

## **General Information**

### **Organizational Information**

Please provide the following information.

#### **Organization Name**

**If your organization is submitting multiple surveys, please name the group of facilities represented in this survey (example: ABC Inc. Region One; Flagship Hospitals of ABC Inc.)**

Note: this name will be used for the associated report and industry recognition

#### **Organization ID**

(Provided by CHIME)

#### **Name of parent organization/IDN (if applicable)**

**Street address**(Organization headquarters)

**City**

**State**

**Zip/Postal code**

**Please provide the following information regarding the CIO (system CIO if applicable):**

First Name

Last Name

Phone Number

Email

**If the CIO DID NOT complete the survey, please enter survey respondent information -**

First Name  
Last Name  
Title  
Phone Number  
Email

The following questions must be completed for your hospital/system to be considered for qualification as a Most Wired organization. This information is used for benchmarking and research purposes only.

Please enter the name of **each hospital** represented in this survey

**Please provide the following for your hospitals...**

Number of hospitals represented in this survey  
Number of beds rooms regularly available (those set up and staffed for use) represented in this survey  
Number of physicians at your organization  
Number of other clinicians at your organization (NP, PA)

**Please provide the following for your ambulatory facilities...**

Number of clinics represented in this survey  
Number of exam rooms regularly available (those set up and staffed for use) represented in this survey  
Number of physicians at your organization  
Number of other clinicians at your organization (NP, PA)

**Please report the number of FTEs on the IT staff as of March 31, 2024.**

Applications Staff:  
Technology Staff:  
Informatics/ Analytics Staff:  
Innovation/ Digital/ AI Staff:  
HIM:  
BioMed:  
Administrative:  
Outsourced:  
Other:

**Total number of organization employees:**

**Finance Information**

What is your organization's total gross revenue (net patient revenue + other income)?

What is your organization's total IT expenses?

What is your organization's total operating expense?

What is your organization's total capital expense?

**Select your primary EHR in use at your hospital.**

Altera Digital Health

Athena

Oracle Health

Epic

Meditech

Other

**Select your primary EHR in use at your ambulatory facilities.**

Altera Digital Health

Athena

Oracle Health

eClinicanaWorks

Epic

Meditech

NextGen

Other

# Infrastructure

**(PDF-001) How would you characterize the adoption of the following tools/methods in your organization to monitor your IT systems?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization, has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Automated tools to escalate problems to highly skilled technicians (Level 2 or 3) based on category and type			
B. Dashboard to manage infrastructure by exceptions/anomalies			
C. Log collection automation			
D. Utilize pattern detection against automated login attempts			
E. Gather and trend data to mitigate potential issues before they occur			
F. Perform and escalate on system log exceptions/errors			
G. Utilize tools such as user behavior analytics or user/entity behavior analytics (UBA/UEBA)			

**(NEW-002) Which of the following functions are automated in your IT asset management (ITAM) program?**

**(Check all that apply)**

- A. Software license management
- B. Software inventory
- C. Hardware inventory
- D. Procurement management

**(PDF-003) Which of the following wireless applications and/or technologies does your organization(s) support?**

**(Check all that apply)**

- A. RFID/RTLS Locator System
- B. Wander Management/Patient Elopement/Infant Abduction (Acute/LTPAC)
- C. Telemetry over Internet Protocol (TMoIP)
- D. Patient wearables integrated with the EHR

**(PDF-004) How would you characterize the adoption of the following technologies used to improve caregiver workflow 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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization, has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Patient context management between applications			
B. Single sign-on—biometrics			
C. Single sign-on—proximity systems (tap-n-go)			
D. Roaming virtual desktop sessions (Virtual Desktop Infrastructure)			
E. Traveling profiles			
F. Mobile POC devices			
G. Mobile voice recognition for clinician notes, order entry, etc.			
H. Voice assistants/activated devices (e.g., Amazon Echo Dot, Google Nest, etc.) to streamline some patient/exam room tasks			
I. Remote published applications			

**(PDF-005) How would you characterize your clinical staff’s authorized use of the following types of employee-owned devices in the care of your patients?**

**(Check one per row)**

**Used Extensively:** A condition where authorized clinical staff leverage the technology/solution on a routine basis.

**Allowed but not Used Extensively/Limited Use:** A condition where authorized clinical staff leverage the technology/solution as an exception, or few authorized clinical staff leverage the technology/solution on a routine basis.

**Use Not Authorized:** A condition where the organization does not authorize the use of employee-owned devices in the care of patients.

	Used Extensively	Allowed but not Used Extensively/Limited Use	Use Not Authorized
A. Laptops/Tablets			
B. Smartphones/Smartwatches (to include embedded voice activated functionalities)			
C. Voice assistants/activated devices (e.g., Amazon Echo Dot, Google Nest, etc.)			

**(PDF-006) Which of the following communication equipment and services could your staff potentially use in the event of an emergency?**

**(Check all that apply)**

- A. Fixed line network
- B. First Responder Network
- C. Satellite phone, VSAT, MSAT and other satellite communications
- D. Government Emergency Telephone Service (GETS) cards
- E. Prioritized wireless communication (Wireless Priority Service or Telecommunication Service Priority)
- F. Crisis communications platform

**(PDF-007) Which of the following elements are included in your organization’s bring-your-own-device (BYOD) policy?**

**(Check all that apply)**

**Definitions**

**Key definitions:** Scope, purpose, and governance structure of the BYOD program, along with the definition of important terms used in the policy.

**Service provision:** Specifies the process of enrollment, registration, and deregistration.

**Access control:** Defines who will have access to what information and when. This is particularly important for personal health information, where the principle of least privileges must be applied. Only the required information must be supplied and only when needed, especially when it comes to patient data.

**Data storage:** Specifies what patient data are allowed to be stored on BYOD devices and how. If backup is involved, the policy should also advocate for separate backup of personal and patient data.

**Incident reporting:** Defines the procedure for reporting cases of breaches, including cases of theft/loss of device. Employees must report such cases to the IT department, especially if patient data are involved, and the IT department must report it to government agencies in case of major breaches.

**Legislation and noncompliance:** Defines applicable privacy or health care laws as well as actions or penalties in case of noncompliance with the policy or in case of breaches caused by employee’s personal devices.

**Education strategy:** Strategies to train employees periodically to ensure secure user behavior. BYOD users should be constantly updated about the latest cybersecurity threats. Policies should be disseminated through all means possible. Changes in policies should also be communicated.

**Acceptable use:** States the purposes for which BYOD devices could be used, whether clinical or nonclinical, and by whom. It defines reasonable use and prohibited activities.

**Not applicable:** Our organization does not allow employees to use their own devices while at work and/or in the care of our patients.

- A. Key definitions
- B. Service provision
- C. Access control
- D. Data storage
- E. Incident reporting
- F. Legislation and noncompliance
- G. Education strategy
- H. Acceptable use
- I. Not applicable

**(PDF-008) How quickly can your organization restore mission critical operations should a disaster cause the complete loss of your organization’s primary data center?**

**(Check one per row)**

	<4 hrs.	4 - 24 hrs.	>24 hrs.	Don't Know
A. Clinical information systems (EHR, lab, radiology)				
B. Administrative systems (Financial, Human Resources and Supply Chain)				
C. Network and phone systems				
D. Employee access and communication systems (Active directory, email, messaging)				

# Security

**(PDF-009) Whom on your executive team is primarily responsible for leading information security in your organization?**

**(Check one)**

- A. CISO, Vice President of Information Security or other similar security related title in your executive suite
- B. CIO
- C. An executive other than a CISO or CIO (e.g., CFO; COO)
- D. We outsource this function (e.g., external security leader/vendor)
- E. A non-executive team member (e.g., Director of Security)
- F. No security leader

**(PDF-010) How often does your organization's formally chartered cybersecurity governance, risk and/or compliance committee meet?**

**(Check one)**

- A. Weekly
- B. Monthly
- C. Quarterly
- D. At least once a year
- E. As requested (no regular cadence)
- F. We do not have a formally chartered cybersecurity governance, risk and compliance committee

**(PDF-011) Which of the following groups receive a formal report regarding your organization's information security efforts and/or performance at least every quarter?**

**(Check all that apply)**

- A. Board of trustees, or committee of the board
- B. Executive leadership / executive governance
- C. IT leadership
- D. Clinical staff and leadership
- E. Front lines staff and data leaders

**(PDF-012) Which of the following information security frameworks does your organization use to guide your information security program?**

**(Check all that apply)**

- A. NIST Cybersecurity Framework
- B. 405(d)
- C. HITRUST
- D. ISO 27000 series
- E. COBIT
- F. Critical Security Controls



**(PDF-013) How would you characterize your organization’s use of the following information sharing and analysis organizations used to identify cybersecurity threats and vulnerabilities?**

**(Check one per row)**

**Used Extensively:** A condition where relevant staff in the organization leverage the resource/solution on a routine basis.

**Used but not Extensively:** A condition where relevant staff in the organization leverage the resource/solution as an exception, or few relevant staff leverage the resource/solution on a routine basis.

**Not Used:** A condition where relevant staff in the organization do not leverage the resource/solution at all.

	Used Extensively	Used but not Extensively	Not Used
A. Cyber Information Sharing and Collaboration Program (CISCP): DHS’s program for public-private information sharing			
B. Health Information Trust Alliance (HITRUST)			
C. Informal sharing in HIT user groups			
D. Informal sharing in professional society			
E. Health Information Sharing and Analysis Center (H-ISAC)			
F. State hospital associations			
G. Department of Homeland Security/CISA			
H. National Cybersecurity & Communication Integration Center (NCCIC)			
I. Health Cybersecurity & Communication Integration Center (HC3)			
J. Private Information Sharing and analysis organizations			

**(PDF-014) Does your organization use the services of a 3<sup>rd</sup> party to conduct the following assessments?**

**(Check one per row)**

	Yes – At least annually	Yes – Every two years	Yes – But not on a regular basis	No
A. Risk (identify compliance gaps and security vulnerabilities)				
B. Cybersecurity Maturity				

**(PDF-015) How often are the following components of your risk management program reviewed and/or updated?**

**(Check one per row; Leave blank if not applicable)**

**IDENTIFICATION OF...**

	At least Weekly	Monthly	Quarterly	Every 6 Months	Annually	As Requested
A. Risks						
B. Who is responsible for managing/mitigating those risks						
C. Contingency/mitigation plans						
D. Risk level/ranking						

**DETECTION OF...**

	At least Weekly	Monthly	Quarterly	Every 6 Months	Annually	As Requested
E. Threats						
F. Vulnerabilities						

**PROTECTION BY...**

	At least Weekly	Monthly	Quarterly	Every 6 Months	Annually	As Requested
G. Mitigation (people, process, technology)						
H. Training and education						

**RESPONDING THROUGH...**

	At least Weekly	Monthly	Quarterly	Every 6 Months	Annually	As Requested
I. Notification processes						
J. Mitigation processes						
K. Initiation of response, recovery and contingency plans						

**RECOVERY BY...**

	At least Weekly	Monthly	Quarterly	Every 6 Months	Annually	As Requested
L. Incorporation lessons learned into all areas after an exercise or incident						

**(PDF-016) How often does your organization conduct each of the following?**

**(Check one per row; Leave blank if not conducted)**

**A. Assessments**

	At least Weekly	Monthly	Quarterly	Every 6 Months	Annually	As Requested
A. An inventory of all 3 <sup>rd</sup> parties/ business vendors						
B. The ranking of business vendors based on the potential risk they pose your organization						
C. An evaluation of high-risk vendors						
D. An assessment of sub-contractors used by our business vendors						

**B. Audits/tests**

	Weekly	Monthly	Quarterly	Every 6 Months	Annually	More than 12 months
E. Unannounced vulnerability scans						
F. Unannounced wireless penetration tests						

G. System/application access audits						
H. Phishing attack simulations						

**C. Exercises**

	Weekly	Monthly	Quarterly	Every 6 Months	Annually	More than 12 months
I. Red/Blue Team Exercises						
J. Tabletop exercises or drills						

**(PDF-017) How would you characterize the adoption of the following types of security authentication measures used by your organization to authenticate/manage authorized users?**

**(Check one per row)**

**Fully Adopted:** A condition where the technology/solution has been implemented organization wide to impact intended users per organization policy and the technology/solution is being used 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 is not impacting the intended users per industry expectations and/or organizational policy.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Knowledge-based authentication measures (passwords)			
B. Possession-based authentication measures (something the user has like a one-time password sent to the user's cell phone; USB keys)			
C. Inherence-based authentication measures (biometrics)			
D. Location-based authentication measures (geolocation security checks)			
E. Behavior-based authentication measures (picture selection)			
F. Multi-factor authentication for remote connections			
G. Multi-factor authentication for internal network connections			

**(PDF-018) How would you characterize the adoption of the following security measures used by your organization to authenticate/manage devices accessing your network?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Control inventory of <b>non-medical devices</b> authorized to access our network			
B. Control inventory of <b>medical devices</b> authorized to access our network			
C. Control inventory of <b>mobile devices</b> authorized to access our network			
D. Inventory personal devices accessing our network			
E. Approve devices accessing our network			
F. Monitor devices accessing our network			
G. Approve users accessing specific device			

**(PDF-019) How would you characterize the adoption of the following capabilities your organization uses as part of your organization's security processes?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

**A. Technical security capabilities**

	Fully Adopted	Partially Adopted	Not Adopted
A. Encryption			
B. Data loss prevention (DLP)			

C. Intrusion prevention or detection systems (IPS, IDS)			
D. Security Information and Event Management (SIEM) system			
E. Next generation endpoint protection systems; EDR (Endpoint Detection and Response), XDR (Extended Detection and Response), EPP (Endpoint Protection Platform)			
F. Network segmentation			
G. Network monitoring and analytics			
H. Cloud access security broker (CASB)			

**B. Data protection capabilities**

	Fully Adopted	Partially Adopted	Not Adopted
A. Database monitoring			
B. Privacy monitoring/auditing systems (end-user behavior analytics)			
C. Basic spam/phishing protection (signatures, digests, spam blacklists, etc.)			

**C. Process control capabilities**

	Fully Adopted	Partially Adopted	Not Adopted
A. Log management			
B. Governance, risk, and compliance (GRC) systems			
C. Vulnerability management			

**(PDF-020) How would you characterize the adoption of the following security processes your organization currently uses to safeguard information?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Encryption at rest (device encryption)			
B. Encryption in motion (data sent outside an organization's firewall)			
C. Medical device password/access controls			
D. Consumption of threat intelligence information from other organizations (ISAC, ISAO, DHS, etc.)			

E. Procurement/contracting with security firm including vendor risk assessment			
F. Segmentation of medical devices on specialized network segments			
G. 24/7/365 Security operations center (insourced, outsourced, hybrid)			
H. Data classification			
I. Secure system baseline images			
J. Privilege access management			

**(NEW-021) How would you characterize the deployment of Artificial Intelligence based solutions to support your cybersecurity efforts in each of the following areas?**

**Artificial Intelligence:** A system that may utilize machine learning and predictive analytics to assess a situation and either recommend or take actions that maximize chances of success/positive outcomes.

**Deployed:** A condition where the technology/solution has been tested and integrated into the organization’s cybersecurity efforts and the relevant users are utilizing the technology/solution as intended per industry expectations and organizational policy.

**Piloting:** A condition where the technology/solution is being tested to be included as part of the organization’s cybersecurity effort.

**Not Supported:** A condition where the organization has not yet tested the technology/solution, has no intention of testing/implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

**(Check one per row)**

	Deployed	Piloting	Not Supported
A. App security			
B. Cloud security			
C. Endpoint security			
D. Identity and Access Management (IAM) security			
E. Network security			

**(PDF-022) Which of the following cybersecurity related insurance coverages does your organization currently carry?**

**(Check all that apply)**

- A. Cyber liability
- B. Data breach
- C. Crime insurance coverage
- D. Business loss
- E. Network security and privacy
- F. Media liability (coverage for intellectual property infringement resulting from the online advertising of an organization’s services, to include social media posts)
- G. Natural disaster
- H. We are self-insured

# Administrative and Supply Chain

**(PDF-023) How would you characterize the deployment of Artificial Intelligence (AI) powered technology in your organization designed to support the following healthcare supply chain processes?**

**(Check one per row)**

**Artificial Intelligence:** A system that may utilize machine learning and predictive analytics to assess a situation and either recommend or take actions that maximize chances of success/positive outcomes.

**Deployed:** A condition where the technology/solution has been tested and implemented in at least one area of the organization and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.

**Piloting:** A condition where the technology/solution is being tested in at least one area of the organization but not organization wide.

**Not Supported:** A condition where the organization has not yet tested the technology/solution in at least one area of the organization, has no intention of testing/implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Deployed	Piloting	Not Supported
A. Generate Low/Expiration Restock Alerts			
B. Check Product Availability			
C. Check Product Price/Contract price			
D. Process Purchase Requisition			
E. Process Purchase order			
F. Check Order Status/Routing			
G. Receive Order/Check-in			
H. Receive Invoice			
I. Pay Invoice			
J. Return Handling (e.g., creation, confirmation and cancellation of return orders)			

**(NEW-024) How would you characterize the adoption of the following technologies in your organization designed to support specific healthcare supply management activities.**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing

the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. RFID/RTLS tags, sensors and/or Internet of Things (IoT) to track, monitor and control inventory			
B. Image recognition technology designed to capture full and accurate product details at the point of care			
C. Algorithms, Artificial Intelligence (AI), Machine Learning and/or Analytics to optimize inventory levels and predict future demand (including anticipated fluctuations)			

**(PDF-025) How would you characterize the deployment of the following Artificial Intelligence (AI) powered revenue-cycle and contracts-management functionalities in your organization?**

**(Check one per row)**

**Artificial Intelligence:** A system that may utilize machine learning and predictive analytics to assess a situation and either recommend or take actions that maximize chances of success/positive outcomes.

**Deployed:** A condition where the technology/solution has been tested and implemented in at least one area of the organization and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.

**Piloting:** A condition where the technology/solution is being tested in at least one area of the organization but not organization wide.

**Not Supported:** A condition where the organization has not yet tested the technology/solution in at least one area of the organization, has no intention of testing/implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Deployed	Piloting	Not Supported
A. Aggregation and measurement of cost of care across settings			
B. Aggregation of charges to form bundles and episodes, with the aggregation logic enabling different groupings for different payers			
C. Managing the distribution of bundled payments to the clinicians, care sites (e.g., hospitals) where care was delivered			
D. Provision of tools for retrospective analysis of clinical and administrative data (e.g., to identify areas for improving the quality of care and/or reducing the cost of care delivered)			
E. Reconciliation of charges and patient accounts to a monthly premium payment, billing co-payments and noncovered charges according to insurance agreements.			
F. Real-time patient identification and tracking for value-based care conditions (e.g., COPD)			
G. Estimates of out-of-pocket expenses for patients			



**(PDF-026) What percentage of the following payer-related activities are accomplished using electronic routines and/or software?**

**(Check one per row; leave blank if not applicable)**

	100%	90-99%	50-90%	<50%	0%
A. Claims Status Inquiry					
B. Claims Submission					
C. Electronic Funds Transfer					
D. Eligibility Inquiry					
E. Pre-certification					
F. Referral and authorization					
G. Remittance Advice					
H. Clinical documentation attachments					
I. Address Verification					
J. Charge and order matching					
K. Charge Capture Reconciliation					
L. Contract Management					
M. Denial management					
N. Medical necessity criteria checks					
O. Physician-performance comparisons					

**(PDF-027) How would you characterize the adoption of the following bed/exam room tracking or patient-flow software system settings in your organization (Note: bed tracking/patient-logistics management may be functionality included within your electronic health record)?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Integrated patient logistics system (includes patient status, pending orders, critical lab results and room availability for the entire enterprise)			
B. RFID/RTLS tags, sensors and/or Internet of Things (IoT) patient location system integrated into the bed-tracking system to automate patient movement ( <i>Acute/LTPAC</i> )			
C. Tracking system for emergency department beds ( <i>Acute</i> )			
D. Tracking system for observation beds ( <i>Acute</i> )			
E. Tracking system for in-patient beds ( <i>Acute</i> )			

F. Tracking system for ICU beds (Acute)			
G. Transfer center (Acute)			
H. Tracking system for exam rooms (Ambulatory)			

**(NEW-028) How would you characterize the adoption of the following manager self-service tools in your organization? The capabilities should be available both via an online portal and via mobile devices.**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

	Fully Adopted	Partially Adopted	Not Adopted
A. Access organizational chart with ability to drill down into employee level detail information			
B. Approve requests for time off (PTO), employee leave and overtime			
C. Approve employee travel requests, expense reports and purchase request			
D. Perform employee performance reviews and establish future performance goals			
E. Access to Real-time operational budget versus expense monitoring, financial modeling, and budget forecasting			
F. Post open positions, review candidates, hire, onboard and terminate employee			
G. View and update employee benefits/compensation information			
H. Approve requests for new work shifts or work shift swaps			
I. Approve employee timecards			

**(NEW-029)** How would you characterize the adoption of the following employee self-service tools in your organization? The capabilities should be available both via an online portal and via mobile devices.

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. View payroll and tax related documents, including earnings, pay checks, leave balances and tax withholdings			
B. Update payroll related documents, including direct deposit and tax withholding			
C. Update personal information in the human resources system			
D. Request time off (PTO) and leave			
E. View upcoming work schedules and shifts			
F. Request new work shifts, bid for shifts, or swap shifts with another employee			
G. Apply for other positions within the organization			
H. Access all required and optional training module			

**(NEW-030)** Which of the following technologies does your organization use to support your organization's employee retention efforts?

**(Check all that apply)**

**Definitions**

**Voice of Employee platforms:** Technologies allowing a continual listening approach for employers to gauge employee concerns and insights (e.g., weekly pulse surveys).

**AI-driven sentiment analysis tools:** Advanced analytical tools designed to analyze employee feedback/survey comments leading to identification of hidden or emerging issues impacting employee satisfaction and attrition.

**Internal Talent Marketplaces:** Artificial intelligence powered technologies designed to match open roles with employees, based on the skills, education and/or experience workers list in their personal profiles.

**Pay Equity and Compensation benchmarking software:** Software designed to measure compensation disparities based on workers' protected identities, including gender, race, age, ethnicity and disability.

**Retention Risk Analytics:** Tools using predictive analytics to assess the flight risk of employees by tracking and measuring factors commonly associated with voluntary turnovers.

**Digital Wellness Platforms and Apps:** Tools allowing employees access to support services (e.g., meditation apps/videos; financial wellness platforms; virtual sessions with license therapists; etc.) for those intimidated by publicly seeking assistance for emotional or psychological issues.

**Employee Recognition Software Platforms:** Software platforms designed to recognize an employee's quality work as well as acknowledging life events (e.g., service anniversaries, weddings, babies and birthdays) or even for completing onboarding.

- A. Voice of Employee platforms
- B. AI-driven sentiment analysis tools
- C. Internal Talent Marketplaces
- D. Pay Equity and Compensation benchmarking software
- E. Retention Risk Analytics
- F. Digital Wellness Platforms and Apps
- G. Employee Recognition Software Platforms

# Analytics and Data Management

**(PDF-031) Whom on your executive team is primarily responsible for leading your organization's analytics and data management efforts?**

**(Check one)**

- A. Chief Data Officer (CDO), Chief Analytics Officer (CAO) or similarly titled role
- B. CIO
- C. Other executive (e.g., CFO; COO)
- D. A non-executive team member (e.g., Director of Analytics)
- E. We outsource this function (external data/analytics leader/vendor)
- F. No data/analytics leader

**(PDF-032) Which of the following best describe the management of data analytics and staffing in your organization?**

**(Check one)**

- A. Across the whole organization, both analytics staff and data management are centralized in one unit
- B. Analytics staff are spread across multiple units and data management for the whole organization is through one unit
- C. Analytics staff for the whole organization are centralized and data management capabilities are spread across multiple units
- D. Across the whole organization, both analytics staff and data management are decentralized and spread across multiple units
- E. We don't have a purposeful approach to managing analytics staff or a data management strategy

**(PDF-033) Which of the following data storage/analytics applications models does your organization use?**

**(Check all that apply)**

- A. Clinical systems on cloud services
- B. Non-clinical systems on cloud services
- C. Data as a service (DaaS)
- D. Infrastructure as a service (IaaS)
- E. Analytics solutions are on cloud services
- F. Analytics solutions are on-premise
- G. Storage virtualization
- H. Redundant data center (Off-site backup)

**(PDF-034) Which of the following data sources send data to your organization’s Enterprise Data Warehouse and/or Operational Data Store?**

**(Check one per row)**

- A. Clinical/EHR platform(s)
- B. Revenue cycle management
- C. Supply chain management/ERP
- D. CRM
- E. Patient monitor (near) real time data capture
- F. Artificial Intelligence/Machine Learning solutions
- G. Population health tools

**(PDF-035) How would you characterize the adoption of technology designed to automatically review patient data in your EHR and alert caregivers when their patients are out of compliance with key quality indicators, in the following areas of your organization (e.g. CMS’ Core Quality Measures)?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

	Fully Adopted	Partially Adopted	Not Adopted
A. At discharge/checkout			
B. Any time after being admitted into the facility (Acute/LTPAC)			
C. In the emergency department (Acute)			
D. In the physician office/clinic (Ambulatory)			

**(PDF-036) How would you characterize the adoption of automated real-time dashboards designed to deliver the following data to your organization’s clinical and operational personnel (leaders and individual clinicians)?**

**(Check one per row)**

**Automated real-time dashboards:** Presents context sensitive [transformed] data insights immediately when time is of the essence, for shared or individual consumption with limited ability to manipulate; constantly updated.

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

	Fully Adopted	Partially Adopted	Not Adopted
A. Clinical quality metrics			
B. Clinician productivity metrics			
C. Patient volume metrics			
D. EHR utilization/ performance data			
E. Population health metrics			
F. Patient engagement/ satisfaction metrics			
G. Social Determinants of Health (SDoH) metrics			
H. Human Resources, staff availability, staff need, metrics			
I. Critical supplies/pharmaceutical metrics			
J. Safety data/metrics			
K. Patient throughput/Length of stay (LOS)			
L. Operating Room utilization, capacity metrics (Acute)			

**(PDF-037) How would you characterize the adoption of personal data visualization tools designed to deliver the following data to your organization’s clinical and operational personnel (leaders and individual clinicians)?**

**(Check all that apply)**

**Personal Data Visualization tools:** Offer the ability to re-structure queries and “drill-down” into the core data marts, filter information by a variety of parameters (date/time, patient, provider, disease, payer, etc.) on the fly

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

	Fully Adopted	Partially Adopted	Not Adopted
A. Clinical quality metrics			
B. Clinician productivity metrics			
C. Patient volume metrics			
D. EHR utilization/ performance data			
E. Population health metrics			

F. Patient engagement/ satisfaction metrics			
G. Social Determinants of Health (SDoH) metrics			
H. Human Resources, staff availability, staff need, metrics			
I. Critical supplies/pharmaceutical metrics			
J. Safety data/metrics			
K. Patient throughput/Length of stay (LOS)			
L. Operating Room utilization, capacity metrics (Acute)			

**(PDF-038) How would you characterize the utilization of data analytics to support the following business functions in your organization?**

**Used Extensively:** A condition where authorized clinical staff generally leverage the technology/solution on a routine basis.

**Used but not Extensively/Limited Use:** A condition where authorized clinical staff generally leverage the technology/solution as an exception or few authorized clinical staff leverage the technology/solution on a routine basis.

**Use Not Authorized:** A condition where the organization does not authorize the use of employee-owned devices in the care of patients.

	Used Extensively	Used but not Extensively/Limited Use	Not Used
A. Setting enterprise strategy/driving transformation			
B. Patient care, care paths, and/or other clinical purposes			
C. Operational decision making			
D. Value-based care management			
E. Safety and Quality			
F. Population health			
G. Marketing and promotion			
H. Supply and supply chain decisions			
I. Finance and budgeting			
J. Facilities and building management			

**(PDF-039) How would you characterize the adoption of Predictive Analytics in each of the following business functions in your organization?**

**Predictive Analytics:** A variety of statistical techniques from data mining, predictive modelling, and machine learning that analyze current and historical facts to make predictions about future or otherwise unknown events.

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing



the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

**(Check one per row)**

	Fully Adopted	Partially Adopted	Not Adopted
A. Clinical workflows			
B. Revenue cycle management			
C. Supply chain management/ERP			
D. CRM/Patient Engagement			
F. Population Health			
G. Human Resources/Recruitment/Scheduling			

**(PDF-040) How would you characterize the deployment of Artificial Intelligence in each of the following business functions in your organization?**

**Artificial Intelligence:** A system that may utilize machine learning and predictive analytics to assess a situation and either recommend or take actions that maximize chances of success/positive outcomes.

**Deployed:** A condition where the technology/solution has been tested and implemented in at least one area of the organization and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.

**Piloting:** A condition where the technology/solution is being tested in at least one area of the organization but not organization wide.

**Not Supported:** A condition where the organization has not yet tested the technology/solution in at least one area of the organization, has no intention of testing/implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

**(Check one per row)**

	Deployed	Piloting	Not Supported
A. Clinical workflows			
B. Revenue cycle management			
C. Supply chain management/ERP			
D. CRM/Patient Engagement			
H. Population Health			
I. Human Resources/Recruitment/Scheduling			

**(PDF-041) Which of the following best describes the scope of your organization's data governance program?**

**(Check one)**

- A. Data governance spans from the Board room to the front lines with regular meetings at all levels. Data governance has clear leadership and an articulated strategy.
- B. The Executive suite and some Chiefs are involved in data governance. The strategy is clear but fluid.
- C. Data governance is managed at the VP and/or Chief Data Officer level. The strategy is evolving and dynamic.
- D. Data governance is handled by the CIO and/or IT. The strategy is more technical than strategic.
- E. Limited data governance with the focus on applications or solutions.

- F. No data governance efforts at this time; defaulting to vendor approaches and recommendations when required.

**(PDF-042) How often does your organization's Data Governance committee meet?**

**(Check one)**

- A. Weekly
- B. Monthly
- C. Quarterly
- D. At least once a year
- E. As requested (no regular cadence)
- G. We do not have a data governance committee

**(PDF-043) Which of the following groups engage in your organization's data governance efforts at least every quarter?**

**(Check all that apply)**

- A. Board of trustees, or committee of the board
- B. Executive leadership / executive governance
- C. Chief Medical Information Officer or similar role
- D. Clinical staff and leadership
- E. IT leadership
- F. Analytics and data management leadership
- G. Front lines staff and data leaders

**(PDF-044) How would you characterize the adoption of the following as part of your organization's data governance effort?**

**Data Literacy Program:** An effort designed to assist employees, managers, data analysts and scientists in reading, writing and communicating data in context

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

**(Check one per row)**

	Fully Adopted	Partially Adopted	Not Supported
A. Governance is in place overseeing data from all systems of record at the enterprise level			
B. Governance is in place for our critical and primary systems of record			

C. Governance is in place for our analytics and data management platforms and solutions			
D. Governance is in place supporting data and analytics presentation, reporting, and dashboard solutions			
E. Governance is in place supporting a data literacy program			
F. Governance is in place supporting Artificial Intelligence / Machine Learning			
G. Governance is in place supporting data access, privacy, and security of data			
H. Data governance leverages dedicated software			
I. Data governance engages in and supports Master Data Management solutions			
J. Data governance is in place supporting a [technical] analytics solution architecture and infrastructure strategy			
K. Data governance is in place overseeing an analytics program strategy			

# Interoperability and Population Health

**(PDF-045) Which of the following types of healthcare entities external to your organization can your organization’s EHR successfully send discrete patient data electronically to (and for the receiving entity to claim they can incorporate the data into their patient record system)? (Check one per row)**

	Yes	No	Not Applicable to our Patient Population
A. Hospital/hospital system			
B. Physician practice			
C. Home health agency			
D. Long-Term/Post-Acute Care facility (Skilled nursing facility, Rehab/extended/chronic care facility)			
E. Retail pharmacy			
F. Government data/records such as immunizations, death records, syndromic surveillance			
G. Laboratories			
H. Health information exchange (HIE)			
I. Insurance companies/payers			
J. Emergency Ambulance agency			
K. Urgent care/Freestanding Emergency centers			
L. Referral networks			
M. Community Partners (patient advocacy orgs, behavioral health providers, community orgs.)			

**(PDF-046) Which of the following types of healthcare entities external to your organization can your organization’s EHR successfully receive discrete electronic patient data from (and incorporate their data into your organization's patient record system)? (Check one per row)**

	Yes	No	Not Applicable to our Patient Population
A. Hospital/hospital system			
B. Physician practice			
C. Home health agency			
D. Long-Term/Post-Acute Care facility (Skilled nursing facility, Rehab/extended/chronic care facility)			
E. Retail pharmacy			
F. Government data/records such as immunizations, death records, syndromic surveillance			
G. Laboratories			
H. Health information exchange (HIE)			

I. Insurance companies/payers			
J. Emergency Ambulance agency			
K. Urgent care/Freestanding Emergency centers			
L. Referral networks			
M. Community Partners (patient advocacy orgs, behavioral health providers, community orgs.			

**(NEW-047) How would you characterize your adoption of Trusted Exchange Framework and Common Agreement (TEFCA) standards?**

(select one)

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

- A. Fully Adopted
- B. Partially Adopted
- C. Not Adopted

**(NEW-048) How would you characterize your approach to joining a Qualified Health Information Network (QHIN)?**

- A. We have already joined a QHIN
- B. Joining a QHIN is a priority and actively exploring options
- C. Don't have enough information to make a decision on QHIN
- D. Aware of the potential need to join a QHIN, but it is not a priority right now
- E. We have decided not to join a QHIN

**(PDF-049) How would you describe your organization's use of the following data sources in contributing data electronically to disease registries?**

(Check one per row)

	Contributes data to disease registry and registry data is accessible at the point of care	Contributes data to disease registry but registry data not accessible at the point of care	Does not contribute data to disease registry
A. Clinician-reported data			
B. Patient-reported data/patient-generated data			
C. Electronic health records (EHRs)			
D. Ancillary clinical information systems			

	Contributes data to disease registry and registry data is accessible at the point of care	Contributes data to disease registry but registry data not accessible at the point of care	Does not contribute data to disease registry
E. Clinical data warehouses (CDWs) or integrated data repositories (IDRs)			
F. Administrative (claims) databases			

**(PDF-050) How would you characterize the adoption of technology in your organization to track the management of your chronic-care patients?**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

- D. Fully Adopted
- E. Partially Adopted
- F. Not Adopted
- G. Not Applicable to our Patient Population

**(PDF-051) How would you characterize your organization’s adoption of internet enabled remote monitoring devices which submit self-test results from patients “outside the walls” of your facility and integrate the data into your organization’s EHR, for each of the following conditions?**

**(ACUTE/AMBULATORY)**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Supported
A. Chronic obstructive pulmonary disease			
B. Congestive heart failure			

	Fully Adopted	Partially Adopted	Not Supported
C. Diabetes			
D. Heart disease			
E. Hypertension			
F. Obesity			
G. Wellness trackers (e.g., consumer wearables)			

**(PDF-052) How would you characterize your organization’s adoption of real-time care management technologies for patients “outside the walls” of your facility, for each of the following chronic care conditions? (ACUTE/AMBULATORY)**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

	Fully Adopted	Partially Adopted	Not Supported
A. Asthma			
B. Behavioral health			
C. Cancer			
D. Chronic obstructive pulmonary disease			
E. Congestive heart failure			
F. Dementia (e.g., Alzheimer's)			
G. Diabetes			
H. End stage renal disease (ESRD)			
I. Heart disease			
J. Hypertension			
K. Obesity			
L. Sickle cell anemia			

**(PDF-053) How would you characterize your organization’s adoption of technologies which allow for the integration of care management data into the EHR from patients “outside the walls” of your facility, for each of the following chronic care conditions? (ACUTE/AMBULATORY)**

**(Check all that apply)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

	Fully Adopted	Partially Adopted	Not Supported
A. Asthma			
B. Behavioral health			
C. Cancer			
D. Chronic obstructive pulmonary disease			
E. Congestive heart failure			
F. Dementia (e.g., Alzheimer's)			
G. Diabetes			
H. End stage renal disease (ESRD)			
I. Heart disease			
J. Hypertension			
K. Obesity			
L. Sickle cell anemia			

**(PDF-054) How would you characterize the adoption of digital health technologies in your organization used to address the following population health activities?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution

**A. Data aggregation:**

Activities	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Compilation of a longitudinal patient record to include clinical, claims, and care-management data				
B. Creation of a reliable master patient index (to include duplicate record merging/deletion)				
C. Aggregation of other data sources (social determinants of health, genomics, imaging data, etc.)				



**B. Data analysis:**

Activities	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Stratify patients according to risk				
B. Tailored advanced predictive/prescriptive analytics (i.e. AI, machine learning)				
C. Ability to identify and tag patient groups to develop internal registries				
D. Prioritized Worklist				

**C. Care management:**

Activities	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Identify gaps in care				
B. Empower care management workflow with data-driven intelligence				
C. Chronic disease/care management				
D. Use of social care networks for Social Determinants of Health (SDoH) referrals to community organizations				
E. Manage care transitions				
F. Use call center to support care coordination				

**D. Administrative and financial reporting:**

Activities	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Financial performance tracking under risk-based contracts				
B. Total cost of care analytics				
C. Network utilization tracking and network optimization analysis (e.g., leakage and steering)				
D. Tool to monitor care management performance				

**E. Patient engagement:**

Activities	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Target patients for outreach				
B. Secure messaging between patient, care-providers and care-managers				
C. Full CRM that includes integrated patient portal, outreach, education, and satisfaction				
D. Promotion of wellness and prevention opportunities				

**F. Clinician engagement:**

Activities	Fully Adopted	Partially Adopted	Not Adopted	Not Applicable to our Patient Population
A. Ability to track clinician usage of population health tools and activities				
B. Quality measures and analytics at the physician level (e.g., MIPS, MACRA, etc.)				
C. Prioritized guidance on patient care-gaps and statuses				

# Patient Engagement

**(PDF-055) Whom on your executive team is primarily responsible for leading your organization's patient engagement/experience efforts?**

**(Check one)**

- A. Chief Experience Officer, Vice President of Patient Experience or similarly titled role in your executive suite
- B. An executive other than a Chief Experience Officer (e.g., CFO; COO; CIO)
- C. A non-executive team member (e.g., Director of Patient Engagement/Experience)
- D. We outsource this function (external leader/vendor)
- E. No patient engagement/experience leader

**(PDF-056) Whom on your executive team is primarily responsible for leading your organization's telehealth efforts?**

**(Check one)**

**Telehealth (a.k.a. virtual care):** The use of telecommunication technology for patient/physician office, hospital visits and other services that would generally occur via an in-person setting.

- A. A clinical executive (e.g., Chief Medical Officer)
- B. A non-clinical executive (e.g., CIO, Vice President of Telehealth)
- C. A non-executive team member (e.g., Director of Telehealth)
- D. We outsource this function (external leader/vendor)
- E. No telehealth leader

**(PDF-057) Which of the following reflect how telehealth services are provided at your organization?**

**(Check one)**

**Telehealth (a.k.a. virtual care):** The use of telecommunication technology for patient/physician office, hospital visits and other services that would generally occur via an in-person setting.

- A. We outsource our telehealth program to a third party
- B. We operate our own telehealth program
- C. We do not have a defined telehealth program

**(PDF-058) How would you characterize the adoption of technologies used to support the following capabilities available to patients through your organization's web site or patient portal?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Parking assistance and payments			
B. Asynchronous provider visits			
C. Complete questionnaires that can be directly included into EHR			
D. Access patient specific education in non-English language(s)			
E. Access family (or care team) education in non-English language(s)			
F. Symptom checker (Acute/Ambulatory)			
G. Ability to share electronic copy of medical record with external organizations			
H. Ability to create and/or edit a personal health record			
I. Comparison of prices based on insurance network			
J. Comparison of prices based on insurance plan/types			
K. Filter and compare price information based on types of procedures/services (Acute/Ambulatory)			
L. Provide definitions of key terms related to pricing, insurance, and/or service types			
M. Ability to estimate patients' cost burden based on insurance type without human intervention			
N. Provide access to education regarding services listed, price estimates, patient estimates, co-pays etc.			
O. Access to patient gifting/fundraising tools that integrates patient bills with social media to help with healthcare fundraising efforts and transparency			
P. Family/caregiver collaboration tools			
Q. Transportation arrangement			
R. Filter and compare price information based on hospitals/health systems (Acute)			
S. Visit summary (Ambulatory)			
T. Self-check-in (Ambulatory)			
U. Appointment self-scheduling tool (Ambulatory)			
V. Appointment reminders (Ambulatory)			

**(PDF-059) How would you characterize the adoption of technologies used to support the following services designed to empower patients and their families outside your facility?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Orienting patients and families to the care environment			
B. Introduce the patient and family to the services that will be delivered			
C. Review the education and other materials provided to the patient and family during a visit			
D. Where applicable, exchange secure e-mails with their care team members			
E. Continue the care pathway that was initiated prior to or during the clinical encounter			
F. Use videos to educate patient and family about procedures			
G. Use videos to educate patient and family about medications			
H. Use videos to educate patient and family about lab tests and results when available			
I. Participate in virtual patient visits (clinician and patient)			
J. Email appointment reminders			
K. Participate in virtual visits (patient and family)			
L. Remote patient monitoring			
M. Self-scheduling (Acute/Ambulatory)			
N. Automated check-in on arrival/self-check-in (Acute/Ambulatory)			
O. Wayfinding via wireless guidance (Acute/Ambulatory)			

**(PDF-060) How would you characterize the adoption of technologies used to support the following services designed to empower patients and their families inside your facility?**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Complete patient satisfaction/feedback surveys			
B. Recognize staff who have performed above satisfaction			
C. Real-time patient satisfaction tools			
D. Use videos to educate patient and family about procedures			
E. Use videos to educate patient and family about medications			
F. Use videos to educate patient and family about lab tests and results when available			
G. View health education videos			
H. Voice assistants/activated devices (e.g., Amazon Echo Dot, Google Nest, etc.) to streamline some patient/exam room tasks			
I. Staff video introductions (Acute/LTPAC)			
J. Control the environment such as reporting problems that are not clinical in nature such as room temperature (Acute/LTPAC)			
K. Order meals and snacks subject to dietary restrictions (Acute/LTPAC)			
L. View patient care functions on the traditional "white board" (staffing identification, schedule, patient goals, family goals, contact information) (Acute/LTPAC)			
M. Participate in the discharge/checkout planning process (Acute/LTPAC)			
N. Use e-mail, browsing, and entertainment (Acute/LTPAC)			

**(PDF-061) Which of the following functionalities are included in mobile apps your organization provides to your patients? (These should be apps created for a mobile handheld device and should NOT include responsive designed websites)**

**(Select all that apply)**

- A. Alerts/notifications from mHealth devices
- B. Click-to-call contact directory
- C. Electronic insurance card
- D. E-visit/virtual assistant
- E. Health library
- F. Personal health record
- G. Personal health tracker
- H. Real-time news and blog feed
- I. Renew prescription
- J. Wayfinding with floor plans and maps
- K. Price list for different services
- L. Location Sharing for assistance
- M. Health Maintenance Campaigns
- N. Mobile Check In
- O. Telemedicine Integration
- P. Event Alerts
- Q. Alerts/notifications from mHealth devices

- R. ER wait times (Acute)
- S. Text appointment reminders (Ambulatory)
- T. Schedule visit (Ambulatory)

**(PDF-062) How would you characterize the adoption of technologies used to support the following patient interactive capabilities your organization provides your staff members to help to promote patient and family engagement in your facility?**

**(Check one per row) (Acute/LTPAC)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	Fully Adopted	Partially Adopted	Not Adopted
A. Initiate a patient pathway that uses HIT to follow a care plan specific set of processes			
B. Monitor patient and family engagement in real-time so that adjustments can be made during the clinical activities			
C. Perform data analysis that will assess efficacy and facilitate engagement			
D. Training the family on patient interactive devices			

**(PDF-063) Please indicate the percentage of your organization's...**

**Telehealth (a.k.a. virtual care):** The use of telecommunication technology for patient/physician office, hospital visits and other services that would generally occur via an in-person setting.

A. Associated physicians/clinicians who have integrated telehealth services as part of their face-to-face practice	Slide bar
B. Total patient visits conducted via telehealth during the last 12 months	Slide bar

**(PDF-064) Of the following diagnostic and therapeutic appointments between patients and providers in your organization this past year, please indicate the percentage of appointments conducted via telehealth (verses in-person appointments)?**

**Example: Of 1,000 Behavioral Health appointments, what percent were conducted via telehealth? (Check one per row)**

		Not Applicable to our Patient Population
A. Regularly scheduled consultations/visits with a Primary Care provider	Slide bar	
B. Rehabilitation	Slide bar	
C. Stroke care	Slide bar	
D. Maternity provider (Acute/Ambulatory)	Slide bar	
E. Genetic counselor (Acute/Ambulatory)	Slide bar	

**(PDF-065) Please indicate the percentage of unique patients your organization serviced during the last 12 months who have accessed your organization’s patient portal at least once this last year?**

**(NEW-066) How would you characterize the utilization of data analytics to monitor/assess the following Patient Engagement related functions in your organization?**

**Used Extensively:** A condition where authorized clinical staff generally leverage the technology/solution on a routine basis.

**Used but not Extensively/Limited Use:** A condition where authorized clinical staff generally leverage the technology/solution as an exception or few authorized clinical staff leverage the technology/solution on a routine basis.

**Use Not Authorized:** A condition where the organization does not authorize the use of employee-owned devices in the care of patients.

	Used Extensively	Used but not Extensively/Limited Use	Not Used
A. Effectiveness of the digital health resources available to patients through your organization’s web site or patient portal			
B. Effectiveness of the digital health resources available to patients outside of your facility			
C. Effectiveness of the digital health resources available to patients inside of your facility			
D. Effectiveness of the digital health resources available to patients through your organization’s mobile app(s)			
E. Effectiveness of the digital health resources available to staff designed to promote patient and family engagement			
F. Effectiveness of telehealth visits			



**(PDF-067) Which of the following tactics does your organization use to promote your organization's digital health tools to patients (patient portal, mobile app and telehealth services)?**

**(Check all that apply)**

- A. Capture email addresses for every patient
- B. Train your staff and providers so they understand the benefits to the patient and to the organization
- C. Provide informational handouts to patients
- D. Promote digital health tools on video displays within the facility (e.g., patient rooms, exam rooms, lobby, etc.)
- E. Place a computer kiosk or tablet in key locations (e.g., lobby; waiting areas; etc.) allowing patients to register for the portal and then use it to complete necessary registration forms
- F. Send postcards to patients introducing the patient portal, mobile app and/or telehealth services
- G. Add a promotional tag line to appointment cards, statements, newsletters, and other communication
- H. Use the organization's telephone on-hold messaging system to promote the patient portal, mobile app and/or telehealth services
- I. Display a link to the patient portal, mobile app and/or telehealth services on your organization's website
- J. Make the patient portal and/or mobile app your organization's preferred way of sending information to patients

# Clinical Quality and Safety

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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			

**(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)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

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

**(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/LTPAC)**

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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. <i>Fetal monitor (Acute)</i>			

**(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)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

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

**(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)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

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

**(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/LTPAC) (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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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)				
D. Bundles for the prevention of surgical site infection (Acute)				

**(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.

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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			

**(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)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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			

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

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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			

**(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)**

**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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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				

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

**(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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

	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			

**(PDF-079) How would you characterize the adoption of technology designed to support the following opioid use reduction mechanisms 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.

**Not Adopted:** A condition where the organization has not yet implemented the technology/solution in at least one area of the organization and has no intention of implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution



	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)				

**(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 health condition(s)
- 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

**(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%

**(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
F. Oncology	Slide bar	
G. Palliative Care	Slide bar	
H. Skilled Nursing Facilities (LTPAC)	Slide bar	
I. Inpatient Hospital Discharges (Acute)	Slide bar	
J. Emergency Department (Acute)	Slide bar	
K. Peri-operative (Acute)	Slide bar	
L. Outpatient/Ambulatory Clinics (Ambulatory)	Slide bar	

**(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)**

- 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)

**(NEW-084) Which of the following activities does your organization’s Healthcare Operations Command Center as defined below, provide? (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

# Innovation

**(PDF-085) Whom on your executive team is primarily responsible for leading tactical technological innovation efforts in your organization?**

**(Check one)**

- A. Chief Innovation Officer, Chief Technology Officer (or similar technology related type title)
- B. CIO
- C. A non-technology C-level executive (e.g., CFO; COO)
- D. A non-C-level executive team member (Vice President of Innovation; Director of Innovation)
- E. We outsource this function (external innovation leader/vendor)
- F. No one individual leads this effort
- G. We do not currently have a formalized technological innovation effort in our organization

**(PDF-86) Is your organization formally associated with an Innovation Center involved in healthcare technological innovations? (Check one)**

- A. Yes
- B. No

**(NEW-087) Has your organization developed a written IT strategic plan aligned to your organization’s business plan to include the following? (Check one per row)**

	Yes	No
A. Security		
B. Artificial Intelligence		
C. Innovation		

**(NEW-088) Does your organization have an IT Steering Committee for the following? (Check one per row)**

	Yes, and the IT Steering Committee includes an executive level representative	Yes, but the IT Steering Committee does not include an executive level representative	No
A. Security			
B. Artificial Intelligence			
C. Innovation			

**(NEW-089)** Are all IT investment proposals for the following reviewed and approved by an IT Steering Committee?

(Check one per row)

	Yes, and we follow specific criteria to evaluate and approve IT investment proposals	Yes, but we do not follow specific criteria to evaluate and approve IT investment proposals	No
A. Security			
B. Artificial Intelligence			
C. Innovation			

**(NEW-090)** Do all IT investment proposals for the following include a documented business case?

(Check one per row)

	Yes, and we include defined business objectives for each investment project	Yes, but we do not include defined business objectives for each investment project	No
A. Security			
B. Artificial Intelligence			
C. Innovation			

**(NEW-091)** Do IT investment proposals for the following involve an executive sponsor from the impacted business area who is responsible for overseeing the business case for IT investments in their area?

(Check one per row)

	Yes, all projects	Yes, some projects	No
A. Security			
B. Artificial Intelligence			
C. Innovation			

**(NEW-092)** Does your organization have an IT Steering Committee overseeing and tracking the progress of each approved IT implementation project, for the following?

(Check one per row)

	Yes	No
A. Security		
B. Artificial Intelligence		
C. Innovation		

**(PDF-093)** Which of the following types of digital health tools have your technological innovation assessment efforts addressed within the past three-years?

(Select all that apply)

**Remote monitoring for operational efficiencies:** Smart versions of common clinical devices such as thermometers, blood pressure cuffs, and scales that automatically record readings in the patient record eliminating the need for staff/clinicians to enter the data.

**Remote monitoring for improved care and management:** Apps and devices for use by chronic disease patients for daily measurement of vital signs such as weight, blood pressure, blood glucose,

etc.; Readings are visible to patients and transmitted to the physician's office. Alerts are generated as appropriate for missing or out of range readings to assist in the management of care.

**Clinical decision support:** Modules used in conjunction with the EHR or apps that integrate with the EHR that highlight potentially significant changes in patient data (e.g., gain or loss of weight, change in blood chemistry).

**Patient engagement:** Solutions to promote patient wellness and active participation in their care for chronic diseases (e.g., adherence to treatment regimens).

**Tele-visits/virtual visits:** An audio/video connection used to see patients remotely (i.e., simple acute illness, adjusting therapy, etc.).

**Point of care/survey workflow enhancement:** Communication and sharing of electronic clinical data to consult with specialists, make referrals and/or transitions of care.

**Consumer access to clinical data:** Secure access allowing patients to view clinical information such as routine lab results, receive appointment reminders and treatment prompts, and to ask for prescription refills, appointments and to speak with their physician.

- A. Remote monitoring for operational efficiencies (Acute/Ambulatory)
- B. Remote monitoring for improved care and management (Acute/Ambulatory)
- C. Clinical decision support
- D. Patient engagement
- E. Tele-visits/virtual visits
- F. Point of care/survey workflow enhancement
- G. Consumer access to clinical data
- H. We do currently/have had a technological innovation effort in our organization but not in one of the above areas
- I. We do not currently/have not had a technological innovation effort in our organization.

**(NEW-094) When thinking about your organization's digital health technological innovation assessment efforts during the past three-years, would you be able to provide evidence demonstrating your organization's use of the following "techquity" tactics?**

**Techquity:** The strategic design, development, and deployment of technology to positively advance health amongst vulnerable, underserved, and marginalized communities (e.g., elderly; socio-economically disadvantage; racial minorities).

**Conduct market research** with diverse patient populations to understand their needs and experiences (to identify potential biases in the design and development of the technology).

**Collect user data** from diverse populations (to identify potential variances in outcomes).

	Yes	No
Conduct market research		
Collect diverse user data		

**(PDF-095) Of the following types of innovations, which do you currently use in your organization? (Select all that apply)**

- A. Artificial Intelligence
- B. Robotics (Clinical / Non-clinical)
- C. 3-D printing
- D. Nanotechnology
- E. Biotechnology

- F. Quantum computing
- G. Point-of-care (POC) diagnostics
- H. Virtual reality (VR)
- I. Leveraging social media to improve patient experience
- J. Biosensors and trackers

**(NEW-096) How would you characterize the deployment of Generative Artificial Intelligence in your organization to support the following activities?**

**(Check one per row)**

**Generative Artificial Intelligence:** Artificial intelligence capable of generating text, images, or other media, using generative models. Generative AI models learn the patterns and structure of their input training data and then generate new data that has similar characteristics.

**Deployed:** A condition where the technology/solution has been tested and implemented in at least one area of the organization and the relevant users are generally utilizing the technology/solution as intended per industry expectations and organizational policy.

**Piloting:** A condition where the technology/solution is being tested in at least one area of the organization but not organization wide.

**Not Supported:** A condition where the organization has not yet tested the technology/solution in at least one area of the organization, has no intention of testing/implementing the technology/solution at this time or has not yet achieved funding approval for the acquisition of the technology/solution.

Assisting in clinical diagnosis

	Deployed	Piloting	Not Supported
A. Generating high-quality medical images			
B. Diagnosing diseases			
C. Answering medical questions			

Automating administrative tasks

	Deployed	Piloting	Not Supported
D. Extract data from patients' medical records and populate the corresponding health registries			
E. Transcribe and summarize patient consultations, fill this information into the corresponding EHR fields, and produce clinical documentation			
F. Generate structured health reports by analyzing patient information, such as medical history, lab results, scans, etc.			
G. Produce treatment recommendations			
H. Answer queries from clinicians			
I. Find optimal time slots for appointment scheduling based on patients' needs and doctors' availability			
J. Generate personalized appointment reminders and follow-up emails			
K. Review medical insurance claims and predict which ones are likely to be rejected			

L. Compose surveys to gather patient feedback on different procedures and visits, analyze it, and produce actionable insights to improve care delivery			
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# Digital Transformation Priorities

(This section not scored)

**(PRI-01) The following lists the various sections of the Digital Health Most Wired survey. To what extent do you project each of the following areas will be a priority for your organization during the next 12-months?**

**(Check one per row)**

DHMW Section		Essential	High Priority	Medium Priority	Low Priority	Not a Priority
A	Infrastructure					
B	Security					
C	Administrative and Supply Chain					
D	Analytics and Data Management					
E	Interoperability and Population Health					
F	Patient Engagement					
G	Clinical Quality and Safety					
H	Innovation					

**(PRI-02) Imagine an ideal healthcare provider organization transformed by digital technologies and capabilities that improve processes, engage talent across the organization, enable better patient care and drive new and value- generating business models. How close is your organization to that ideal? Please rate on a scale of 1–10 where 1 = "Not at all close" and 10 = "Very close"**

**(PRI-03) Where do you see your own organization currently when it comes to becoming more digital?**

**(Check one)**

- A. We are ahead of our schedule when it comes to becoming more digital
- B. We are right on schedule when it comes to being more digital
- C. We are behind schedule when it comes to being more digital
- D. We have not started to become more digital yet, but are planning our approach
- E. We have not started to become more digital yet, and have no plans to
- F. We have achieved our digital goals

**(PRI-04) What are the biggest challenges that your organization has experienced in trying to undertake a successful digital transformation?**

**Rank your top 3 challenges from this list.**

	First Challenge	Second Challenge	Third Challenge
A. Over reliance on legacy technology			
B. Internal politics			
C. Lack of dedicated budget			
D. Lack of the right in-house skills			
E. Lack of the right technology/tools			

F. Cultural resistance			
G. Tendency for short-term thinking over long-term planning			
H. Data silos			
I. Lack of central coordination/ownership			
J. Lack of formal strategy/plan			
K. Lack of senior management sponsorship			
L. Unable to project a clinical improvement use case			
M. Other			
N. There are no challenges to digital transformation			

**(PRI-05) What are the most critical steps to enable a successful digital transformation?**

**Rank your top 3 steps from this list.**

	First Step	Second Step	Third Step
A. Invest in the right technologies and tools			
B. Involve all departments in developing a strategy			
C. Invest in staff training			
D. Draw up a comprehensive, yet flexible/adaptable budget			
E. Assign a board-level or c-level sponsor to the project			
F. Pilot the project in one part of the business first			
G. Communicate strategy and goals with employees			
H. Communicate plans with customers			
I. Ensure Executive Commitment and Alignment			
J. Clearly define (clinical) improvement use case			
K. Other			
L. I don't know			

**(PRI-06) What percent of your organization's current fiscal year overall budget is earmarked for healthcare IT systems and initiatives?**

**(PRI-07) What percent of your organization's current fiscal year healthcare IT budget do you anticipate spending on net-new technologies?**

**(PRI-08) What percent of your organization's current fiscal year healthcare IT budget do you anticipate spending on process improvement/optimization?**