

CLINICAL QUALITY and SAFETY

The Clinical Quality and Safety section of the survey assess an HCO's performance in three topic areas:

1. Availability of Clinical Tools
2. Utilization of Clinical Tools
3. Structure

Section 1: Availability of Clinical Tools

(PDF-068) How would you characterize the adoption of technologies designed to electronically enable the following nurse activities, in your organization?

(Check one per row)

Fully Adopted: A condition where the technology/solution has been implemented organization wide and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.

Partially Adopted: A condition where the technology/solution has been implemented in at least one area of the organization but not organization wide, or the technology/solution has been implemented organization wide but the relevant users are not utilizing the technology/solution as intended per industry expectations and/or organizational policy.

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	Fully Adopted	Partially Adopted	Not Adopted
A. Discharge/checkout/ADT checklist sends alerts for unmet criteria			
B. Discharge/checkout/ADT risk assessment			
C. Embedded links to relevant research and quality measures			
D. Evidence-based plan of care with links to reference literature			
E. Post-discharge/checkout follow-up			
F. Standardized care transition process			
G. Capture patient education assignments and status			
H. Provider hand-off tools			
I. Routine Regulatory Assessments			
J. Taking/Recording vital signs			
K. Medication Administration Documentation			

The intent of this question is to ascertain if an HCO offers their nursing staff specific clinical tools, and if so, the extent to which these tools are used throughout the HCO.

A. Discharge/checkout/ADT checklist sends alerts for unmet criteria

Part of the discharge readiness assessment, a tool designed to alert staff that select discharge criteria have yet to be satisfied.

B. Discharge/checkout/ADT risk assessment

Discharge readiness assessment is the evaluation of strengths and needs in five areas: physiologic stability, competency (cognitive and psychomotor) of the patient and family to carry out self-care management regimens, perceived self-efficacy to carry out self-care management regimens, availability of social support, and access to the health care system and community resources. Each of these areas is presented as a component of discharge readiness assessment.

E. Post-discharge/checkout follow-up

Tool to schedule post discharge follow-up phone call allowing the patient's actions, questions, and misunderstandings, including discrepancies in the discharge plan, to be identified and addressed, as well as any concerns from caregivers or family members.

F. Standardized care transition process

Transitional Care Planning is a patient-centered, interdisciplinary process that begins with an initial assessment of the patient's potential needs at the time of admission and continues throughout the patient's stay.

I. Routine Regulatory Assessments

The "regulatory" assessments are physical assessment involving four techniques: inspection, palpation, percussion, and auscultation.

K. Medication Administration Documentation

A Medication Administration Record (MAR) is a report detailing the drugs administered to a patient by a healthcare professional at a treatment facility. Also known as a drug chart, electronic versions are sometimes referred to as eMARs.

(PDF-069) How would you characterize the adoption of technologies designed to deliver/support the following capabilities to your care team members at the point of care, via a wireless network handheld device?

(Check one per row)

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	Fully Adopted	Partially Adopted	Not Adopted
A. Secured messaging			
B. Discrete patient data			
C. Waveform data			
D. Alerts			
E. Order entry			
F. Charting			

The intent of this question is to ascertain the array of wireless clinical tools the HCO offers their clinical staff, and if so, the extent to which these tools are used throughout the HCO.

A. Secured messaging

Secure messaging is an approach designed to protect sensitive data, such as health records. It is a server-based approach that protects data that transferred to others outside of company borders. Secure messaging is required to be in compliance with industry regulations such as HIPAA.

B. Discrete patient data

Data that is collected discretely is stored in a database table at the lowest level of granularity. It is both measurable and reportable.

C. Waveform data

Waveform data complements clinical context surrounding the patient and provides perspective into the patient's health status, enabling clinicians to recognize adverse events sooner, act more quickly and deliver more precise care.

(PDF-070) How would you characterize the adoption of technologies designed to monitor the following on your patients, where the patient data is automatically loaded into the EHR?

(ACUTE/INTL ACUTE/LTPAC/INTL LTPAC)

(Check one per row)

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	Fully Adopted	Partially Adopted	Not Adopted
A. Medication dispensing cabinet			
B. Monitor medication administration			
C. Monitor to prevent falls			
D. Monitor to prevent pressure ulcers			
E. Monitor change of condition through vital signs and lab results			
F. Send electronic alert notifying caregivers (e.g. deterioration in patient's condition; possible adverse event)			
G. Fetal monitor (Acute)			

The intent of this question is to ascertain the usage of electronic monitoring technologies embedded with the EHR, and if so, the extent to which these tools are used throughout the HCO.

A. Medication Dispensing cabinet

A medication dispensing cabinet is an electronic drug storage device primarily for hospitals. These devices make it easier to store, dispense, and manage medication near the point of care.

G. Fetal monitor

Fetal heart rate monitoring measures the heart rate and rhythm of your baby (fetus). This lets your healthcare provider see how your baby is doing.

(PDF-071) How would you characterize the adoption of technologies designed to monitor the following on your Critical Care patients, where the patient data is automatically loaded into the EHR?

(Check one per row) (ACUTE/INTL ACUTE)

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	Fully Adopted	Partially Adopted	Not Adopted
A. Intracranial monitor			
B. IV pump			
C. Ventilator			
D. Cardiovascular catheter output			

Critical Care Units

Critical care also is called intensive care. Critical care treatment takes place in an intensive care unit (ICU) in a hospital. Patients may have a serious illness or injury. In the ICU, patients get round-the-clock care by a specially trained team.

A. Intracranial monitor

The monitoring of intracranial pressure is used in the treatment of a number of neurological conditions ranging from severe traumatic brain injury to stroke and brain bleeds. This process is called intracranial pressure monitoring..

B. IV pump

Infusion pumps, common medical devices, are used to administer fluids such as nutrients or medications to patients.

C. Ventilator

A ventilator is a piece of medical technology that provides mechanical ventilation by moving breathable air into and out of the lungs, to deliver breaths to a patient who is physically unable to breathe, or breathing insufficiently

D. Cardiovascular catheter output

Cardiac output measurement using a pulmonary artery catheter is based on the principle of thermodilution, in which a known volume of cold fluid is injected into the catheter at a proximal point and the temperature change (cooling effect) is measured in the blood at a downstream point by a thermistor..

(PDF-072) How would you characterize the adoption of technologies designed to monitor the following on your Step-Down patients, where the patient data is automatically loaded into the EHR?

(Check one per row) (ACUTE/INTL ACUTE)

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	Fully Adopted	Partially Adopted	Not Adopted
A. IV pump			
B. Ventilator			

Step-Down Units

Step-down units treat patients between the intensive care unit (ICU) and a general med-surg floor. They provide a heightened level of observation and care, including management of life-sustaining medical equipment and moderate to advanced wound care.

A. IV pump

Infusion pumps, common medical devices, are used to administer fluids such as nutrients or medications to patients.

B. Ventilator

A ventilator is a piece of medical technology that provides mechanical ventilation by moving breathable air into and out of the lungs, to deliver breaths to a patient who is physically unable to breathe, or breathing insufficiently.

(PDF-073) How would you characterize the adoption of technology designed to electronically track the following healthcare-associated infection (HAIs) bundles within the EHR?

(ACUTE/INTL ACUTE/LTPAC/INTL LTPAC)

(Check one per row)

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	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Bundles for the prevention of central line-associated bloodstream infections (CLABSI)				
B. Bundles for the prevention of catheter-associated urinary tract infections (CAUTI)				
C. Bundles for the prevention of ventilator-associated pneumonia (VAP) (Acute/INTL Acute)				
D. Bundles for the prevention of surgical site infection (Acute/INTL Acute)				

The intent of this question is to ascertain the usage of electronic tools to track select types of infections within an HCO.

Healthcare-associated infection (HAIs) bundles

Healthcare-associated infections (HAIs) are infections people get while they are receiving health care for another condition. HAIs can happen in any health care facility, including hospitals, ambulatory surgical centers, end-stage renal disease facilities, and long-term care facilities.

A. Bundles for the prevention of central line-associated bloodstream infections (CLABSI)

CLABSI is a primary laboratory confirmed bloodstream infection in a patient with a central line at the time of (or within 48-hours prior to) the onset of symptoms and the infection is not related to an infection from another site.

B. Bundles for the prevention of catheter-associated urinary tract infections (CAUTI)

Catheter-associated urinary tract Infection, or CAUTI, is a urinary tract infection associated with urinary catheter use.

C. Bundles for the prevention of ventilator-associated pneumonia (VAP)

Ventilator-associated pneumonia (VAP) is a lung infection that develops in a person who is on a ventilator. A ventilator is a machine that is used to help a patient breathe by giving oxygen through a tube placed in a patient's mouth or nose, or through a hole in the front of the neck.

D. Bundles for the prevention of surgical site infection

A bundle of care consisting of five elements covering the surgical process was introduced in September 2013. The elements of the bundle were perioperative antibiotic prophylaxis, hair removal before surgery, perioperative normothermia, perioperative euglycemia and operating room discipline.

(PDF-074) How would you characterize the adoption of the following solutions as part of your enterprise imaging system?

(Check one per row)

Enterprise Imaging System: A set of strategies, initiatives and workflows implemented across a healthcare organization to consistently and optimally capture, index, manage, store, distribute, view, exchange and analyze all clinical imaging and multimedia content to enhance the electronic health record.

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	Fully Adopted	Partially Adopted	Not Adopted
A. Picture Archiving and Communication System (PACS)			
B. Vendor Neutral Archive (VNA)			
C. Diagnostic Universal Viewer			
D. Referential Universal Viewer			
E. Image exchange			

The intent of this question is to ascertain the array of imaging services supported by the HCOs imaging system.

Enterprise imaging system

Enterprise imaging refers to the conglomeration of multiple hospitals or radiology departments into a single imaging system that allows the routing of images for the interpretation of examinations.

A. Picture Archiving and Communication System (PACS)

A picture archiving and communication system is a medical imaging technology which provides economical storage and convenient access to images from multiple modalities.

B. Vendor Neutral Archive (VNA)

A Vendor Neutral Archive is a medical imaging technology in which images and documents are stored in a standard format with a standard interface, such that they can be accessed in a vendor-neutral manner by other systems.

C. Diagnostic Universal Viewer

A universal viewer enables radiologists and clinicians to access patient images and reports realizing Cross-enterprise image sharing for collaboration and second opinions when diagnosing patients.

D. Referential Universal Viewer

A universal viewer enables radiologists and clinicians to access patient images and reports when needed, realizing Cross-enterprise image sharing for collaboration and second opinions. DRL as a level used in medical imaging to indicate whether, in routine conditions, the dose to the patient or the amount of radiopharmaceuticals administered in a specified radiological procedure for medical imaging is unusually high or unusually low for that procedure. Diagnostic reference levels (DRLs) are a practical tool to promote optimization.

E. Image exchange

The process of exchanging images through a network of member institutions that have agreed to accept electronic images of checks. Image Exchange Items are items processed through the Image Exchange.

(PDF-075) How would you characterize the adoption of your enterprise imaging system allowing providers associated with your organization to access the following diagnostic images throughout your organization?

(Check one per row)

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	Fully Adopted	Partially Adopted	Not Adopted
A. Radiology (“plain films,” CT, MRI, ultrasound)			
B. Interventional radiology static and video images			
C. Cardiac catheterization static and video images			
D. Echocardiography static and video images			
E. Endoscopy static and video images			
F. Bronchoscopy static and video images			
G. Intraoperative static and video images			
H. Ophthalmology images			
I. Microscopic pathology images			
J. Photography (dermatology, trauma, etc.)			
K. 3-D reconstruction images (CT, MRI, angiography)			
L. Cardiology diagnostic images			

The intent of this question is to ascertain the array of imaging services accessible via the HCOs imaging system.

Enterprise imaging system

Enterprise imaging refers to the conglomeration of multiple hospitals or radiology departments into a single imaging system that allows the routing of images for the interpretation of examinations.

B. Interventional radiology static and video images

In interventional radiology (also called IR), doctors use medical imaging to guide minimally invasive surgical procedures that diagnose, treat, and cure many kinds of conditions. Imaging modalities used include fluoroscopy, MRI, CT, and ultrasound.

C. Cardiac catheterization static and video images

A coronary angiogram is a special X-ray test that's performed during cardiac catheterization where a healthcare provider inserts a long, thin tube (catheter) through an artery in a patient's groin or wrist that travels up to the patient's heart.

D. Echocardiography static and video images

An echocardiogram uses sound waves to create pictures of the heart. This common test can show blood flow through the heart and heart valves. Your health care provider can use the pictures from the test to find heart disease and other heart conditions.

E. Endoscopy static and video images

Endoscopy is a procedure that allows a doctor to view the inside of a person's body. Doctors use it to diagnose diseases in the following parts of the body (e.g., Esophagus, Stomach, Colon).

F. Bronchoscopy static and video images

Bronchoscopy is a procedure a doctor uses to look inside the lungs. This is done with a bronchoscope, a thin, flexible tube with a light and a lens or small video camera on the end.

G. Intraoperative static and video images

Most spine surgeries today are done using minimally invasive techniques to spare muscle and healthy tissues. To do this as effectively as possible, some form of intraoperative imaging is typically used to verify surgical accuracy..

H. Ophthalmology images

Ophthalmic imaging is a highly specialized field of ophthalmology which helps doctors to diagnose and manage a wide variety of eye conditions. This is a rapidly developing area, with new instruments and techniques allowing us to better understand eye diseases and their treatments.

I. Microscopic pathology images

Microscopy refers to any type of examination in the pathology lab workflow that is conducted with a microscope. Examples are checking the quality of specimen staining as well as the examination and documentation of specimens which finally results in a diagnosis..

K. 3-D reconstruction images (CT, MRI, angiography)

A CT scan uses x-rays and a computer to produce detailed 3D reconstruction imaging of joints and bones. This test is non-invasive and is usually an outpatient procedure. In some cases, an IV may be inserted to deliver a contrast dye into your veins.

L. Cardiology diagnostic images

Cardiac imaging allows healthcare providers to take pictures of your heart, blood vessels and surrounding anatomy. It shows blood flow to and around your heart. Cardiac imaging tests can help your provider diagnose and manage heart conditions.

**(PDF-076) How would you characterize the adoption of the following resource functions providers associated with your organization access remotely?
(Check one per row)**

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	Fully Adopted	Partially Adopted	Not Adopted
A. Access to EHR (Complete/sign medical record, place orders, see other facilities' results, exchange patient data and orders with other facilities, etc.)			
B. Access to diagnostic quality PACS/images			
C. Communicate with patients (email, alerts)			
D. Secure texting			
E. Support virtual patient visits			
F. Secure messaging with other providers			
G. Monitor chronic patients through alerts/notifications			
H. Receive Data on smart devices from connected implants, RFID/RLTS			
I. Access clinician guidelines/pathways or evidence-based order sets (to include links to reference literature)			
J. Access to referential quality PACS/images from outside organizations			

The intent of this question is to ascertain the array of clinical functions providers associated with the HCO can access remotely.

**(PDF-077) How would you characterize the adoption of the following e-prescribing functions you provide for independent providers associated with your organization?
(Check one per row)**

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	Fully Adopted	Partially Adopted	Not Adopted	Not Allowed in our State
A. Capture pharmacy dispense history				
B. Check payer-based formulary				
C. Check allergies, drug-drug interactions				
D. Prescription automatically faxed to retail pharmacy				
E. Prescription sent electronically to retail pharmacy (do not include fax)				
F. Prescription discontinued transmitted electronically to retail pharmacy (do not include fax)				
G. Renewal request received by fax from retail pharmacy				
H. Renewal request received electronically from retail pharmacy (do not include fax)				
I. Electronic prescribing of controlled substances				
J. Connection to prescription drug monitoring program integrated within EHR				

The intent of this question is to ascertain the array of e-prescribing functions providers associated with the HCO can access.

e-prescribing

Electronic prescription is the computer-based electronic generation, transmission, and filling of a medical prescription, taking the place of paper and faxed prescriptions.

A. Capture pharmacy dispense history

Dispensing includes preparing and giving medication for a client to take later, taking steps to ensure the pharmaceutical and therapeutic suitability of the medication for its intended use,

and taking steps to ensure its proper use. Nurses dispense with or without the involvement of a pharmacist.

B. Check payer-based formulary

A formulary is a list of generic and brand name prescription drugs covered by your health plan. Non-formulary drugs typically only include brand-name medications and come with high out-of-pocket expenses. Payer-based formulary are those drugs payors will reimburse.

J. Connection to prescription drug monitoring program integrated within EHR

Integrating the Prescription Drug Monitoring Program (PDMP) data into the electronic health record (EHR) allows providers seamless access to patient-controlled substances prescription histories, thereby reducing inappropriate prescribing and overdoses.

(PDF-078) How would you characterize the adoption of your decision support system to identify the following possible prescribing anomalies?

(Check one per row)

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	Fully Adopted	Partially Adopted	Not Adopted
A. Unusual/unsafe drug interactions			
B. Prescriptions outside dosing guidelines			
C. Unusual/unsafe drug use			
D. Abnormal prescribing practices			
E. Age-related prescribing			

The intent of this question is to ascertain the array of imaging services supported by the HCOs imaging system.

Prescribing anomalies

The term 'prescription anomaly' refers here to errors, ambiguities, and other shortcomings in the prescriptions.

A. Unusual/unsafe drug interactions

A drug interaction is a reaction between two (or more) drugs or between a drug and a food, beverage, or supplement. Taking a drug while having certain medical conditions can also cause a drug interaction. For example, taking a nasal decongestant if you have high blood pressure may cause an unwanted reaction.

B. Prescriptions outside dosing guidelines

For a pharmacist to dispense a controlled substance, the prescription must include specific information to be considered valid:

- Date of issue.
- Patient's name and address.
- Patient's date of birth.
- Clinician name, address, DEA number.
- Drug name.

- Drug strength.
- Dosage form.
- Quantity prescribed

C. Unusual/unsafe drug use

Illicit or non-compliant drug consumption.

D. Abnormal prescribing practices

Potentially inappropriate prescribing (PIP) is the prescribing, or under prescribing, of medications for older persons that may cause significant harm..

E. Age-related prescribing

As one ages, body changes can affect the way medicines are absorbed and used. For example, changes in the digestive system can affect how fast medicines enter the bloodstream. Changes in body weight can influence the amount of medicine a patient needs to take and how long it stays in your body.

(PDF-079) How would you characterize the adoption of technology designed to support the following opioid use reduction mechanisms in your organization?

(ACUTE/AMBULATORY/LTPAC)

(Check one per row)

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	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Order sets that contain opioid options default or suggest limiting doses/duration AND default or offer non-opioid options				
B. Automated patient opioid education and/or instructions for patients prescribed opioids				
C. System identifies patients with elevated risk of Overdose or Substance Use Disorder (SUD)				
D. System is digitally integrated with community resources for SUD treatment				
E. System identifies patients who may be appropriate for MOUD (medication for opioid use disorder)				
F. System prompts to prescribe Narcan for patients at elevated risk of overdose				
G. System prompts creation of a controlled substance agreement with appropriate patients				
H. System alerts appropriate treating providers about patients with an opioid agreement on file				
I. Use of a reporting tool such as a dashboard that monitors prescribing patterns for opioids in order to identify potential outliers				
J. System prompts to initiate treatment (e.g. buprenorphine) while inpatient or in ER (Acute)				

The intent of this question is to ascertain the extent to which an HCOs leverages technology to address the overuse/abuse of opioids.

Opioid use reduction mechanisms

The best ways to prevent opioid overdose deaths are to improve safe opioid prescribing, reduce exposure to opioids, prevent misuse, and treat opioid use disorder.

C. System identifies patients with elevated risk of Overdose or Substance Use Disorder (SUD)

Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use.

E. System identifies patients who may be appropriate for MOUD (medication for opioid use disorder)

Buprenorphine, methadone, and naltrexone are used to treat OUD to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These medications are safe to use for months, years, or even a lifetime.

F. System prompts to prescribe Narcan for patients at elevated risk of overdose

Naloxone reverses an opioid overdose. Naloxone works by blocking the effects of opiates on the brain and by restoring breathing. Naloxone will only work if a person has opiates in their system.

G. System prompts creation of a controlled substance agreement with appropriate patients

A controlled substance agreement (often called a pain contract or opioid agreement) is a written agreement between a patient using controlled substances and their prescriber. These agreements usually cover the risks and expectations of their medication, and are signed by the patient and the provider.

Section 2: Utilization of Clinical Tools

(PDF-080) What percent of your clinicians are using the following real-time quality reporting resources? If none, put 0%.

(Slide percent bar next to each option)

- A. Clinical decision support rule for high-priority hospital/health condition
- B. Critical values
- C. Dose checking (max/min)
- D. Dose suggesting (e.g., renal failure)
- E. Drug allergy alerts
- F. Drug formulary check
- G. Drug-diet checking
- H. Drug-to-drug interaction alerts
- I. Duplicate order alerts
- J. Predictive analytics
- K. Radiology decision support
- L. Medication Management
- M. Deprescribing / Polypharmacy
- N. Pharmacogenomics

The intent of this question is to ascertain the usage of real-time reporting resources in HCOs.

Real-time quality reporting

Tools (typically within the EHHR) designed to enhance patient safety and improve the quality of care.

A. Clinical decision support rule for high-priority hospital/health condition

The first-level priority problems are health issues that are life-threatening and require immediate attention. These are health problems associated with ABCs; airway, breathing, and circulation, such as establishing an airway, supporting breathing, and addressing sudden perfusion and cardiac issues.

B. Critical values

Critical values are potentially life-threatening laboratory results that must be conveyed immediately to the physician or other health care professional so that therapeutic measures can be instituted rapidly.

C. Dose checking (max/min)

Solutions to help clinicians monitor the appropriateness of drug dosing. It uses age, route of administration, indications, and organ function data to identify safe dosage levels based on certain patient-specific parameters.

D. Dose suggesting (e.g., renal failure)

Model-informed precision dosing (MIPD) software tools are used to optimize dosage regimens in individual patients, aiming to achieve drug exposure targets associated with desirable clinical outcomes.

E. Drug Allergy Alerts

During the medication ordering or administration processes, drugs can be checked against the patient's allergy list, and alerts are generated to warn physicians of a possible allergy to the ordered drug.

F. Drug formulary check

A formulary is a continually updated list of medications and related information, representing the clinical judgment of pharmacists, physicians, and other experts in the diagnosis and/or treatment of disease and promotion of health.

G. Drug-diet checking

When a food affects medications in the body, this is called food-drug interaction. Food can prevent medicine from working the way it should and can cause medicinal side effects to become better or worse and/or cause new side effects to occur. Drugs can also change the way the body uses food.

H. Drug-to-drug interaction alerts

A drug interaction is a reaction between two (or more) drugs or between a drug and a food, beverage, or supplement. Taking a drug while having certain medical conditions can also cause a drug interaction. For example, taking a nasal decongestant if you have high blood pressure may cause an unwanted reaction.

K. Radiology decision support

Clinical decision support software offers the radiologist ample opportunity to enhance workflows, reduce system complexity, improve processes, support in diagnoses, and utilize legacy and existing data to inform decision making.

L. Medication Management

Medication management is a strategy for engaging with patients and caregivers to create a complete and accurate medication list using the brown bag method. A complete and accurate medication list is the foundation for addressing medication reconciliation and medication management issues.

M. Deprescribing / Polypharmacy

Deprescribing addresses the harms associated with inappropriate polypharmacy. It is a patient-centered process involving the discontinuation of one or more drugs that are potentially harmful or no longer required.

Polypharmacy refers to using five or more medications based on a review of current data. Aging places individuals at risk of multi-morbidity.

L. Pharmacogenomics

Pharmacogenomics is the study of the role of the genome in drug response. Its name reflects its combining of pharmacology and genomics. Pharmacogenomics analyzes how the genetic makeup of an individual affects their response to drugs..

(PDF-081) Please estimate the percentage of discharge/check-out medication orders (for new or changed prescriptions) transmitted as an electronic prescription.

(Check one)

- A. **100%**
- B. **90-99%**
- C. **50-89%**
- D. **<50%**
- E. **0%**

The intent of this question is to ascertain the usage of electronic prescriptions at discharge by HCOs.

(PDF-082) What percentage of controlled substances (schedule 2-4) are electronically prescribed to patients in the following areas of your organization?

(Slide bar)

		Not Applicable to our Patient Population
A. Oncology	Slide bar	
B. Palliative Care	Slide bar	
C. Skilled Nursing Facilities (LTPAC/INTL LTPAC)	Slide bar	
D. Inpatient Discharges (Acute/INTL Acute)	Slide bar	
E. Emergency Department (Acute/INTL Acute)	Slide bar	
F. Peri-operative (Acute/INTL Acute)	Slide bar	
G. Outpatient/Ambulatory Clinics (Ambulatory/INTL Ambulatory)	Slide bar	

The intent of this question is to ascertain the extent to which an HCOs electronically prescribes controlled drugs.

Controlled substances (schedule 2-4)

Schedule II: Drugs with some medically acceptable uses, but with high potential for abuse and/or addiction. These drugs can be obtained through prescription.

Schedule III: Drugs with low to moderate potential for abuse and/or addiction, but less dangerous than Schedule I or II.

Schedule IV: Drugs with a low potential for abuse and low risk of dependence.

B. Palliative Care

Palliative care is specialized medical care for people living with a serious illness, such as cancer or heart failure. Patients in palliative care may receive medical care for their symptoms, or palliative care, along with treatment intended to cure their serious illness..

F. Peri-operative

The perioperative period is the time period of a patient's surgical procedure. It commonly includes ward admission, anesthesia, surgery, and recovery.

Section 3: Structure

(NEW-083) When thinking about your organization's opioid use reduction efforts, which of the following are true of your opioid stewardship activities? (Select all that apply)

(ACUTE/AMBULATORY/LTPAC)

- A. Opioid Stewardship Committee meetings occur at least once every three months
- B. Opioid Stewardship Committee meetings are attended by senior IT leader (e.g., CMIO, CIO)

The intent of this question is to ascertain the efforts by an HCOs to advance their opioid reduction efforts.

(NEW-084) Which of the following activities does your organization's Healthcare Operations Command Center as defined below, provide? (ACUTE/INTL ACUTE)
(Select all that apply)

Healthcare Operations Command Center: A centralized healthcare operations control center in which real-time and predictive analytics are aggregated from various data sources and used as part of a coordinated approach to manage logistics, provide enterprise visibility, and improve coordination for multiple departments within a single hospital or for multiple facilities within a health system. A command center can involve multiple department representatives working in a single room, or it can be virtually centralized, with remote capabilities provided to decision-makers and frontline workers.

- A. Operations analytics/decision support
- B. Alarm management
- C. Clinical Communications
- D. Patient intake management
- E. Patient flow management (e.g., bed capacity; transfer center; etc.)
- F. Transportation services (e.g., ambulance dispatch; flight dispatch; etc.)
- G. RTLS asset tracking
- H. RTLS patient tracking
- I. RTLS staff tracking