

## **Kansas Health Information Exchange (HIE) Baseline Survey 2006**

As the Federal Administration calls for widespread adoption of health information technology (HIT) and an electronic health record for all Americans in ten years, the need to understand a healthcare stakeholder's ability to exchange health information is of utmost importance. As your statewide facilitator, we need more information to better understand what stakeholders have already done and how health information exchange (HIE) can be used to provide patient care. We are fielding this survey to collect baseline data and evaluate the issues, enablers, and level of HIT/HIE adoption as it pertains to Kansas healthcare stakeholders. The data can then be used to facilitate adoption across the field, while also educating state and national legislatures regarding HIT/HIE adoption issues and challenges. As users of clinical data that is interoperable, scalable, and timely all healthcare stakeholders will play a prominent role in the development of HIE.

Your participation in this survey is crucial in developing a baseline understanding of the current status of HIT/HIE. Whether your organization has been an innovator of HIT or struggled to find the resources to pay for new clinical information systems, we need your response to help ensure an accurate picture of HIT/HIE in Kansas' healthcare system. Your time and participation is truly appreciated!

## Kansas Health Information Exchange (HIE) Baseline Survey 2006

The following survey collects baseline data on health information technology and exchange currently in use or being planned by Kansas' healthcare stakeholders. Your time and participation is truly appreciated! For questions, please contact: Gretchen Speer, Kansas Health Policy Authority at (785) 296-8001 or [Gretchen.Speer@khp.a.kansas.gov](mailto:Gretchen.Speer@khp.a.kansas.gov).

### Instructions:

- **Please respond by November 10, 2006.**
- For this survey we are seeking input from healthcare stakeholders including, but not limited to: practitioner offices, pharmacies, hospitals, long-term care facilities, imaging centers, healthcare clinics, public health departments, and laboratories.
- For the purpose of this survey, health information exchange **does not** include faxing documents, emailing files or documents, or mailing CDs.

### Stakeholder Information

1. Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
AHA identification #: \_\_\_\_\_ (Hospitals only)

2. Survey completed by:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Please indicate which stakeholder group best fits your organization.
- Free-standing imaging center
  - Healthcare clinic (FQHC, rural health clinics, school clinics)
  - Hospital
  - Laboratory
  - Long-term care facility
  - Private practice physician office
  - Public health department
  - Retail pharmacy
  - Skilled nursing unit
  - Other (please specify): \_\_\_\_\_

## Infrastructure

4. What type of Internet access do you have? Please select all that apply.

- None
- Dial up
- High Speed

5. Please indicate type of high speed internet. Please select all that apply.

- ISDN (Integrated Services Digital Network)
- DSL (Digital Subscription Line)
- Cable
- Dedicated T1
- Wireless (dish network, satellite, WiFi)
- Other (please specify): \_\_\_\_\_

6. Approximately how many computers do you have for administrative functions?

- None
- 1-4
- 5-10
- 11-15
- 16-20
- More than 20

7. Approximately how many computers do you have for clinical functions?

- None
- 1-4
- 5-10
- 11-15
- 16-20
- More than 20

8. Of the **clinical** computers identified in question #7, what is the approximate age of the **clinical** computers? Fill in a percent for each age group.

- \_\_\_\_\_ Less than 1 year old
  - \_\_\_\_\_ 1 to 2 years old
  - \_\_\_\_\_ 2 to 4 years old
  - \_\_\_\_\_ More than 4 years old
- 100% (Total should add up to 100%)

9. Of the **clinical** computers identified in question #7, what is the operating system available on the **clinical** computers? Fill in a percent for each system.

- \_\_\_\_\_ Windows 95, 98, 2000 or Me
  - \_\_\_\_\_ Windows XP
  - \_\_\_\_\_ Windows 2003, FLP
  - \_\_\_\_\_ Windows Vista
  - \_\_\_\_\_ Mac OS 9 or earlier
  - \_\_\_\_\_ Mac OS X, OS 10
  - \_\_\_\_\_ Linux
  - \_\_\_\_\_ DOS
  - \_\_\_\_\_ Other (please specify): \_\_\_\_\_
- 100% (Total should add up to 100%)

10. Does your organization have a device capable of reading a magnetic stripe, such as the one on the back of a driver's license?

- Yes
- No

11. Do you use bar-coded patient identification?

Yes	No	Uses for bar coding	If yes, indicate the extent of use for bar coding.				
			Full	Partial (Not in all departments)	Testing (Implementation Underway)	Considering Implementing in the next 3 years	Not in Place and not Considering Implementing
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tracking Pharmaceuticals (Inventory Control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical administration (Medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Supply chain management (Materials Management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Patient ID Bracelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Document scanning indexing of patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In your organization, which of the following non-clinical functions are computerized?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Claims submission
<input type="checkbox"/>	<input type="checkbox"/>	Patient billing
<input type="checkbox"/>	<input type="checkbox"/>	General Accounting
<input type="checkbox"/>	<input type="checkbox"/>	Registration/admission
<input type="checkbox"/>	<input type="checkbox"/>	Discharge
<input type="checkbox"/>	<input type="checkbox"/>	Scheduling of procedures
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Department Registration/ documentation
<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceuticals supply chain management
<input type="checkbox"/>	<input type="checkbox"/>	Medical-surgical supply chain management

13. If you answered yes to computerized claims submission, what percent of claims are sent electronically? \_\_\_\_\_

14. If you answered yes to question #12, please indicate vendor and/or system.

Claims submission	_____
Patient billing	_____
General Accounting	_____
Registration/admission	_____
Discharge	_____
Scheduling of procedures	_____
Emergency Department Registration/ documentation	_____
Pharmaceuticals supply chain management	_____
Medical-surgical supply chain management	_____

## Current Health Information Exchange

15. Do you participate in a timely (within 24 hours of service provided), one or two-way exchange of electronic patient-specific health information with any of the following stakeholders?

Yes		No	Participating Stakeholder	If yes, indicate timeframe from service provided to exchange completion.	
One-Way Exchange	Two-Way Exchange			Within 24 hours	Longer than 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer/Patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free-standing imaging centers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Healthcare clinics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratories	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long-term care facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payers/Insurance companies (at least one)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy benefit managers (PBM's)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private practice physician offices	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public health department	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retail pharmacies	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School clinics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skilled nursing unit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State or Federal agency (i.e. CMS)	<input type="checkbox"/>	<input type="checkbox"/>

16. An electronic health record (EHR) integrates electronically originated and maintained patient-level clinical health information, derived from multiple sources into one point of access. An EHR replaces the paper medical record as the primary source of patient information. Of the following EHR functions, which are currently in place?

<b><u>Use of EHR Functions:</u></b>	<b>Fully Implemented</b>	<b>Partially Implemented (Not in all departments)</b>	<b>Testing (Implementation Underway)</b>	<b>Considering Implementing in the next 3 years</b>	<b>Not in Place and not Considering Implementing</b>
Access to current medical records (observations, orders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to patient flow sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to patient demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results review – Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results review – Radiology report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results review – Radiology images (including PACS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results review – Consultant report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order entry – Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order entry - Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order entry - Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real time drug interaction alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back end drug interaction alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clinical alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical guidelines and pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient access to electronic records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient support through home-monitoring, self-testing, and interactive patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. If you answered Fully Implemented, Partially Implemented, or Testing in question #16, indicate the vendor and/or system. If you answered Considering Implementing or Not Considering Implementing, skip to question #19.

<b><u>Use of EHR Functions:</u></b>	<b><u>Vendor and/or System</u></b>
Access to current medical records (observations, orders)	_____
Access to medical history	_____
Access to patient flow sheets	_____
Access to patient demographics	_____
Results review – Lab	_____
Results review – Radiology report	_____
Results review – Radiology images (including PACS)	_____
Results review – Consultant report	_____
Order entry – Lab	_____
Order entry - Radiology	_____
Order entry - Pharmacy	_____
Real time drug interaction alerts	_____
Back end drug interaction alerts	_____
Other clinical alerts	_____
Clinical guidelines and pathways	_____
Patient access to electronic records	_____
Patient support through home-monitoring, self-testing, and interactive patient education	_____

18. Please provide an estimate of how long data is retained in the systems identified in question #16 (i.e. weeks, months).

<b><u>Use of EHR Functions:</u></b>	<b><u>Retention Time (weeks, months)</u></b>
Access to current medical records (observations, orders)	_____
Access to medical history	_____
Access to patient flow sheets	_____
Access to patient demographics	_____
Results review – Lab	_____
Results review – Radiology report	_____
Results review – Radiology images (including PACS)	_____
Results review – Consultant report	_____
Order entry – Lab	_____
Order entry - Radiology	_____
Order entry - Pharmacy	_____
Real time drug interaction alerts	_____
Back end drug interaction alerts	_____
Other clinical alerts	_____
Clinical guidelines and pathways	_____
Patient access to electronic records	_____
Patient support through home-monitoring, self-testing, and interactive patient education	_____

19. Assuming all HIPAA regulations are met, is it possible to deliver/distribute the following patient data in an electronic form as discrete data? (e.g. HL7, flat files; Patient name is not discrete if it appears on an image of a document)

<b><u>Use of Discrete Data</u></b>	<b>Fully Implemented</b>	<b>Partially Implemented (Not in all departments)</b>	<b>Testing (Implementation Underway)</b>	<b>Considering Implementing in the next 3 years</b>	<b>Not in Place and not Considering Implementing</b>
Demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dictated Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication histories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. If you answered Fully Implemented, Partially Implemented, or Testing in question #19, indicate the vendor and/or system. If you answered Considering Implementing or Not Considering Implementing, skip to question #22.

<b><u>Use of Discrete Data</u></b>	<b><u>Vendor and/or System</u></b>
Demographics	_____
Social history	_____
Insurance	_____
Immunizations	_____
Allergies	_____
Medical history	_____
Vital signs	_____
Lab results	_____
Radiology results	_____
Dictated Documents	_____
Medication histories	_____

21. Please provide an estimate of how long data is retained in the systems identified in question #19 (i.e. weeks, months).

<b><u>Use of Discrete Data</u></b>	<b><u>Retention Time (weeks, months)</u></b>
Demographics	_____
Social history	_____
Insurance	_____
Immunizations	_____
Allergies	_____
Medical history	_____
Vital signs	_____
Lab results	_____
Radiology results	_____
Dictated Documents	_____
Medication histories	_____

22. In your organization, is patient specific data electronically accessible by other stakeholders through a computerized system or an Electronic Health Record?

<b>Yes</b>	<b>No</b>	<b>Stakeholders</b>
<input type="checkbox"/>	<input type="checkbox"/>	Consumers/Patients
<input type="checkbox"/>	<input type="checkbox"/>	Clinics
<input type="checkbox"/>	<input type="checkbox"/>	Diagnostic Centers and Other Ambulatory Facilities
<input type="checkbox"/>	<input type="checkbox"/>	Emergency departments
<input type="checkbox"/>	<input type="checkbox"/>	Hospitals
<input type="checkbox"/>	<input type="checkbox"/>	Long-term Care Facilities/ Senior Care
<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	<input type="checkbox"/>	Practitioner offices
<input type="checkbox"/>	<input type="checkbox"/>	Practitioner homes
<input type="checkbox"/>	<input type="checkbox"/>	Public Health Departments
<input type="checkbox"/>	<input type="checkbox"/>	Skilled Nursing Facilities
<input type="checkbox"/>	<input type="checkbox"/>	Other remote locations

## Planning and Education

23. Mark the percent of stakeholder staff regularly using the patient specific, computerized EHR functions in your organization.

	<b>0%</b>	<b>1-24%</b>	<b>25-49%</b>	<b>50-74%</b>	<b>75-100%</b>
Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How is IT support currently provided in your organization? Please select all that apply.

- Internal IT Support
- Local IT Company
- Academic (high school or college)
- Vendor
- Other (please specify): \_\_\_\_\_

25. How do you learn about new opportunities for automation, internet access, and other technical options?

- Peer group
- Trade journals
- Internet
- Vendors
- Academic organizations
- Technical support organizations
- Conferences
- Professional organizations
- Other (please specify): \_\_\_\_\_

26. What do you consider to be barriers to IT adoption?

	<b>Not a Barrier</b>	<b>Somewhat of a Barrier</b>	<b>Significant Barrier</b>
a. Initial cost of IT investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability to support ongoing costs of hardware and software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interoperability of hardware and software with current systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inability of technologies to meet needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Availability of well-trained IT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Acceptance of technology by clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Availability of well-trained clinical staff for process redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fear that technology will become obsolete too quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Legal barriers to investment and development, such as the physician self-referral and anti-kickback laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Inability to cost-effectively maintain HIPAA compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (please specify): _____			

## Hospitals Only:

Please respond to the following questions for AHA's 2006 Survey on Hospital Adoption of HIT

### Part I: Clinical IT Systems

Clinical IT systems implemented or being considered at your hospital. Check one.

	Fully Implemented	Partially Implemented	Testing	Considering implementing in the next 3 years	Not in Place and not Considering Implementing
1. Use of other information technology:					
a. Use of <b>Telemedicine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of <b>Radio Frequency ID</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physician Use of <b>Personal Data Assistant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Definitions:

**Telemedicine:** The use of medical information exchanged from one site to another using electronic communications for the health and education of patients or providers and to improve patient care.

**Radio Frequency Identification (RFID):** RFID consists of a tag, which is made up of a microchip with a coiled antenna, and an interrogator or reader with an antenna. The reader sends out electromagnetic waves that form a magnetic field when they "couple" with the antenna on the RFID tag. A passive RFID tag draws power from this magnetic field and uses it to power the microchip's circuits. The chip then modulates the waves that the tag sends back to the reader and the reader converts the new waves into digital data.

**Personal Digital Assistant:** A term used to describe computers small enough to fit in the palm of your hand and provide computing and data storage abilities.

	Fully Implemented	Partially Implemented	Testing	Considering implementing in the next 3 years	Not in Place and not Considering Implementing
2. EHR functions accessible in:					
a. Hospital inpatient departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinics – Onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Clinics – Offsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. MD offices – Onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. MD offices – Offsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other outpatient settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Post-acute care settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What share of treating physicians in your hospital:					
	<b>0%</b>	<b>1-24%</b>	<b>25-49%</b>	<b>50-74%</b>	<b>75-100 %</b>
a. Routinely order medications electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Routinely order laboratory or other tests electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II. Level of spending on hospital IT adoption initiatives:**

4. How are you financing your HIT systems? Please check all that apply.

- a. Operational Budget
- b. Loans
- c. Capital Budget
- d. Bonds
- e. Grants

**Capital Spending:**

5. Amount of capital investment in hospital IT **in the last year** (fiscal or calendar):

\$\_\_\_\_\_ which is \_\_\_\_\_% of capital expenses

6. Amount forecasted or expected to be spent on hospital IT capital investment **over the next**

**3 years in total:** \$\_\_\_\_\_ which is \_\_\_\_\_% of capital expenses

**Ongoing Operation:**

7. Are you able to identify your IT operating cost?

- No
- Yes (If yes, please answer the following operational budget questions)

a. Amount spent on hospital IT operations (non-capital costs) **in the last year** (fiscal or calendar):

\$\_\_\_\_\_ which is \_\_\_\_\_% of expenses

b. Amount forecasted or expected to be spent on hospital IT operations **over the next 3 years in total:**

\$\_\_\_\_\_ which is \_\_\_\_\_% of expenses