

IHS Electronic Health Record Program Site Questionnaire

The purpose of this document is to allow the IHS Electronic Health Record (EHR) Program to gather information about your facility, the type of work that is done there, and the clinical, business, and technical environment. This will help us to be more effective in supporting your EHR implementation effort. It is also intended to stimulate thinking at your facility about what will be involved in changing to a computer-based health record, and to begin the process of team building and preparation.

Choosing to transition from paper charts to the EHR requires a commitment by virtually all organizational departments to significant changes in business processes, some of which will be difficult. A site contemplating EHR implementation should undergo a thorough analysis of its readiness and willingness to undertake this change. A facility interested in EHR should begin the process of team building and planning as early as possible before the anticipated date of implementation.

We would appreciate it if this site questionnaire could be completed by those most knowledgeable about the issues involved. When completed, it should be reviewed and signed by facility leadership.

Please e-mail the completed form to Mollie.Ayala@ihs.hhs.gov and your Area Office EHR contact, which can be found here:

http://www.ehr.ihs.gov/index.cfm?module=gui_facilities.

After your Area Office has received this completed form, they will work with you on the next steps towards EHR implementation.

Please keep a copy of the questionnaire for your records. We will acknowledge receipt of the completed document.

Thank you for your interest.

IHS-EHR Site Questionnaire

Questionnaire Date:

I. Facility Information	
Name:	Affiliation: IHS Tribal Urban
Address:	Category: Hospital Clinic Emergency Room Urgent Care

II. Principal EHR Contact Person	
Name:	
Title:	Telephone:
Fax:	E-Mail:

III. Local EHR Implementation Team	
<p><i>It is important that sites take a team approach to planning for and implementing the Electronic Health Record. Some suggested members of that team are listed below, but each site will have unique preferences and needs for who should be involved. The most important consideration is that your facility has strong administrative and clinical leadership ("champions") behind the EHR effort.</i></p> <ul style="list-style-type: none">• Please provide contact information for your team members, and specify a role and contact information for additional team members not listed below.	
CEO/HSA	
Name:	
Telephone:	E-Mail:
Clinical Director	
Name:	
Telephone:	E-Mail:

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CIO/Information Systems Name: Telephone: _____ E-Mail: _____
Director of Nurses Name: Telephone: _____ E-Mail: _____
HIM Name: Telephone: _____ E-Mail: _____
Business Office Manager Name: Telephone: _____ E-Mail: _____
Chief Pharmacist Name: Telephone: _____ E-Mail: _____
Laboratory Supervisor Name: Telephone: _____ E-Mail: _____
Radiology Supervisor Name: Telephone: _____ E-Mail: _____
(Role) Name: Telephone: _____ E-Mail: _____
(Role) Name: Telephone: _____ E-Mail: _____
(Role) Name: Telephone: _____ E-Mail: _____

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IV. Description of Facility

General description, location, population served, etc:

Types of clinical services provided (medical, dental, mental health, pharmacy, etc.):

Does the facility have satellite clinics?	Yes	No
If yes, do you expect them to participate in the initial installation of EHR?	Yes	No

Describe the medical staff, including the number of physicians, the number of midlevel providers, full-time vs. part-time providers, and a general idea of staff stability, vacancy rates, turnover, etc.:

In what part of the facility do you plan to implement EHR **first** (inpatient ward, outpatient clinic, emergency room, etc.)?

How many providers work regularly in this area?

Describe the daily census/patient volume in this area:

What are the hours of service in this area?

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V. EHR Components To Be Installed

- Describe the EHR components and functions that the facility plans to implement. This list is not comprehensive, but it provides an idea of the different components available.

Provider order entry for medications (pharmacy)	Yes	No
Provider order entry for laboratory tests	Yes	No
Provider order entry for radiology exams	Yes	No
Provider entry for inpatient nursing orders	Yes	No
Documentation of immunizations	Yes	No
Template-based note authoring	Yes	No
Dictation system for note authoring	Yes	No
Charge capture for billing purposes	Yes	No

VI. Current RPMS Environment

- Describe the current RPMS application environment at the facility.

Is the facility running RPMS (general)? Yes No

Computing environment:

Hardware:

Server:

Operating system, etc:

- List all clinical support and point of service applications currently in use, including RPMS versions and patches.

Pharmacy

RPMS version/patch:

Pharmacy package name:

Does your facility currently use a Pharmacy Point of Sale (POS) application? Yes No

POS Package Name:

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Laboratory

RPMS version/patch:

Does your facility currently use Ward Order Entry for Laboratory? Yes No

If Yes, lab orders are entered by: Provider Nursing Staff Other

Do you use a local health facility to process your labs? Yes No

If Yes, what facility?

Reference Lab and POC Tests

Name:

Reference lab interface: Yes No

If Yes, is the interface Bidirectional? Unidirectional?

CLIA waived tests? Yes No

Test: Instrument:

Result entered into RPMS? Yes No

Radiology

RPMS version/patch:

Does your facility currently use Ward Order Entry for Radiology? Yes No

If Yes, radiology orders are entered by: Provider Nursing Staff Other

Does your facility transcribe dictated radiology reports into the Radiology package?

Yes No

If Yes, describe the process:

PIMS

RPMS version/patch:

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Scheduling GUI RPMS version/patch:
Billing RPMS version/patch: Billing package name:
RCIS RPMS version/patch:
Contract Health RPMS version/patch:
Diabetes RPMS version/patch: Visual DMS Yes No
CRS RPMS version/patch: GUI CRS Yes No
Immunization RPMS version/patch:
iCare RPMS version/patch:
Case Management RPMS version/patch:
Emergency Room System RPMS version/patch:
Women's Health RPMS version/patch:
Asthma Register System RPMS version/patch:

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Dental		
RPMS version/patch:		
Dentrix	Yes	No
Behavioral Health		
RPMS version/patch:		
IHS Patient Chart	Yes	No
Behavioral Health GUI	Yes	No
Other major RPMS applications?		
Is your facility running PCC Plus?	Yes	No

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VII. Current Network and Computing Environment

One of the main requirements (and advantages) of an electronic record is that all users have access to the system at the point of service. Nobody should be looking for a computer to enter or retrieve information.

- Please describe your facility's current computer network situation and share your thoughts about getting it ready for EHR.

Windows PC clients or wireless in all exam rooms? Yes No

Windows PC clients or wireless in all provider offices? Yes No

Windows PC clients or wireless in all nursing areas? Yes No

Is the facility fully networked, including access points at all clinical support areas (pharmacy, laboratory, radiology, registration, business office, medical records)? Yes No

Describe the type of network, speed/bandwidth capability, etc.:

The following network and hardware recommendations are found on the EHR website:

Hardware and Network Requirements

A thorough review of the local technology environment will be required at any facility implementing the RPMS EHR. Facilities will need to evaluate hardware needs in or near exam rooms and provider offices to ensure that providers and other users of the EHR have access to the system at the point of service. Deploying the EHR will create additional demands on the RPMS server and network at each facility because of the new group of system users - providers and other clinical staff.

Because the EHR is a client/server application, it does not require a separate server to run. The VueCentric framework resides on each client (user) computer, and all data resides on the RPMS server. A single object library folder is maintained on the RPMS server (or another central computer). Updates to the framework application or GUI components are deposited in this folder, which automatically updates the client computers each time the application is launched.

I/T/U health care facilities vary greatly in size, services provided, and in a number of other factors. For this reason, it is difficult to provide a single set of recommendations for hardware and network infrastructure that will fit all sites. Please contact your Area MIS department or CAC for questions regarding these requirements.

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If your facility does not meet these requirements, how do you plan to achieve full hardware and networking capability? Include timelines.

Has a financial commitment been made by facility administration to bring the network up to the level necessary for EHR implementation?

Yes

No

- Describe the IT support environment.

Number of dedicated IT staff for clinic:

Hours of operation for IT department:

If the IT department hours do not match the hours of service in clinical areas using EHR, how would you handle hardware and network problems after hours to support clinical care?

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VIII. Clinical Support Environment.

Two key players in a local EHR implementation effort are the clinical champion and the clinical application coordinator (CAC). The clinical champion is typically a physician who provides the energy and motivation to bring the medical staff on board with the EHR. The CAC is often a nurse or other health professional whose permanent job is to be a resource and troubleshooter for clinical users, helping the EHR to work for them. The CAC also provides ongoing training for new staff and on new components and features of the EHR.

- Please describe the clinical support environment.

Who is the local "clinical champion" for EHR implementation?

If this person is not the clinical director, does this person have the authority to make recommendations, set policy, and/or motivate staff as necessary to achieve successful EHR implementation?

Yes

No

Does the facility have a full-time CAC?

Yes

No

If Yes, please provide the CAC's name and contact information:

Name:

Telephone:

E-Mail:

If No, is there a plan to hire a fill-time CAC?

Yes

No

If Yes, what is the timeframe for this hire?

If CAC duty hours do not match the hours of service in clinical areas using EHR, how might the facility support clinical users who may have problems using EHR during off hours?

If no CAC is planned, how do you envision that the facility will cover the functions of a CAC in support of clinical use of the EHR?

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VIII. Business Process Environment

Has the facility undergone a recent (within two years) formal evaluation of clinical and administrative business processes, such as in preparation for accreditation?

Yes

No

If Yes, please describe some of the business process changes you implemented in response to the recommendations.

If No, please describe how you might go about evaluating and redesigning your business processes in preparation for the EHR implementation.

IX. Comments

Please make additional comments regarding your facility, your staff, and your plans for implementation of the EHR. This will help EHR Program staff understand your unique circumstances so that we may provide better support to you in this effort. Feel free to include any specific questions or concerns you may have. Attach additional pages if necessary.

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Attestations

The undersigned administrators and staff of _____ request the assistance and support of the IHS Office of Information Technology in preparation for, installation of, and implementation of the IHS Electronic Health Record. In so doing we attest to the following:

- The organization's administration is committed to supporting implementation of the electronic record, including expenditure of funds as needed to bring the facility's network and computer hardware infrastructure to the level necessary to operate the EHR in a clinical environment.
- The medical staff is supportive of plans to implement the EHR system.
- The administration and medical staff are both aware that clinical implementation of an electronic medical record system will reduce provider productivity in patient care during a transitional period that may last for several months.
- The local Tribal government has been consulted and is supportive of plans to implement the EHR system.
- The organization will participate in a program of evaluation of the success and effectiveness of the IHS EHR. This is required as a part of funding for IHS-EHR, and will involve collection or reporting of various types of clinical, productivity, and revenue data.
- The organization's Governing Body is aware of the organization's plans to implement the EHR, and has committed its full support.

(By entering names in the fields below you attest that the named individuals have concurred with the contents of this form)

(in lieu of signature)

CEO/HSA

(in lieu of signature)

Clinical Director

(in lieu of signature)

CIO/IRM/Site Manager

Date Submitted to EHR Program