

CHECKLIST 1: Strategic Planning	YES	NO
Does your strategic plan call for an increase in attention to information technology, including a budgetary increase?	<input type="radio"/>	<input type="radio"/>
Are there plans in place to look into workflow improvements in preparation for automation?	<input type="radio"/>	<input type="radio"/>
Is the rest of the management team on board with the technology component of the strategic vision?	<input type="radio"/>	<input type="radio"/>
Are there plans in place that will guide the organization in a build vs. buy decision?	<input type="radio"/>	<input type="radio"/>
Would further planning using outside resources as guidance be helpful for strategic planning?	<input type="radio"/>	<input type="radio"/>
Have methods to determine ROI of the system been put into place?	<input type="radio"/>	<input type="radio"/>
Does the team realize that ROI is a long-term rather than a short-term issue?	<input type="radio"/>	<input type="radio"/>
Would it help the process if key employees had parts of their bonuses tied into the successful implementation of the system?	<input type="radio"/>	<input type="radio"/>

CHECKLIST 2: Vendor Selection	YES	NO
Do the vendors have at least 5 to 10 existing clients?	<input type="radio"/>	<input type="radio"/>
Do the vendors have multiple medical informaticists that specialize in the applications being considered?	<input type="radio"/>	<input type="radio"/>
Is the vendor willing to negotiate a fair price?	<input type="radio"/>	<input type="radio"/>
Does the vendor permit contact of clients to verify satisfaction with the vendor?	<input type="radio"/>	<input type="radio"/>
Are the clients satisfied overall?	<input type="radio"/>	<input type="radio"/>
Are multiple stakeholders involved in the process of vendor selection?	<input type="radio"/>	<input type="radio"/>
Is the vendor willing to work within the strategic vision of the institution?	<input type="radio"/>	<input type="radio"/>

CHECKLIST 3: Organizational and Cultural Issues	YES	NO
Are plans in place to make clinicians (nurses, physicians) intimately involved with all parts of the process?	<input type="radio"/>	<input type="radio"/>
Are there any monetary or other incentives for clinicians to use the system?	<input type="radio"/>	<input type="radio"/>
Have new work processes been set in place to accommodate the new system?	<input type="radio"/>	<input type="radio"/>
Are these new work processes more efficient than the replaced processes?	<input type="radio"/>	<input type="radio"/>
Are super users involved to give help to peers when necessary?	<input type="radio"/>	<input type="radio"/>
Is there ongoing communication between management and other stakeholders concerning strategic goals involving the system?	<input type="radio"/>	<input type="radio"/>

CHECKLIST 4: Hospital Information System Administrative Functions	YES	NO
Can the existing HIS perform the following functions:		
Admission scheduling	<input type="radio"/>	<input type="radio"/>
Accounts payable and receivable	<input type="radio"/>	<input type="radio"/>
Patient and payer billing	<input type="radio"/>	<input type="radio"/>
Patient demographic information such as name, unique identifier, age, gender, reason for admission, and other data items	<input type="radio"/>	<input type="radio"/>
Staffing and staff scheduling	<input type="radio"/>	<input type="radio"/>
Pharmacy inventory	<input type="radio"/>	<input type="radio"/>
Internal finance, budgeting and accounting	<input type="radio"/>	<input type="radio"/>
Patient census	<input type="radio"/>	<input type="radio"/>
Facility maintenance	<input type="radio"/>	<input type="radio"/>

CHECKLIST 5: Hospital Information System Clinical Functions	YES	NO
Are pharmacy information systems in place that include bar coding and drug interaction checking?	<input type="radio"/>	<input type="radio"/>
Does your CPOE system allow clinicians to directly order tests and treatments on-line? If so, can these CPOE systems also be checked for selected appropriateness of care parameters?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Can other departmental information systems, such as laboratory information systems, radiology systems, and intensive care systems also be checked for clinical care appropriateness computing?	<input type="radio"/>	<input type="radio"/>
Are EMRs in place that allow physician orders, free text clinical notes, decision support, radiology images, and other areas to be nearly fully computerized, allowing a “paperless” medical institution?	<input type="radio"/>	<input type="radio"/>
Do EMRs allow secure password protection at multiple levels to ensure that access to Personal Health Information (PHI) is restricted to those who need the information at that time?	<input type="radio"/>	<input type="radio"/>
Do EMRs allow appropriate encryption of data that is essential for transmission between systems in order to prevent data interception?	<input type="radio"/>	<input type="radio"/>

CHECKLIST 6: Clinical Guideline Implementation Functions	YES	NO
Do existing clinical guidelines implement the following functions:		
Point-of-care (POC) utility	<input type="radio"/>	<input type="radio"/>
Benchmarking and clinical performance tracking	<input type="radio"/>	<input type="radio"/>
On-line electronic alerts	<input type="radio"/>	<input type="radio"/>
Regulatory rules changes reporting	<input type="radio"/>	<input type="radio"/>