

## SI IT Benchmarking Survey

**H**ealthcare CIOs and CFOs have historically struggled with the issues of IT cost comparison and benchmarking. How much are we spending versus peer organizations? Are we realizing the same value? To address these important issues, Scottsdale Institute offers SI IT Benchmarking and Collaboratives. Normalized data will be the starting point for collaboration and identifying best practices. Rather than pulling averages or conclusions from a database, collaborating with peer organizations based on normalized data enables efficient and practical sharing of successful practices and innovative solutions.

**This document is a guide for data collection only.** Space is left below for you to record data in preparation for online data entry. To participate in the SI Benchmarking Program, email [Scottsdale@scottsdaleinstitute.org](mailto:Scottsdale@scottsdaleinstitute.org) for instructions for data entry, a link to the data collection website and an anonymous data entry ID number. While all the data will be anonymous, each participant will have the option to indicate if they would like to be identified selectively to peer organizations for one-on-one discussions and/or participation in the collaboratives.

### PARTICIPANT AGREEMENT:

By accessing and entering data into Scottsdale Institute's IT Benchmarking Program Database, Participant grants Scottsdale Institute (SI) a non-revocable license to combine Participant's data together with data entered by other organizations for purposes of aggregating, analyzing, profiling and reporting on comparative benchmarks. If you are entering data into the SI IT Benchmarking Program Database on behalf of an organization or other legal entity, you represent that you have the authority to bind said organization or other legal entity to these terms and conditions. Participant further agrees that SI may, at its sole discretion, sell, license or otherwise market aggregated data on a commercial basis without payment of any fees to Participant. SI represents that it will not disclose or otherwise reveal individually identified Participant data to any third-party unless Participant so authorizes SI in writing or as a part of the data entry process. After you complete online data entry and validation, SI will provide access to the anonymous database and instructions for normalizing cohort data.

**Please indicate your agreement with the Participant Agreement above:**

Yes – continue     No – exit

**Are you willing to be identified to peer organizations for more in-depth, one-on-one discussions?**

Yes     No

### DATA COLLECTION:

Please respond to each question online at the data entry website based upon your organization's most recently completed fiscal year, excluding any health plan costs, FTEs or applications. Use the Comments area as needed to provide additional detail or clarification. If you have questions, please contact the Scottsdale Institute at [Scottsdale@scottsdaleinstitute.org](mailto:Scottsdale@scottsdaleinstitute.org) or 952.545.5880. Thank you for participating!

**Please indicate the fiscal year this submission represents:** \_\_\_\_\_

**Does this organization include one or more hospitals?**

Yes     No

**1 ORGANIZATIONAL INFORMATION:** Please provide responses based upon your last complete fiscal year unless noted otherwise.

a. <b>Organizational Operating Expense</b> (include labor fringe benefits)	
b. <b>Organizational Capital Expense</b> (exclude capital carry forward from the prior year)	
c. <b>Capital Expense Threshold</b>	
d. <b>Organizational Depreciation</b>	
e. <b>Total Revenue</b>	
f. <b>Inpatient Revenue</b>	
g. <b>Annual Inpatient Days</b>	
h. <b>Number of Staffed Beds</b>	
i. <b>Outpatient Visits</b> (all owned/managed, RAD, etc., exclude ED visits)	
j. <b>ED Visits</b>	
k. <b>Number of Inpatient Locations</b>	
l. <b>Number of Ambulatory/Outpatient Locations</b>	
m. <b>Total Organizational FTEs</b> (FTE is Full time Equivalents, not employees. For example: two half-time employees would make up one FTE)	
n. <b>Is the depreciation in 1d included in operating expense reported in 1a above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for question 1.

(This information is *OPTIONAL*. Please identify any comments with the appropriate question number.)

**2 IT INFORMATION:** Please provide responses based upon your last complete fiscal year unless otherwise noted.

a. <b>IT Operating Expense</b> (include fringe benefit costs for direct IT labor, consulting costs and operating expense costs of IT capital projects)	
b. <b>Capital</b> (include IT capital from other departments)	
c. <b>IT Depreciation</b>	
d. <b>Number of <u>employed</u> IT FTEs in IT budget</b>	
e. <b>Number of <u>outsourced</u> IT FTEs in IT budget</b>	
f. <b>Other IT-focused staff (FTEs) outside IT but not included in 2a above</b> (“Shadow” IT people in other departments who primarily have IT-related duties or titles and who’s salary, benefits, etc., are charged to their home departments. Commonly found in surgery, lab, radiology, pharmacy, etc.)	
g. <b>Expense for Other IT-Focused FTEs outside IT identified in 2f above</b> (include fringe benefits)	
h. <b>Any IT expense included in other department’s budget</b>	
i. <b>Corporate IT Expense Allocation to your IT budget, if applicable</b> (This and the following two questions refer to any allocation to your organization by a corporate parent organization and may not apply to you.)	
j. <b>Corporate IT Capital Allocation to your IT budget, if applicable</b>	
k. <b>Corporate IT FTEs Allocated to your IT budget, if applicable</b>	
l. <b>Total number of <u>employees</u> supported by IT</b>	
m. <b>Total number of <u>users</u> supported by IT</b>	
n. <b>Is the depreciation in 2c included in the operating expense reported in 2a?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
o. <b>If you have a corporate parent organization, do they allocate IT expenses, capital and FTEs to your organization which IS included in your IT budget?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
p. <b>If you have a corporate parent organization, do they allocate IT expenses, capital and FTEs to your organization which IS NOT included in your IT budget, but IS included in your organization’s budget?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for question 2.

(This information is *OPTIONAL*. Please identify any comments with the appropriate question number.)

3 a. Please check the box that best reflects the state of your organization’s major technology and/or nurse/physician adoption (major use > 50% of clinicians and units).

LEGEND			
1+	Live for over a year w/major use > 50%	<1	Live 0-12 months w/major use > 50%
I	Implementing/partially installed (<50%)	NS	Not yet started
		NA	Not applicable

Please put an X in the appropriate column:

1+	<1	I	NS	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barcode point of care med admin w/ positive ID in use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ED documentation in use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute patient care/RN documentation in use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multidisciplinary care plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document imaging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ICU documentation in use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physician inpatient CPOE in use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physician documentation (notes) captured electronically
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory prescribing/orders/documentation in use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RFID/RTLS (asset/people tracking)

3 b. If available, please enter your HIMSS Analytics EMR Adoption Model Score.

\_\_\_\_\_

3 c. Paperless supply chain across organization

Yes  No

3 d. Do you run redundant core systems to ensure 100% clinician system availability?

Yes  No

3 e. Please estimate the percentage of your overall organization’s space (square footage) covered by your wireless network(s).

\_\_\_\_\_

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for question 3.

(This information is OPTIONAL. Please identify any comments with the appropriate question number.)

4 Please check each of the following organizational functions your IT organization supports (support included in your IT budget): (please fill in checkbox if included in your IT Budget and provide additional data as requested in parenthesis)

	INCLUDED IN IT BUDGET	NUMBER (if applicable)
Health Plan	<input type="checkbox"/>	# of members
Transitional Care/Nursing Home	<input type="checkbox"/>	# of beds
Ambulatory Clinics/Owned Physician Practices	<input type="checkbox"/>	# of docs
Independent Physician Practices	<input type="checkbox"/>	# docs
Specialty Hospital (Type e.g. Children’s, Cancer, Rehab and # of beds)	<input type="checkbox"/>	Type
		# of beds
Teaching Hospital	<input type="checkbox"/>	# of interns
Home Health/Hospice Care	<input type="checkbox"/>	# annual visits
MSO	<input type="checkbox"/>	N/A
Social Service Agencies, Centers	<input type="checkbox"/>	# of agencies/centers
Ambulatory Facility	<input type="checkbox"/>	# annual patient visits
Inpatient Behavioral Health Care	<input type="checkbox"/>	# annual patients
Ref. Laboratory	<input type="checkbox"/>	# of annual tests

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for question 4.

(This information is OPTIONAL. Please identify any comments with the appropriate question number.)

**5 Please indicate whether the following items are part of your organization’s IT budget.**  
*(Indicate operating expense for functions included in IT budget)*

	PART OF IT BUDGET	NOT PART OF IT BUDGET BUT IN ORG. BUDGET	N/A TO MY ORG.	TOTAL OPERATING EXPENSE (if in IT budget)	TOTAL FTE's (if in IT budget)
<b>PACS Maintenance (Cardio/Rad)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Bio Medical Engineering</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Communications</b> (including voice and data communications support, switchboard operations, video conferencing and any other communications costs <b>except</b> telephone bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Telephone bills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HIM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Information Privacy and Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>CMIO/Medical Director of IT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Vendor Hardware/Software Support Fees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Disaster Recovery</b> (hot sites, vendor contracts, labor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Clinical Informatics Department</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Web Patient Portal</b> (patient access to results, appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Web Physician Portal</b> (Physician access to patient data, medical records completion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Web Consumer Portal</b> (an organizational website providing consumer information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**COMMENTS AREA**

**Use this area as needed to provide additional detail or clarification for question 5.**

*(This information is OPTIONAL. Please identify any comments with the appropriate question number.)*

**6 Our core INPATIENT CLINICAL vendor(s) are** (please also indicate if remotely hosted):

	CORE IP CLINICAL VENDOR	REMOTELY HOSTED
Cerner	<input type="checkbox"/>	<input type="checkbox"/>
CPSI	<input type="checkbox"/>	<input type="checkbox"/>
Eclipsys	<input type="checkbox"/>	<input type="checkbox"/>
Epic	<input type="checkbox"/>	<input type="checkbox"/>
GE	<input type="checkbox"/>	<input type="checkbox"/>
Healthland	<input type="checkbox"/>	<input type="checkbox"/>
HMS	<input type="checkbox"/>	<input type="checkbox"/>
McKesson	<input type="checkbox"/>	<input type="checkbox"/>
Meditech	<input type="checkbox"/>	<input type="checkbox"/>
Quadramed	<input type="checkbox"/>	<input type="checkbox"/>
Siemens	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> (Please provide vendor name in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not Applicable</b>	<input type="checkbox"/>	

**COMMENTS AREA**

**Use this area as needed to provide additional detail or clarification for question 6.**

*(This information is OPTIONAL. Please identify any comments with the appropriate question number.)*

**7 Our core OUTPATIENT/AMBULATORY/MD OFFICE CLINICAL vendor(s) are** (please also indicate if remotely hosted):

	CORE OP CLINICAL VENDOR	REMOTELY HOSTED
Allscripts	<input type="checkbox"/>	<input type="checkbox"/>
athenahealth	<input type="checkbox"/>	<input type="checkbox"/>
Cerner	<input type="checkbox"/>	<input type="checkbox"/>
Chartcare	<input type="checkbox"/>	<input type="checkbox"/>
Chartware	<input type="checkbox"/>	<input type="checkbox"/>
ComChart	<input type="checkbox"/>	<input type="checkbox"/>
Companion	<input type="checkbox"/>	<input type="checkbox"/>
DoctorsPartner	<input type="checkbox"/>	<input type="checkbox"/>
e-MDs	<input type="checkbox"/>	<input type="checkbox"/>
eClinical Works	<input type="checkbox"/>	<input type="checkbox"/>
Eclipsys	<input type="checkbox"/>	<input type="checkbox"/>
Epic	<input type="checkbox"/>	<input type="checkbox"/>
GE	<input type="checkbox"/>	<input type="checkbox"/>
Greenway Medical	<input type="checkbox"/>	<input type="checkbox"/>
JMJ	<input type="checkbox"/>	<input type="checkbox"/>
LSS	<input type="checkbox"/>	<input type="checkbox"/>
M2	<input type="checkbox"/>	<input type="checkbox"/>
McKesson	<input type="checkbox"/>	<input type="checkbox"/>
MedcomSoft	<input type="checkbox"/>	<input type="checkbox"/>
MedEvolve	<input type="checkbox"/>	<input type="checkbox"/>
MedicWare	<input type="checkbox"/>	<input type="checkbox"/>
NextGen	<input type="checkbox"/>	<input type="checkbox"/>
Practice Partner	<input type="checkbox"/>	<input type="checkbox"/>
Sage	<input type="checkbox"/>	<input type="checkbox"/>
Siemens	<input type="checkbox"/>	<input type="checkbox"/>
SOAPware	<input type="checkbox"/>	<input type="checkbox"/>
SynaMed	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please provide vendor name in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for question 7.

(This information is OPTIONAL. Please identify any comments with the appropriate question number.)



**8 Our core INPATIENT FINANCIAL vendor(s) are** (please also indicate if remotely hosted):

	CORE IP FINANCIAL VENDOR	REMOTELY HOSTED
Cerner	<input type="checkbox"/>	<input type="checkbox"/>
CPSI	<input type="checkbox"/>	<input type="checkbox"/>
Eclipsys	<input type="checkbox"/>	<input type="checkbox"/>
Epic	<input type="checkbox"/>	<input type="checkbox"/>
GE	<input type="checkbox"/>	<input type="checkbox"/>
HMS	<input type="checkbox"/>	<input type="checkbox"/>
Keane	<input type="checkbox"/>	<input type="checkbox"/>
McKesson	<input type="checkbox"/>	<input type="checkbox"/>
Meditech	<input type="checkbox"/>	<input type="checkbox"/>
Quadramed	<input type="checkbox"/>	<input type="checkbox"/>
Siemens	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> (Please provide vendor name in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not Applicable</b>	<input type="checkbox"/>	

**COMMENTS AREA**

**Use this area as needed to provide additional detail or clarification for question 8.**

*(This information is OPTIONAL. Please identify any comments with the appropriate question number.)*

**9 Our core OUTPATIENT FINANCIAL vendor(s) are** (please also indicate if remotely hosted):

	CORE OP FINANCIAL VENDOR	REMOTELY HOSTED
AdvancedMD	<input type="checkbox"/>	<input type="checkbox"/>
Allscripts	<input type="checkbox"/>	<input type="checkbox"/>
AltaPoint	<input type="checkbox"/>	<input type="checkbox"/>
athenahealth	<input type="checkbox"/>	<input type="checkbox"/>
Chartcare	<input type="checkbox"/>	<input type="checkbox"/>
Companion	<input type="checkbox"/>	<input type="checkbox"/>
DoctorsPartner	<input type="checkbox"/>	<input type="checkbox"/>
e-MDs	<input type="checkbox"/>	<input type="checkbox"/>
eClinical Works	<input type="checkbox"/>	<input type="checkbox"/>
Epic	<input type="checkbox"/>	<input type="checkbox"/>
GBA	<input type="checkbox"/>	<input type="checkbox"/>
GE	<input type="checkbox"/>	<input type="checkbox"/>
Greenway Medical	<input type="checkbox"/>	<input type="checkbox"/>
Henry Schein Medical Systems	<input type="checkbox"/>	<input type="checkbox"/>
LSS	<input type="checkbox"/>	<input type="checkbox"/>
McKesson	<input type="checkbox"/>	<input type="checkbox"/>
MedcomSoft	<input type="checkbox"/>	<input type="checkbox"/>
MedEvolve	<input type="checkbox"/>	<input type="checkbox"/>
NextGen	<input type="checkbox"/>	<input type="checkbox"/>
PCC	<input type="checkbox"/>	<input type="checkbox"/>
Practice Partner	<input type="checkbox"/>	<input type="checkbox"/>
Pulse	<input type="checkbox"/>	<input type="checkbox"/>
Sage	<input type="checkbox"/>	<input type="checkbox"/>
SynaMed	<input type="checkbox"/>	<input type="checkbox"/>
VantageMed	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please provide vendor name in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for question 9.

(This information is *OPTIONAL*. Please identify any comments with the appropriate question number.)

**10 Our core ERP vendor(s) are** (please also indicate if remotely hosted):

	CORE ERP VENDOR	REMOTELY HOSTED
CPSI	<input type="checkbox"/>	<input type="checkbox"/>
Cerner	<input type="checkbox"/>	<input type="checkbox"/>
HMS	<input type="checkbox"/>	<input type="checkbox"/>
Healthland	<input type="checkbox"/>	<input type="checkbox"/>
Kronos	<input type="checkbox"/>	<input type="checkbox"/>
Lawson	<input type="checkbox"/>	<input type="checkbox"/>
McKesson	<input type="checkbox"/>	<input type="checkbox"/>
Meditech	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Dynamic (Great Plains)	<input type="checkbox"/>	<input type="checkbox"/>
Oracle	<input type="checkbox"/>	<input type="checkbox"/>
SAP	<input type="checkbox"/>	<input type="checkbox"/>
Siemens	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please provide vendor name in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	

**COMMENTS AREA**

**Use this area as needed to provide additional detail or clarification for question 10.**

*(This information is OPTIONAL. Please identify any comments with the appropriate question number.)*

**NOTE: Questions 11 and 12 are optional.** The data they gather represents a snapshot of progress toward meeting the Phase One criteria of Meaningful Use. Question 11 deals with the 23 hospital measures while question 12 deals with the 25 ambulatory (Eligible Provider) measures.

**11 Optional section: Meaningful Use – Hospital Inpatient**

The following items represent the current IT meaningful use criteria for hospitals. Because the questions are specific and relate to the meaningful use of information technology, they should be answered Yes or No. If the question is answered “No”, please estimate the calendar year you expect to meet the requirement. In the event you want to expand any answer, please use the Comments area following the questions.

	YES	NO	YEAR (if applicable)
a. Is CPOE used for at least 10% of all orders?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is drug-drug, drug-allergy and drug-formulary conflict checking performed?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do at least 80% of all unique patients admitted have at least one current and active diagnosis entry (or an indication of “None”) recorded as structured (ICD or SNOMED) data?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do at least 80% of all unique patients admitted have at least one current and active medication entry (or an indication of “None”) recorded as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Do at least 80% of all unique patients admitted have at least one current and active medication allergy entry (or an indication of “None”) recorded as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do at least 80% of all unique patients admitted have demographics recorded as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do at least 80% of all unique patients age 2 and over admitted have blood pressure and BMI recorded as structured data? Additionally, is a growth chart plotted for children age 2 to 20?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Do at least 80% of all unique patients age 13 and older admitted have smoking status recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Are at least 50 percent of all clinical lab tests results ordered by an authorized provider during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
j. For quality improvement, reduction of disparities, research and outreach, is at least one report generated listing patients with a specific condition?	<input type="checkbox"/>	<input type="checkbox"/>	
k. Are hospital quality measures reported to CMS or the States?	<input type="checkbox"/>	<input type="checkbox"/>	
l. Are five clinical decision support rules – including for diagnostic test ordering – along with compliance tracking implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
m. Is insurance eligibility checked electronically for at least 80% of all unique patients admitted?	<input type="checkbox"/>	<input type="checkbox"/>	
n. Are at least 80% of all claims submitted electronically?	<input type="checkbox"/>	<input type="checkbox"/>	
o. Do at least 80% of the patients who request an electronic copy of their health record receive it within 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
p. Do at least 80% of the patients who request an electronic copy of their discharge instructions and procedures receive it?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	YEAR (if applicable)
q. Has at least one test of the EHR technology’s capacity to electronically exchange key clinical information been performed?	<input type="checkbox"/>	<input type="checkbox"/>	
r. Is medication reconciliation performed for at least 80% of relevant encounters and transitions of care?	<input type="checkbox"/>	<input type="checkbox"/>	
s. Is a summary of care record provided for at least 80% of transitions of care and referrals?	<input type="checkbox"/>	<input type="checkbox"/>	
t. Has at least one test of the EHR technology’s capacity to electronically submit data to immunization registries been performed?	<input type="checkbox"/>	<input type="checkbox"/>	
u. Has at least one test of the EHR technology’s capacity to electronically submit reportable lab results to public health agencies been performed (unless none of the agencies have the capacity to receive the data electronically)?	<input type="checkbox"/>	<input type="checkbox"/>	
v. Has at least one test of the EHR technology’s capacity to electronically submit syndromic surveillance data to public health agencies been performed (unless none of the agencies have the capacity to receive the data electronically)?	<input type="checkbox"/>	<input type="checkbox"/>	
w. Has a security risk analysis been conducted or reviewed according to HIPAA and security updates implemented as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS AREA**

**Use this area as needed to provide additional detail or clarification for section 11.**

*(This information is OPTIONAL. Please identify any comments with the appropriate question number.)*

**12 Optional section: Meaningful Use – Ambulatory (Eligible Providers)**

The following items represent the current IT meaningful use criteria for the ambulatory environment by Eligible Providers (EP). Because the questions are specific and relate to the meaningful use of information technology, they should be answered Yes or No. If the question is answered “No”, please estimate the calendar year you expect to meet the requirement. In the event you want to expand any answer, please use the Comments area following the questions.

	YES	NO	YEAR (if applicable)
a. Is CPOE used for at least 80% of all orders?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is drug-drug, drug-allergy and drug-formulary conflict checking performed?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do at least 80% of all unique patients seen by the EP have at least one current and active diagnosis entry (or an indication of “None”) recorded as structured (ICD or SNOMED) data?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are at least 75% of all permissible prescriptions written by the EP transmitted electronically using certified EHR technology?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Do at least 80% of all unique patients seen by the EP have at least one current and active medication entry (or an indication of “None”) recorded as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do at least 80% of all unique patients seen by the EP have at least one current and active medication allergy entry (or an indication of “None”) recorded as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do at least 80% of all unique patients seen by the practice have demographics recorded as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Do at least 80% of all unique patients age 2 and over seen by the practice have blood pressure and BMI recorded as structured data? Additionally, is a growth chart plotted for children age 2 to 20?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Do at least 80% of all unique patients age 13 and older seen by the practice have smoking status recorded?	<input type="checkbox"/>	<input type="checkbox"/>	
j. Are at least 50 percent of all clinical lab tests results ordered by the eligible provider during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data?	<input type="checkbox"/>	<input type="checkbox"/>	
k. For quality improvement, reduction of disparities, research and outreach, is at least one report generated listing patients of the practice with a specific condition?	<input type="checkbox"/>	<input type="checkbox"/>	
l. Are ambulatory quality measures reported to CMS or the States?	<input type="checkbox"/>	<input type="checkbox"/>	
m. Are reminders for preventive/follow-up care sent to 50% of unique patients seen by the practice that are 50 or over?	<input type="checkbox"/>	<input type="checkbox"/>	
n. Are five clinical decision support rules, relevant to the clinical quality metrics the EP is responsible for implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
o. Is insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP?	<input type="checkbox"/>	<input type="checkbox"/>	
p. Are at least 80% of all claims submitted electronically?	<input type="checkbox"/>	<input type="checkbox"/>	
q. Do at least 80% of the patients who request an electronic copy of their health record receive it within 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
r. Are at least 10% of all patients seen by the EP provided timely electronic access to their health information?	<input type="checkbox"/>	<input type="checkbox"/>	
s. Are clinical summaries provided to patients for at least 80% of all office visits?	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	YEAR (if applicable)
t. Has at least one test of the EHR technology’s capacity to electronically exchange key clinical information been performed?	<input type="checkbox"/>	<input type="checkbox"/>	
u. Is medication reconciliation performed for at least 80% of relevant encounters and transitions of care?	<input type="checkbox"/>	<input type="checkbox"/>	
v. Is a summary of care record provided for at least 80% of transitions of care and referrals?	<input type="checkbox"/>	<input type="checkbox"/>	
w. Has at least one test of the EHR technology’s capacity to electronically submit data to immunization registries been performed?	<input type="checkbox"/>	<input type="checkbox"/>	
x. Has at least one test of the EHR technology’s capacity to electronically submit syndromic surveillance data to public health agencies been performed (unless none of the agencies have the capacity to receive the data electronically)?	<input type="checkbox"/>	<input type="checkbox"/>	
y. Has a security risk analysis been conducted or reviewed according to HIPAA and security updates implemented as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	

**COMMENTS AREA**

Use this area as needed to provide additional detail or clarification for section 12.

(This information is *OPTIONAL*. Please identify any comments with the appropriate question number.)

**How did you hear about the SI IT Benchmark Program** (please be specific, i.e. name of organization, vendor, publication, website, etc.):

**THANK YOU FOR PARTICIPATING!**



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