MHA LAB/PHARMACY
Clinically Enhanced Data
Hospital Questionnaire

Hospital: __________________________________________________________

Hospital Address: __________________________________________________

Contact Name and Title: ______________________________________________

Contact Phone: ______________________________________________________

Contact Email: _______________________________________________________

1. Will your hospital be participating in lab or pharmacy data collection?
   □ Lab          □ Pharmacy      □ Both

2. Does your hospital have CPOE (Computerized Provider Order Entry)?
   □ Yes         □ No

3. Please list your I.T. vendor for:
   ______________________________________________(Lab)
   ______________________________________________(Pharmacy)
Lab Data Section:

Lab Contact Name and Title: __________________________________________________________

Lab Contact Phone: _________________________________________________________________

Lab Contact Email: _________________________________________________________________

1. Will you be sending your lab data in HL-7 format or an ASCII flat file?
   - [ ] HL-7
   - [ ] ASCII Flat file

2. What lab test coding system do you use?
   - [ ] LOINC
   - [ ] Other, specify ____________________________

3. Can you send all fields as Structured Data (not free text)?
   - [ ] Yes
   - [ ] No, specify which fields are NOT structured? _______________________

4. Will you be sending ADHF (Acute Decompensated Heart Failure) patient data or all data?
   - [ ] ADHF patient lab data only
   - [ ] all lab data

5. Will you be sending inpatient and ambulatory or only inpatient data?
   - [ ] Inpatient lab data only
   - [ ] Inpatient and ambulatory lab data

6. If both inpatient and ambulatory data included, how will this be notated in data file?

7. Will your E.D.data be submitted with inpatient data? Will it be differentiated in any way?
   - [ ] Yes
   - [ ] No

8. Will you be sending only lab orders and observations (preferred)?
   - [ ] Lab data only
   - [ ] Lab and other (eg radiology), please specify:

9. If lab and other orders included, how will this be notated?
10. Will you be sending only completed lab test data?

☐ Completed lab tests only    ☐ Incomplete or cancelled will be included

11. If some incomplete or cancelled lab data is included, how will this be notated in data file?

_________________________________________________________________________________

12. Will battery lab tests be broken down into single components?

☐ Yes    ☐ No

Please elaborate, if necessary:

_________________________________________________________________________________

13. Do you use a reference lab for any tests?

☐ Yes    ☐ No

If yes, it’s important to include those results as well. Will they be included in the file?

_________________________________________________________________________________

*Note on non-patients. MHA does not want non-patients results included. They should be deleted or flagged.

16. Questions?

_________________________________________________________________________________{

_________________________________________________________________________________{

_________________________________________________________________________________{

_________________________________________________________________________________{
Pharmacy Data Section:

Pharmacy Contact Name and Title: ______________________________________________________

Pharmacy Contact Phone: __________________________________________________________

Pharmacy Contact Email: __________________________________________________________

1. Will you be sending your Rx data in HL-7 format or as a flat file?
   ☐ HL-7      ☐ Flat file

2. What Rx coding system do you use?
   ☐ RxNorm    ☐ NDC    ☐ Other, specify ____________________________

3. Can you send all fields as Structured Data (not free text)?
   ☐ Yes      ☐ No, specify which fields are NOT structured? _________________

4. Will you be sending ADHF (Acute Decompensated Heart Failure) patient data or all data?
   ☐ ADHF patient Rx data only  ☐ All Rx data

5. Will you be sending inpatient and ambulatory or inpatient data only?
   ☐ Inpatient Rx data only  ☐ Inpatient and ambulatory Rx data

6. If both inpatient and ambulatory data, how will this be notated in the data file?
   _____________________________________________________________

7. Will your E.D.data be submitted with inpatient data? Will it be differentiated in any way?
   ☐ Yes      ☐ No

8. Will you be sending only filled drug orders?
   ☐ Filled orders only  ☐ All drug orders will be included
9. If cancelled or unfilled orders are included, how will this be notated in the data file?

____________________________________________________________________________________

10. For compound drug orders, will each component drug be listed separately?

☐ Yes  ☐ No

11. Please elaborate, if necessary:

____________________________________________________________________________________

____________________________________________________________________________________

12. Questions?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please email this questionnaire to Jroland@mnhospitals.org or fax to 651-645-0002.

Thank you!

Jaclyn Roland

AHRQ Project Director

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