

2016 Minnesota Health Information Technology (HIT) Nursing Home Survey

Fall 2016

Introduction

The Minnesota Department of Health (MDH), Office of Health Information Technology, is conducting a survey among the state's nursing homes to assess their implementation of electronic health records (EHR) systems and electronically sharing health information with other providers. This survey is supported by LeadingAge Minnesota and Care Providers of Minnesota.

Please support this effort by responding to the survey. Results will be use to understand gaps and resources needed to advance your use of electronic systems. Data will be analyzed in aggregate and reported publicly by MDH, LeadingAge Minnesota and Care Providers of Minnesota.

Make sure the right person(s) are answering the survey

The appropriate survey respondent is someone who works at the nursing home site and has knowledge of electronic health record systems (EHRs). If you do not think you are the right person please forward to the right person. You may need to consult with others in your facility to answer some questions.

How to complete the survey

The survey can be completed electronically at this link: [LINK].

If you prefer to complete a Word version (electronically or by hand), we will be happy to provide that option – contact Karen Soderberg for this (see contact info below).

Field testing found that facilities without EHRs took an average of less than 5 minutes to complete the survey. Facilities with EHRs averaged 15-20 minutes to complete.

The responses contained in this survey may be the same for other nursing homes within your organization. If those sites qualify, MDH can duplicate the responses from this survey to those facilities sites based on the following eligibility:

- 1) The same EHR technology systems are installed in ALL of the facility sites. If not, a separate HIT survey must be completed for each site with a different system.
- 2) Identical processes of care exist across ALL facility sites. Again, if not, a separate HIT survey must be completed for each site with different processes.

You will have opportunity at the end of the survey to attest to these items and provide the facility information that can be duplicated.

Please complete the survey by October 31 (we will remind non-respondents periodically). If you have any questions or comments contact Karen Soderberg at MDH, Karen.soderberg@state.mn.us or 651-201-3576.

Thank you!

About Your Facility

1. Please provide your facility's name and address

Name: [Click here to enter text.](#)
Street address: [Click here to enter text.](#)
City: [Click here to enter text.](#)
Zip code: [Click here to enter text.](#)

2. Who is the lead contact at your facility for this survey? You are not required to provide contact information. However, without it we will not be able to contact you to clarify any responses or provide additional information. All information you provide which might identify yourself is legally classified as confidential data on individuals.

Your name: [Click here to enter text.](#)
Your title: [Click here to enter text.](#)
Your e-mail: [Click here to enter text.](#)
Your phone #: [Click here to enter text.](#)

3. Which statements best describe your facility? Select all that apply.

- Hospital attached
- Part of an integrated health care system
- Part of or affiliated with a large multi-facility chain (≥ 8 nursing homes, not including housing and assisted living)
- Part of or affiliated with a small or medium multi-facility chain (< 8 nursing homes, not including housing and assisted living)
- Stand-alone facility

4. In addition to skilled nursing, what other services are provided at your facility/campus? Select all that apply.

- Adult Day Care
- Hospice
- Home Care
- Swing Beds
- Outpatient Rehab
- Memory Care
- Other (please describe): [Click here to enter text.](#)
- None of the above

5. What types of housing options are provided at your facility/campus? Select all that apply.

- Subsidized Rental (e.g., HUD)
- Independent Living (with or without supportive services)
- Licensed Board and Lodging
- Housing with Services (with or without Assisted Living designation)
- Other Housing
- Other (please describe): [Click here to enter text.](#)
- None of the above

6. Which statement best describes the ownership of your facility? Select one response.

- City/county/hospital district government
- Department of Veterans Affairs
- Indian Health Services
- Private for profit
- Private not for profit
- Other (please describe): [Click here to enter text.](#)

EHR Adoption

7. Which statement best describes your facility's current electronic health records (EHR) system? Select one response.

This DOES NOT include Excel, Access, or similar tools. An EHR system may interface with the Minimum Data Set (MDS) software but MDS software alone does not constitute an EHR system.

DEFINITION: An EHR is a real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision-making. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.

<http://www.health.state.mn.us/e-health/glossary/e.html>

- We have an EHR system implemented and in use in our entire facility **(SKIP TO Q9)**
- We have an EHR system implemented and in use for some of the units of our facility **(SKIP TO Q9)**
- We do not have an EHR system but have selected or begun implementing an EHR system, but have not "gone live"
- We do not have an EHR but are assessing and/or planning to implement an EHR system, but have not selected a system
- We do not have an EHR system and are not planning on implementing one

8. Indicate the greatest challenges that affect your facility's EHR implementation. Select all that apply.

- Ability to secure financing for an EHR system
- Access to high speed Internet (e.g., broadband, cable)
- Adequacy of training for you and your staff
- Annual cost of maintaining an EHR system
- Effort needed to select an EHR system
- Finding an EHR system that meets your facility's needs
- Loss of productivity during the transition to an EHR system
- Reaching consensus within the organization to select an EHR
- Reliability of the system (e.g., EHR down or unavailable when needed)
- Resistance of your organization to change work habits
- Other (please describe): [Click here to enter text.](#)

SKIP TO Q30

9. Indicate the EHR system vendor used by your facility. Select all that apply.

- American Data
- American HealthTech
- HealthMEDX
- MatrixCare/AOD
- Melyx
- Momentum Healthware
- NTT Data (Keane Care)
- Optimus EMR/Yardi
- PointClickCare
- Other (please describe): [Click here to enter text.](#)

10. For each of the following types of records, please indicate the extent to which your active resident's records are integrated as electronic data into the EHR (not scanned or PDF).

	0%	About one-third	About two-thirds	More than two-thirds	Do not know
a. History and physical	<input type="checkbox"/>				
b. Vitals	<input type="checkbox"/>				
c. Medications and allergies	<input type="checkbox"/>				
d. Care plan	<input type="checkbox"/>				
e. Lab results	<input type="checkbox"/>				
f. Advance directives	<input type="checkbox"/>				

EHR Utilization

11. Indicate the current use of the following electronic documentation EHR functionalities by your facility.

	Installed but not used	Installed and used by some but not all relevant staff	Installed and used by all relevant staff	Not installed	Do not know
a. MDS assessment/CAAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assessments other than MDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diagnosis or condition list, vital signs, ADLs, allergies, and clinical notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Resident demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical history and physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Advance directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Therapy/treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Electronic medication administration record (eMAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Barcode medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Medication reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Resident list/census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. ADLs/ Flow sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Indicate the current use of the following computerized provider order entry (CPOE) EHR functionalities by your facility.

CPOE is a computer application that allows a provider's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer compares the order against standards for dosing, checks for allergies or interactions with other medications, and warns the provider about potential problems. <http://www.health.state.mn.us/e-health/glossary/c.html>

	Installed but not used	Installed and used by some but not all relevant staff	Installed and used by all relevant staff	Not installed	Do not know
a. Laboratory tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medication orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nursing orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physician orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Indicate the current use of the following results viewing functionalities available in your facility's EHR (not via portal access to another EHR).

	Installed but not used	Installed and used by some but not all relevant staff	Installed and used by all relevant staff	Not installed	Do not know
a. Viewing laboratory reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing radiology reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Viewing other test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Indicate the current use of the following public health reporting EHR functionalities by your facility.

	Installed but not used	Installed and used by some but not all relevant staff	Installed and used by all relevant staff	Not installed	Do not know
a. Submit electronic data to immunization registries or immunization information systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submit electronic data on reportable disease results to public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Indicate the current use of the following EHR clinical decision support tools by your facility

Clinical Decision Support (CDS) refers broadly to providing clinicians or residents with clinical knowledge and resident-related information, intelligently filtered or presented at appropriate times, to enhance resident care. Examples include best practices for managing residents with specific disease states, new medical knowledge from clinical research, and other types of information.

	Installed but not used	Installed and used by some but not all relevant staff	Installed and used by all relevant staff	Not installed	Do not know
a. Clinical guidelines based on resident problem list, gender, and age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Care plans and flow sheets (chronic or rehab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medication alerts/reminders (e.g., interactions, allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Alerts/reminders for condition-specific activities (e.g., foot exam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Alerts/reminders for preventive care services due (e.g., immunizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Alerts/reminders for missing labs and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Alerts/reminders for medical, dental and optical exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What other CDS tools are used by your facility? Click here to enter text.					

16. With which of the following organizations does your facility have and/or provide “read only” access to clinical health information in the EHR? This means that appropriate staff have the ability to view patient health information but not modify the record. Select all that apply for each column.

	We HAVE read-only access to their EHR	We PROVIDE read-only access from our EHR	Neither or not applicable
a. Clinical/ambulatory providers (in system/ affiliated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical/ambulatory providers (outside of system/unaffiliated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospitals (in system/ affiliated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hospitals (outside of system/unaffiliated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. External labs (outside of system/unaffiliated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Home health and home care agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specialty behavioral health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Housing with Services (with or without Assisted Living designation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Describe any other types of facilities with which you have or provide "read only" access to clinical health information in the EHR?

[Click here to enter text.](#)

18. Which of the following e-health resources or workforce skills would help your nursing home to advance use of HIT and/or electronic exchange of health information (HIE)? Select all that apply.

- Implementing an EHR system, managing EHR system updates, and/or transitioning to a new EHR system
- Translating clinical needs to IT staff to optimize and/or customize EHR
- Training staff and clinicians to use the EHR system
- Managing workflow changes
- Developing policies and procedures for managing data quality
- Using data analytics and/or informatics
- Managing patient consent to share health information
- Mitigating security risks to help prevent data breaches
- Developing infrastructure to support HIE
- Selecting an HIE vendor and/or negotiating an agreement
- Establishing HIE agreements with exchange partners (e.g., Business Associate Agreement)
- Integrating patient data from external sources into our EHR
- Technical assistance to support HIE with MDH (e.g., immunization reporting)
- Other (please describe): [Click here to enter text.](#)

Health Information Exchange

19. To what extent does your facility typically *receive* and document resident assessments (e.g., discharge summary, care plan, medications) when a resident is transferred to your facility? Select one option for each row.

Documentation is...	Always	Often	Sometimes	Rarely	Never	Do not know
...received electronically into the EHR without data entry by our staff	<input type="checkbox"/>					
... entered into an electronic portal by the referring entity	<input type="checkbox"/>					
... received using Direct Secure Messaging*, then manually entered into the EHR	<input type="checkbox"/>					
... received by paper/fax	<input type="checkbox"/>					

* Direct Secure Messaging is a standards-based method of information exchange that enables providers to securely send personal health information to other trusted parties

20. To what extent does your facility typically *send* patient information to another facility/provider for a transition of care (moving a patient from your facility to another facility or provider)? Select one option for each row.

Documentation is...	Always	Often	Sometimes	Rarely	Never	Do not know
...sent electronically from the EHR	<input type="checkbox"/>					
... entered electronically into another facility's electronic portal by the our staff	<input type="checkbox"/>					
... electronically extracted from our EHR and sent to the other facility using Direct Secure Messaging*	<input type="checkbox"/>					
... electronically extracted from our EHR and sent by paper or fax to the other facility	<input type="checkbox"/>					
... produced manually (not from the EHR) sent by paper/fax to the other facility	<input type="checkbox"/>					

* Direct Secure Messaging is a standards-based method of information exchange that enables providers to securely send personal health information to other trusted parties

21. For what percent of admissions/discharges/external transfers do you electronically send and receive resident information (e.g., discharge summary, care plan, medications) during transition to/from your nursing home? This does not include fax, PDF, or unsecured e-mail. An approximation is fine.

a. Percent received electronically: [Click here to enter text.](#)%

b. Percent sent electronically: [Click here to enter text.](#)%

22. For what percent of admissions do you receive medication indication information (e.g., reason why the drug was prescribed), including paper. An approximation is fine.

Percent: [Click here to enter text.](#)%

23. To what extent does your facility use Direct Secure Messaging? Direct Secure Messaging is a standards-based method of information exchange that enables providers to securely send personal health information to other trusted parties.

- Frequently
- Sometimes
- Rarely
- We do not use Direct Secure Messaging but are in process of establishing the service
- We do not use Direct Secure Messaging and are not in the process of establishing the service
- Do not know

24. Which of the following best describes how prescription orders are typically handled by your facility (for non-controlled substances)?

- Your facility staff originates the prescription in the EHR for the provider to approve and then the facility staff electronically submits to the pharmacy.
- Your facility staff communicates the prescription to the provider by phone or fax, and then the provider enters the order into the EHR and electronically submits to the pharmacy.
- We do not use the EHR for managing prescriptions.
- Other (please describe): [Click here to enter text.](#)

25. What challenges does your facility face with prescribing electronically?

[Click here to enter text.](#)

Privacy and Patient/Resident Consent

26. Does your EHR limit users to see only the information they need based on their role or staff function?

- Yes
- No
- Do not know

27. Does your organization conduct or review security risk analysis information and updates as necessary as part of your risk management processes?

- Yes
- No
- Do not know

Patient/Resident/Caregiver Electronic Access

28. Indicate which methods your facility uses to provide residents and/or residents' family/caregivers electronic access to their health information. Select all that apply.

- Portal access via our web site
- Personal health record
- Secure email
- Place information on a flash drive, UBS drive, or CD
- We do not provide electronic access to health information **(SKIP TO Q30)**
- Do not know **(SKIP TO Q30)**
- Other (please describe): [Click here to enter text.](#)

29. If using portal access with the internet to provide residents and/or residents' family electronic access to their health information, indicate the type of information. Select all that apply.

- Bill pay
- History and physical
- Medications and allergies
- Vital signs
- Care plan
- Therapy/Treatment Plans
- Lab results
- Advance directives
- Diet and/or physical activity logs
- Visitors and social activity
- Other (please describe): [Click here to enter text.](#)

Telemedicine

30. Does your nursing home use telemedicine services? This does not include telemonitoring.

DEFINITION: Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. (Definition attributed to the American Telemedicine Association, <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine>)

- Yes
- No **(SKIP TO Q32)**
- Do not know **(SKIP TO Q32)**

31. For which of the following types of care do you use telemedicine? Select all that apply.

- For emergent or urgent calls on weeknights and/or weekends
- Evaluation and/or diagnosis (e.g., pressure sores, infections)
- Consultations with clinical specialists
- Medication review
- Behavioral health (e.g., counseling)
- Social services (e.g., for community resources, addressing complaints)
- Other (please describe): [Click here to enter text.](#)

32. What barriers to using telemedicine services does your nursing home face? Select all that apply.

- Cost of equipment
- Cost to provide (hosting costs including staff costs)
- Cost of establishing HIPAA-compliant connections
- Lack of staff expertise/training
- Lack of staff support
- Staff turnover
- No identified need or demand for telemedicine services
- Residents are unsatisfied with telemedicine services
- Reimbursement from payers does not cover cost
- Not applicable/ we have no barriers
- Other (please describe): [Click here to enter text.](#)

END OF SURVEY QUESTIONS

Thank you!

Thank you for participating in this survey.

Karen.soderberg@state.mn.us

Fax: 651-201-3830

Phone: 651-201-3576

Response duplication request

The responses contained in this survey may be the same for other nursing homes within your organization. If those sites qualify, MDH can duplicate the responses from this survey to those facilities sites based on the following eligibility:

- 1) The same EHR technology systems are installed in ALL of the facility sites. If not, a separate HIT survey must be completed for each site with a different system.
- 2) Identical processes of care exist across ALL facility sites. Again, if not, a separate HIT survey must be completed for each site with different processes.

33. Please indicate your attestation by checking the boxes below:

- I attest that all facilities in my organization that I am requesting response duplication for have implemented the same EHR technology and functionality AND have the same processes of care. **SKIP TO Q34**
- I DO NOT attest to these conditions. Please complete separate surveys for each facility.

If you have questions about this attestation please contact Karen Soderberg,
Karen.soderberg@state.mn.us, 651-201-3576.

34. List site name(s) and address(es). Or you may send by email to Karen.soderberg@state.mn.us. [Click here to enter text.](#)