



Healthcare Quality Reporting Program

STEERING COMMITTEE

04/25/11, 3-4:30pm
 Department of Health, Room 401

Facilitation: Rosa Baier, MPH and Samara Viner-Brown, MS
Recorder: Ann Messier

Goals/Objectives

- Obtain Steering Committee approval and input regarding ongoing healthcare quality reporting

Notes

- *Attachments* are provided electronically with the agenda and minutes.
- *Handouts* are also provided in hard copy at the meeting.

Voting Members (Quorum = 8+ Members)

T Ted Almon (<i>rep</i>)	G Neal Galinko, MD, MS, FACP	G Rhoda E. Perry
T Virginia Burke, Esq.	T Diane Gallagher	G Donna Policastro, NP, RCN
T Cathy Cranston	T Debra McDonald, RN	G Louis Pugliese
T Michael Fine, MD (<i>Chair</i>)	G Linda McDonald, RN	G Gina Rocha, RN, MPH
G Arthur Frazzano, MD	T Jim Nyberg	

Administrative Updates

Welcome	• Remarks by Dr. Fine
Previous Action Items	• Follow-up with HH-CAHPS vendors about data sharing (Rosa/Ann) • Send letter to home health agencies (Sam/Rosa/Ann) • Ask Kathy about the most recent HDDS POA data (Rosa) • Ask Gail to follow-up with Ron on pressure ulcers (Rosa)
Topics	• <u>Website edits:</u> Rebranding the “Health Care Quality Performance Program” as the “Healthcare Quality Reporting Program” is ongoing. Current efforts include reorganizing and revising the website, including naming reports “Care Outcomes” or “Satisfaction” and “Methods.” The goal is to make the website as consumer-friendly and useful as possible.

Home Health Measures Subcommittee *(Chair: Rosa Baier, MPH)*

Current topics	• Patient satisfaction (TBD)
Discussion	• <u>Partnership with Press Ganey:</u> Rosa briefly recapped the process to date, noting that there have

Home Health Measures Subcommittee*(Chair: Rosa Baier, MPH)*

been numerous communication challenges working with Press Ganey.

- Agency follow-up:
HEALTH extended the initial deadlines for contracts and mailing lists, contacting agencies by mail, fax, and phone (see handouts).
- Vendor data for skilled and non-skilled patients:
The data collection period was Q4 2010. Rosa, Rachel, and Ann have been communicating with Press Ganey and the HH-CAHPS vendors about obtaining data. The Press Ganey process has delayed the receipt of data for non-skilled patients and there is a lagtime for HH-CAHPS, so it will be 1-2 more months before HEALTH has the data.
- Next round of data collection for non-skilled patients (2012):
Due to the significant number of challenges in completing this process, Rosa advised that the Home Health Subcommittee “debrief” regarding the process and formulate new recommendations for the next round of public reporting, currently scheduled for Fall 2012.

Recommendations

- None

Votes, if any

- n/a

Action items, if any

- Follow-up with the vendors to obtain data (Rosa/Rachel)
- Convene the Subcommittee to review report and debrief (Sam/Rosa)

Next meeting

- None scheduled – pending data

Hospital-Acquired Infections (HAI) Subcommittee*(Chairs: Len Mermel, DO; Sam Viner-Brown, MS)*

Current topics

- MRSA (Q1 2011)
- *C. difficile* (Q2 2011)
- Flu vaccination reporting (June 2011)
- CDC-funded HAI Collaborative

Discussion

- Standardized Incidence Ratio (SIR) methodology:
Rosa and Rachel presented to the Subcommittee earlier on 4/25 (see attachment) about using SIRs to report ICU data by ICU or aggregated to a single facility score. The SIR allows HEALTH to account for rare occurrences (incidence) and variability (using 90% confidence intervals to calculate diamonds). Currently, the Subcommittee is recommending continuing to report ICU data by ICU.
- MRSA CLABSI and *C. difficile* next steps:
The infection preventionists have operationalized the NHSN definitions for MRSA CLABSI and *C. difficile*. Q1 2011 data for MRSA CLABSI are due to HEALTH by 5/12 and will be publicly reported in late May. *C. difficile* data collection is being piloted in Q2 2011; Q3 2011 data will be publicly reported this Fall.
- Application for continued CDC funding:
Rosa noted that when the Steering Committee and other Subcommittees were on hiatus last year due to budget cuts, the HAI

Hospital-Acquired Infections (HAI) Subcommittee (Chairs: Len Mermel, DO; Sam Viner-Brown, MS)

Subcommittee continued because it is funded by a CDC grant. Sam and Melinda Thomas, from HEALTH, are currently exploring extending this funding from December 2011 to July 2012 through a new grant application.

- Hospital engagement for the HAI Collaborative (handout):
Separate from the Healthcare Quality Reporting Program, HEALTH also has a CDC grant for the HAI Collaborative. Led by Len and Maureen Marsella, from Quality Partners, the Collaborative is focused on the same HHS priority topics (MRSA and *C. difficile*) and complements this program's activities. Dr. Fine recently sent a letter to hospitals encouraging multi-disciplinary participation in the Collaborative.

Recommendations	• None
Votes, if any	• n/a
Action items, if any	• None
Next meeting	• 8-9am, 5/23 in Room 401 at HEALTH

Hospital Measures Subcommittee (Chair: Sam Viner-Brown, MS)

Current Topics	• Pressure ulcer incidence (TBD)
Discussion	<ul style="list-style-type: none"> • <u>Pressure ulcer analyses:</u> Sam spoke with Kathy Taylor, from HEALTH, and the pressure ulcer present on admission (POA) data are in-house and ready to run. She expects the preview report to be ready for hospital review shortly; when it is, Rosa will reconvene the Subcommittee. • <u>Disparities analyses:</u> Dr. Fine proposed introducing the issue of equal treatment for all patients at the next Subcommittee meeting. He would like to look at the treatments with different outcomes based on race, ethnicity, and socio-economic status.
Recommendations	•
Votes, if any	• n/a
Action items, if any	<ul style="list-style-type: none"> • Meet with Dr. Fine to define the disparities analyses (Sam/Rosa) • Include disparities on the Subcommittee agenda (Sam/Rosa)
Next meeting	• None scheduled – pending data

Nursing Home Measures Subcommittee (Chair: Gail Patry, RN, CPEHR)

Current Topics	• Resident and family satisfaction
Discussion	<ul style="list-style-type: none"> • <u>Satisfaction report:</u> The 2010 Family and Resident Satisfaction Report (see handout) was posted on HEALTH's website on Friday 4/22 and the press release (see attachment) followed earlier on 4/25. • <u>Following up with nursing homes:</u> At the Subcommittee's request, Rachel is performing an analysis to

Nursing Home Measures Subcommittee*(Chair: Gail Patry, RN, CPEHR)*

determine whether any nursing homes should be referred to Facilities Regulation for non-compliance (no surveys or failure to survey both families and residents) or suspected non-compliance (too few surveys given the facility's size). Sam is also following up with Facilities Regulations to determine what happened with 2009 follow-up.

- Performing a reporting methodology scan:
Since it has been several years since the Subcommittee reviewed other state's efforts, Rachel is performing an environmental scan redone to determine how other states report nursing home satisfaction (methods and display format). This will inform any suggested revisions for 2011 reporting.

Recommendations	• None
Votes, if any	• None
Action items, if any	• n/a
Next meeting	• 3-4:30pm, 6/21 at RIHCA

Physician Measures Subcommittee*(Chair: Rebekah Gardner, MD)*

Current Topics • 2011 Physician HIT Survey (attachments)

Discussion • 2011 survey results:
Rosa reported that the annual results were released in March. The overall response rate was very high (~63%). The public reports are complete, although the team continues to perform analyses. For example, Hannah Shamji, an intern at Quality Partners, is currently analyzing the free-text responses to EMR and e-prescribing barriers.

Two reports were discussed with the Committee, including the Summary Report and a Detail Report focused on Meaningful Use. This year's survey was the first to ask physicians about Meaningful Use, and it will be interesting to see how this year's responses (intent to apply) correspond to next year's (what physicians actually did).

- Press release:
The program chose to release the nursing home satisfaction press release first (since those data date to November 2010) and, since that press release was distributed on 4/25, will follow with a survey press release in the next couple weeks.
- "Health by Numbers" column in RIMS:
Sam, Rosa, and Rachel co-authored a column for the July issue of *Medicine/Health Rhode Island*, describing this year's survey results and the trends from 2009 to present.
- Possible GIS mapping:
Steve Sawyer, from HEALTH, has expressed interest in GIS mapping the survey results, which could be useful for grouping physician by practice or looking at possible disparities.

Physician Measures Subcommittee		<i>(Chair: Rebekah Gardner, MD)</i>
Recommendations	• None	
Votes, if any	• n/a	
Action items, if any	• None	
Next meeting	• None scheduled – ongoing stakeholder outreach	
Open Discussion		
Topics	<ul style="list-style-type: none"> • <u>May meeting date:</u> Based on the Committee’s feedback, the May meeting date was cancelled and the Committee will reconvene on 7/18. • <u>FY 2012 Funding:</u> Jim inquired about continued program funding, since the program has experienced stop-work orders in previous years. Sam and Dr. Fine responded that, to date, the program remains in the FY 2012 budget, although that budget is subject to revision. 	
Closing	• Remarks by Dr. Fine	
New Action items	<ul style="list-style-type: none"> • Meet with Dr. Fine to define the disparities analyses (Sam/Rosa) • Include disparities on the Subcommittee agenda (Sam/Rosa) 	
Next Committee meeting	• 3-4:30pm, 7/18 in Room 401 (5/16 meeting cancelled)	



Healthcare Quality Reporting Program

STEERING COMMITTEE DATA UPDATES

04/25/11

Data Updates (Reports, Oldest to Newest by Setting)	Update Frequency	Last Updated
Home Health		
• Clinical quality measures from Medicare	Quarterly	Nov 2009
• Patient satisfaction	2 years	May 2008
Hospital		
• Clinical quality measures from Medicare	Quarterly	Dec 2010
• Hand hygiene processes	Annually	Feb 2011
• Surgical Care Infection Program (SCIP) Measures	Quarterly	Dec 2010
• Central-Line Associated Bloodstream Infections (CLABSI)	Quarterly	Dec 2010
• Pressure ulcer incidence	Quarterly	Sept 2009
• Employee influenza vaccination rates	Annually	Oct 2010
• MRSA incidence	Quarterly	-
• <i>C. Difficile</i> incidence	Quarterly	-
Nursing Home		
• Clinical quality measures from Medicare	Quarterly	Feb 2011
• Resident and family satisfaction	Annually	Feb 2011
• Employee influenza vaccination rates	Annually	-
Physician		
• HIT adoption	Annually	Mar 2011



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

URGENT FAX

March 7, 2011

Dear Home Health Agency:

As you know, the Department of Health's public reporting program mandates the regular collection and public dissemination of home health satisfaction data. We continue to work with Press Ganey on your behalf to ensure that you are able to fulfill the state mandate, especially since the original deadline for submitting your mailing data (January 31, 2011) is long past (due to the extenuating circumstances with Press Ganey). This is a notification of the **extended due date**. Additional information to help you submit your data and signed contract follows.

Please return your signed contract and test file to Press Ganey by March 14th to remain in regulatory compliance. Participation in this survey process is mandatory. We understand that several agencies have experienced some difficulty with the contracts and test files. The rest of this letter contains **important information about technical help and contacting Press Ganey**, as well as the timeline:

March 9-11th—Technical support calls

March 14th—Submit signed contract and test file to Press Ganey

March 21st—Submit final data to Press Ganey

Again, the technical support calls this week are intended to help answer your technical questions so you can meet these deadlines, which will not be extended again. **Please review the attached "Test File Guide" and "Test File Template" prior to these calls.**

For questions regarding your contract or test file, please contact Christan Shelton at Press Ganey: 574-234-8920; cshelton@pressganey.com.

I appreciate your continued assistance.

Sincerely,

A handwritten signature in cursive script that reads "Samara Viner-Brown".

Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis
samara.viner-brown@health.ri.gov

Attachments:

- 1) Technical Support Calls—descriptions and schedule
- 2) Test file example/template
- 3) Press Ganey Technical Transmission instructions



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

URGENT

March 22, 2011

Contact
Agency Name
Address
City, RI ZIP

Dear [Contact Name]:

As you know, home health agencies are required to participate in the Department of Health's public reporting program. We have recently contacted you several times regarding the collection of home health satisfaction data. **I am now writing to inform you that your agency is out of compliance and is being referred to the Division of Facilities Regulations.**

For agencies with Medicare skilled patients, participation in the Home Health CAHPS satisfaction survey is now required by Medicare. For agencies like yours, with non-skilled patients, participation in the mandatory 2010 survey process involves three steps to collect data for patients on service from September 1, 2010 through December 31, 2010:

Step	Original Deadlines	Extended Deadlines
1. Sign a contract with Press Ganey	August 19, 2010	March 14, 2011
2. Submit a test file to Press Ganey	September 12, 2010	March 14, 2011
3. Submit patient data to Press Ganey	January 31, 2011	March 21, 2011

Because several agencies experienced some difficulty with their Press Ganey contracts and test files, we partnered with Press Ganey to improve the process with a new point of contact (Christan Shelton at 888-773-7742, x723), better communication, and training calls. At the same time, **we extended the final deadline by nearly three months, from January 31, 2011 to March 21, 2011**, and called and faxed each agency in advance of the extended deadline to help you remain in regulatory compliance.

However, the extended deadline has now passed. In order to process data for the agencies who completed the process, and because patients may soon have trouble accurately recalling visits in Fall 2010, **we are unable to grant any further extensions to complete these steps. We are referring all agencies who did not complete the process to the Division of Facilities Regulations.** Facilities Regulations may contact you with questions.

If you think you received this message in error or have questions, please email me: samara.viner-brown@health.ri.gov.

Sincerely,

A handwritten signature in cursive script that reads "Samara Viner-Brown".

Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis



To our Hospital Executives, Infection Preventionists, Pharmacists and Quality Professional Partners,

We are writing to let you know about the statewide Healthcare Acquired Infection (HAI) Collaborative and invite you to participate.

Recently HEALTH has partnered with the CDC, Quality Partners of Rhode Island, Dr. Leonard Mermel, and the Hospital Infection Preventionists throughout the state to form this collaborative which aims to eliminate HAIs in Rhode Island hospitals. Early accomplishments to date include 100% completion of facility level registrations into the National Healthcare Safety Network (NHSN) data base, and identification of aims and goals primarily focused on *Clostridium difficile* infection reduction/elimination. Here is some of what we have planned for the coming months:

- Our first Learning Session focuses on a significant healthcare threat- *Clostridium difficile*, and will take place on Tuesday May 10, 2011 at Quality Partners of Rhode Island from 7:30am-12pm See the attached invitation, agenda, and registration link. We encourage your participation and ask that you promote this initiative within your facility.
- Monthly face-to-face collaborative forums are scheduled through the end of 2011.
- These forums will include team discussions on improvement strategy efforts through the use of quality improvement methods. All meetings are held at Quality Partners of Rhode Island from 2 p.m. – 4 p.m. on the fourth Tuesday of the month.
- A second Learning Session is scheduled for September 27, 2011, with a focus on antibiotic stewardship.

Our strong Rhode Island partnerships and multi-disciplinary participation from all of you help to create the structure for success! Let's continue to work together to make Rhode Island the safest state in the nation!

We look forward to seeing you on May 10, 2011. In the meantime, if you have any questions, please contact Maureen Marsella, RN, at Quality Partners of Rhode Island: 401-528-3223 or mmarsella@riqio.sdps.org.

Michael Fine, MD
Interim Director HEALTH

Leonard Mermel, DO, ScM
Professor of Medicine, Warren Alpert
School of Medicine; Medical Director,
Department of Epidemiology and
Infection Control, Rhode Island Hospital

Maureen Marsella, RN, BS
HAI Project Lead



Michael Fine, MD
Interim Director of Health
Three Capitol Hill
Providence, RI 02908-5097

401.222.5960
401.272.5952 After hours
401.222.6548 Fax
TTY: 711
www.health.ri.gov

Public Health Press Release

For: DRAFT
Date:
Contact:

Consumer Satisfaction with Rhode Island Nursing Homes Outperforms National Rates

The Rhode Island Department of Health (HEALTH) released the results of the 2010 survey on resident and family satisfaction with nursing home care Rhode Island. For the sixth consecutive year, this annual survey indicates that nursing home care, on average, surpassed the national standard. In Rhode Island, 92% of residents and of family members rated their satisfaction with the facility as either "Good" or "Excellent." In comparison, 89% of residents and 87% of family members in the national database gave such positive ratings.

"These comparative data show that nursing homes' continued focus on quality of life and the individual choices of residents is important and valuable," said Interim Director of Health Michael Fine, MD. "That 92% of residents and family members would recommend their nursing home to anyone needing skilled care testifies to the quality of nursing homes in our state."

Together with publicly available information about care outcomes, the satisfaction scores provide additional information consumers can use to make informed choices when selecting a nursing home. "This process allows individuals to give feedback about nursing homes," said Gail Patry, Director of Long Term Care at Quality Partners of Rhode Island and Chair of the public reporting program's Nursing Home Subcommittee. "The data also help nursing homes monitor their own residents' experiences."

Information describing how these scores are put together and the individual nursing home scores can be viewed at <http://www.health.ri.gov/nursinghomes/about/quality/>.

This project is the result of a collaboration by all of the licensed nursing homes in Rhode Island; the Rhode Island Health Care Association; LeadingAge Rhode Island; the Alliance for Better Long Term Care; the Rhode Island Department of Human Services; the Rhode Island Department of Elderly Affairs; the Rhode Island Long Term Care Coordinating Council; and the Department of Health's contractor, Quality Partners of Rhode Island.

###



Healthcare Quality Reporting Program

2011 PHYSICIAN HIT SURVEY SUMMARY REPORT

Structural Measures Report, 2011

In early 2011, the Rhode Island Department of Health (HEALTH) administered the Physician HIT Survey to 3,388 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 62.9% (n=2,132).

Table 1 presents electronic medical record (EMR) and e-prescribing results for these 2,132 respondents and all 3,388 physicians (including 1,256 non-respondents). **Figures 1 and 2** compare this year's results with 2009 and 2010 results. For more information, visit the public reporting program's Web site at:

<http://www.health.ri.gov/physicians/about/quality/>.

Table 1: 2011 Physician HIT Survey Summary Results¹

Measure ¹	Survey Respondents (N=2,132)		All Physicians (N=3,388)	
	Population	Score	Population	Score
1. Physicians with EMRs, n (%) ²	2,132	1,729 (81.1%)	3,388	1,729 (51.0%)
2. Physicians with 'qualified' EMRs, n (%) ³	2,132	576 (27.0%)	3,388	576 (17.0%)
3. Basic EMR functionality use, mean ⁴	1,729	73.2	--	--
4. Advanced EMR functionality use, mean ⁵	1,729	51.9	--	--
5. Physicians who are e-prescribing, n (%)	2,132	1,228 (57.6%)	3,388	1,228 (36.3%)

¹ See the Measure Specifications for definitions of these measures.

² **EMR:** Integrated electronic clinical information systems that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

³ **Qualified EMRs:** EMRs with specific clinical documentation, reporting, results management, decision support, and e-prescribing functions AND Office of the National Coordinator for HIT certification. Excluding certification, 791 physicians qualify (37.1% of respondents; 23.3% of all physicians).

⁴ **Basic EMR functionality:** Clinical documentation and results management. Scores range from 0-100 based on use.

⁵ **Advanced EMR functionality:** Decision support, external communication, order management, and reporting. Scores range from 0-100 based on use.

Figure 1: Physician HIT Survey Results Trends Among Survey Respondents, 2009-2011⁶

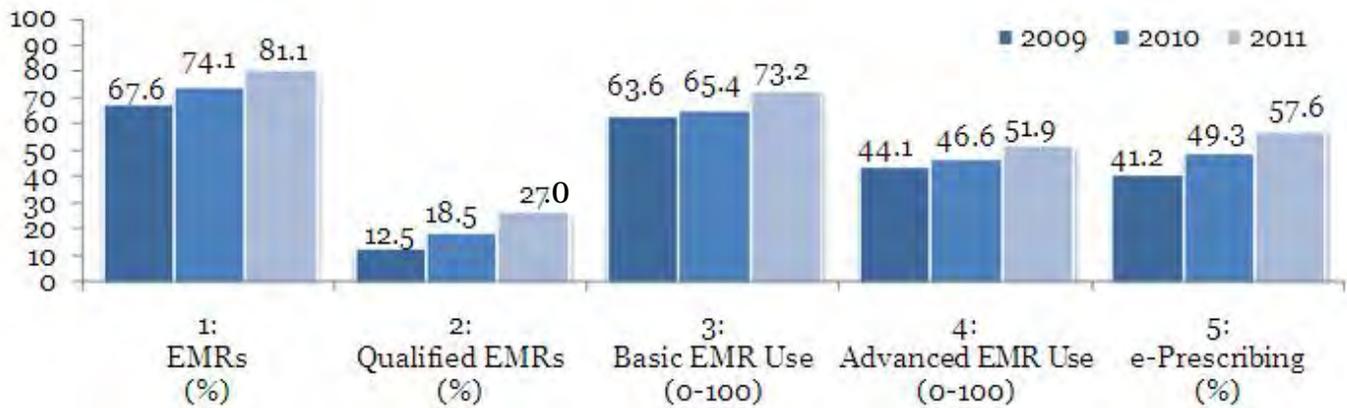
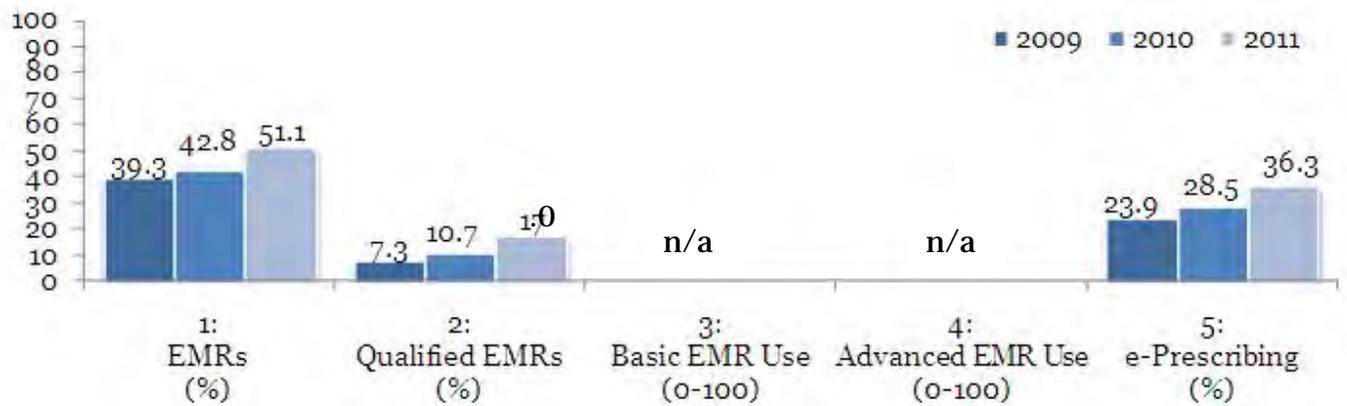


Figure 2: Physician HIT Survey Results Trends Among All Physicians, 2009-2011⁶



n/a: Same as survey respondents' population and scores in Table 1 and Figure 1, since non-respondents are not applicable for this measure.

⁶ For 2009, the response rate was 58.1% (n=1,888). Denominators for Measures 1, 2, and 5 were 1,888 (respondents) and 3,248 (all physicians); for Measures 3 and 4, 1,277 respondents.
 For 2010, the response rate was 57.8% (n=1,862). Denominators for Measures 1, 2, and 5 were 1,380 (respondents) and 3,224 (all physicians); for Measures 3 and 4, 1,380 respondents.
 2011 denominators are included in Table 1.



Healthcare Quality Reporting Program

2011 PHYSICIAN HIT SURVEY - MEANINGFUL USE

Structural Measures Detail Report, 2011

In early 2011, the Rhode Island Department of Health (HEALTH) administered the Physician HIT Survey to 3,388 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 62.9% (n=2,132). Of those 2,132 respondents, 81.1% (n=1,729) already had an electronic medical record (EMR).

The below figures and table present responses from those respondents who provided information about their intent to pursue incentive payments, or meaningful use reimbursement, from Medicare or Medicaid. Some of the 2,132 physicians who completed the survey did not answer these questions.

Figure 1. Intent to pursue meaningful use reimbursement (N=1,039)

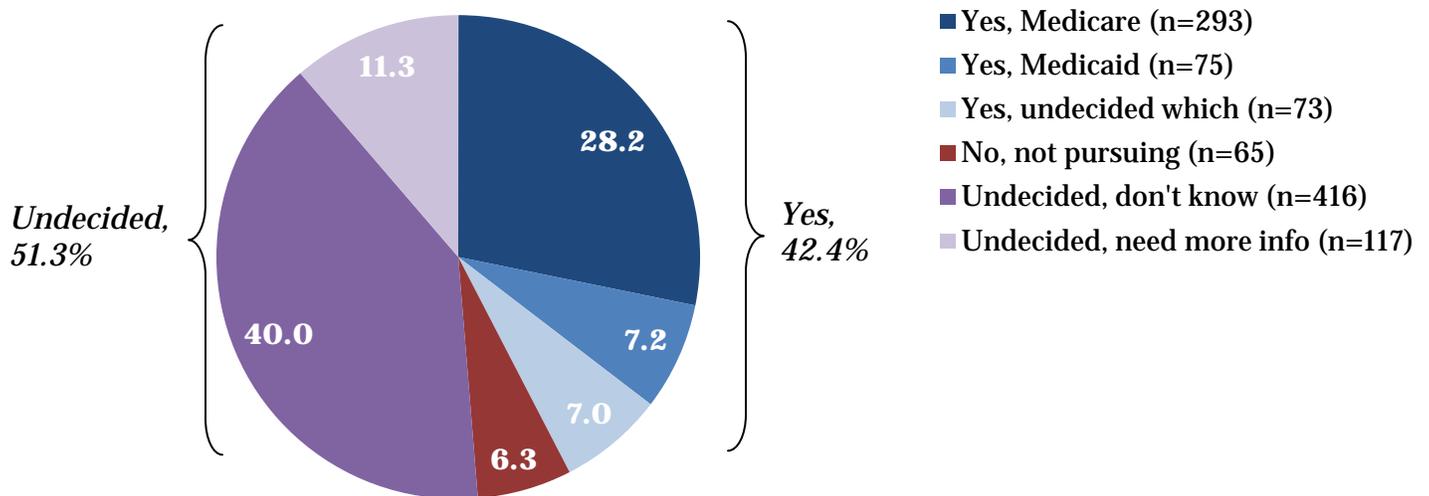
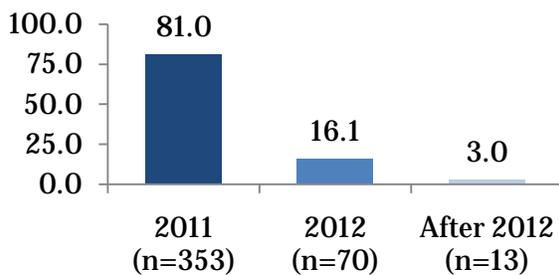


Figure 2. Planned timing for pursuit of meaningful use reimbursement (N=463)¹



¹ The total number of respondents for this question exceeds the 441 respondents who indicated they would pursue meaningful use reimbursement, indicating that some of the 533 undecided may be likely to apply.

Table 1. Intended meaningful use menu set measures (N=441)²

Menu Set Measure	Frequency n (%)	Rank Order
1. Implement drug-formulary checks	27 (1.7)	10
2. Incorporate clinical lab-test results into certified EMR technology as structured data	276 (17.2)	1
3. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	254 (15.8)	2
4. Send reminders to patients per patient preference for preventive/follow-up care	161 (10.0)	4
5. Provide patients with timely electronic access to their health information (allow patients to view their health information online)	96 (6.0)	7
6. Use certified EMR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate	164 (10.2)	3
7. Perform medication reconciliation when receiving a patient from another provider or care setting	136 (8.5)	6
8. Provide a Summary of Care record for each transition of care or referral from another provider or care setting	154 (9.6)	5
9. Complete at least one electronic data submission to an immunization registry or Immunization Information System*	126 (7.9)	8
10. Submit electronic syndromic surveillance data to public health agencies*	68 (4.2)	9
<i>Don't know</i>	143 (8.9)	-

*Highlighting indicates public health menu set measures.

² In pursuing meaningful use, providers must choose five menu set measures, so the column total (number of selected measures) exceeds the 441 respondents who indicated that they intend to pursue meaningful use reimbursement.

Standardized Incidence Ratios (SIRs)

Rachel Voss, MPH
Rosa Baier, MPH

HAI Subcommittee, 4/25

Discussion Topics

Questions:

- How do we calculate incidence?
- How do SIRs help understand incidence?
- How do you compare incidence across facilities?
 - ICU-level or facility-level?
 - What is valid using SIRs?
 - ***What is useful for consumers?***
- If we report at the facility-level, how are ICU data aggregated to one score, then diamonds?

Incidence

- The number of new (hospital-acquired) cases of an infection within a certain population over a certain period of time

$$\text{Incidence} = \text{cases} \div \text{line days} \times 1,000$$

- *Example:*

CLABSI infections in Med/Surg ICUs

ICU	Cases	Line Days	Rate
Med/Surg ICU A	3	627	4.78

- Useful to evaluate prevention efforts

SIRs

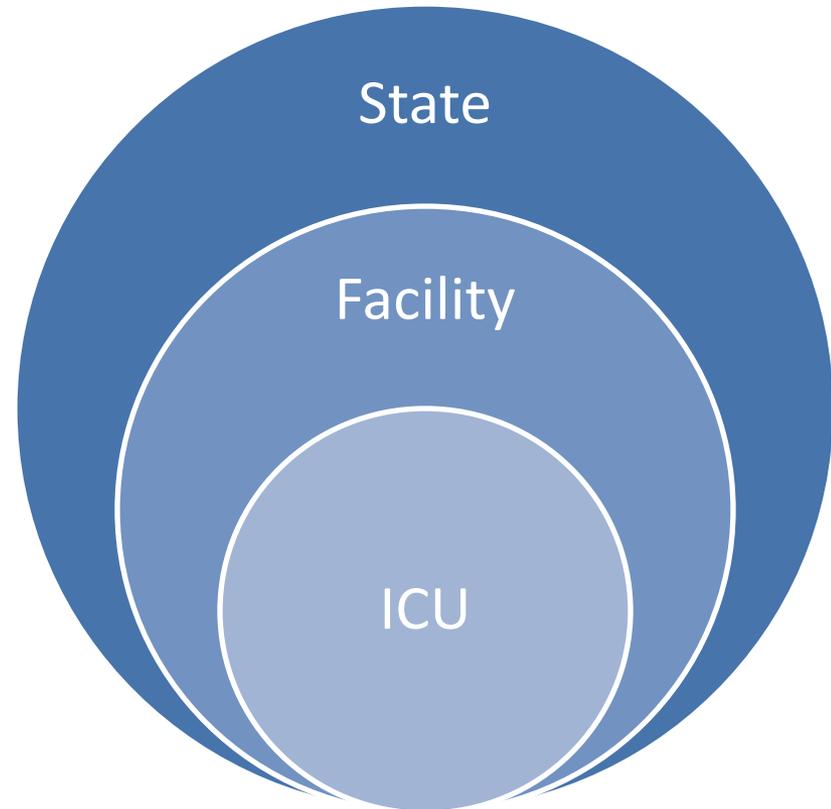
- Often rare occurrences (few cases), with rates that vary based on casemix
- Need to compare rates from a subgroup to the entire population
 - Similar risk (conditions, severity, LOS, etc.)

- *Example:*

ICU	Cases	Line-Days	Rate
Med/Surg ICU A	3	627	4.78
Med/Surg ICU B	5	894	5.59

SIRs, Cont'd

- **Scalable metric:** Can validly measure HAI experience over different aggregation levels:
 - Single location
 - Multiple locations that comprise a larger entity
 - ICU, facility, or state



ICU-Level SIRs

- Even among units of the same type, raw incidence rates may not be meaningful
 - Differences in unit size and LOS (risk)

- *Example:*

Q: Is ICU A outperforming ICU B?

ICU	Cases	Line-Days	Rate
Med/Surg ICU A	3	627	4.78
Med/Surg ICU B	5	894	5.59

ICU-Level SIRs, Cont'd

- SIRs allow easy comparison of like ICUs
 - Adjusts for unit differences (risk)
 - $SIR = (\text{observed cases} \div \text{expected cases})$
 - Expected cases can be derived from state or national rates, as long they are the same overall population

- *Example:*

ICU	Cases	Line-Days	Rate	NHSN Rate	Expected Cases	SIR
Med/Surg ICU A	3	627	4.78	2.00	1.254	2.39
Med/Surg ICU B	5	894	5.59		1.788	2.80

“CLABSI incidence in ICU A is 139% higher than expected; ICU B is 180% higher.”

ICU-Level Confidence Intervals (CIs)

- Example:

ICU	SIR	90% CI
Med/Surg ICU A	2.39	0.65–6.2
Med/Surg ICU B	2.80	1.1–5.9

- Q: Are these SIRs meaningfully different?
 - >1.0 = Worse than expected
 - =1.0 = Same as expected
 - <1.0 = Better than expected
- A: ICU A is the same as expected; ICU B is worse.

ICU-Level Diamonds

- Example:

ICU	SIR	90% CI
Med/Surg ICU A	2.39	0.65–6.2
Med/Surg ICU B	2.80	1.1–5.9

“The confidence interval for the CLABSI SIR in ICU A includes 1.0 and is about the same as expected; in ICU B, it does not include 1.0, so it is worse than expected.”

VS.

ICU	SIR	90% CI	Diamonds
Med/Surg ICU A	2.39	0.65–6.2	◆◆
Med/Surg ICU B	2.80	1.1–5.9	◆

- ***Helps consumers interpret data*** (cognitive science)

Facility-Level SIRs

- Summarize data across locations
 - $SIR = (\text{sum observed cases} \div \text{sum expected cases})$

- Example:

Hospital A	Cases	Line-Days	NHSN	Expected	<i>Overall SIR</i>
Med/Surg ICU	3	627	2.00	1.254	2.10
Coronary ICU	0	82	2.10	0.1722	
<i>Total</i>	3	-	-	1.4262	

Hospital B	Cases	Line-Days	NHSN	Expected	<i>Overall SIR</i>
Med/Surg ICU	5	894	2.00	1.788	0.77
Step-down	0	227	2.40	5.448	
Surg CardioTx	1	425	1.40	0.595	
<i>Total</i>	6	-	-	7.831	

Facility-Level SIRs, Cont'd

- Valid because uses appropriate rates for each location type to calculate expected cases*
 - Calculate SIR for each unit before “rolling up”
 - Describes overall experience of a given entity
 - Accounts for differences in HAI risk among units
- Useful to evaluate overall facility performance (internal QI)
- ***Consumer friendly***

*Source: Laura McAllister, CDC, 3/3/11

Facility-Level CIs

- Calculated in same way as individual ICUs
- Example:

	Total Cases	Overall SIR	CI	Diamonds
Hospital A	3	2.10	0.57 – 5.42	◆◆
Hospital B	6	0.77	0.33 – 1.52	◆◆

Shows consumers that Hospitals A's and B's CLABSI rates are not meaningfully different from what's expected, despite differences in the incidence rates and SIRs.

Additional Information

- NHSN issue brief:

<https://www.gha.org/pha/Provider/tips/ProviderRes/NHSNStandardizedInfectionRatio111610.pdf>

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
ALPINE NURSING HOME INC.	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
APPLE REHAB CLIPPER	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
AVALON NURSING HOME	31	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
BALLOU HOME FOR THE AGED	43	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆	◆◆	◆◆◆	◆◆
BANNISTER HOUSE, INC	95	Family	◆	◆	◆	◆	◆
		Resident	--	--	--	--	--
BAYBERRY COMMONS	110	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆◆	◆
BERKSHIRE PLACE NURSING AND REHABILITATION CENTER	165	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
BETHANY HOME OF RHODE ISLAND	33	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
BRENTWOOD NURSING HOME	96	Family	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
BRIARCLIFFE MANOR	122	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
CEDAR CREST SUBACUTE & REHABILITATION CENTRE	156	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CHARLESGATE NURSING CENTER	140	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CHERRY HILL MANOR NURSING AND REHABILITATION CENTER	172	Family	◆	◆◆	◆	◆	◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
CHESTNUT TERRACE NURSING AND REHABILITATION CENTER	58	Family	◆	◆◆	◆◆	◆◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
CORTLAND PLACE	80	Family	◆	◆	◆	◆	◆
		Resident	N/A	N/A	N/A	N/A	N/A
COVENTRY CENTER	210	Family	◆◆	◆	◆	◆◆	◆
		Resident	◆	◆	◆	◆	◆
CRA-MAR MEADOWS	41	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
CRESTWOOD NURSING AND CONVALESCENT HOME	76	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
EASTGATE NURSING & RECOVERY CENTER	68	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
ELMHURST EXTENDED CARE	194	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆	◆	◆	◆
ELMWOOD HEALTH CENTER	70	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
EMERALD BAY MANOR	30	Family	N/A	N/A	N/A	N/A	N/A
		Resident	--	--	--	--	--
EPOCH SENIOR HEALTHCARE ON BLACKSTONE BOULEVARD	55	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
EVERGREEN HOUSE HEALTH CENTER	160	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
FOREST FARM HEALTH CARE CENTER, LLC	50	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
FRIENDLY HOME	126	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
GOLDEN CREST NURSING CENTRE	152	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
GRACE BARKER NURSING CENTER, INC.	86	Family	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆◆	◆◆	◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
GRAND ISLANDER	148	Family	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
GRANDVIEW CENTER	72	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
GREENVILLE CENTER	131	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
GREENWOOD CARE AND REHABILITATION CENTER	130	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆	◆◆	◆
HALLWORTH HOUSE	57	Family	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HARRIS HEALTH CARE NORTH	32	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆	◆	◆	◆◆	◆
HARRIS HEALTH CENTER	31	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆	◆
HATTIE IDE CHAFFEE HOME	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
HEATHERWOOD NURSING & REHABILITATION CENTER	112	Family	◆◆◆	◆◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HEBERT NURSING HOME INC	133	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HERITAGE HILLS NURSING CENTRE, LLC	95	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆	◆	◆◆	◆
HOLIDAY RETIREMENT HOME	170	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HOPKINS MANOR, LTD.	200	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆◆	◆◆	◆◆
JEANNE JUGAN RESIDENCE	44	Family	◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
JOHN CLARKE RETIREMENT CENTER	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
KENT REGENCY	153	Family	◆◆	◆◆	◆◆	◆	◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
LINN HEALTH CARE CENTER	84	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MANSION NURSING AND REHABILITATION CENTER	62	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MORGAN HEALTH CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MOUNT ST. FRANCIS HEALTH CENTER	158	Family	◆	◆◆	◆◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MOUNT ST. RITA HEALTH CENTRE	98	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
NANCYANN NURSING FACILITY	20	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
NORTH BAY MANOR	44	Family	◆	◆◆	◆◆	◆	◆
		Resident	N/A	N/A	N/A	N/A	N/A
OAK HILL NURSING AND REHABILITATION CENTER	139	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
OAKLAND GROVE HEALTH CARE CENTER	172	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
ORCHARD VIEW MANOR NURSING AND REHAB	166	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆◆	◆◆◆	◆◆	◆◆
OVERLOOK NURSING & REHABILITATION CENTER	100	Family	◆◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
PARK VIEW NURSING HOME	66	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
PAWTUCKET CENTER	154	Family	◆◆	◆◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
PAWTUXET VILLAGE CARE AND REHABILITATION CENTER	131	Family	◆	◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆
PINE GROVE HEALTH CENTER	69	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
RHODE ISLAND VETERANS HOME	260	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
RIVERVIEW HEALTHCARE COMMUNITY	190	Family	◆	◆◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆
ROBERTS HEALTH CENTRE INC.	66	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	--	--	--	--	--
SAINT ANTOINE RESIDENCE	260	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SAINT ELIZABETH HOME	120	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SAINT ELIZABETH MANOR	133	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
SAKONNET BAY MANOR	30	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
SCALABRINI VILLA	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SCALLOP SHELL NURSING & REHABILITATION CENTER, INC	72	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SCANDINAVIAN HOME	74	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SHADY ACRES, INC.	55	Family	◆◆	◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
SILVER CREEK MANOR	128	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆
SOUTH BAY MANOR	57	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SOUTH COUNTY NURSING AND REHABILITATION CENTER	120	Family	◆	◆◆	◆◆	◆	◆
		Resident	--	--	--	--	--
SOUTH KINGSTOWN NURSING AND REHABILITATION CENTER	112	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
ST. CLARE HOME	47	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
STEERE HOUSE NURSING AND REHABILITATION CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SUMMIT COMMONS	130	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆	◆◆	◆
SUNNY VIEW NURSING HOME	57	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
TOCKWOTTON HOME	42	Family	◆◆	◆◆	◆◆	◆◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
VILLAGE AT WATERMAN LAKE	22	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
VILLAGE HOUSE	95	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆	◆◆	◆◆	◆◆
WARREN CENTER	63	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WATCH HILL CARE & REHAB	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
WATERVIEW VILLA	132	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible

Rhode Island Department of Health
2010 Nursing Home Satisfaction Report

Area of Performance							
Nursing Home (Alphabetical)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
WEST SHORE HEALTH CENTER	145	Family	--	--	--	--	--
		Resident	N/A	N/A	N/A	N/A	N/A
WEST VIEW HEALTH CARE CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆	◆◆	◆◆
WESTERLY HEALTH CENTER	106	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆
WESTERLY NURSING HOME	66	Family	◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
WOODLAND CONVALESCENT CENTER, INC	40	Family	--	--	--	--	--
		Resident	--	--	--	--	--
WOODPECKER HILL NURSING HOME	41	Family	◆◆◆	◆◆◆	◆◆	◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
WOONSOCKET HEALTH CENTRE	150	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- No completed surveys, so no rating is possible



Last updated 1.06.11

Healthcare Quality Reporting Program

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

This short questionnaire asks about physicians' use of health information technology (HIT) and should take ~10 minutes to complete. The Rhode Island Department of Health (HEALTH) requires that all licensed physicians complete the Physician HIT Survey each year. For physicians using HIT, a lack of response is treated (and reported) as non-use HIT.

Instructions: Please answer the following questions based on your current practice. These questions ask about your use of HIT and may be most accurately answered by you, rather than your Office Manager or another staff member. Note that you will need your license number and [Individual National Provider Identifier \(NPI\)](#) to complete this survey.

SECTION A: Physician and Practice Information

1. **What is your name?** _____
Last name *First name* *Middle Initial* *Degree(s)*
2. **What is your email address?** _____
3. **Are you licensed as a physician in Rhode Island?**
 - ₁ No, and I am not licensed in any other state(s) → *If not a licensed physician, stop the survey.*
 - ₂ No, but I am licensed in another state(s)
 - ₃ Yes, and **my license information is:**
 - a. **Rhode Island medical license number:** _____
 - b. **License type:** ₁ MD ₂ DO ₃ Neither → *If not a physician, stop the survey.*
4. **Are you licensed in either of these states adjacent to Rhode Island?** (Check all that apply.)
 - ₁ Connecticut. *Specify license number:* _____
 - ₂ Massachusetts. *Specify license number:* _____
 - ₃ Neither of these states adjacent to Rhode Island. → *If not licensed in CT or MA, stop the survey.*
5. **What is your individual [National Provider Identifier \(NPI\)](#)?** _____
(If retired, please enter N/A.)

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

6. Do you currently provide direct patient care services?

₁ No → *If not providing direct patient care, stop the survey.*

₂ Yes, and **my primary specialty is:**

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ₁ Allergy & Immunology | <input type="checkbox"/> ₁₁ Hematology/Oncology | <input type="checkbox"/> ₂₁ OB-GYN | <input type="checkbox"/> ₃₁ Pulmonary/Critical Care |
| <input type="checkbox"/> ₂ Anesthesiology | <input type="checkbox"/> ₁₂ Hospitalist | <input type="checkbox"/> ₂₂ Occupational Med. | <input type="checkbox"/> ₃₂ Radiation Oncology |
| <input type="checkbox"/> ₃ Cardiology | <input type="checkbox"/> ₁₃ Infectious Disease | <input type="checkbox"/> ₂₃ Ophthalmology | <input type="checkbox"/> ₃₃ Radiology |
| <input type="checkbox"/> ₄ Colorectal Surgery | <input type="checkbox"/> ₁₄ Intensivist | <input type="checkbox"/> ₂₄ Otolaryngology | <input type="checkbox"/> ₃₄ Rheumatology |
| <input type="checkbox"/> ₅ Dermatology | <input type="checkbox"/> ₁₅ Internal Medicine (general) | <input type="checkbox"/> ₂₅ Orthopaedic Surgery | <input type="checkbox"/> ₃₅ Surgery (general and other) |
| <input type="checkbox"/> ₆ Emergency Med. | <input type="checkbox"/> ₁₆ Medicine/Pediatrics | <input type="checkbox"/> ₂₆ Pathology | <input type="checkbox"/> ₃₆ Thoracic Surgery |
| <input type="checkbox"/> ₇ Endocrinology | <input type="checkbox"/> ₁₇ Nephrology | <input type="checkbox"/> ₂₇ Pediatrics | <input type="checkbox"/> ₃₇ Urology |
| <input type="checkbox"/> ₈ Family Medicine | <input type="checkbox"/> ₁₈ Neurology | <input type="checkbox"/> ₂₈ Physical Med/Rehab. | <input type="checkbox"/> ₃₈ Vascular Surgery |
| <input type="checkbox"/> ₉ Gastroenterology | <input type="checkbox"/> ₁₉ Neurosurgery | <input type="checkbox"/> ₂₉ Plastic Surgery | <input type="checkbox"/> ₃₉ Other: _____ |
| <input type="checkbox"/> ₁₀ Geriatrics | <input type="checkbox"/> ₂₀ Nuclear Medicine | <input type="checkbox"/> ₃₀ Psychiatry | |

7. How many hours per week do you spend in direct patient care?

₁ <10 hours ₂ 10-20 hours ₃ >20 hours

8. What is your main practice's name and mailing address? By 'main practice,' we mean the practice where you spend the majority of the time you provide direct patient care.

Practice name

Practice Address

Box/Suite

City/Town

State

ZIP Code

9. What is your practice's organizational [National Provider Identifier \(NPI\)](#)?

10. Altogether, approximately how large is your practice? Please consider physicians, nurse practitioners, and physician assistants.

₁ <5 clinicians ₂ 5-10 clinicians ₃ 10+ clinicians

11. Approximately what percent of your patient visits are funded by Medicaid?

₁ 0% ₂ <30% ₃ 30-60% ₄ >60% ₅ Don't know

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

SECTION B: Electronic Medical Records (EMR) Status*

12. Whether or not you use an EMR, please indicate the extent to which you consider each of the following to be a barrier to EMR use.

	Not a barrier	Minor barrier	Major barrier
Access to technical support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Availability of a computer in the appropriate location	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Impact of computer on doctor-patient interaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Lack of computer skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Lack of interoperability (i.e., ability of different systems to communicate)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Privacy or security concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Start-up financial costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Ongoing financial costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Technical limitations of systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Training and productivity impact	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other (please specify): _____			

13. Does your **main** practice have EMR components? By 'EMR components,' we mean an integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

- ₂ Yes → Skip to Question 19 on page 5
- ₁ No → a. Aside from your main practice, do ANY of your practice settings (hospital- or office-based) have EMR components? If more than one has EMR components, please choose the practice in which you provide the most direct patient care.
 - ₁ No
 - ₂ Yes, a hospital practice → Stop and complete the Physician HIT Survey: Hospital-Based Version
 - ₃ Yes, an office practice → Skip to Question 19 on page 5
 - ₄ N/A – no other practices

SECTION C: Plans to Implement EMR

14. Does your main practice or another practice **plan** to implement an EMR?

- ₁ No → If your main practice is not planning to implement an EMR, skip to Question 24 on page 7
- ₂ Yes, within 1 year
- ₃ Yes, after 1 year
- ₄ Don't know

* EMR questions adapted with permission from: (1) Simon et al. Physicians and electronic health records: A statewide survey. *Arch Intern Med* 2007; 167: 507-512; and (2) Simon et al. Correlates of electronic health record adoption in office practices: A statewide survey. *J Am Med Inform Assoc* 2007; 14: 110-117.

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

15. If you do plan to implement an EMR, which EMR vendor are you considering (if any)?

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ No vendor identified | <input type="checkbox"/> ₈ e-MD | <input type="checkbox"/> ₁₅ Next Gen |
| <input type="checkbox"/> ₂ Allscripts | <input type="checkbox"/> ₉ Epic Systems | <input type="checkbox"/> ₁₆ Polaris - EpiChart |
| <input type="checkbox"/> ₃ Amazing Charts | <input type="checkbox"/> ₁₀ GE Centricity | <input type="checkbox"/> ₁₇ Practice Partner |
| <input type="checkbox"/> ₄ Athena Heath | <input type="checkbox"/> ₁₁ Greenway | <input type="checkbox"/> ₁₈ Sage - Intergy EHR |
| <input type="checkbox"/> ₅ Cerner - PowerChart | <input type="checkbox"/> ₁₂ Lighthouse MD | <input type="checkbox"/> ₁₉ SOAPware |
| <input type="checkbox"/> ₆ CPRS/Vista (VA Hospital) | <input type="checkbox"/> ₁₃ McKesson Provider Tech. | <input type="checkbox"/> ₂₀ Other: <i>(please specify)</i> |
| <input type="checkbox"/> ₇ eClinicalWorks | <input type="checkbox"/> ₁₄ Misys | |

16. If you plan to implement an EMR, do you plan to seek incentive payments, also called Meaningful Use reimbursements? (Choose one.)

- ₁ Yes, from Medicaid’s EHR Incentive Program
 - ₂ Yes, from Medicare’s EHR Incentive Program
 - ₃ Yes, but I haven’t chosen between Medicare and Medicaid yet
 - ₄ No, I don’t plan to seek incentive payments
 - ₅ Don’t know
 - ₆ Need more information
- } *Skip to question 24 on page 7*
- (Comments?) _____

17. When do you plan to request your first Medicare or Medicaid incentive payment?

- ₁ 2011
- ₂ 2012
- ₃ After 2012

18. In pursuing Meaningful Use, you must choose five criteria from the following “menu set.” Which **five criteria are you currently planning to choose from the menu set?**

- ₁ Implement drug-formulary checks
- ₂ Incorporate clinical lab-test results into certified EMR technology as structured data
- ₃ Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- ₄ Send reminders to patients per patient preference for preventive/follow-up care
- ₅ Provide patients with timely electronic access to their health information (allow patients to view their health information online)
- ₆ Use certified EMR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate
- ₇ Perform medication reconciliation when receiving a patient from another provider or care setting
- ₈ Provide a Summary of Care record for each transition of care or referral from another provider or care setting
- ₉ Complete at least one electronic data submission to an immunization registry or Immunization Information System
- ₁₀ Submit electronic syndromic surveillance data to public health agencies
- ₁₁ Don’t know

*Note: You must include **at least one** of the last two objectives (9 & 10) to receive Meaningful Use incentive payments.*

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

➔ *The following questions are for physicians using EMRs. If you don't have an EMR in either your main practice or another practice, skip to Question 24 on page 7.*

SECTION D: EMR Use

19. **Please provide the following information about the EMR you use.** *If your main practice has an EMR, answer these questions based on your main practice. If your main practice does not have an EMR, answer them based on the practice with an EMR in which you spend the most time providing direct patient care.*

a. **What is your practice's EMR vendor?**

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ (Don't know) | <input type="checkbox"/> ₈ e-MD | <input type="checkbox"/> ₁₅ Next Gen |
| <input type="checkbox"/> ₂ Allscripts | <input type="checkbox"/> ₉ Epic Systems | <input type="checkbox"/> ₁₆ Polaris - EpiChart |
| <input type="checkbox"/> ₃ Amazing Charts | <input type="checkbox"/> ₁₀ GE Centricity | <input type="checkbox"/> ₁₇ Practice Partner |
| <input type="checkbox"/> ₄ Athena Heath | <input type="checkbox"/> ₁₁ Greenway | <input type="checkbox"/> ₁₈ Sage - Intergy EHR |
| <input type="checkbox"/> ₅ Cerner - PowerChart | <input type="checkbox"/> ₁₂ Lighthouse MD | <input type="checkbox"/> ₁₉ SOAPware |
| <input type="checkbox"/> ₆ CPRS/Vista (VA Hospital) | <input type="checkbox"/> ₁₃ McKesson Provider Tech. | <input type="checkbox"/> ₂₀ Other: <i>(please specify)</i> |
| <input type="checkbox"/> ₇ eClinicalWorks | <input type="checkbox"/> ₁₄ Misys | _____ |

b. **In which year did your practice install its EMR?** ___ ___ ___ ___

c. **Is your EMR certified by the Office of the National Coordinator (ONC)?** (This includes CCHIT, Drummond, and other certifications.) View the ONC's database of certified products [here](#).

- ₁ No ₂ Yes ₃ Don't Know

➔ *For the following questions, please indicate the percent of patients with whom you use these EMR functions when the functions are applicable. It may be helpful to think of the percents as follows:*

- 0% of patients Never*
<30% of patients Sometimes
30-6% of patients Often
>60% of patients Always

20. **Please indicate the percent of patients with whom you use the following functions:**

Clinical Documentation	Don't Have	0%	<30%	30%-60%	>60%
• Write electronic visit notes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• View electronic lists of each patient's medications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• View electronic problem lists	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Generate patient clinical summaries for referral purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Demographics	Don't Have	0%	<30%	30%-60%	>60%
• Patient demographics (e.g., address, date of birth, gender)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Healthcare Quality Reporting Program

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

Decision Support	Don't Have	0%	<30%	30%-60%	>60%
• Drug interaction warnings at the point of prescribing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Letters or other reminders directed at patients regarding indicated or overdue care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Prompts at the point of care, regarding indicated care specific to the patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Interoperability	Don't Have	0%	<30%	30%-60%	>60%
• Electronic referrals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Clinical messaging (secure emailing with providers outside your office via your EMR)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Order Management	Don't Have	0%	<30%	30%-60%	>60%
• Laboratory order entry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Radiology order entry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Reporting	Don't Have	0%	<30%	30%-60%	>60%
• Clinical quality measures (e.g., % of diabetics with a hemoglobin A1c test)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Patients out of compliance with clinical guidelines (e.g., women over age 50 without a recent mammogram)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Patients with a condition, characteristic, or risk factor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Results Management	Don't Have	0%	<30%	30%-60%	>60%
• Laboratory test results directly from lab via electronic interface	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Scanned paper laboratory test reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Radiology test results directly from facility via electronic interface	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Scanned paper radiology test reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

21. With your EMR, do you plan to seek incentive payments, also called Meaningful Use reimbursements? (Choose one.)

- ₁ Yes, from Medicaid’s EHR Incentive Program
 - ₂ Yes, from Medicare’s EHR Incentive Program
 - ₃ Yes, but I haven’t chosen between Medicare and Medicaid yet
 - ₄ No, I don’t plan to seek incentive payments
 - ₅ Don’t know
 - ₆ Need more information
- } *Skip to question 24*
- (Comments?) _____

22. When do you plan to request your first Medicare or Medicaid incentive payment?

- ₁ 2011
- ₂ 2012
- ₃ After 2012

23. In pursuing Meaningful Use, you must choose five criteria from the following “menu set.” Which **five** criteria are you currently planning to choose from the meaningful use “menu set”?

- ₁ Implement drug-formulary checks
- ₂ Incorporate clinical lab-test results into certified EMR technology as structured data
- ₃ Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- ₄ Send reminders to patients per patient preference for preventive/follow-up care
- ₅ Provide patients with timely electronic access to their health information (allow patients to view their health information online)
- ₆ Use certified EMR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate
- ₇ Perform medication reconciliation when receiving a patient from another provider or care setting
- ₈ Provide a Summary of Care record for each transition of care or referral from another provider or care setting
- ₉ Complete at least one electronic data submission to an immunization registry or Immunization Information System
- ₁₀ Submit electronic syndromic surveillance data to public health agencies
- ₁₁ Don’t know

*Note: You must include **at least one** of the last two objectives (9 & 10) to receive Meaningful Use incentive payments.*

SECTION C: Electronic Prescribing (e-Prescribing) Use

24. **What percent of the time do you transmit prescriptions electronically to the pharmacy?** (Exclude faxing.)

- ₁ 0% → *Skip to Question 27*
- ₂ <30%
- ₃ 30%-60%
- ₄ >60%

2011 PHYSICIAN HIT SURVEY: OFFICE-BASED VERSION

25. **Have you started to e-prescribe Schedule II-V drugs?** The DEA approved electronic transmission of Schedule II-V medications in June 2010. Read more about e-prescribing controlled substances [here](#).

- ₁ No
- ₂ Yes

26. **Do you transmit electronic prescriptions using an EMR?**

- ₁ No
- ₂ Yes → *Skip to Question 28*

27. **Do you plan to transmit prescriptions using an EMR within the next 12 months?**

- ₁ No
- ₂ Yes

28. **Please provide any feedback about EMRs:** _____

29. **Please provide any feedback about e-prescribing.** _____

30. **Please use this space to provide additional comments:** _____

Thank you for taking the time to complete this survey.



Last Updated 1.06.11

Healthcare Quality Reporting Program

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

This short questionnaire asks about physicians' use of health information technology (HIT) and should take ~10 minutes to complete. The Rhode Island Department of Health (HEALTH) requires that all licensed physicians complete the Physician HIT Survey each year. For physicians using HIT, a lack of response is treated (and reported) as non-use HIT.

Instructions: Please answer the following questions based on your current practice. These questions ask about your use of HIT and may be most accurately answered by you, rather than your Office Manager or another staff member. Note that you will need your license number and [Individual National Provider Identifier \(NPI\)](#) to complete this survey.

SECTION A: Physician and Practice Information

- What is your name?** _____
Last name First name Middle Initial Degree(s)
- What is your email address?** _____
- Are you licensed as a physician in Rhode Island?**
 - No, and I am not licensed in any other state(s) → *If not a licensed physician, stop the survey.*
 - No, but I am licensed in another state(s)
 - Yes, and **my license information is:**
 - Rhode Island medical license number:** _____
 - License type:** (choose one)
 MD DO Neither → *If not a physician, stop the survey.*
- Are you licensed in either of these states adjacent to Rhode Island? (Check all that apply.)**
 - Connecticut. Specify license number: _____
 - Massachusetts. Specify license number: _____
 - Neither of these states adjacent to Rhode Island. → *If not licensed in CT or MA, stop the survey.*
- What is your individual [National Provider Identifier \(NPI\)](#)?** _____
(If retired, please enter N/A.)

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

6. Do you currently provide direct patient care services?

- ₁ No → *If not providing direct patient care, stop the survey.*
₂ Yes, and **my primary specialty is:**

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ₁ Allergy & Immunology | <input type="checkbox"/> ₁₁ Hematology/Oncology | <input type="checkbox"/> ₂₁ OB-GYN | <input type="checkbox"/> ₃₁ Pulmonary/Critical Care |
| <input type="checkbox"/> ₂ Anesthesiology | <input type="checkbox"/> ₁₂ Hospitalist | <input type="checkbox"/> ₂₂ Occupational Med. | <input type="checkbox"/> ₃₂ Radiation Oncology |
| <input type="checkbox"/> ₃ Cardiology | <input type="checkbox"/> ₁₃ Infectious Disease | <input type="checkbox"/> ₂₃ Ophthalmology | <input type="checkbox"/> ₃₃ Radiology |
| <input type="checkbox"/> ₄ Colorectal Surgery | <input type="checkbox"/> ₁₄ Intensivist | <input type="checkbox"/> ₂₄ Otolaryngology | <input type="checkbox"/> ₃₄ Rheumatology |
| <input type="checkbox"/> ₅ Dermatology | <input type="checkbox"/> ₁₅ Internal Medicine (general) | <input type="checkbox"/> ₂₅ Orthopaedic Surgery | <input type="checkbox"/> ₃₅ Surgery (general and other) |
| <input type="checkbox"/> ₆ Emergency Med. | <input type="checkbox"/> ₁₆ Medicine/Pediatrics | <input type="checkbox"/> ₂₆ Pathology | <input type="checkbox"/> ₃₆ Thoracic Surgery |
| <input type="checkbox"/> ₇ Endocrinology | <input type="checkbox"/> ₁₇ Nephrology | <input type="checkbox"/> ₂₇ Pediatrics | <input type="checkbox"/> ₃₇ Urology |
| <input type="checkbox"/> ₈ Family Medicine | <input type="checkbox"/> ₁₈ Neurology | <input type="checkbox"/> ₂₈ Physical Med/Rehab. | <input type="checkbox"/> ₃₈ Vascular Surgery |
| <input type="checkbox"/> ₉ Gastroenterology | <input type="checkbox"/> ₁₉ Neurosurgery | <input type="checkbox"/> ₂₉ Plastic Surgery | <input type="checkbox"/> ₃₉ Other: _____ |
| <input type="checkbox"/> ₁₀ Geriatrics | <input type="checkbox"/> ₂₀ Nuclear Medicine | <input type="checkbox"/> ₃₀ Psychiatry | |

7. How many hours per week do you spend in direct patient care?

- ₁ <10 hours ₂ 10-20 hours ₃ >20 hours

8. What is your main practice's name and mailing address? *By 'main practice,' we mean the hospital practice where you spend the majority of the time you provide direct patient care.*

Practice name

Hospital Name

Practice Address

Box/Suite

City/Town

State

ZIP Code

9. Altogether, approximately how large is your practice? *Please consider the physicians, nurse practitioners, and physician assistants with whom you work directly; not the overall size of the hospital.*

- ₁ <5 clinicians ₂ 5-10 clinicians ₃ 10+ clinicians

10. Approximately what percentage of your patient visits are funded by Medicaid?

- ₁ 0% ₂ <30% ₃ 30-60% ₄ >60% ₅ >60% ₆ Don't know

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

SECTION B: Electronic Medical Records (EMR) Status*

11. Whether or not you use an EMR, please indicate the extent to which you consider each of the following to be a barrier to EMR use.

	Not a barrier	Minor barrier	Major barrier
Access to technical support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Availability of a computer in the appropriate location	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Impact of computer on doctor-patient interaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Lack of computer skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Lack of interoperability (i.e., ability of different systems to communicate)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Privacy or security concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Start-up financial costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Ongoing financial costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Technical limitations of systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Training and productivity impact	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other (please specify): _____			

12. Does your **main** hospital practice have EMR components? By 'EMR components,' we mean an integrated electronic clinical information system that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

- ₂ Yes → Skip to Question 18 on page 5
- ₁ No → a. Aside from your main practice, do ANY of your practice settings (hospital- or office-based) have EMR components? If more than one has EMR components, please choose the practice in which you provide the most direct patient care.
 - ₁ No
 - ₂ Yes, a hospital practice → Skip to Question 18 on page 5
 - ₃ Yes, an office practice → Stop and complete the Physician HIT Survey: Office-Based Version
 - ₄ N/A – no other practices

SECTION C: Plans to Implement EMR

13. Does your main practice or another practice **plan** to implement an EMR?

- ₁ No → If your practice is not planning to implement an EMR, skip to Question 23 on page 7
- ₂ Yes, within 1 year
- ₃ Yes, after 1 year
- ₄ Don't know

* EMR questions adapted with permission from: (1) Simon et al. Physicians and electronic health records: A statewide survey. *Arch Intern Med* 2007; 167: 507-512; and (2) Simon et al. Correlates of electronic health record adoption in office practices: A statewide survey. *J Am Med Assoc* 2007; 298: 110-117.

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

14. If you do plan to implement an EMR, which EMR vendor are you considering (if any)?

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ No vendor identified | <input type="checkbox"/> ₈ e-MD | <input type="checkbox"/> ₁₅ Next Gen |
| <input type="checkbox"/> ₂ Allscripts | <input type="checkbox"/> ₉ Epic Systems | <input type="checkbox"/> ₁₆ Polaris - EpiChart |
| <input type="checkbox"/> ₃ Amazing Charts | <input type="checkbox"/> ₁₀ GE Centricity | <input type="checkbox"/> ₁₇ Practice Partner |
| <input type="checkbox"/> ₄ Athena Heath | <input type="checkbox"/> ₁₁ Greenway | <input type="checkbox"/> ₁₈ Sage - Intergy EHR |
| <input type="checkbox"/> ₅ Cerner - PowerChart | <input type="checkbox"/> ₁₂ Lighthouse MD | <input type="checkbox"/> ₁₉ SOAPware |
| <input type="checkbox"/> ₆ CPRS/Vista (VA Hospital) | <input type="checkbox"/> ₁₃ McKesson Provider Tech. | <input type="checkbox"/> ₂₀ Other: <i>(please specify)</i> |
| <input type="checkbox"/> ₇ eClinicalWorks | <input type="checkbox"/> ₁₄ Misys | |

15. If you plan to implement an EMR, do you plan to seek incentive payments, also called Meaningful Use reimbursements? (Choose one.)

- ₁ Yes, from Medicaid’s EHR Incentive Program
 - ₂ Yes, from Medicare’s EHR Incentive Program
 - ₃ Yes, but I haven’t chosen between Medicare and Medicaid yet
 - ₄ No, I don’t plan to seek incentive payments
 - ₅ Don’t know
 - ₆ Need more information
- Skip to question 23
on page 7*
- (Comments?)* _____

16. When do you plan to request your first Medicare or Medicaid incentive payment?

- ₁ 2011
- ₂ 2012
- ₃ After 2012

17. In pursuing Meaningful Use, you must choose five criteria from the following “menu set.” Which **five criteria are you currently planning to choose from the menu set?**

- ₁ Implement drug-formulary checks
- ₂ Incorporate clinical lab-test results into certified EMR technology as structured data
- ₃ Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- ₄ Send reminders to patients per patient preference for preventive/follow-up care
- ₅ Provide patients with timely electronic access to their health information (allow patients to view their health information online)
- ₆ Use certified EMR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate
- ₇ Perform medication reconciliation when receiving a patient from another provider or care setting
- ₈ Provide a Summary of Care record for each transition of care or referral from another provider or care setting
- ₉ Complete at least one electronic data submission to an immunization registry or Immunization Information System
- ₁₀ Submit electronic syndromic surveillance data to public health agencies
- ₁₁ Don’t know

*Note: You must include **at least one** of the last two objectives (9 & 10) to receive Meaningful Use incentive payments.*

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

➔ *The following questions are for physicians using EMRs. If you don't have an EMR in either your main practice or another practice, skip to Question 23 on page 7.*

SECTION D: EMR Use

18. **Please provide the following information about the EMR you use.** *If your main practice has an EMR, answer these questions based on your main practice. If your main practice does not have an EMR, answer them based on the practice with an EMR in which you spend the most time providing direct patient care.*

a. **What is your hospital practice's EMR vendor?**

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ (Don't know) | <input type="checkbox"/> ₈ e-MD | <input type="checkbox"/> ₁₅ Next Gen |
| <input type="checkbox"/> ₂ Allscripts | <input type="checkbox"/> ₉ Epic Systems | <input type="checkbox"/> ₁₆ Polaris - EpiChart |
| <input type="checkbox"/> ₃ Amazing Charts | <input type="checkbox"/> ₁₀ GE Centricity | <input type="checkbox"/> ₁₇ Practice Partner |
| <input type="checkbox"/> ₄ Athena Heath | <input type="checkbox"/> ₁₁ Greenway | <input type="checkbox"/> ₁₈ Sage - Intergy EHR |
| <input type="checkbox"/> ₅ Cerner - PowerChart | <input type="checkbox"/> ₁₂ Lighthouse MD | <input type="checkbox"/> ₁₉ SOAPware |
| <input type="checkbox"/> ₆ CPRS/Vista (VA Hospital) | <input type="checkbox"/> ₁₃ McKesson Provider Tech. | <input type="checkbox"/> ₂₀ Other: <i>(please specify)</i> |
| <input type="checkbox"/> ₇ eClinicalWorks | <input type="checkbox"/> ₁₄ Misys | |

b. **In which year did your hospital practice install its EMR?** ___ ___ ___ ___

c. **Is your EMR certified by the Office of the National Coordinator (ONC)?** (This includes CCHIT, Drummond, and other certifications.) View the ONC's database of certified products [here](#).

- ₁ No ₂ Yes ₃ Don't Know

➔ *For the following questions, please indicate the percent of patients with whom you use these EMR functions when the functions are applicable. It may be helpful to think of the percents as follows:*

- 0% of patients Never*
<30% of patients Sometimes
30-6% of patients Often
>60% of patients Always

19. **Please indicate the percent of patients with whom you use the following functions:**

Clinical Documentation	Don't Have	0%	<30%	30%-60%	>60%
• Write electronic visit notes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• View electronic lists of each patient's medications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• View electronic problem lists	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Generate patient clinical summaries for referral purposes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Demographics	Don't Have	0%	<30%	30%-60%	>60%
• Patient demographics (e.g., address, date of birth, gender)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Healthcare Quality Reporting Program

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

Decision Support	Don't Have	0%	<30%	30%-60%	>60%
• Drug interaction warnings at the point of prescribing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Letters or other reminders directed at patients regarding indicated or overdue care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Prompts at the point of care, regarding indicated care specific to the patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Interoperability	Don't Have	0%	<30%	30%-60%	>60%
• Electronic referrals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Clinical messaging (secure emailing with providers outside your office via your EMR)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Order Management	Don't Have	0%	<30%	30%-60%	>60%
• Laboratory order entry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Radiology order entry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Reporting	Don't Have	0%	<30%	30%-60%	>60%
• Clinical quality measures (e.g., % of diabetics with a hemoglobin A1c test)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Patients out of compliance with clinical guidelines (e.g., women over age 50 without a recent mammogram)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Patients with a condition, characteristic, or risk factor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Results Management	Don't Have	0%	<30%	30%-60%	>60%
• Laboratory test results directly from lab via electronic interface	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Scanned paper laboratory test reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Radiology test results directly from facility via electronic interface	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
• Scanned paper radiology test reports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

20. With your EMR, do you plan to seek incentive payments, also called Meaningful Use reimbursements? (Choose one.)

- ₁ Yes, from Medicaid’s EHR Incentive Program
 - ₂ Yes, from Medicare’s EHR Incentive Program
 - ₃ Yes, but I haven’t chosen between Medicare and Medicaid yet
 - ₄ No, I don’t plan to seek incentive payments
 - ₅ Don’t know
 - ₆ Need more information
- } *Skip to question 23*
- (Comments?) _____

21. When do you plan to request your first Medicare or Medicaid incentive payment?

- ₁ 2011
- ₂ 2012
- ₃ After 2012

22. In pursuing Meaningful Use, you must choose five criteria out of the following “menu set.” Which **five** criteria are you planning to choose from the meaningful use “menu set”?

- ₁ Implement drug-formulary checks
- ₂ Incorporate clinical lab-test results into certified EMR technology as structured data
- ₃ Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
- ₄ Send reminders to patients per patient preference for preventive/follow-up care
- ₅ Provide patients with timely electronic access to their health information (allow patients to view their health information online)
- ₆ Use certified EMR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate
- ₇ Perform medication reconciliation when receiving a patient from another provider or care setting
- ₈ Provide a Summary of Care record for each transition of care or referral from another provider or care setting
- ₉ Complete at least one electronic data submission to an immunization registry or Immunization Information System
- ₁₀ Submit electronic syndromic surveillance data to public health agencies
- ₁₁ Don’t know

*Note: You must include **at least one** of the last two objectives (9 & 10) to receive Meaningful Use incentive payments.*

SECTION C: Electronic Prescribing (e-Prescribing) Use

23. **What percent of the time do you transmit medication orders electronically to the pharmacy?** (Exclude faxing.)

- ₁ 0% ➔ *Skip to Question 25*
- ₂ <30%
- ₃ 30%-60%
- ₄ >60%

2011 PHYSICIAN HIT SURVEY: HOSPITAL-BASED VERSION

24. Do you transmit these medication orders using an EMR?

- ₁ No
- ₂ Yes → *Skip to Question 26*

25. Does your hospital plan to transmit medication orders using an EMR within the next 12 months?

- ₁ No
- ₂ Yes

26. Please provide any feedback about EMRs:

27. Please provide any feedback about e-prescribing.

28. Please use this space to provide additional comments:

Thank you for taking the time to complete this survey.