

# Adding Clinical Data to Administrative Data-Hospital Electronic

## 1. Introduction

Thank you for your interest in the pilot project called "Adding Clinical Data to Administrative Data" funded by the [Agency for Healthcare Research and Quality](#) and conducted by [Virginia Health Information \(VHI\)](#). The following brief survey on the electronic capacity of your hospital will help VHI focus the discussion at the upcoming kickoff meeting on Friday March 7th, 2008.

Note: If need be, use the "Next" and "Previous" buttons inside of the survey rather than the back button on your browser.

## 2. Tells us about you

### 1. Please tell us about yourself

Name:

Title:

Hospital:

Email Address:

Phone Number:

2. Which of the following three workgroups are you likely to attend during the kickoff meeting?

Health Information Technology

Medical Record Coding

Quality Improvement

3. Ideally, VHI would like to have one person for each of the following workgroups: Health Information Technology, Medical Record Coding, and Quality Improvement.

How many people will be able to attend?

1 (just you)

2 (you and another person)

3 (you and two other people)

4. Please provide the names and titles of the persons that will participate in the following the workgroups: (e.g., Director Laboratory Services, Director IT)

Health Information Technology

Medical Record Coding

Quality Improvement

## 3. Present on Admission (POA) Indicators (1)

These questions refer to Present on Admission Indicators

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1. Please indicate the date (mm/yy) that your hospital began or will begin collecting Present on Admission (POA) indicators for each payer. If you are not currently collecting or your begin date is uncertain, please put "Unknown."

ALL DISCHARGES	<input type="text"/>
Medicare	<input type="text"/>
Medicaid	<input type="text"/>
Commercial	<input type="text"/>
Other	<input type="text"/>

2. Do you intend on collecting Present on Admission (POA) values for the principal diagnosis and all secondary diagnoses?

Yes

No

### 4. Exclusions

1. Which types of patients will you be excluding from Present on Admission (POA) reporting (e.g., CMS specified, OB patients, rehab patients, etc.)?

### 5. Present on Admission con't

1. Are you currently or planning to use the Centers for Medicare and Medicaid Services (CMS) coding system for Present on Admission (POA) values that you will be collecting?

Yes

No

### 6. No to CMS

1. If you are not using the Centers for Medicare and Medicaid Services (CMS) coding system, which coding system are you planning to use?

### 7. Present on Admission Indicators (2)

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1. VHI currently has hospital discharge data from your hospital for discharges through September, 2007. This data contains variables such as: admission date, discharge date, date of birth, medical record number, patient control number, and gender. VHI can use these variables to link discharge data to clinical data.

Could you provide a supplementary electronic file containing POA values (consistent UB04 guidelines) and the "linking" variables above?

Yes

No

## 8. "Yes" to POA Values

1. Check any formats in which you can provide POA values as a supplementary electronic file.

SDF (text)

DBF

EXCEL

ACCESS

SQL

SAS

Other

Not able to send electronically

## 9. Laboratory Values

These questions pertain to Laboratory Values

1. VHI currently has hospital discharge data from your hospital for discharges through September, 2007. This data contains variables such as: admission date, discharge date, date of birth, medical record number, patient control number, and gender. VHI can use these variables to link discharge data to clinical data.

Could you provide a supplementary electronic file containing lab values and the "linking" variables above?

Yes

No

2. Are there situations where the patient account number may be different than the inpatient admission account number (such as pre-admission lab results or emergency department admissions)?

Yes

No

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3. Does your hospital have methods for linking hospital pre-admission lab results to the subsequent admission?

Yes

No

## 10. Potential Lab Values

1. Who is your primary lab vendor(s) (e.g. Cerna, Sunquest, etc.) for collecting, storing, and transmitting the following functional groups of lab values? If an "in-house" system is used, please indicate.

Chemistry

Hematology

Blood Gas

2. Please review the list of 34 lab values provided below and check all that apply.

LOINC stands for "Logical Observation Identifiers Names and Codes."

	Not available electronically	Available electronically	Coding system is LOINC	Coding system is other
AST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alkaline Phosphatase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amylase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilirubin Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BNP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-Reactive Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creatine Kinase (CPK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creatine Kinase MB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potassium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro-BNP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troponin I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troponin T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urea Nitrogen (BUN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial O2 Saturation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial pCO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Arterial pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial pO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Base Excess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemoglobin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrophil Bands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Thromboplastin Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelet Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prothrombin Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Blood Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you answered "Available electronically" to 1 or more of the values above, in which of the following formats could you submit a supplementary electronic file of lab values?

- SDF (text)
- DBF
- EXCEL
- ACCESS
- SQL
- SAS
- Other

4. If you answered "Coding system is other" for 1 or more of the lab values, would it be possible for you to map those elements to LOINC before sending to VHI?

- Yes
- No

## 11. Yes to LOINC Map

1. Please estimate the number of hours needed to "map" lab values from from its current coding system to LOINC for transmission to VHI?

## 12. No to LOINC Map

1. Can you provide a data dictionary to help VHI "map" your lab values from their current coding system to LOINC?

- Yes
- No

## 13. Potential Lab Values (2)

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## 1. Please choose one preference

Our hospital prefers to...

Provide the laboratory results data using a standard format as is likely to be named in the HIPPA claims attachment. This approach would use Health Level 7 (HL7) standards to message the laboratory results data.

Provide a report of laboratory results in a separate format that VHI will link with the inpatient record for this discharge. Such a file would be developed by VHI with hospital input.

No preference. All are possible.

None are possible because lab values are not available.

## 14. Vital Signs

These questions pertain to Vital Signs data

### 1. Please review the list of 5 vital signs below and check all that apply.

	Not available electronically	Available electronically
Pulse	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Systolic Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diastolic Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Respiration	<input type="checkbox"/>	<input type="checkbox"/>

### 2. If you answered "Available Electronically" for one or more of the vital signs above, in which format can you provide the data?

- SDF (text)
- DBF
- EXCEL
- ACCESS
- SQL
- SAS
- Other

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3. Please choose one preference.

Our hospital prefers to...

Provide a report of vital signs data in a separate format that VHI will link with the inpatient record for this discharge. Such a file would be developed by VHI with hospital input.

jñ

No preference. All are possible.

jñ

Vital signs data is not available.

jñ

### 15. End of survey

Thank you for your participation in the hospital electronic capacity survey. Results will be available during the kickoff meeting on March 7th. VHI looks forward to working with you on this pilot project.