

Definitions and Completion Guidance

2010 SI IT Benchmarking Program Survey

The following guidance is provided based on the primary purposes of the survey: to allow IT operating executives and managers to compare like costs among similar facilities; and optionally, through collaborative participation to then verify and improve the effectiveness of their own processes and products, and devise best practices. To achieve these goals, it's important to obtain a true "apples-to-apples" comparison. It's also important to consider that data may be provided by single hospitals, loosely-coupled organizations representing several hospitals or corporate offices representing many facilities. Your financial responses throughout the survey, other than Section 10, should be based on your last completed fiscal year. A [printable \(PDF file\) version](#) of the survey is available to help collect information. Actual data entry is completed online.

After the introductory material, the first two sections gather basic data about your organization as a whole and the IT area specifically. Sections 3 and 4 provide data about the state of your IT efforts and information on the type of organizations you support. Section 5 is critical to the normalization process. It addresses the costs of functions which *may or may not* be included in your IT budget. Since they are in some budgets and not in others, we use this section to account for them during the normalization process. Sections 6 through 10 identify your primary vendors. Finally, optional Sections 11 and 12 collect "snapshot" data on your current Meaningful Use status.

The numeric data in Sections 1, 2, and 5 will be used in calculations to develop comparative statistics. Data in the remaining sections is used by other organizations to help identify similar organizations for inclusion in comparative cohorts.

General note regarding data entry:

You may exit the survey and return at your convenience at any time during data entry before you click on "Finish" at the end of the survey. When you come back, you will automatically be taken to the page you were on when you left. HOWEVER, any data entered *on that page* will be lost unless you follow the process in the next paragraph.

To avoid losing data: before you quit, click on the "Next" button; wait for the page to change, then click the "Back" button and wait for the page change before exiting. An alternate method is to complete data entry on a page, click on "Next" and exit before entering data on the new page. (Due to a technical limitation, data is only saved when you click the "Next" button.)

Following is specific guidance for each of the sections.

INTRODUCTORY MATERIAL

The Participant Agreement outlines the basic terms of participating in SI IT Benchmarking. It outlines SI's rights and responsibilities to you. If you have any questions or concerns regarding the Participant Agreement, please send an email to Scottsdale@scottsdaleinstitute.org. To continue with the survey, check the box to indicate your agreement with the Participant Agreement.

If you are willing to be identified to other organizations as part of the benchmarking process, please indicate that willingness in the next item. If you answer “Yes,” we will provide your email contact information to other participants who request one-on-one discussions regarding comparing processes and costs. If you decide to participate in a collaborative, the contact information of all members will be shared with all members as part of the start-up of the collaborative. Your contact information will not be shared other than as indicated here without your permission.

The question regarding your organization including at least one hospital helps explain answers to ensuing questions if you are a purely ambulatory organization. It also helps in selecting a comparison cohort.

SECTION 1

This section asks for some basic information regarding the organization completing the survey. Your CFO is a good resource (or can steer you to a good resource in the financial area) for answering these questions. Statistical calculations will be made for comparative purposes using these numbers as well as those in Sections 2 and 5.

Acronyms and definitions for this section:

- **ED** – Emergency Department
- **RAD** – Radiology
- **FTE** – Full-time equivalents NOTE: this is FTEs, *not employees*. For example: two half-time employees would make up one FTE.
- **Capital** – includes both current-year projects and the full value of multiyear projects started in this year.
- **Capital carry forward** – in (1b) refers to capital dollars for multiyear projects approved in prior years.
- **Capital expense threshold** – (1c) refers to the level of expenditure that would cause an item to be considered a capital item rather than an expense item.

Additional guidance for this section:

- Item 1a. Labor fringe benefits for the organization are usually included as a line item in the Human Resources budget. You may either include or exclude depreciation in this number. A question following Item 1m specifically asks if depreciation is included in total operating expenses.
- Item 1c. The capital threshold varies among organizations. If you are answering this question for multiple supported hospitals that do not have the same capital threshold, or, your organization has more than one threshold for various types of capital, use a weighted average based on the amount you capitalize at each organization. As mentioned above, your CFO is a good resource for answering this item. Only one number can be entered here. You can provide details of multiple thresholds in the comments area.
- Item 1d. Depreciation is entered here, regardless of whether or not it is included in Item 1a.
- Items 1e, 1f and 1g will be used to calculate adjusted patient days using the formula provided by HFMA. Various statistics will then be calculated using this number.

SECTION 2

This section pertains to IT rather than the entire organization. Definitions clarified above are not repeated here.

Additional guidance for this section:

- Item 2a. The fringe benefits mentioned may not be included in the IT budget. If not, either Finance or Human Resources should be able to give you a multiplier for your labor expense to arrive at the fringe-benefit expense. As with Section 1, you may include depreciation or not.
- Item 2b. For IT capital, be sure to include any IT capital that may be included in other departments' budgets rather than in the IT department budget. As in the organizational information question (1b), do not count capital carry forward.
- Item 2c. Depreciation is entered here, regardless of whether or not it is included in Item 2a.
- Items 2d and 2e. Enter the number of full-time equivalents (FTEs) included in the IT budget which are employed and outsourced respectively. Note that 2e includes any outsourced staff such as contract employees. If a precise number of outsourced FTEs is not known due to the nature of the contract, please make your best estimate.
- Item 2f. This item refers to what is sometimes known as “shadow” IT staff. It's rare for an organization to not have a few of these folks. They are typically found in Radiology, Lab, Pharmacy, Radiation Oncology and Surgery; but may also occur elsewhere. Although they are in other departments, the majority of their duties are IT-related.
- Item 2g includes the salary and fringe benefit expenses for the FTEs reported in Item 2f. Since these employees are in other departments, if actual numbers are not available to you, please use your best estimate.
- Item 2h includes any IT-related expenses for other departments which are not included in the IT budget. Some organizations budget small items such as discrete packaged software like office automation or specialized functional software in operating departments.
- Item 2i. Corporate IT expense allocation refers to the portions of centralized IT expense a parent organization allocates to its subordinate organizations. This is typical only in large healthcare systems. If questionable, check with your CFO.
- Item 2j. Corporate IT capital allocation refers to the portion of centralized IT capital that a parent organization allocates to its subordinate organizations. Like the expense allocation, this item will only apply to organizations with parent organizations.
- Item 2k. Corporate IT FTE allocation refers to the portion of centralized IT FTEs that a parent organization allocates to its subordinate organizations. As above, this item will only apply to organizations with parent organizations.
- Item 2l should include supported users who are employees of your organization.
- Item 2m should include all supported users, including those who may not be employees of the organization; for example, private physician offices.
- In Item 2n please indicate if IT depreciation (2c) was included in the operating expense reported in 2a.
- Items 2o and 2p should be answered N/A if you do not have a corporate parent. Otherwise, please indicate if any corporate allocations are included in the IT or organizational budget in 2o and 2p respectively.

SECTION 3

This section provides a snapshot of the state of information technology in your organization. Please check the appropriate box to indicate your status with each of the items listed.

Acronyms and Definitions for this section:

- **ED** – Emergency Department
- **ICU** – Intensive Care Unit
- **RFID** – Radio Frequency Identification (Device)
- **RTLS** – Real Time Location System

Item 3b is new this year. If it's available, please enter your HIMSS Analytics EMR Adoption Score. This is a number from 0 to 7.

Item 3e is also new. Members have asked for this information to compare the scope of your wireless coverage with selected cohorts.

SECTION 4

This section provides additional information to help differentiate organizations. Note that an item should only be selected if it is supported by your IT department and/or the cost of that support is included in the IT budget.

Acronyms and Definitions for this section:

- **MSO** – Management Services Organization

Additional guidance for this section:

- The “Ref. Laboratory” question pertains only to services provided as a reference lab, not as your internal laboratory.
- For those areas requiring the number of beds, please use *staffed* beds, not *licensed* beds.
- If you have more than one specialty hospital, please enter one on the appropriate line and the remaining one(s) in the comments area.

SECTION 5

This section quantifies some of the common items that are included in some IT budgets, but not in all. In order to get to an “apples-to-apples” comparison, these items, their associated costs and FTEs need to be identified. Other organizations will use your numbers when normalizing the data. For example, if your IT budget includes PACS Maintenance and the associated FTEs but another organization's IT budget does not, they will subtract the numbers you report from your total expense and FTE count in order to get a more apples-to-apples expense comparison to your organization. This section is critical to the normalization process.

Acronyms and Definitions for this section:

- **PACS** – Picture Archiving and Communication System
- **HIM** – Health Information Management Department (Medical Records). (The IT support for HIM is typically in the IT budget, however, in some organizations the HIM department or function is also included in the IT area. In this section, we are referring to the HIM function.)

- **CMIO** – Chief Medical Information Officer (usually a physician)
- **Web Patient Portal** – A way for patients to access their personal health information (lab results, etc.), schedule appointments, etc. via the internet.
- **Web Physician Portal** – A web-based method for physicians to access patient data, complete medical records, etc.
- **Web Consumer Portal** – A hospital website providing general consumer information. Virtually every organization has this function, although the cost may be allocated to another department.

Additional guidance for this section:

- If an item is included in the IT budget, please indicate the total operating expense and FTEs associated with the item. Ensure that the cost of the FTEs is included in the total cost.
- If an item (such as communications) is *partially* included in the IT budget, check the “Part of IT budget” box and include the expense and FTEs associated with that portion of the item. You can then include clarifying comments in the comments area of this section.
- If an item is not included in the IT budget, but the organization does have the function, please check the “Not part of IT budget, but in org. budget” block. If this block is checked, do not include expenses or FTEs on this line.
- The CMIO role is more typical in larger organizations. If you have someone in this role, please include those costs here.
- Some items, such as telephone bills and vendor support fees will probably not have FTEs associated with them.
- Vendor support fees are intended to be an aggregate number of all support fees paid to your vendors, not a single vendor’s fees.
- Physician and patient web portal information should be included, even if only partially implemented.

Sections 6 through 10 are self explanatory.

- If appropriate, more than one vendor may be selected in these items. New this year, please also indicate if any core systems are remotely hosted.

Sections 11 and 12 are optional, however, you are encouraged to complete them. Section 11 asks 23 “yes/no” questions which equate to the current measures for the 23 elements of hospital Meaningful Use of IT. Section 12 asks similar questions regarding the ambulatory (Eligible Provider) environment. In both sections, if you answer an item “No,” please estimate the calendar year you expect to meet the criteria of the item.

The intent of these sections is to capture a snapshot of your status at this point in time. Although these questions should be answerable with a simple yes or no, please include any comments in the bottom comment section if you feel it will help explain your answers.



Stanley R. Nelson, Chairman • Donald C. Wegmiller, Vice Chairman • Shelli Williamson, Executive Director
 1660 Highway 100 South, Suite 306 • Minneapolis, MN 55416
 Phone: 952.545.5880 • Fax: 952.545.6116

E-mail: scottsdale@scottsdaleinstitute.org • www.scottsdaleinstitute.org