's electronic information exchange with non-affiliated organizations?
a-	Send information to non-affiliated	d facilities
b -	Receive and integrate information	n from non-affiliated facilities
c-	Both send and receive information	n
3.1b.	With which of the following en	ntities does your facility exchange these electronic data? Mark all that apply.
a-	Hospitals	g - Personal health records
b -	Pharmacies	h - Information exchange networks (Health Information Organizations)
c-	Home health agencies	i - Other nursing homes
d-	Physician offices	j - Corporate office
e -	Labs	k - Other (specify):
f-	Radiology clinics	
3.1c.	Does the information exchang national health information ex	
a-	No	
	Yes	

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3.2	Advanced Directives	
	5 <u> - 1 - 1</u> - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	formation Sharing →G0 TO QUESTION 3.2c
	그리가 있는 것이 하면 하는 것이 하면 하면 하면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.	d Organization Electronic Information Sharing →GO TO QUESTION 3.2b
		ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.2a
	☐ d - None → GO TO QUESTION 3.	3
FOLLO	W-UP QUESTIONS	
3.2a.	Which of the following represe	nts your facility's electronic information exchange with non-affiliated organizations?
a-	Send information to non-affiliated	d facilities
b-	Receive and integrate informatio	n from non-affiliated facilities
c-	Both send and receive information	on
3.2b.	With which of the following en	ntities does your facility exchange these electronic data? Mark all that apply.
a-		g - Personal health records
	Pharmacies	h - Information exchange networks (Health Information Organizations)
c-	Home health agencies	i - Other nursing homes
d -	Physician offices	j - Corporate office
e -	Labs	k - Other (specify):
f-	Radiology clinics	
200	Does the information evaluate	us incornerate national health information evaluance standards?
3.2c.	30	ge incorporate national health information exchange standards?
a.	No	
1.	V	
b.	Yes	
	Yes Information Exchange Capabilit	ties — Function/Application
Health	Information Exchange Capabilit	ties — Function/Application
		ties — Function/Application
Health	Information Exchange Capabilit Resident Medical History	ties — Function/Application  of ormation Sharing → GO TO QUESTION 3.3c
lealth	Information Exchange Capabilit  Resident Medical History  a - Within Facility Electronic In	
lealth	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I	nformation Sharing →G0 TO QUESTION 3.3c d Organization Electronic Information Sharing →G0 TO QUESTION 3.3b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.3a
lealth	Information Exchange Capabilit  Resident Medical History  a - Within Facility Electronic In  b - Within Corporation/Affiliate	nformation Sharing →G0 TO QUESTION 3.3c d Organization Electronic Information Sharing →G0 TO QUESTION 3.3b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.3a
Health	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I	nformation Sharing →G0 TO QUESTION 3.3c d Organization Electronic Information Sharing →G0 TO QUESTION 3.3b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.3a
Health 3.3	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.	oformation Sharing →GO TO QUESTION 3.3c  do Organization Electronic Information Sharing →GO TO QUESTION 3.3b  integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4
Health 3.3 FOLL 0	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe	nformation Sharing →GO TO QUESTION 3.3c d Organization Electronic Information Sharing →GO TO QUESTION 3.3b ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a 4 ents your facility's electronic information exchange with non-affiliated organizations?
Health 3.3  FOLLO 3.3a.  a -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated	oformation Sharing →GO TO QUESTION 3.3c  d Organization Electronic Information Sharing →GO TO QUESTION 3.3b  integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  ints your facility's electronic information exchange with non-affiliated organizations?
FOLL (3.3a. a - b -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.  OW-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information	Information Sharing →GO TO QUESTION 3.3c  d Organization Electronic Information Sharing →GO TO QUESTION 3.3b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Sharing →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information exchange with non-affiliated organizations?  5  6 facilities  6 facilities
FOLL (3.3a. a - b -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated	Information Sharing →GO TO QUESTION 3.3c  d Organization Electronic Information Sharing →GO TO QUESTION 3.3b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Sharing →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information exchange with non-affiliated organizations?  5  6 facilities  6 facilities
FOLLO 3.3a. a - b -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate informatio  Both send and receive informatio	Information Sharing →GO TO QUESTION 3.3c  d Organization Electronic Information Sharing →GO TO QUESTION 3.3b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Sharing →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information exchange with non-affiliated organizations?  5  6 facilities  6 facilities
FOLLO 3.3a. a - b - c -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.0  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information Both send and receive information  With which of the following en	of ormation Sharing →GO TO QUESTION 3.3c and Organization Electronic Information Sharing →GO TO QUESTION 3.3b antegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a and 4 antegrate Sharing →GO TO QUESTION 3.3a and 4 antegrate Electronic Information from Non-affiliated Organizations and Facilities and Facilities and From non-affiliated
FOLLO 3.3a. a - b - c - 3.3b. a -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.0  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals	of ormation Sharing →GO TO QUESTION 3.3c  do Organization Electronic Information Sharing →GO TO QUESTION 3.3b  integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  defacilities  defacilities  from non-affiliated facilities  from
FOLL (3.3a. a - b - c - 3.3b. a - b - b - b - b - b - b - b - c - c - c	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.0  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate informatio Both send and receive informatio With which of the following en Hospitals Pharmacies	aformation Sharing →GO TO QUESTION 3.3c  and Organization Electronic Information Sharing →GO TO QUESTION 3.3b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  G - Personal health records  h - Information exchange networks (Health Information Organizations)
FOLL (3.3a. a - b - c - 3.3b. a - b - c -	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.0  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies	aformation Sharing →GO TO QUESTION 3.3c  and Organization Electronic Information Sharing →GO TO QUESTION 3.3b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  G - Personal health records  h - Information exchange networks (Health Information Organizations)  i - Other nursing homes
FOLLO 3.3a. a- b- c- 3.3b. a- b- c-	Information Exchange Capabilit  Resident Medical History  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.0  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate informatio Both send and receive informatio With which of the following en Hospitals Pharmacies	aformation Sharing →GO TO QUESTION 3.3c  d Organization Electronic Information Sharing →GO TO QUESTION 3.3b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information exchange with non-affiliated organizations?  Information accordance these electronic data? Mark all that apply.  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information exchange networks (Health Information Organizations)  Information exchange homes
FOLLO 3.3a. a- b- c- 3.3b. a- b- c- d-	Information Exchange Capability  Resident Medical History  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following en Hospitals Pharmacies Home health agencies Physician offices	aformation Sharing →GO TO QUESTION 3.3c  and Organization Electronic Information Sharing →GO TO QUESTION 3.3b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  4  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  G - Personal health records  h - Information exchange networks (Health Information Organizations)  i - Other nursing homes
FOLLO 3.3a. a- b- c- 3.3b. a- b- c- f-	Information Exchange Capability  Resident Medical History  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies Physician offices Labs Radiology clinics	Information Sharing →GO TO QUESTION 3.3c  Ind Organization Electronic Information Sharing →GO TO QUESTION 3.3b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information exchange with non-affiliated organizations?  Information and information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)
FOLLO 3.33.3a. a- b- c- 3.3b. a- b- c- d- e- f-	Information Exchange Capability  Resident Medical History  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies Physician offices Labs Radiology clinics	Information Sharing →GO TO QUESTION 3.3c  Ind Organization Electronic Information Sharing →GO TO QUESTION 3.3b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.3a  Integrate Electronic Information exchange with non-affiliated organizations?  Information information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)

	nformation Exchange Capabilit	ies — Function/Application
3.4	Clinical Notes and Observa	ations
	a - Within Facility Electronic Im	formation Sharing →G0 TO QUESTION 3.4c
	맛있는 것 같아 그는 사용하면 맛있는 것 같아요. 그렇게 하면 하는 이 점점 하는 것이 없었다. 그렇게 하는 것이다.	d Organization Electronic Information Sharing →GO TO QUESTION 3.4b
	3 c - Send and/or Receive and In	ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.4a
	d - None → GO TO QUESTION 3.5	5
FOLLO	N-UP QUESTIONS	
3.4a.	Which of the following represer	nts your facility's electronic information exchange with non-affiliated organizations?
a -	Send information to non-affiliated	facilities
b -	Receive and integrate information	n from non-affiliated facilities
c-	Both send and receive information	n
3.4b.	With which of the following en	tities does your facility exchange these electronic data? Mark all that apply.
	Hospitals	g - Personal health records
	Pharmacies	h - Information exchange networks (Health Information Organizations)
c-	Home health agencies	i - Other nursing homes
d -	Physician offices	j - Corporate office
	Labs	k - Other (specify):
f-	Radiology clinics	
2.40	Door the information evolung	e incorporate national health information exchange standards?
3.4c.		e incorporate national nearth information exchange standards?
a -		
	res	
b -		
	nformation Exchange Capabilit	ies — Function/Application
Health II	nformation Exchange Capabilit	
Health II	nformation Exchange Capabilit	
Health II	Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliated	, <b>Meds</b> formation Sharing →G0 TO QUESTION 3.5c  d Organization Electronic Information Sharing →G0 TO QUESTION 3.5b
3.5	Lists: Problems, Allergies  a - Within Facility Electronic In b - Within Corporation/Affiliated c - Send and/or Receive and In	, Meds  formation Sharing →GO TO QUESTION 3.5c  d Organization Electronic Information Sharing →GO TO QUESTION 3.5b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a
3.5	Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliated	, Meds  formation Sharing →GO TO QUESTION 3.5c  d Organization Electronic Information Sharing →GO TO QUESTION 3.5b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a
3.5 [ [ [ [	Lists: Problems, Allergies  a - Within Facility Electronic In b - Within Corporation/Affiliated c - Send and/or Receive and In	, Meds  formation Sharing →GO TO QUESTION 3.5c  d Organization Electronic Information Sharing →GO TO QUESTION 3.5b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a
3.5	nformation Exchange Capabilit  Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliate  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.6	, Meds formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a
3.5	nformation Exchange Capabilit  Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliate  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.6	, Meds  formation Sharing →GO TO QUESTION 3.5c  d Organization Electronic Information Sharing →GO TO QUESTION 3.5b  integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  ints your facility's electronic information exchange with non-affiliated organizations?
3.5 C C C C C C C C C C C C C C C C C C C	Information Exchange Capability  Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliated  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following representation of the following representation to non-affiliated	, Meds  formation Sharing →GO TO QUESTION 3.5c  d Organization Electronic Information Sharing →GO TO QUESTION 3.5b  integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  ints your facility's electronic information exchange with non-affiliated organizations?
3.5 C C C C C C C C C C C C C C C C C C C	Information Exchange Capability  Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliated  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following represent	notes the formation Sharing →GO TO QUESTION 3.5c do organization Electronic Information Sharing →GO TO QUESTION 3.5b do organization Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a do organization from Non-affiliated Providers →GO TO QUESTION 3.5a do organization from Your facility's electronic information exchange with non-affiliated organizations?  If facilities in from non-affiliated facilities
3.5 C C C C C C C C C C C C C C C C C C C	Information Exchange Capability  Lists: Problems, Allergies  a - Within Facility Electronic In  b - Within Corporation/Affiliated  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.6  N-UP QUESTIONS  Which of the following representation  Send information to non-affiliated  Receive and integrate information  Both send and receive information	notes the formation Sharing →GO TO QUESTION 3.5c do organization Electronic Information Sharing →GO TO QUESTION 3.5b do organization Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a do organization from Non-affiliated Providers →GO TO QUESTION 3.5a do organization from Your facility's electronic information exchange with non-affiliated organizations?  If facilities in from non-affiliated facilities
3.5 E E E E E E E E E E E E E E E E E E E	Lists: Problems, Allergies  a - Within Facility Electronic In b - Within Corporation/Affiliated c - Send and/or Receive and In d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following representation  Send information to non-affiliated  Receive and integrate information  Both send and receive information  With which of the following en	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a ints your facility's electronic information exchange with non-affiliated organizations? I facilities in from non-affiliated facilities in tities does your facility exchange these electronic data? Mark all that apply.
3.5 E E E E E E E E E E E E E E E E E E E	Lists: Problems, Allergies  a - Within Facility Electronic In b - Within Corporation/Affiliated c - Send and/or Receive and In d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following representation Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following en Hospitals	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a ints your facility's electronic information exchange with non-affiliated organizations? I facilities in from non-affiliated facilities in tities does your facility exchange these electronic data? Mark all that apply.  g - Personal health records
3.5 E	Information Exchange Capability  Lists: Problems, Allergies  a - Within Facility Electronic Im b - Within Corporation/Affiliated c - Send and/or Receive and Im d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following represent Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a ints your facility's electronic information exchange with non-affiliated organizations? If facilities in from non-affiliated facilities in titles does your facility exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations)
3.5 E E E E E E E E E E E E E E E E E E E	Lists: Problems, Allergies  a - Within Facility Electronic Im b - Within Corporation/Affiliated c - Send and/or Receive and In d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following representation Both send and receive information Both send and receive information With which of the following en Hospitals Pharmacies Home health agencies	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In titles does your facility exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations) i - Other nursing homes
3.5 E E E E E E E E E E E E E E E E E E E	Information Exchange Capability  Lists: Problems, Allergies  a - Within Facility Electronic Im b - Within Corporation/Affiliated c - Send and/or Receive and Im d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following represent Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In titles does your facility exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations) i - Other nursing homes j - Corporate office
3.5   C   C   C   C   C   C   C   C   C	Lists: Problems, Allergies  a - Within Facility Electronic In b - Within Corporation/Affiliated c - Send and/or Receive and In d - None → GO TO QUESTION 3.6  N-UP QUESTIONS  Which of the following representation Both send and receive information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies Physician offices	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In titles does your facility exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations) i - Other nursing homes
### Health III  3.5  FOLLOW  3.5a.  a - b - c - d - e - f -	Lists: Problems, Allergies  a - Within Facility Electronic Im b - Within Corporation/Affiliated c - Send and/or Receive and In d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following represent Receive and integrate information Both send and receive information With which of the following en Hospitals Pharmacies Home health agencies Physician offices Labs Radiology clinics	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  Ints your facility's electronic information exchange with non-affiliated organizations? If acilities in from non-affiliated facilities in titles does your facility exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations) i - Other nursing homes j - Corporate office k - Other (specify):
### Health III  3.5    C	Lists: Problems, Allergies  a - Within Facility Electronic Im b - Within Corporation/Affiliated c - Send and/or Receive and Im d - None → GO TO QUESTION 3.6  W-UP QUESTIONS  Which of the following representation Both send and receive information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies Physician offices Labs Radiology clinics  Does the information exchang	formation Sharing →GO TO QUESTION 3.5c d Organization Electronic Information Sharing →GO TO QUESTION 3.5b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.5a  Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In titles does your facility exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations) i - Other nursing homes j - Corporate office

	Information Exchange Capabilit	- i uncuonimppination
3.6	MDS Assessments	
	a - Within Facility Electronic In	formation Sharing →G0 TO QUESTION 3.6c
	그 그 그 사람이 하는 것이 하는 것이 없는 것이 없는 것이 되었다면 하는 사람이 되었다면 하는 것이 없는 것이 없는데 없는데 없었다면 없었다.	d Organization Electronic Information Sharing →GO TO QUESTION 3.6b
		ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.6a
	☐ d -None →GO TO QUESTION 3.	1
OLLO	W-UP QUESTIONS	
.6a.	Which of the following represe	nts your facility's electronic information exchange with non-affiliated organizations?
a -	Send information to non-affiliated	d facilities
b-	Receive and integrate informatio	n from non-affiliated facilities
c-	Both send and receive information	on
.6b.	With which of the following en	tities does your facility exchange these electronic data? Mark all that apply.
a -	Hospitals	g - Personal health records
b -	Pharmacies	h - Information exchange networks (Health Information Organizations)
c-	Home health agencies	i - Other nursing homes
d -	Physician offices	j - Corporate office
	Labs	k - Other (specify):
f-	Radiology clinics	
.6c.	Does the information exchange	ge incorporate national health information exchange standards?
a.	No	TO BENEVER 2014, TO SEE SEAS SEAS ESTABLES AND AND SEAS SAFET FOR A DESCRIPTION OF SEASON TO SEAS AND ADMINES
	Yes	
b -		ties — Function/Application
b - lealth	Yes Information Exchange Capabilit	ties — Function/Application
b-	Yes	ties — Function/Application
b - lealth	Yes Information Exchange Capabilit Non-MDS Assessments  a - Within Facility Electronic In	oformation Sharing →G0 TO QUESTION 3.7c
b - lealth	Yes Information Exchange Capabilit Non-MDS Assessments  a - Within Facility Electronic In b - Within Corporation/Affiliate	oformation Sharing →G0 TO QUESTION 3.7c d Organization Electronic Information Sharing →G0 TO QUESTION 3.7b
b - lealth	Yes  Information Exchange Capabilit  Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I	formation Sharing →G0 TO QUESTION 3.7c d Organization Electronic Information Sharing →G0 TO QUESTION 3.7b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.7a
b - lealth	Yes Information Exchange Capabilit Non-MDS Assessments  a - Within Facility Electronic In b - Within Corporation/Affiliate	formation Sharing →G0 TO QUESTION 3.7c d Organization Electronic Information Sharing →G0 TO QUESTION 3.7b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.7a
b - lealth	Yes  Information Exchange Capabilit  Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I	formation Sharing →G0 TO QUESTION 3.7c d Organization Electronic Information Sharing →G0 TO QUESTION 3.7b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.7a
b - lealth 3.7	Yes  Information Exchange Capabilit  Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.	formation Sharing →G0 TO QUESTION 3.7c d Organization Electronic Information Sharing →G0 TO QUESTION 3.7b ntegrate Electronic Information from Non-affiliated Providers →G0 TO QUESTION 3.7a
b - Health 3.7 FOLLO	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  OW-UP QUESTIONS  Which of the following represe	formation Sharing →GO TO QUESTION 3.7c d Organization Electronic Information Sharing →GO TO QUESTION 3.7b ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a 8 nts your facility's electronic information exchange with non-affiliated organizations?
b - Health 3.7 FOLLO 3.7a.	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated	formation Sharing →GO TO QUESTION 3.7c d Organization Electronic Information Sharing →GO TO QUESTION 3.7b ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a 8 nts your facility's electronic information exchange with non-affiliated organizations?
b - Health 3.7  FOLLO 3.7a. a - b -	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.:  OW-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information	Information Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  8  Ints your facility's electronic information exchange with non-affiliated organizations of facilities  In from non-affiliated facilities
b - Health 3.7  FOLLO 3.7a. a - b -	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated	Information Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  8  Ints your facility's electronic information exchange with non-affiliated organizations of facilities  In from non-affiliated facilities
b - Health 3.7  FOLLO 3.7a. a - b -	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.:  OW-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information  Both send and receive information	Information Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  8  Ints your facility's electronic information exchange with non-affiliated organizations of facilities  In from non-affiliated facilities
b - lealth 3.7  FOLLO 7.7a. a - b - c -	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.:  OW-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information  Both send and receive information	oformation Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  8  Introduction of the state of
b - b-lealth 3.7  FOLLO 6.7a. a - b - c - 6.7b. a - a -	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  OW-UP QUESTIONS  Which of the following represe  Send information to non-affiliated Receive and integrate information Both send and receive information  With which of the following en	oformation Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  B  Ints your facility's electronic information exchange with non-affiliated organizations'  Information facilities  Informa
b - lealth 3.7  FOLLO 1.7a. a - b - c - b - b - b - b - b - b - b - b	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:   W-UP QUESTIONS  Which of the following represe  Send information to non-affiliated  Receive and integrate informatio  Both send and receive informatio  With which of the following en  Hospitals	oformation Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information from Non-affiliated Organizations of facilities  Integrate Electronic Information exchange with non-affiliated organizations of facilities  In from non-affiliated facilities  Integrate Electronic Information exchange with non-affiliated organizations of facilities  In from non-affiliated facilitie
b lealth 3.7  FOLLO 3.7a. a b c b b b	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  OW-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate informatio Both send and receive informatio With which of the following en Hospitals Pharmacies Home health agencies	oformation Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  B  Ints your facility's electronic information exchange with non-affiliated organizations?  If facilities In from non-affiliated facilities In formation exchange these electronic data? Mark all that apply.  In formation exchange networks (Health Information Organizations)
b - health 3.7  FOLLO 3.7a.  a - b - c - b - c - d - d - d - d - d - d - d - d - d	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.0  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals  Pharmacies Home health agencies	of formation Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  B  Ints your facility's electronic information exchange with non-affiliated organizations?  If facilities In from non-affiliated facilities Information exchange these electronic data? Mark all that apply.  g - Personal health records h - Information exchange networks (Health Information Organizations) i - Other nursing homes
b - ealth  OLLC  .7a.  a - b - c - b - c - d - e - e -	Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate informatio Both send and receive informatio With which of the following en Hospitals Pharmacies Home health agencies Physician offices	formation Sharing →GO TO QUESTION 3.7c d Organization Electronic Information Sharing →GO TO QUESTION 3.7b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information exchange with non-affiliated organizations of facilities In from non-affiliated facilities Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  I other nursing homes  J - Corporate office
b health 3.7  5- 5- 5- 5- 5- 5- 5- 5- 5- 6- 6- 6- 6- 6- 6- 6- 6- 6- 6- 6- 6- 6-	Information Exchange Capabilit  Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  OW-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies Physician offices Labs Radiology clinics	of formation Sharing →GO TO QUESTION 3.7c  d Organization Electronic Information Sharing →GO TO QUESTION 3.7b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information exchange with non-affiliated organizations of facilities  In from non-affiliated facilities  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  I of the nursing homes  I corporate office  I corporate office  I corporate (specify):
b lealth 3.7  FOLLO 5.7a.  a b c d e f 6.7c.	Information Exchange Capabilit  Non-MDS Assessments  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3:  OW-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enthospitals Pharmacies Home health agencies Physician offices Labs Radiology clinics	formation Sharing →GO TO QUESTION 3.7c d Organization Electronic Information Sharing →GO TO QUESTION 3.7b integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.7a  Integrate Electronic Information exchange with non-affiliated organizations of facilities In from non-affiliated facilities Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  I other nursing homes  J - Corporate office

3.8	Care Plans	
3.0	Gale Flans	
	- <u> </u>	oformation Sharing →G0 TO QUESTION 3.8c
	지도 그렇게 있는 경기에 들어 하면	d Organization Electronic Information Sharing →GO TO QUESTION 3.8b
	☐ d - None → GO TO QUESTION 3.	ntegrate Electronic Information from Non-affiliated Providers →G0 T0 QUESTION 3.8a
	a - None you to do Lotton 5.	<u>.</u>
OLLC	W-UP QUESTIONS	
.8a. lectro	Which of the following represe onic information exchange with i	
a-	Send information to non-affiliated	d facilities
b-	Receive and integrate informatio	n from non-affiliated facilities
c-	Both send and receive information	on
3.8b.	With which of the following en	ntities does your facility exchange these electronic data? Mark all that apply.
	Hospitals	g - Personal health records
	Pharmacies	h - Information exchange networks (Health Information Organizations)
	Home health agencies	i - Other nursing homes
d -		j - Corporate office
e-	Labs	k - Other (specify):
f-	Radiology clinics	324 Macanina manana manana manana manana
. 0-	Dana dha Information avalon a	
3.8c.		ge incorporate national health information exchange standards?
a -	No	ge incorporate national health information exchange standards?
a -		ge incorporate national health information exchange standards?
a - b -	No	
a - b - Health	No Yes Information Exchange Capabilit	ties — Function/Application
a - b -	No Yes	ties — Function/Application
a - b - Health 3.9	No Yes Information Exchange Capabilit Summary Reports (discha	ties — Function/Application  rge, transfer, consults)  oformation Sharing → GO TO QUESTION 3.9c
a - b - Health 3.9	No Yes Information Exchange Capabilit Summary Reports (discha	ties — Function/Application  rge, transfer, consults)  offermation Sharing → GO TO QUESTION 3.9c  d Organization Electronic Information Sharing → GO TO QUESTION 3.9b
a - b - lealth 3.9	No Yes Information Exchange Capabilit Summary Reports (discha  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I	ties — Function/Application  rge, transfer, consults)  formation Sharing → GO TO QUESTION 3.9c  d Organization Electronic Information Sharing → GO TO QUESTION 3.9b  ntegrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.9a
a - b - lealth 3.9	No Yes Information Exchange Capabilit Summary Reports (discha	ties — Function/Application  rge, transfer, consults)  formation Sharing → GO TO QUESTION 3.9c  d Organization Electronic Information Sharing → GO TO QUESTION 3.9b  ntegrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.9a
a - b - Health	No Yes Information Exchange Capabilit Summary Reports (discha  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I	ties — Function/Application  rge, transfer, consults)  formation Sharing → GO TO QUESTION 3.9c  d Organization Electronic Information Sharing → GO TO QUESTION 3.9b  ntegrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.9a
a - b - Health 3.9	No Yes  Information Exchange Capabilit  Summary Reports (dischange a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.	rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Ind Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a
a - b - Health 3.9	No Yes  Information Exchange Capabilit  Summary Reports (dischange a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.	ties — Function/Application  rge, transfer, consults)  oformation Sharing → GO TO QUESTION 3.9c  d Organization Electronic Information Sharing → GO TO QUESTION 3.9b  ntegrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.9a  10  onts your facility's electronic information exchange with non-affiliated organizations?
a - b - Health 3.9	No Yes  Information Exchange Capabilit  Summary Reports (dischange a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and Industrial a - None → GO TO QUESTION 3.  OW-UP QUESTIONS  Which of the following represe	ties — Function/Application  rge, transfer, consults)  Information Sharing → GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing → GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.9a  Integrate State of the Consultation of the Consulta
a - b - Health 3.9	No Yes  Information Exchange Capabilit  Summary Reports (dischange a - Within Facility Electronic In b - Within Corporation/Affiliate a c - Send and/or Receive and I d - None → GO TO QUESTION 3.  OW-UP QUESTIONS  Which of the following represeses Send information to non-affiliated.	ties — Function/Application  rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate State of the sta
a - b - Health 3.9	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capabilit  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information	ties — Function/Application  rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate State of the sta
a - b - Health 3.9 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capability Electronic In a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and I d - None → GO TO QUESTION 3.  DW-UP QUESTIONS  Which of the following represence Send information to non-affiliated Receive and integrate information Both send and receive information.  With which of the following entire the send and receive information and the following entire the send and receive information.	rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Ind Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Solution Sharing →GO TO QUESTION 3.9a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Electronic Information exchange with non-affiliated organizations?  In facilities  In from non-affiliated facilities  In facilit
a - b - Health 3.9 3.9a. a - b - c - 3.9b. a -	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capability Electronic Ingle and Ingle	rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Information Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Security's electronic information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)
a - b - Health 3.9 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capability Electronic Ingle by Within Corporation/Affiliate color - Send and/or Receive and Ingle color - Send Information - Send Information to non-affiliated Receive and integrate information - Both send and receive information - Both send and receive information - With which of the following end - Home health agencies - Physician offices	rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Security's electronic information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  g - Other nursing homes
a - b - Health 3.9 3.9a. a - b - c - 3.9b. a - b -	No Yes  Information Exchange Capabilit  Summary Reports (discha  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I □ d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represe Send information to non-affiliated Receive and integrate information Both send and receive information With which of the following enterprese Home health agencies Physician offices Labs	ties — Function/Application  rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  10  Ints your facility's electronic information exchange with non-affiliated organizations?  Id facilities  Information from non-affiliated facilities  In from non-affiliated facilities  In from non-affiliated facilities  In from non-affiliated facilities  In formation exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  In Grant of the composition of the c
a - b - b - c - b - c - d - d - d - d - d - d - d - d - d	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capability Electronic Ingle between the composition of the following representation of the following enterpresentation of the following enterpresen	rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Security's electronic information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  g - Other nursing homes
a - b - Health 3.9 3.9a. a - b - c - d - e -	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capability Summary Reports Capability Summary Capability Su	ties — Function/Application  rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Id Organization Electronic Information Sharing →GO TO QUESTION 3.9b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.9a  10  Ints your facility's electronic information exchange with non-affiliated organizations?  Id facilities  Information from non-affiliated facilities  In from non-affiliated facilities  In from non-affiliated facilities  In from non-affiliated facilities  In formation exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  g - Other nursing homes  h - Corporate office
a - b - Health 3.9 3.9a. a - b - c - d - e -	No Yes  Information Exchange Capabilit  Summary Reports (dischange Capability Summary Reports Capability Summary Capability Su	rge, transfer, consults)  Information Sharing →GO TO QUESTION 3.9c  Information Sharing →GO TO QUESTION 3.9c  Integrate Electronic Information From Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Selectronic Information From Non-affiliated Providers →GO TO QUESTION 3.9a  Integrate Electronic Information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information exchange networks (Health Information Organizations)  Information exchange in the selectronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information exchange in the selectronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.  Information exchange in the selectronic data? Mark all that apply.

	Information Exchange Capabilit	
3.10	Lab Orders and Results	
	7. H. H. B.	formation Sharing →GO TO QUESTION 3.10c
		d Organization Electronic Information Sharing →GO TO QUESTION 3.10b
	☐ d -None →GO TO QUESTION 3.1	ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.10a
	W-UP QUESTIONS  Which of the following represe	nts your facility's electronic information exchange with non-affiliated organizations?
	Send information to non-affiliated	
	Receive and integrate information	
	Both send and receive information	
.10b.	With which of the following en	tities does your facility exchange these electronic data? Mark all that apply.
	Home health agencies	f - Information exchange networks (Health Information Organizations)
	Physician offices	g - Other nursing homes
	Labs	h - Corporate office
	Radiology clinics Personal health records	i - Other (specify):
е-	Personal health records	
.10c.	Does the information exchang	e incorporate national health information exchange standards?
a-	No	
	No Yes	
b -	Yes	ies — Function/Application
b - lealth	Yes Information Exchange Capabilit	
b -	Yes	
b - lealth 3.11	Yes Information Exchange Capabilit Radiology Orders and Res	ults
b - lealth	Yes Information Exchange Capabilit Radiology Orders and Res  a - Within Facility Electronic In	
b - lealth	Yes Information Exchange Capabilit Radiology Orders and Res  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and In	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a
b - lealth	Yes Information Exchange Capabilit Radiology Orders and Res  a - Within Facility Electronic In b - Within Corporation/Affiliated	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a
b - lealth	Yes Information Exchange Capabilit Radiology Orders and Res  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and In	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a
b - lealth 3.11	Yes  Information Exchange Capabilit  Radiology Orders and Res  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and Ii □ d - None → GO TO QUESTION 3.4	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a
b - lealth 3.11	Pyes  Information Exchange Capability  Radiology Orders and Res  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and In □ d - None → GO TO QUESTION 3.*  OW-UP QUESTIONS  Which of the following represent	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  ntegrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12  nts your facility's electronic information exchange with non-affiliated organizations?
b - lealth 3.11  FOLLO	Yes  Information Exchange Capabilit  Radiology Orders and Res  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and Ii □ d - None → GO TO QUESTION 3.*  OW-UP QUESTIONS  Which of the following representations are presentations of the properties of the	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12  ints your facility's electronic information exchange with non-affiliated organizations?  If facilities
b - lealth 3.11  **COLLO** .11a.  a - b -	Pes  Information Exchange Capability  Radiology Orders and Res  □ a - Within Facility Electronic In □ b - Within Corporation/Affiliate □ c - Send and/or Receive and Ic □ d - None → GO TO QUESTION 3.*  OW-UP QUESTIONS  Which of the following representation of the following representati	ults  formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities
6 - lealth 3.11  50LL0 .11a. a - b - c -	Preside Note of the following representation of the following	Interpretation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12  Ints your facility's electronic information exchange with non-affiliated organizations?  If facilities  In from non-affiliated facilities  In from non-affiliated facilities
b - lealth 3.11  FOLLO .11a. a - b - c -	Preside Note of the following endicated With which of the following endicated Present Access the Present Access to the Present Access t	ults  formation Sharing →GO TO QUESTION 3.11c  d Organization Electronic Information Sharing →GO TO QUESTION 3.11b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12  Ints your facility's electronic information exchange with non-affiliated organizations?  If facilities  In from non-affiliated facilities  In from non-affiliated facilities  In from the facilities of t
b - Health 3.11  5-OLLO 3.11a. a - b - c - 6.11b. a -	Preside Note of the following end with which end and receive informations.	formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In from the facility exchange these electronic data? Mark all that apply.  If Information exchange networks (Health Information Organizations)
b - Health 3.11 3.11 3.11 5-0LLC 3.11a. a - b - c - 3.11b. a - b -	Preside Note of the following en Home health agencies  Information Exchange Capability  Radiology Orders and Res  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and In d - None → GO TO QUESTION 3.*  DW-UP QUESTIONS  Which of the following represended the send and receive information to the send and receive i	formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In from the facility exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  G Other nursing homes
b - b-lealth 3.11  COLLO 11a.  a - b - c - 11b.  a - b - c - c -	Preside Note of the following en Home health agencies  Preside Note of the following en Home health agencies  Information Exchange Capability  Radiology Orders and Reserve and Reserve and Information Affiliated control of the Following represerved the president of the following represerved the president of the following represerved the president of the following en Home health agencies  Physician offices  Labs	formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In from the facility exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  g - Other nursing homes  h - Corporate office
b - bealth 3.11  FOLLO 11a.  a - c11b.  a - b - c - d -	Preside Note of the following en Home health agencies  Preside Note of the following en Home health agencies  Radiology Orders and Res  Receive and Integrate information Both send and receive information Both send and recei	formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In from the facility exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  G - Other nursing homes
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b - lealth 3.11  FOLLO .11a.  a - c11b.  a - b - c - d -	Presonal health records  Information Exchange Capability  Radiology Orders and Res  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and In d - None → GO TO QUESTION 3.*  Which of the following represence and integrate information and integrate information and integrate information and integrate information and receive information with which of the following enterpresence and integrate information and receive information and receive information with which of the following enterpresence and integrate information and receive information with which of the following enterpresence and integrate information and receive information an	formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In from the facility exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  g - Other nursing homes  h - Corporate office
b-lealth 3.11  6-C-LCC 11a. a-b-c11b. a-b-c11c.	Presonal health records  Information Exchange Capability  Radiology Orders and Res  a - Within Facility Electronic In b - Within Corporation/Affiliate c - Send and/or Receive and In d - None → GO TO QUESTION 3.*  Which of the following represence and integrate information and integrate information and integrate information and integrate information and receive information with which of the following enterpresence and integrate information and receive information and receive information with which of the following enterpresence and integrate information and receive information with which of the following enterpresence and integrate information and receive information an	formation Sharing →GO TO QUESTION 3.11c d Organization Electronic Information Sharing →GO TO QUESTION 3.11b Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.11a  12 Ints your facility's electronic information exchange with non-affiliated organizations? If facilities In from non-affiliated facilities In from non-affiliated facilities In formation exchange these electronic data? Mark all that apply.    F - Information exchange networks (Health Information Organizations)   G - Other nursing homes   h - Corporate office   i - Other (specify):

3.12	Diagnostic Test Orders on	nd Populty other than Padiology and Labo
3.12	Diagnostic Test Orders an	d Results other than Radiology and Labs
	SMM 50 TO	nformation Sharing →GO TO QUESTION 3.12c
		ed Organization Electronic Information Sharing →GO TO QUESTION 3.12b
	☐ d - None → GO TO QUESTION 3.	Integrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.12a .13
FOLLO	W-UP QUESTIONS	 
3.12a.	Which of the following represe	ents your facility's electronic information exchange with non-affiliated organizations?
a -	Send information to non-affiliate	d facilities
b -	Receive and integrate information	on from non-affiliated facilities
c -	Both send and receive information	on
3.12b.	With which of the following er	ntities does your facility exchange these electronic data? Mark all that apply.
a -	Home health agencies	f - Information exchange networks (Health Information Organizations)
b -	Physician offices	g - Other nursing homes
c-	Labs	h - Corporate office
	Radiology clinics	i - Other (specify):
e -	Personal health records	
3.12c.	Does the information exchange	ge incorporate national health information exchange standards?
a -	No	
b - lealth	Yes Information Exchange Capability	
b - Health 3.13	Yes Information Exchange Capabili Med Orders / E-Prescribing	
b - Health 3.13	Yes Information Exchange Capability Med Orders / E-Prescribing  a - Within Facility Electronic In	
b - Health 3.13	Yes  Information Exchange Capabilit  Med Orders / E-Prescribin  □ a - Within Facility Electronic Ir □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I	g  Information Sharing →GO TO QUESTION 3.13c  Information Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a
b - Health 3.13	Yes Information Exchange Capability Med Orders / E-Prescribing a - Within Facility Electronic Ir b - Within Corporation/Affiliate	g  Information Sharing →GO TO QUESTION 3.13c  Information Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a
b - Health 3.13	Yes  Information Exchange Capabilit  Med Orders / E-Prescribin  □ a - Within Facility Electronic Ir □ b - Within Corporation/Affiliate □ c - Send and/or Receive and I	g  Information Sharing →GO TO QUESTION 3.13c  Information Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a
b - Health 3.13	Yes  Information Exchange Capabilit  Med Orders / E-Prescribine  a - Within Facility Electronic Ir  b - Within Corporation/Affiliate  c - Send and/or Receive and I  d - None → GO TO QUESTION 3.	g  Information Sharing →GO TO QUESTION 3.13c  Information Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a
b - Health 3.13 FOLLO 3.13a.	Yes  Information Exchange Capabilit  Med Orders / E-Prescribine  a - Within Facility Electronic Ir  b - Within Corporation/Affiliate  c - Send and/or Receive and I  d - None → GO TO QUESTION 3.	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  1.14  Integrate Specific Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?
b - Health 3.13 FOLLO 3.13a.	Med Orders / E-Prescribing  a - Within Facility Electronic In  b - Within Corporation/Affiliate  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represent	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  14  Integrate Section Sect
b - Health 3.13 FOLLO 3.13a. a - b -	Med Orders / E-Prescribing  a - Within Facility Electronic In  b - Within Corporation/Affiliate  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represesses Send information to non-affiliated.	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  1.14  Integrate Specific Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?
b - Health 3.13  FOLLO 3.13a. a - b -	Med Orders / E-Prescribing  a - Within Facility Electronic In  b - Within Corporation/Affiliate  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following representations of the following representation in the programme of the programme of the programme of the programme of the following representation of the following representation of the following representation of the programme of	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  1.14  Integrate Specific Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?
b - Health 3.13  FOLLO 3.13a. a - b - c - 3.13b.	Med Orders / E-Prescribing  a - Within Facility Electronic In  b - Within Corporation/Affiliate  c - Send and/or Receive and In  d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following representations of the following representation in the programme of the programme of the programme of the programme of the following representation of the following representation of the following representation of the programme of	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  1.14  Integrate Specific Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?
b - Health 3.13  FOLLO 3.13a. a - b - c - 3.13b. a - a -	Med Orders / E-Prescribing  a - Within Facility Electronic Ir b - Within Corporation/Affiliate c - Send and/or Receive and d d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following representations and integrate information Both send and receive informatic Both send and receive informatic With which of the following er	g  Information Sharing →GO TO QUESTION 3.13c  Integrate Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?  Integrate Electronic Information exchange with non-affiliated organizations?  Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information exchange with non-affiliated organizations?  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?
b - Health 3.13  FOLLO 3.13a.  a - b - c - 3.13b.  a - b - c - c -	Med Orders / E-Prescribing  Med Orders / E-Prescribing  a - Within Facility Electronic Ir  b - Within Corporation/Affiliate  c - Send and/or Receive and I  d - None → GO TO QUESTION 3.  Which of the following represes  Send information to non-affiliate Receive and integrate information Both send and receive information  With which of the following er  Home health agencies  Physician offices  Labs	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?  Information from non-affiliated facilities  Information from non-affiliated facilities  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from non-affiliated organizations)
b - Health 3.13  FOLLO 3.13a.  a - b - c - 3.13b.  a - b - c - c -	Med Orders / E-Prescribing  a - Within Facility Electronic Ir b - Within Corporation/Affiliate c - Send and/or Receive and id d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represence and information to non-affiliated Receive and integrate information Both send and receive information.  With which of the following errors and integrate information but send and receive information.  With which of the following errors and integrate information.  With which of the following errors and integrate information.	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?  Information from Non-affiliated facilities  Information from non-affiliated facilities  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information from Non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from Non-affiliated facilities  Information from Non-affilia
b - Health 3.13  FOLLO 3.13a.  a - b - c - c - d - d -	Med Orders / E-Prescribing  Med Orders / E-Prescribing  a - Within Facility Electronic Ir  b - Within Corporation/Affiliate  c - Send and/or Receive and I  d - None → GO TO QUESTION 3.  Which of the following represes  Send information to non-affiliate Receive and integrate information Both send and receive information  With which of the following er  Home health agencies  Physician offices  Labs	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?  Information from non-affiliated facilities  Information from non-affiliated facilities  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Inform
b - Health 3.13  FOLLO 3.13a.  a - b - c - d - c - d - e -	Med Orders / E-Prescribing  Med Orders / E-Prescribing  a - Within Facility Electronic Ir  b - Within Corporation/Affiliate  c - Send and/or Receive and Id  d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represess Send information to non-affiliate Receive and integrate information Both send and receive information With which of the following er  Home health agencies Physician offices Labs  Radiology clinics Personal health records	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?  Information from non-affiliated facilities  Information from non-affiliated facilities  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from non-affiliated facilities  Information exchange networks (Health Information Organizations)  Information from non-affiliated organizations)
b - Health 3.13  FOLLO 3.13a.  a - b - c - 3.13b.  a - c - d - c - d - e - 3.13c.	Med Orders / E-Prescribing  Med Orders / E-Prescribing  a - Within Facility Electronic Ir  b - Within Corporation/Affiliate  c - Send and/or Receive and Id  d - None → GO TO QUESTION 3.  W-UP QUESTIONS  Which of the following represess Send information to non-affiliate Receive and integrate information Both send and receive information With which of the following er  Home health agencies Physician offices Labs  Radiology clinics Personal health records	g  Information Sharing →GO TO QUESTION 3.13c  and Organization Electronic Information Sharing →GO TO QUESTION 3.13b  Integrate Electronic Information from Non-affiliated Providers →GO TO QUESTION 3.13a  Integrate Electronic Information exchange with non-affiliated organizations?  Information exchange with non-affiliated organizations?  Information exchange these electronic data? Mark all that apply.  Information exchange networks (Health Information Organizations)  Information exchange networks (Health Information Organizations)  Information exchange information organizations)

ITN I	nformation Exchange Capabilities — Function/Application
4	Public Health Reporting (e.g., tuberculosis)
1	IA a - Within Facility Electronic Information Sharing
1	A b - Within Corporation/Affiliated Organization Electronic Information Sharing
	□ c - Send and/or Receive and Integrate Electronic Information from Non-affiliated Providers → GO TO QUESTION 3.14a □ d - None → GO TO QUESTION 4
	N-UP QUESTIONS
3.	Does the information exchange incorporate national health information exchange standards?
	No Yes

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	40 V 100	7600 50 10	affected by	1949
d-	State of Technology (e.g., finding a system that meets facility needs, concerns that system will become obsolete, software or hardware incompatibilities with established systems, difficulty with wireless access)			
	Legal or Regulatory Barriers (e.g., concern about confidentiality breaches, state regulations regarding electronic signatures)			
b-	loss of productivity during transition, transitioning historic information, capacity to train staff on new system)			
a -				
BA	RRIER	Major Barrier	Minor Barrier	Not a Barrie
	ceived Barriers to HIT Adoption and Use: Indicate which factors below your barrier, or not a barrier to purchasing and/or using electronic system(s) for			
	□ b- Yes			
	Is information obtained through telemonitoring electronically incorporated int programs at your facility?  □ a - No	o other elec	tronic healt	h record
	□ b - Yes	<u> </u>	<u> </u>	2
	Does your facility use telemonitoring capabilities (e.g., sensors to monitor reenuresis monitoring)?  □ a - No	Sideni Wand	ering, siee	o pattern
	emonitoring  Does your facility use telemonitoring canabilities (e.g., sensors to monitor re	eident ward	lering class	n nettorn
	b - Yes			
loca a re	tions (e.g., wound consultation by a physician at an offsite location using aud al-time EKG reading by an offsite physician). a - No			
com	<b><u>ehealth</u></b> : Does your facility use telehealth capabilities? Telehealth is defined immunication and information technologies to allow direct interaction between page 1.	oroviders ar	d patients i	n differe
	e - Other (please specify):			
	c - Discharge d - Consults			
	a - No electronic summary reports used b - Transfer			
	ctronic Summary Reports: Which of the following electronic summary repo	rts do you u	se? <i>Mark</i> a	all that a
	hospitalizations, medications or treatments due/past due but not given, ir g - Occupancy rates and trends h - Other (please specify):		the statement	
	<ul> <li>e - Risk audits for quality areas of concern for surveyors (e.g., pressure ulce</li> <li>f - "Dashboard Reports" or composite reports that present data on several least to the content of the content</li></ul>	key quality in	ndicators (e	.g.,
	<ul> <li>c - Tracking adverse occurrences (e.g., falls, medication errors, infections)</li> <li>d - Calculation of outcomes from MDS or other assessment data (e.g., hosp</li> </ul>	italization)		
	<ul> <li>a - No electronic systems used for quality management and reporting activit</li> <li>b - Incident reporting</li> </ul>	ies		

BENEI	FIT	Major Benefit	Minor Benefit	Not a Benefit
	nywhere/anytime access to clinical data (i.e., by multiple users, from nultiple locations)			
b - Ma	fanagement oversight/control			
c - Qı	Quality monitoring			
d - Er	inhanced efficiency		A:	
e - St	taff empowerment and/or staff satisfaction			
f - At	ttractive job feature when recruiting new staff		i.i.	
co	aster and more accurate billing with integrated data systems (e.g., omputer programs that can "talk to each other" by allowing information ntered in one screen to fill in more than one database or program)			
h - Im	nproved regulatory compliance			
	bility to electronically exchange data with other providers or organizations e.g., hospital, MD offices, labs, pharmacy)		-00	
j - Co	ost savings			
k- Re	esident safety (e.g., reduced medical errors)		×	
I - Im	nproved care planning			
m - Im	nproved communication within facility (e.g., among staff between shifts)			
fits, ple	: If you believe one or more particular functions (e.g., order entry, e-preease comment on this:    lity Characteristics	escribing, MAF	t) bring about	specific
Facil In wh How	lity Characteristics hich state is your facility located? State: many beds are currently available for residents? Include all bed are in use by residents at the present time.			
Facil In wh How	ease comment on this:  lity Characteristics  hich state is your facility located? State:  many beds are currently available for residents? Include all bed			
Facil In wh How they a Numb	lity Characteristics hich state is your facility located? State: many beds are currently available for residents? Include all bed are in use by residents at the present time.			
Facil In wh How they a Numb Is thi a b How a b d d	lity Characteristics hich state is your facility located? State:  many beds are currently available for residents? Include all bed are in use by residents at the present time.  aber of beds:  is facility part of a chain?  a - No			

# SURVEY QUESTIONS FOR EHR ADOPTION AND USE IN NURSING HOMES: FINAL REPORT

### **Files Available for This Report**

Main Report

HTML <a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm">http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm</a>
<a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm">http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm</a>

\*APPENDIX A. Literature Review and Synthesis: Existing Surveys on Health Information Technology

HTML <a href="http://aspe.hhs.gov/daltcp/reports/2009/HITlitrev.htm">http://aspe.hhs.gov/daltcp/reports/2009/HITlitrev.htm</a>
<a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A1.pdf">http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A1.pdf</a>

\* The HTML link takes the user to the original versions (HTML and PDF) of the "Literature Review and Synthesis". The PDF link takes the user version included when a hard copy of "Survey Questions for EHR Adoption and Use in Nursing Homes: Final Report" is requested.

APPENDIX B. Technical Expert Panel Review Materials and Meeting Notes

HTML <a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm#appendB">http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm#appendB</a>

PDF http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A2.pdf

APPENDIX C. Core Survey on Use of Health Information Technology in Nursing Homes

HTML <a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm#appendC">http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm#appendC</a>

PDF <a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A2.pdf">http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A2.pdf</a>

APPENDIX D. Expanded Survey on Use of Health Information Technology in Nursing Homes

HTML <a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm#appendD">http://aspe.hhs.gov/daltcp/reports/2010/EHRques.htm#appendD</a>

PDF <a href="http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A2.pdf">http://aspe.hhs.gov/daltcp/reports/2010/EHRques-A2.pdf</a>