SURVEY OF IMPLEMENTATION GRANTEES

The purpose of this survey is to gain a better understanding of your experience as an AHRQ Transforming Healthcare Quality through Information Technology (THQIT) implementation grantee beginning in 2004 or 2005.

This survey is about your participation in and results of the **implementation grant project** described in the final report located here: **Click for Final Report**.

The survey contains ten brief sections, as follows:

Section I: Partnerships and Organizational Characteristics
Section II: Stakeholder Involvement
Section III: Planning Prior to THQIT Implementation Grant
Section IV: Selecting the Health it Product
Section V: Interactions with Users/Targeted Users during Implementation of Health IT
Section VI: Workflow/Process Redesign
Section VII: Technical Assistance Received
Section VIII: Focus on AHRQ Priority Populations
Section IX: Strengths and Weaknesses of Implementation
Section X: Experience from Today's Perspective

Please click the "Start" button in the lower right hand corner to begin the survey.

SECTION I: PARTNERSHIPS AND ORGANIZATIONAL CHARACTERISTICS

1. What was your role in the Transforming Healthcare Quality through Information Technology (THQIT) implementation grant?

    Check all that apply.

    ☐¹ Principal Investigator
    ☐² Project Director or project coordinator
    ☐³ Individual directly involved with the implementation grant
    ☐⁴ An administrator at a participating organization during the grant period
    ☐⁵ A provider at a participating organization during the grant period
    ☐⁶ I did not work at a participating organization during the grant period
    ☐⁷ Other (please specify): _____

2. Our records indicate that you partnered with (collaborated with) the following organizations for this project:

    [org1]
    [org2]
    [org3]
    [org4]
    [etcX]

    Please indicate any corrections to the partnered organizations here:

    ```
    
    
    
    ```

3. Our records show you received a THQIT planning grant prior to the THQIT implementation grant that is the topic of this survey. Which best describes the partnership that undertook the implementation grant project, compared to the partnership that had undertaken the planning grant project?

    ☐¹ The same partner organizations that worked together on the planning grant project worked together on the implementation
    ☐² Some partner organizations that worked together on the planning grant project also worked together on implementation, and new partners were added
    ☐³ Some partner organizations that worked together on the planning grant project also worked together on implementation; no new partners were added
    ☐⁰ No partner organizations that worked together on the planning grant worked together on implementation
    ☐⁻¹ I don't know if partner organizations from the planning grant continued to work together on implementation

PROGRAMMER NOTE: If Q3=1, then skip to Q8. Else go to Q4.

4. Below is a list of types of organizations that <u>focus on the delivery of patient care</u>.

   In **Column A**, please indicate the types of partner organizations that were actively involved throughout the course of this project (please include your own).

   In **Column B**, for partner organization types that were involved in the THQIT implementation grant please indicate the total number of unique organizations involved.

   If involved organizations have multiple sites, please count the sites that were part of the implementation project. For example, suppose a physician group with 9 small-to-medium practice sites partnered with a hospital system with 2 hospitals and a university. If the implementation project was focused on health IT that would affect both hospitals and all 9 sites, count them all below. If the implementation project was focused on a subset of the practice sites and/or one of the two hospitals, count the ones on which it was focused.

Type of Organizations	Column A Partner for THQIT Implementation Grant	Column B Number of Organizations Involved
Organizations Focused on Delivering Patient Care		
a. Critical access hospitals	☐ [1]	
b. Other rural hospitals with <100 beds	☐ [1]	
c. Other non-rural hospitals with <100 beds	☐ [1]	
d. Rural hospitals with 100 or more beds	☐ [1]	
e. Non-rural hospitals with 100 or more beds	☐ [1]	
f. Private physician practices with <5 physicians	☐ [1]	
g. Private physician practices with 5-24 physicians	☐ [1]	
h. Private physician practices with 25 or more physicians	☐ [1]	
i. Long-term care organizations	☐ [1]	
j. Home health care organizations	☐ [1]	
k. Pharmacies	☐ [1]	
l. Emergency medical service agencies	☐ [1]	
m. Mental health centers or behavioral health facilities	☐ [1]	
n. Federally Qualified Health Centers	☐ [1]	
o. Other safety net clinics	☐ [1]	
Other point-of-care organizations (please indicate below)*		
p. _____	☐ [1]	
q. _____	☐ [1]	

*By point-of-care organizations, we mean organizations that focus primarily on patient care delivery.

5. Below is a list of types of organizations that <u>DO NOT</u> deliver patient care or that the delivery of patient care is <u>NOT</u> their main focus.

In **Column A**, please indicate the types of partner organizations that were actively involved throughout the course of this implementation grant project (please include your own).

In **Column B,** for partner organization types that were involved in the THQIT implementation grant please indicate the total number of unique organizations involved.

If involved organizations have multiple sites, please count the sites that were intended to be part of the health IT project that was being implemented. For example, suppose a social service agency has 9 local offices. If the implementation project was focused on health IT that would affect both the agency and all 9 local offices, count them all below. If the implementation project was focused on a subset of the local offices, count the ones on which it was focused.

Type of Organizations	Column A Partner for THQIT Implementation Grant	Column B Number of Organizations Involved
a. Universities (Units that do not provide patient care)	☐[1]	
b. Other research-focused organizations	☐[1]	
c. Social service agencies	☐[1]	
d. Schools	☐[1]	
e. Health departments	☐[1]	
f. Health IT consulting firms	☐[1]	
g. Other consulting firms	☐[1]	
h. Health IT vendors	☐[1]	
i. Professional associations	☐[1]	
Other organizations that do not deliver patient care (please indicate below)		
j. _____	☐[1]	
k. _____	☐[1]	

Programmer note: If Q5h=1, go to Q6. Else, programmer note before Q7.

6. You indicated that other consulting firms were partners on the THQIT implementation grant. Please specify the type of consulting firms in the space provided.

_____
_____
_____

PROGRAMMERS NOTE: If Q3= -1, go to Q8. If Q3=2, 3 OR 0, GO TO Q7.

7. For each of the following, please indicate if it did not occur, if it occurred but did NOT influence change in partners, or if it occurred and DID influence change in partners. If an activity did occur but you are unsure of the influence, select the column to the far right.

	Did Not Occur	Occurred….		
		but <u>Did Not</u> Influence Change in Partners	and <u>Did</u> Influence Change in Partners	but <u>influence not known</u>
a. Change in ownership among one or more original partner organizations	☐ 0	☐ 1	☐ 2	☐ -1
b. Turnover in leadership among one or more original partner organizations	☐ 0	☐ 1	☐ 2	☐ -1
c. Closure of any partner organizations	☐ 0	☐ 1	☐ 2	☐ -1

8. After the implementation grant ended, to what extent did partner organizations work together to pursue a new health care improvement activity (which may or may not have focused on health IT to improve quality)?

☐ 1 All organizations continued to work together
☐ 2 Some organizations continued to work together
☐ 0 No organizations continued to work together
☐ -1 I don't know if any organizations continued to work together

Programmer note: If Q8=1 or 2, then Q9. Else go to programmer note before Q11.

9. Thinking about the new activity that partner organizations pursued after the implementation grant ended, did it include an evaluation component?

☐ 1 Yes
☐ 0 No ⟶ **Go to programmer note before Q11.**

10. Thinking about evaluation component, did it include internal researchers, external researchers, or both?

☐ 1 Internal researchers
☐ 2 External researchers
☐ 3 Both internal and external researchers

Programmer note: If Q8=2 or 0, then Q11. Else go to Q13.

11. What type(s) of partner organizations stopped working together after the grant project?

    Check all that apply.

    [ ]¹ Patient care delivery organization(s)
    [ ]² Research organization(s) ——————▶ **Go to Question 13.**
    [ ]⁰ Other type ——————▶ **Go to Question 13.**

12. Please indicate why some or all point-of-care partner organizations did not continue to work together after the implementation grant ended.

    Check all reasons that apply to one or more of the partner organizations.

    [ ]¹ Financial constraints of a partner organization
    [ ]² Lack of senior leadership endorsement (support) for health IT at a partner organization
    [ ]³ Lack of clinicians' endorsement (support) at a partner organization
    [ ]⁴ Differences in readiness to use health IT among partner organizations
    [ ]⁵ Competition for patients and/or revenue among partner organizations
    [ ]⁶ Divergence in the types of health IT, health IT vendor, or functions used across partners
    [ ]⁷ Disagreements on the implementation plan
    [ ]⁸ Issues with data sharing or data use agreements
    [ ]⁹ Other (please specify): _____

13. The February 2009 passage of the American Recovery and Reinvestment Act (ARRA)/ Health Information Technology for Economic and Clinical Health (HITECH) may have changed the ways organizations work together. Did the extent to which you and your partners worked together change because of ARRA/HITECH?

    HITECH is Title XIII of ARRA, also known as "The Stimulus Law"(ARRA Public Law 111-5). Among other things, it contains incentives designed to accelerate the adoption of electronic health records, beginning in 2011.

    [ ]¹ We collaborated <u>more</u> after ARRA/HITECH
    [ ]² We collaborated <u>less</u> after ARRA/HITECH
    [ ]³ We collaborated <u>at about the same level</u> before and after ARRA/HITECH
    [ ]⁻¹ Don't know

SECTION II: STAKEHOLDER INVOLVEMENT

14. Please indicate whether individuals with each of the following backgrounds played a major, minor or no role in the project.

	Major Role	Minor Role	No Role
a. Physicians	☐ 1	☐ 2	☐ 3
b. Nurses	☐ 1	☐ 2	☐ 3
c. Pharmacists	☐ 1	☐ 2	☐ 3
d. Psychologists	☐ 1	☐ 2	☐ 3
e. Dentists	☐ 1	☐ 2	☐ 3
f. Clinical social workers	☐ 1	☐ 2	☐ 3
g. Economists	☐ 1	☐ 2	☐ 3
h. Biostatisticians	☐ 1	☐ 2	☐ 3
i. Epidemiologists	☐ 1	☐ 2	☐ 3
j. Human factors experts	☐ 1	☐ 2	☐ 3
k. Health services researchers	☐ 1	☐ 2	☐ 3
l. Other PhDs (background, if known):_____	☐ 1	☐ 2	☐ 3
m. MBAs	☐ 1	☐ 2	☐ 3
n. Information technology/science background	☐ 1	☐ 2	☐ 3
Other (please specify below):			
o. _____	☐ 1	☐ 2	☐ 3
p. _____	☐ 1	☐ 2	☐ 3

15. Regarding the researchers that were part of the health IT implementation project, which type of organization were they from?

Check all that apply.

☐ 1　University
☐ 2　Other research-focused organization
☐ 3　Research unit within a health care provider organization
☐ 4　Consulting firm
☐ 5　Other (specify):_____

16. To what extent do you agree with each of the following statements about the role of one or more individuals from the research team in your project?

	Strongly Agree	Agree	Disagree	Strong Disagree
a. Research team influenced the health IT product that was selected.	☐1	☐2	☐3	☐4
b. Research team participated as faculty for training.	☐1	☐2	☐3	☐4
c. Research team influenced the plan for rolling out the health IT.	☐1	☐2	☐3	☐4
d. Research team influenced other aspects of health IT implementation.	☐1	☐2	☐3	☐4
e. Research team produced results that influenced the use of the health IT (during or after the grant period).	☐1	☐2	☐3	☐4

17. Our records show the following types of health IT functions were part of your implementation project:

[auto-fill here]

Please indicate any corrections to this list here:

18. To what extent would you characterize your health IT implementation project as having been focused on healthcare organizations in a rural setting?

☐1 Major rural focus
☐1 Moderate rural focus
☐0 Little or no rural focus

PROGRAMMER NOTE: IF PLANNING GRANTEE, GO TO Q22.

SECTION III: PLANNING PRIOR TO THQIT IMPLEMENTATION GRANT

19. In the following table, in **Column A**, please indicate if each of the following aspects of planning was a strength or weakness with regard to your implementation grant. If it has no impact, select that option.

In **Column B**, for each aspect that was a weakness, please indicate the **primary** cause of the weakness. If the cause is not listed, select "Other" and record the reason in the space provided in **Column C**.

Planning Aspect	Column A			Column B	Column C
	Strength	Weakness	No Impact	Cause of Weakness	
a. Involvement of partnered organizations in planning	☐1	☐2	☐0	Drop down Lack of time Insufficient funds Did not think more of this was needed Other (specify to right)	Other specify verbatim field
b. Continuity of project staff (do not include AHRQ staff)	☐1	☐2	☐0		
c. Involvement of targeted end users in planning	☐1	☐2	☐0		
d. Inclusion of patient perspectives in planning	☐1	☐2	☐0		
e. Readiness assessments	☐1	☐2	☐0		
f. The plan for governance (if applicable)	☐1	☐2	☐0		
g. The plan for privacy and security	☐1	☐2	☐0		
h. The plan for data sharing	☐1	☐2	☐0		
i. The plan for liability issues (if applicable)	☐1	☐2	☐0		
j. The plan for insurance (if applicable)	☐1	☐2	☐0		
k. Identification of barriers to implementation and potential solutions	☐1	☐2	☐0		
l. Administrative leadership support within your organization	☐1	☐2	☐0		
m. Administrative leadership support in partner organizations	☐1	☐2	☐0		
n. Clinical leadership support within your organization	☐1	☐2	☐0		

Planning Aspect	Column A			Column B	Column C
	Strength	Weakness	No Impact	Cause of Weakness	
o. Clinical leadership support in partner organizations	☐1	☐2	☐0		
p. Information systems leadership within your organization	☐1	☐2	☐0		
q. Information systems leadership support in partner organizations	☐1	☐2	☐0		
r. Progress on process redesign before health IT implementation	☐1	☐2	☐0		
s. Sufficient IT infrastructure	☐1	☐2	☐0		
t. Thorough process for selecting the health IT	☐1	☐2	☐0		
u. Identification of champions from targeted user groups	☐1	☐2	☐0		
v. The plan for training	☐1	☐2	☐0		
w. Determination of needed staff and financial resources for implementation	☐1	☐2	☐0		
x. Development of the outcome reports that would make the system useful	☐1	☐2	☐0		
y. Development of the goals for health IT implementation	☐1	☐2	☐0		

20. In **Column A,** please indicate if you tried any of the following facilitators of effective implementation of health IT **prior to implementation**.

In **Column B**, for facilitators used, indicate if the facilitator had a positive effect, had no effect, or had a negative effect with regard to effective implementation and use of health IT.

	Column A Tried Potential Facilitator	Column B Value of Facilitator		
		Positive Effect	No Effect	Negative Effect
a. Thoroughly prepared IT staff well-prepared to support implementation/ongoing use	☐1	☐1	☐2	☐3
b. Identified a business case	☐1	☐1	☐2	☐3
c. Developed a payment model for participants	☐1	☐1	☐2	☐3
d. Detailed implementation plan, with barriers anticipated and mitigation identified	☐1	☐1	☐2	☐3

21. In your opinion, how likely is it that a planning grant project involving these partners and research topics would have had a significant positive impact on the success of this project to achieve its desired aims in the initial project period (up to three years) provided?

[ ] [1] Very likely
[ ] [2] Somewhat likely
[ ] [3] Somewhat unlikely
[ ] [4] Very unlikely
[ ] [5] Don't know

22. Were there any important pre-implementation issues that were not included in the implementation plan that had to be addressed prior to initial implementation?

[ ] [1] Yes
[ ] [0] No ⟶ **Go to Question 24.**

23. Please describe the issues not included in the implementation plan that had to be addressed prior to implementation.

_____

___   _____

_____   _____

_____

SECTION IV: SELECTING THE HEALTH IT PRODUCT

24. Did your project involve purchasing health IT, developing it in-house, or was it already available to the project?

   ☐ [1]   Purchased health IT
   ☐ [2]   Developed it in-house
   ☐ [3]   Health IT was already available   ➤ **Go to Question 31.**

25. Please indicate which of the following was included as part of the process of selecting the health IT that was critical to your project:

   Check all that apply.

   ☐ [1]   Needs assessment
   ☐ [2]   Reference checks of the health IT vendor (such as peer interviews with practices using the software)
   ☐ [3]   Checked product rating (e.g. Gartner, KLAS)
   ☐ [4]   The longevity and financial integrity of the health IT vendor were reviewed

PROGRAMMER NOTE: ONLY ASK Q26 thru Q28 IF IMPLEMENTATION I GRANTEE (NO PLANNING GRANT). ELSE GO TO Q29.

26. Did you issue a Formal Request for Proposal or other contractual document to acquire health IT equipment or support services?

   ☐ [1] Yes
   ☐ [0] No   ➤ **Go to Question 29**.

27. Did you contact other organizations who implemented health IT to ask for a copy of their formal Request for Proposal or other contractual document to acquire health IT equipment or support services?

   ☐ [1]   Yes
   ☐ [0]   No
   ☐ [-1] Don't know

28. Did you share your formal Request for Proposal or other contractual document with other organizations implementing health IT?

   ☐ [1]   Yes
   ☐ [0]   No
   ☐ [-1] Don't know

29. The following are factors that can impact a decision to purchase a health IT product.

In **Column A**, please indicate how important each factor **was** in the purchase decision for the health IT for your project. If you purchased more than one health IT product, please consider the purchases that were most critical to project success.

In **Column B**, please indicate if how important each factor **should have been** in the final health IT purchase decision.

	Column A	Column B
	Importance of factor in actual health IT purchase decision	Importance that factor **should have played** in health IT purchase decision
a. Initial cost to purchase	[dropdown:] Not at all important Slightly important Moderately important Very important	[dropdown] Not at all important Slightly important Moderately important Very important
b. Ongoing cost of maintenance and technical support	[choices repeat]	[choices repeat]
c. Clinician preference		
d. Other user's preference		
e. Availability of specific capabilities		
f. Familiarity with a particular health IT vendor		
g. Incentives from health IT vendors		
h. Quality of technical support		
i. Ability to customize display of data		
j. Ability of clinician to send emails to patients		
k. Usability		
l. Ease with which alerts can be selectively turned off by users		
m. Ease with which alerts can be modified		
n. Ability to exchange information with healthcare providers at other sites		
o. Inclusion of patient access to their health information		
p. If there was a legacy system in place, concern about uploading information from it to a health IT vendor's system		
Other (please specify below):		
q. _____		
r. _____		

30. Who played a role in selecting the health IT for your project?

If more than one health IT product was purchased, please consider the purchases that were most critical to project success.

	Major Role	Minor Role	No Role
a. Targeted users	□ 1	□ 2	□ 3
b. Researchers	□ 1	□ 2	□ 3
c. Consultants	□ 1	□ 2	□ 3
d. IT experts within your organization	□ 1	□ 2	□ 3
e. Finance personnel	□ 1	□ 2	□ 3
f. Other executives	□ 1	□ 2	□ 3
Other (please specify below):			
g. _____	□ 1	□ 2	□ 3
h. _____	□ 1	□ 2	□ 3

SECTION V: INTERACTIONS WITH USERS/TARGETED USERS DURING IMPLEMENTATION OF HEALTH IT

31. Which of the following were targeted users of the health IT?

Check all that apply.

Clinicians
□ 1   Physicians
□ 2   Nurses
□ 3   Pharmacists
□ 4   Other clinicians (please specify:)_____

Administrative Staff
□ 5   Front desk staff
□ 6   Billing staff
□ 7   Other administrative staff

Other
□ 8   Patients
□ 9   Medical assistants
□ 10 Technicians
□ 11 Other (please specify):_____

32. Did formal training of targeted users of the health IT occur as part of your THQIT implementation grant project?

□ 1 Yes
□ 0 No ⟶ **Go to Question 40.**

33. Think about the training received by targeted users of the health IT that was implemented as part of your THQIT implementation grant project. For each of the following statements about training, please indicate it if applied to all, some, or none of the targeted users.

	Applied to……		
	All	Some	None
a. Targeted users were required to participate in training	☐1	☐2	☐0
b. Targeted users were compensated for their time spent in training	☐1	☐2	☐0
c. Targeted users were given continuing education credits for participating in training	☐1	☐2	☐0
d. Training was competency-based in that targeted users needed to demonstrate understanding, not simply attend training sessions	☐1	☐2	☐0

34. Were some targeted users trained in advance of others so that they could help to train their colleagues ("super-users")?

☐1 Yes
☐0 No

35. Were any health IT champions who were not targeted users of the health IT trained in advance of the targeted users?

☐1 Yes
☐0 No

36. What format(s) was used for training?

Check all that apply.

☐1 Classroom
☐2 Self-directed online
☐3 Self-directed paper-based
☐4 Hands on

37. When did training occur?

☐1 More than two weeks prior to go-live
☐2 Within two weeks before go-live
☐3 After go-live

38. To what extent would you agree with the following statement about training relevant clinicians and staff to use the health IT?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Training was based on relevant clinical scenarios	□ 1	□ 2	□ 3	□ 4

39. Please use the space provided to provide other comments about the training experience or training-related lessons learned.

_____

_____
_____
_____
_____
_____
_____

_____

SECTION VI: WORKFLOW/PROCESS REDESIGN

40. To what extent was process redesign accomplished prior to health IT implementation?

□ 1 Intensively
□ 2 To some degree
□ 3 Not at all

41. Overall, was process redesign during implementation more of a formal, managed process or an informal process?

□ 1 Formal, managed process
□ 2 Informal process
□ 3 Not applicable – no process redesign during implementation → • **Go to**
• **Question 43.**

42. Were relevant clinicians and staff trained on new workflows?

□ 1 Yes
□ 0 No

43. After the health IT project period ended, has workflow and process redesign continued?

□ 1 Yes
□ 0 No
□ -1 Not applicable – no process redesign during implementation

SECTION VII: TECHNICAL ASSISTANCE RECEIVED

44. In **Column A**, please indicate if, during the THQIT implementation grant period, you sought technical assistance in health IT implementation from (or via) any of the following.

In **Column B**, for those from whom you received technical assistance, please indicate if the technical assistance received was critical to the success of your project.

	Column A Sought Technical Assistance	Column B Critical to Project Success
a. Experts within your organization	☐ 1	☐ 1
b. Vendors of health IT products	☐ 1	☐ 1
c. Consultants	☐ 1	☐ 1
d. Provider or professional association	☐ 1	☐ 1
e. AHRQ National Resource Center for Health IT (NRC)	☐ 1	☐ 1
f. Other AHRQ grantees	☐ 1	☐ 1
Other outside help (please specify below)		
g. _____	☐ 1	☐ 1
h. _____	☐ 1	☐ 1
i. _____	☐ 1	☐ 1

Programmer note: Ask next Q for Implementation II grantees only (those w/planning grants)

45. In **Column A**, please indicate if, during the THQIT planning or implementation grant period (taken together), you sought technical assistance in health IT implementation from (or via) any of the following.

In **Column B**, for those from whom you received technical assistance, please indicate if the technical assistance received was critical to the success of your project.

	Column A Sought Technical Assistance	Column B Critical to Project Success
a. Experts within your organization	☐ 1	☐ 1
b. Vendors of health IT products	☐ 1	☐ 1
c. Consultants	☐ 1	☐ 1
d. Provider or professional association	☐ 1	☐ 1
e. AHRQ National Resource Center for Health IT (NRC)	☐ 1	☐ 1
f. Other AHRQ grantees	☐ 1	☐ 1
Other outside help (please specify below)		
g. _____	☐ 1	☐ 1
h. _____	☐ 1	☐ 1
i. _____	☐ 1	☐ 1

46. Overall, how much did technical assistance—or lack thereof—contribute to or inhibit the successful implementation of your health IT project?

☐ [1] Significantly contributed to successful implementation
☐ [2] Slightly contributed to successful implementation
☐ [3] Slightly inhibited successful implementation
☐ [4] Significantly inhibited successful implementation
☐ [5] Did not impact implementation

SECTION VIII: FOCUS ON AHRQ PRIORITY POPULATIONS

47. To what extent were AHRQ priority populations involved in the health IT that was implemented?

AHRQ priority populations are as follows: low-income populations, minority populations, women, children, the elderly, individuals with special health care needs, individuals needing end-of-life care, rural populations, and inner city populations.

☐ [1] AHRQ priority populations were included in the target population proportionate to their distribution in the general population, <u>but this project did NOT focus on an AHRQ priority population</u>
☐ [2] AHRQ priority populations were included in the target population proportionate to their distribution in the general population, <u>and at least one of the AHRQ priority populations is a focus of the project</u>
☐ [3] At least one of the AHRQ priority populations was a focus for this project
☐ [4] The extent to which AHRQ priority populations were involved is unknown

PROGRAMMER: IF Q47=2 OR 3, GO TO Q48. ELSE, GO TO Q50.

48. Which priority populations were targeted with your health IT implementation grant?

Check all that apply.

☐ [1] Low income populations
☐ [2] Minority populations
☐ [3] Women
☐ [4] Children
☐ [5] The elderly
☐ [6] Individuals with special health care needs
☐ [7] Individuals needing end-of-life care
☐ [8] Rural populations
☐ [9] Inner city populations

49. What if any impact do you believe the health IT implementation project had on the quality of care (including access) of the following AHRQ priority populations served by the partner organizations?

	Positive Impact	Likely No Impact	Negative Impact	Not a focus of project
a. Low income populations	☐1	☐2	☐3	☐-1
b. Minority populations	☐1	☐2	☐3	☐-1
c. Women	☐1	☐2	☐3	☐-1
d. Children	☐1	☐2	☐3	☐-1
e. The elderly	☐1	☐2	☐3	☐-1
f. Individuals with special health care needs	☐1	☐2	☐3	☐-1
g. Individuals needing end-of-life care	☐1	☐2	☐3	☐-1
h. Rural populations	☐1	☐2	☐3	☐-1
i. Inner city populations	☐1	☐2	☐3	☐-1

SECTION IX: STRENGTHS AND WEAKNESSES OF IMPLEMENTATION

50. In the table below, in **Column A**, please indicate if each of the following aspects of implementation was a strength or weakness with regard to your implementation grant project. If it had no impact, select that option.

In Column B, for each aspect that was a weakness, please indicate the impact of the weakness.

Implementation Aspect	Column A			Column B Impact of Weakness
	Strength	Weakness	No Impact	
a. Continuity of leadership	☐1	☐2	☐0	Drop down Prevented implementation or forced discontinuation Limited project benefits Did not limit project benefits
b. Continuity of project staff (do not include AHRQ staff)	☐1	☐2	☐0	
c. Level of trust among partners	☐1	☐2	☐0	
d. Level of participation across partners	☐1	☐2	☐0	
e. Organization(s) financial involvement in the project				
f. Clinician champions	☐1	☐2	☐0	
g. Enthusiasm for the project among physicians	☐1	☐2	☐0	
h. Administrative leadership support	☐1	☐2	☐0	
i. Fit of health IT with workflows	☐1	☐2	☐0	
j. Reliability of the software	☐1	☐2	☐0	
k. Adequacy of hardware and system capacity to run software optimally	☐1	☐2	☐0	

Implementation Aspect	Column A			Column B
	Strength	**Weakness**	**No Impact**	**Impact of Weakness**
l. Fit of new health IT with pre-existing systems with the organizations	☐1	☐2	☐0	
m. Availability of knowledgeable health IT staff	☐1	☐2	☐0	
n. Health IT vendor support	☐1	☐2	☐0	
o. Usability of the health IT	☐1	☐2	☐0	
p. Usefulness of the health IT to patient care	☐1	☐2	☐0	
q. Business case for the health IT and availability of funds	☐1	☐2	☐0	
r. Cost of ongoing maintenance	☐1	☐2	☐0	
s. Interoperability with other providers' health IT systems	☐1	☐2	☐0	
t. Tradition of teamwork prior to implementation	☐1	☐2	☐0	
u. Degree of clinicians' or staff's comfort with computers prior to implementation	☐1	☐2	☐0	
v. Geographic distance between partners	☐1	☐2	☐0	
w. Sufficiency of personnel with needed knowledge, skills, abilities	☐1	☐2	☐0	
x. Infrastructure foundation for health IT	☐1	☐2	☐0	
Other strengths or weaknesses (please specify below)				
y.	☐1	☐2	☐0	
z.	☐1	☐2	☐0	

51. Were concerns raised during project implementation about information security or patient confidentiality?

    Check all that apply.

    ☐1 Yes – information security
    ☐2 Yes – patient confidentiality
    ☐0 No　　　　　———————▶ **Go to Question 53.**

52. Did these concerns prevent implementation, force discontinuation, or limit project benefits?

    ☐1 Prevented implementation
    ☐2 Forced discontinuation
    ☐3 Limited project benefits
    ☐4 Did not limit project benefits

53. In addition to potential weaknesses or barriers that were listed above, the following are some other reasons that organizations may not use health IT. Please indicate whether any of these are reasons why your organization is not <u>currently</u> using the health IT intervention as specified in the implementation grant.

Check all that apply.

- [ ]¹ High cost of health IT product
- [ ]² Concerns about the legality of donating a system to an associated physician practice
- [ ]³ Disruption in clinical care during implementation
- [ ]⁴ Concern about lack of future health IT vendor support
- [ ]⁵ Other (please specify):_____

SECTION X: EXPERIENCE FROM TODAY'S PERSPECTIVE

Sustainability

54. To what extent is the health IT implemented during the project (or its successor product) being used currently?

Check all that apply.

- [ ]¹ More health IT functions have been added
- [ ]² More organizations are using the health IT
- [ ]³ More clinicians or staff within the original partner organizations are using the health IT
- [ ]⁴ Use during grant period has been sustained (neither increased nor decreased)
- [ ]⁵ Decreased use
- [ ]⁶ Not currently used

PROGRAMMER:
IF Q54=6, GO TO Q57.
IF Q54=1, 2, 3 OR 4, GO TO Q55.
IF Q54=5, GO TO Q56.

55. Please indicate the reasons for sustained or increased use of the types of health IT technologies studied in the project?

Check all that apply.

- [ ]¹ No reason to terminate
- [ ]² Adequate clinician support
- [ ]³ Resulted in demonstrated benefits
- [ ]⁴ Resources to support health IT are provided by project partner organizations
- [ ]⁵ Resources to support health IT are provided from new partner organizations
- [ ]⁶ Subsequent grant or contract funding received
- [ ]⁷ Revenue from usage fee for use of health IT
- [ ]⁸ Productive relationship with Health IT Vendor
- [ ]⁹ Other (please specify): _____

56. Since the end of the grant period, has post-implementation technical support been adequately funded, partially funded, or not funded?

- [ ] [1] Adequately funded
- [ ] [2] Partially funded
- [ ] [3] Not funded

57. The Implementation Grant Funding Opportunity Announcement supported up to $500,000 per year for a project period up to three years and a maximum of $1,500,000. If AHRQ were to fund similar implementation projects in the future, based on your experience what total funding amount and study period would you recommend?

Funding Amount Recommended:

- [ ] [1] $500,000
- [ ] [2] $1,000,000
- [ ] [3] $1,500,000
- [ ] [4] $2,000,000
- [ ] [5] Other (please indicate): $ __ __, __ __ __, __ __ __.00

Recommended Project Period:

- [ ] [1] 12 months
- [ ] [2] 24 months
- [ ] [3] 36 months
- [ ] [4] 48 months
- [ ] [5] Other (please indicate): __ __ __ (months)

58. Also, if AHRQ were to fund similar grant projects in the future, which best describes your view on whether AHRQ should require co-funding from non-AHRQ resources, to enhance the success of the grant?

- [ ] [1] Co-funding should be required
- [ ] [2] Co-funding should be highly recommended
- [ ] [3] Neutral – co-funding is not necessary
- [ ] [4] Too burdensome to require co-funding

59. In general, how would you rate the importance of health care organizations and researchers being able to pursue a planning grant (e.g., one-year, $200,000) as a means to prepare them for future large-scale research on health IT or healthcare improvements topics?

Not very important								Very important	
1	2	3	4	5	6	7	8	9	10

Benefits

60. As a result of the health IT implementation project, what if any benefits are being experienced currently? Please consider benefits you previously reported to AHRQ *if* they have continued, as well as any new benefits that have accrued since the health IT project's end.

Check here if no benefits are being experienced currently: ☐ 0

Check all that apply.

☐ 1 Reduction in medical errors
☐ 2 Other improved patient safety outcomes
☐ 3 Improved clinical outcomes for patients
☐ 4 Improved population level outcomes
☐ 5 Improved timeliness of care
☐ 6 Improved access to care
☐ 7 Improved patient satisfaction with care
☐ 8 Improved costs or other economic outcomes
☐ 9 More efficient health care processes
☐ 10 Improved quality of health care processes
☐ 11 Improved clinical data available due to data sharing
☐ 12 Improved data quality
☐ 13 Improved other outcomes

61. Did the implementation project have any benefits for the organizations or clinicians or patients that participated, beyond those described in your final study report and other publications?

☐ 1 Yes
☐ 0 No
☐ -1 Don't know   → **Go to Question 63.**

62. Please describe those benefits in the space provided.

_____

___

_____

___

_____

___

_____

___

63. In **Column A**, please indicate if you tried any of the following facilitators of effective implementation of health IT **during the implementation period**.

In **Column B**, for facilitators used, indicate if the facilitator had a positive effect, had no effect, or had a negative effect with regard to effective implementation and use of health IT:

	Column A Tried Potential Facilitator	Column B Value of Facilitator		
		Positive Effect	No Effect	Negative Effect
a. Used champions to lead organizational change	☐1	☐1	☐2	☐3
b. Used super-users with protected time, on-site, and knowledgeable	☐1	☐1	☐2	☐3
c. Many training sessions to show users specific ways the health IT would be useful to them	☐1	☐1	☐2	☐3
d. Inclusive decision-making that involves input from all stakeholders	☐1	☐1	☐2	☐3
e. Made use of the health IT a job expectation (not optional)	☐1	☐1	☐2	☐3
f. Strategies to maintain and enhance partnership	☐1	☐1	☐2	☐3

PROGRAMMER NOTE: IF Q63F, COLUMN B=1, GO TO Q64. ELSE, Q65.

64. Please describe the effective strategies that you used to maintain and enhance partnership during the health IT implementation period.

_____
_____
_____
_____
_____
_____

65. If you would like to add comments to AHRQ about the THQIT program, please do so in the space provided.

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**THANK YOU FOR COMPLETING THE
SURVEY OF IMPLEMENTATION GRANTEES!**