

# SCOTTSDALE INSTITUTE IT METRICS

Originated by Spectrum Health

## Benchmark Questionnaire

Healthcare 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 this important issue, Scottsdale Institute introduces SI IT Metrics, originated by Spectrum Health.

This document is a guide to data collection only. To enter data email [Scottsdale@scottsdaleinstitute.org](mailto:Scottsdale@scottsdaleinstitute.org) for instructions, a link to the data collection website and 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 about your comparisons.

Please respond to each question 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!

### QUESTIONS:

**1 Organizational Information:** Please provide responses based upon your last complete fiscal year.

a. Total operating expense (exclude depreciation, include labor fringe benefits)	
b. Total capital expense (exclude capital carry forward from the prior year)	
c. Capital expense threshold	
d. Total annual inpatient days	
e. Total outpatient visits (all owned/managed, RAD, etc., exclude ED visits)	
f. Total ED visits	
g. Total number of physical locations (hospitals, clinics, etc., NOT small group practices)	
h. IT cost per adjusted patient day	

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

a. Total IT operating expense (exclude IT depreciation and capital projects, nursing labor, etc., include fringe benefit costs for direct IT labor)	
b. Expense for other IT focused staff outside IT but not included above (those who devote 80% of their time to IT, have recognized IT related titles and/or functions)	
c. Corporate IT expense allocation to regional IT budget, if applicable	
d. Total IT capital expense (exclude capital carry forward from the prior year; include IT capital from other departments)	

e. Corporate IT capital allocation to regional IT budget, if applicable	
f. Total number of IT department employees (FTEs)	
g. Total number of IT-focused staff in other departments not included above (FTEs)	
h. Corporate IT employees allocated to regional budgets, if applicable	
i. Percentage of employed IT staff in operating budget (percent of IT staff, FTEs, that are currently employed full time by your organization, including contractors, in-sourcing, etc.)	
j. Percentage of outsourced IT staff in operating budget (all other IT staff that are outsourced or temporary help)	
k. Total IP staff supported by IT (FTEs) OR total staff supported if not categorized by IP/Ambulatory.	
l. Total Ambulatory staff supported by IT (FTEs) (Leave blank if all FTEs are included in 2k.)	

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% adoption	NA	Not yet started

1+	<1	I	NA		1+	<1	I	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BPOC med admin w/ positive ID in use	<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"/>	ED documentation in use	<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"/>	Acute patient care/RN documentation in use	<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"/>	Multidisciplinary care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wireless network enabled
<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"/>	RFID/RTLS (asset/people tracking)

b) Paperless supply chain across organization  Yes  No

c) Do you run redundant core systems to ensure 100% clinician system availability?  Yes  No

4 Please check each of the following that are included in your IT budget and are supported by your IT organization.

<input type="checkbox"/> Health Plan (# members _____)	<input type="checkbox"/> Teaching Hospital (# interns_____)	<input type="checkbox"/> Ambulatory Facility (# annual patient visits_____)
<input type="checkbox"/> Transitional Care/Nursing Home (# beds_____)	<input type="checkbox"/> Home Health/Hospice Care (# annual visits_____)	<input type="checkbox"/> Behavioral Health Care (# annual patients_____)
<input type="checkbox"/> Group Practice/Multi-Specialty Clinic (# of docs_____)	<input type="checkbox"/> MSO	<input type="checkbox"/> Ref. Laboratory (# annual specimens_____)
<input type="checkbox"/> Specialty Hospital (Type_____ e.g. Children's, Cancer, Rehab, # beds_____)	<input type="checkbox"/> Independent Physician Practices (# docs_____)	
	<input type="checkbox"/> Social service agencies, centers (#_____)	

**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 DEPARTMENT BUDGET	NOT PART OF IT DEPARTMENT BUDGET	N/A—NOT APPLICABLE FOR MY ORGANIZATION	TOTAL OPERATING EXPENSE (if in IT budget)	TOTAL FTEs (if in IT budget)
PACS Maintenance (Cardio/Rad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bio Medical Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Telephony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Information Privacy and Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
HIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Telephone Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	NA
CMIO/Medical Director of IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Vendor hw/software Support Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	NA
Department-based IT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
IT Depreciation Expense (not needed if not included in question 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	NA
Disaster Recovery (hot sites, vendor contracts, labor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	NA
Clinical Informatics Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Web Presence Patient Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Web Presence Consumer Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**6** Our core inpatient clinical vendor/s are:

- |                                   |                                     |                                   |   |
|-----------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Cerner   | <input type="checkbox"/> Epic       | <input type="checkbox"/> HMS      | <input type="checkbox"/> Quadramed      |
| <input type="checkbox"/> CPSI     | <input type="checkbox"/> GE         | <input type="checkbox"/> McKesson | <input type="checkbox"/> Siemens        |
| <input type="checkbox"/> Eclipsys | <input type="checkbox"/> Healthland | <input type="checkbox"/> Meditech | <input type="checkbox"/> Other: _____   |
|                                   |                                     |                                   | <input type="checkbox"/> Not applicable |

7 Our core outpatient/ambulatory/MD office clinical vendor/s are:

- |                                       |   |                                     |   |
|---------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Allscripts   | <input type="checkbox"/> DoctorsPartner   | <input type="checkbox"/> JMJ        | <input type="checkbox"/> NextGen          |
| <input type="checkbox"/> Athenahealth | <input type="checkbox"/> e-MDs            | <input type="checkbox"/> LSS        | <input type="checkbox"/> Practice Partner |
| <input type="checkbox"/> Cerner       | <input type="checkbox"/> eClinical Works  | <input type="checkbox"/> M2         | <input type="checkbox"/> Sage             |
| <input type="checkbox"/> CHARTCARE    | <input type="checkbox"/> Eclipsys         | <input type="checkbox"/> McKesson   | <input type="checkbox"/> Siemens          |
| <input type="checkbox"/> ChartWare    | <input type="checkbox"/> Epic             | <input type="checkbox"/> MedcomSoft | <input type="checkbox"/> SOAPware         |
| <input type="checkbox"/> ComChart     | <input type="checkbox"/> GE               | <input type="checkbox"/> MedEvolve  | <input type="checkbox"/> SynaMed          |
| <input type="checkbox"/> Companion    | <input type="checkbox"/> Greenway Medical | <input type="checkbox"/> MedicWare  | <input type="checkbox"/> Other: _____     |
|                                       |   |                                     | <input type="checkbox"/> Not applicable   |

8 Our core inpatient financial vendor/s are:

- |                                   |                               |                                   |   |
|-----------------------------------|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> CPSI     | <input type="checkbox"/> Epic | <input type="checkbox"/> Keane    | <input type="checkbox"/> Quadramed      |
| <input type="checkbox"/> Cerner   | <input type="checkbox"/> GE   | <input type="checkbox"/> McKesson | <input type="checkbox"/> Siemens        |
| <input type="checkbox"/> Eclipsys | <input type="checkbox"/> HMS  | <input type="checkbox"/> Meditech | <input type="checkbox"/> Other: _____   |
|                                   |                               |                                   | <input type="checkbox"/> Not applicable |

9 Our core outpatient financial vendor/s are:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> AdvancedMD     | <input type="checkbox"/> e-MDs                           | <input type="checkbox"/> LSS              | <input type="checkbox"/> Pulse          |
| <input type="checkbox"/> Allscripts     | <input type="checkbox"/> eClinicalWorks                  | <input type="checkbox"/> McKesson         | <input type="checkbox"/> Sage           |
| <input type="checkbox"/> AltaPoint      | <input type="checkbox"/> Epic                            | <input type="checkbox"/> MedcomSoft       | <input type="checkbox"/> SynaMed        |
| <input type="checkbox"/> Athenahealth   | <input type="checkbox"/> GBA                             | <input type="checkbox"/> MedEvolve        | <input type="checkbox"/> Vantage Med    |
| <input type="checkbox"/> CHARTCARE      | <input type="checkbox"/> GE                              | <input type="checkbox"/> NextGen          | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Companion      | <input type="checkbox"/> Greenway Medical                | <input type="checkbox"/> PCC              | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> DoctorsPartner | <input type="checkbox"/> Henry Schein<br>Medical Systems | <input type="checkbox"/> Practice Partner |   |

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

- Yes  No

*Thank you for participating!*



Stanley R. Nelson, Chairman • Donald C. Wegmiller, Vice Chairman • Shelli Williamson, Executive Director

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