

## EHR - READINESS ASSESSMENT TOOL

County:	Location			
	Geography			
	# of Clinics			
	Size of County Ops			
	# of Contracted Providers			
	# of clients			
	# of Staff			
	Technologies:	EDI for billing		
		electronic scheduling		
		e clinical notes		
		e RX		
		CPOE - Lab		
		CPOE - other		
		Referrals		
		Rx History		
		Lab Results		
		my folders access		
		data warehouse		
		e reporting		
		e storage		

### Vision and Planning

Vision and Planning						
Readiness Area and Category		Elements	Early	Moderately	Prepared	Rating Column
<b>Organization</b>	Planning	1.01 Technology is viewed...	as an IT project only	as a workflow efficiency tool	as a tool to improve quality of care	
		1.02 The technology planning process includes	designated person or top management only	internal staff only	multistakeholders	
		1.03 Provider involvement in the process	is limited to a provider advocate	occurs for key decisions	is active in planning and decision making	
	Implementation	1.04 The county staff tends to	embrace limited change	modify existing processes when faced with change	embrace change and create new solutions	
		1.05 The providers tend to	not connect technology with quality improvement	aware of technology support of quality	can clearly articulate the value of technology to improve quality	
		1.06 Project management is	supported, but is not a skill set	viewed as important	strongly supported with skilled staff	
	Effective Use	1.07 Work flow efficiency	is not a current focus	driven by department or individual	permeates all aspects of organization	
		1.08 Data is	not used regularly to prevent problems but are not focused on access to information	viewed as one component but not as a preventative tool	key part of management tools	
		1.09 Providers value patient data		for access to individual information but not population	for all population and individual care management	
	Vendor selection and contracting	1.1 The County Board	has discussed the need for technology but has not been involved	discussed and approved the need for technology to support clinical goals	discussed, approved and created strategy	
		1.11 Vendor selection	is done on an ad hoc basis without state input	is conducted informal practices with resolutions communicated as necessary	is done through a formal process with multi-stakeholder input	
		1.12 Partnership with other community organizations	is being considered but does not exist	has been formed through coalition	actively utilized all resources on project	
Implementation	1.13 Priorities for EHR implementation		have not been discussed thoroughly	are in the process of definition	have been discussed, documented and prioritized with evaluation tools in place	
	1.14 A communication plan about EHR implementation is		being developed	underway with support from staff	in place for staff and clients	
Effective Use	1.15 Information on client and family needs		is gathered in an ad hoc manner	obtained from staff and communicated	determined through formal surveys, meetings and analysis	
	1.16 Management		do not follow industry events on technology implementations	follow industry events to inform clinical initiatives	follow events and participate	
	1.17 Management has defined quality goals		which are broad and immeasurable	evaluated periodically against progress	evaluated, measured and reported regularly	

### Vision and Planning

Readiness Area and Category		Elements	Early	Moderately	Prepared	Rating Column
Leadership	1.18	Leadership	believe technology is necessary but not prioritized	has determined pros and cons	understands the risks and are ready to support	
	1.19	The management team	relies on the vendor to provide planning guidance	delegates tech planning to managers	devotes substantial time to planning and execution	
	1.2	The managers	rely on the vendor to provide planning guidance	delegates tech planning to project managers	devotes substantial time to planning and execution	
	1.22	The management team has designated	limited staff to support technology efforts	devoted necessary time for implementation	substantial staff time to implementation	
	1.23	Providers	participate in a limited way to the implementation	will be actively involved in the future	actively participate in planning and communication	
	1.24	A strong champion	does not exist	exists	exists and is well respected	
	Effective Use	1.25	Leadership	has discussed the need for technology but has not been involved	has a clear understanding of the goals	ensures the strategy for implementation and use
	1.26	Clinicians	are rarely engaged in process	generally are engaged	actively engages all clinicians	
Strategy	1.27	IT strategic planning has	not been considered part of overall business plan	has been identified as a separate issue	is an integral part of a three year business plan	
	1.28	Quality and efficiency are	discussed with no clear objectives	objectives identified, but not measurably defined	documented as measurable and connected to technology use	
	1.29	Technology goals and objectives	for quality and efficiently have not been defined	are under development	have been discussed, documented and prioritized with evaluation tools in place	
	1.3	Technology specific performance metrics for implementation and use	under consideration	is under development	discussed, defined and documented	
	1.31	Timeline for expected benefit realization	has not been define	is under development	has been developed	
	1.32	An electronic quality improvement model	is under consideration	exists through a manual process	have been discussed, documented and prioritized with evaluation tools in place	
	1.33	Measurable workflow efficiency goals and plan	is under consideration	exists through a manual process	have been discussed, documented and prioritized with evaluation tools in place	
	1.34	Priorities for efficiency and quality metrics	is under consideration	exists through a manual process	have been discussed, documented and prioritized with evaluation tools in place	

### Management Capacity

Management Capacity							
Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column	
<b>Information Management</b>	Selection & Contracting	2.01	Decision-making is often informed...	without use of data from periodic reports or ad hoc requests.	by ad hoc data; periodic reports are published but not consistently managed to; data is not systematically trended for practice management purposes.	by information from scheduled periodic reports and ad hoc data requests; a dashboard of indicators has been established for practice management.	
		2.02	from the EHR for management, population health and quality improvement...	have not been defined or documented	have been partially defined but have not been documented.	have been defined, documented and are used to evaluate products.	
	Implementation	2.03	Processes to evaluate data integrity...	are rarely performed unless a specific problem occurs.	are frequently performed.	are performed on a regular basis using a validated tool and corrective action is taken.	
		2.04	Description of the use and analysis of standard EHR document types and reports...	is not intended to be documented	will be documented and centrally stored by a manager	is readily available to users in a user manual.	
		2.05	DCR, CSI and other reporting requirements are...	produced manually; on a regular basis.	Partially produced by mining data from current information systems as needed.	produced by electronic data from current information systems on a systematic basis.	
		2.06	Current management reports show organizational performance...	only, with no benchmark comparisons and no trending over time.	compared with results from external data sources, but reports are created through extensive manual data manipulation.	compared with statistical norms from external benchmarking data; including dashboard indicators and trended data over months, quarters and/or years.	
		2.07	Periodic reporting to executive management and the Board has...	limited analysis accompaniment.	narrative or graphical analysis accompaniment.	written and graphical analysis accompaniment including longitudinal trend analysis.	

Management Capacity						
Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column
Clinical & Administrative Staff	Selection & Contracting	2.08 Staffing needs for EHR implementation and use...	have not been analyzed.	are generally understood, but a staffing plan has not been developed.	have been documented in a staffing model, detailing current staffing and proposed needs; requirements have been included in the planning process.	
		2.09 Staff dedicated to change management and quality improvement...	have not been specifically identified.	have a basic understanding of EHR functionality and are participating in the EHR decision-making process.	are experienced, have been educated about EHR functionality and workflow impacts, are authorized to lead the decision-making process and will work closely with management to resolve issues throughout the process.	
		2.1 Staff and other human resource(s) dedicated to EHR vendor contracting...	are involved in specific aspects of the EHR decision-making process but does not have vendor selection or negotiation experience; publicly available RFP is used "out of the box" for system selection.	have a general understanding of the trade-offs between products but may not have vendor selection or negotiation experience; publicly available RFP has been used as a guideline to determine high priority requirements.	are experienced in IT vendor selection and contracting, driving analyses of product offerings to match the organization's needs and capabilities with available solutions and determine optimal contract approach and terms; clinic's own requirements have been documented in a detailed RFP that will be used as an addendum to the contract.	
		2.11 Financial and non-financial incentives for clinicians and staff users for EHR adoption...	have not been considered.	have been discussed by leadership and an individual assigned to develop plan.	have been analyzed and a multi-departmental planning process in place to develop appropriate incentives.	
	Implementation	2.12 Staff driving the implementation process. EHR vendor management and workflow redesign are...	limited in experience and allocated to initiative less than 50% of their job requirement.	experienced and mostly allocated in initiative.	very experienced in system implementation and change management, fully allocated to the initiative and duty authorized.	
		2.13 A project manager is...	in place with less than 100% of time allocated to project.	fully allocated to manage project but full scope of authority and accountability is still not clear.	strong, fully allocated, authorized, and a methodology is in place to manage the project.	
		2.14 implementation roles and responsibilities...	have not been determined.	will be made available.	have been designated and division of labor and accountability clearly articulated.	
		2.15 EHR users will...	not be involved in testing the EHR prior to going live and are not encouraged to submit functionality problems or enhancements for resolution.	participate in EHR user acceptance testing and are encouraged to submit functionality problems or enhancements to the help desk.	have super users (subject matter experts) available to them to help resolve functionality issues or propose usability enhancements.	
		2.16 Clinician and staff incentives (financial and/or non-financial) for EHR adoption and quality improvement...	are not part of the EHR adoption plan.	Are not designed to align interests not differentiated by implementation phase.	are in alignment and a specific plan is in place; incentives are designed for each phase of implementation (i.e. EHR use vs. care delivery performance).	
	Effective Use	2.17 Staff allocated to support EHR use are...	are allocated to support data generation, but few if any resources are assigned to data analysis.	adequate and have been allocated to support data generation and data analysis functions.	adequate, appropriate and have been allocated for workflow oversight and data analysis.	
		2.18 Staff understand...	the general idea, but have not been formally educated on their role or the importance of data and information flow in the patient care process.	their role in the patient care process, but have not been educated about the importance of data and information flow.	end-to-end data and information flow and their role in the patient care process.	
		2.19 Assessment of staff model modifications and staff redeployment...	has not been analyzed.	has been conducted.	has been conducted and a staff plan is in place.	
		2.2 Incentives are designed to...	influence utilization and the cost of care delivered.	support client care goals or to achieve efficiencies.	motivate clinicians and staff to support client care goals and achieve efficiencies.	
	2.21 Non-financial recognition is...	not a part of the EHR plan.	awarded in individuals for specific accomplishments toward efficiency and quality objectives.	in place for staff and physicians who identify improved uses of EHR or achieve efficiency or quality goals.		

## Management Capacity

Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column
Accountability	Selection & Contracting	2.22 Roles and responsibilities for analyzing product options, contract terms and negotiating with the EHR vendor...	have not been established or assigned or may exist in a functioning group (i.e. Management Team).	have been developed; requirements are generally understood and prioritized accordingly.	have been assigned and are clear; requirements and expectations have been captured and vendor response documented.	
		2.23 As part of the product selection process, key team members are tasked to...	attend product demonstrations and check 1 or 2 vendor-supplied references.	Test products through vendor demonstrations, make site visits to product installations where possible and interview at least 3 vendor-supplied references.	test products through vendor demonstrations using standard scenarios, make site visits to product installations, interview at least 3 vendor-supplied references and 2 other references with a standardized interview checklist, and ensure that results of each are heavily weighted in the decision-making process.	
		2.24 EHR agreement is intended to incorporate...	vendor boilerplate agreement of IT contracting only with minimal modifications.	deliverables including procurement, implementation, conversion and service level agreements.	phased performance metrics tied to payments for the vendor based on timely procurement, implementation, conversion and service level agreements.	
	Implementation	2.25 Roles and responsibilities for EHR implementation...	have been established loosely or not at all.	have been established for multiple committees and vendor.	have been established with clear accountability for clinic and vendor and have been documented in a project charter.	
		2.26 Oversight and progress reporting on clinician EHR adoption will be...	managed by various non-physician leaders.	managed by non-physician leaders with physician leadership support.	the responsibility of a physician executive who will report directly to the CEO and Board.	
		2.27 Reporting on EHR implementation and adoption progress...	will be delivered verbally to executive management.	will be communicated periodically to executive management and the Board.	to executive management and the Board will be systematic, metric-based and will include a report on project plan milestones.	
	Effective Use	2.28 Operational accountability for quality improvement is...	loose or does not exist.	shared in specific areas, but activities are not coordinated.	centralized under one department.	
		2.29 Staff, clinician and department performance...	are qualitatively assessed or not formally assessed at all.	are based on their individual performance only which is evaluated and included in the annual review process.	are based on individual and organization performance on clinical and operational metrics based on EHR use. Included in the annual review process and tied to related incentives.	
		2.3 Data-driven decision-making is...	not enforced with any systematic evaluation process.	encouraged across all levels but not part of the performance review process.	analyzed as part of the manager's annual performance review.	

Management Capacity							
Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column	
Finance & Budget	Selection & Contracting	2.31	Information technology...	expenses are allocated to various departments and categories and managed by several	is an expense on one department's budget and managed by a non-IT individual or group.	is managed on a separate line item in the operating budget and by a designated individual.	
		2.32	EHR technology is considered...	More of an expense than an investment, requiring a return-on-investment based on traditional IT or office automation models.	an investment requiring less than 2-year timeframe for return-on-investment.	an investment rather than an expense; return-on-investment is analyzed over a longer time horizon and incorporates non-quantifiable returns.	
		2.33	EHR costs and benefits...	have not been clearly defined.	are partially developed; EHR purchase and initial training costs are known but measurable benefits have not been defined.	have been evaluated in a cost-benefit analysis and results communicated to management; total cost of ownership calculations take into account initial productivity declines and the cost of on-going training.	
		2.34	EHR acquisition and on-going maintenance...	will come from existing funds.	will be funded with one-time discretionary funds.	will be funded with capital earmarked for such.	
		2.35	Development and fundraising efforts...	have not focused on information technology needs.	have focused on information technology needs.	have focused on EHR technology to support quality improvement goals including population health management.	
	Implementation	2.36	The EHR implementation project funding...	is funded through various departmental budgets and funds.	is part of the organization's total budget but is not specifically funded for unplanned needs.	has a separate budget that lasts at least 12 months beyond the implementation phase to incorporate productivity decreases.	
		2.37	Acceptable productivity losses, reductions in schedules and revenue impact...	have not been evaluated.	are estimated but not accounted for in the budget.	have been estimated and accounted for.	
		2.38	Identification of benefits to be included in a return-on-investment analysis...	are not intended to be specifically tracked.	will be tracked post-implementation.	will be tracked in a benefit analysis tool in inform management of progress, challenges and potential actions.	
		2.39	An assessment of future EHR functionality, information technology infrastructure and staffing plan needs...	is not currently planned.	will be assigned as a special project.	will be on-going and requirements included in the annual budget and planning processes.	
	Effective Use	2.4	The annual budgeting process will...	not consider cost and revenue impacts as a result of workflow efficiencies or quality improvements.	consider potential cost and revenue impacts as a result of workflow efficiencies and quality improvements.	incorporate appropriate EHR cost and revenue impacts as a result of workflow efficiencies and quality improvements.	
	2.41	Funds for ongoing adoption of clinical IT and required standards to enable improved efficiencies and quality of care...	are not incorporated into future planning.	will be part of a special fund request.	will be part of the IT budget.		

## Operational Capacity

Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column
Workflow Process:	Selection & Contracting	3.01 Current and proposed EHR enabled administrative and clinical processes including estimated patient and staff volumes are...	not developed.	generally understood and incorporated into product evaluation, but workflow redesign and change management approaches are not documented.	documented in a process map and requirements are included in product evaluation process; planning process is in place for workflow redesign and change management approaches.	
		3.02 Policies, procedures and protocols necessary for EHR-enabled processes, including information access rights,, medical record correction, system downtime, data storage requirements and record printing...	have been considered but not analyzed.	have been analyzed and a plan for development in place.	have been analyzed and developed.	
		3.03 Analysis of state, federal and local regulations including privacy and security, confidentiality and accreditation...	has not been performed.	is part of the planning process though all policies and procedures have not been developed.	has been performed and requirements included in the EHR planning process.	
	Implementation	3.04 Implementation is designed for roll-out in...	a one-phase event.	12-month phases.	a phased roll-out of sites, functionality and users with deliverable cycles in time increments of less than 12 months.	
		3.05 A project plan using project management software including responsibilities, milestones, action steps and systematic processes for communicating goals, managing implementation and workflow redesign, implementing policies and procedures and identifying improvement opportunities...	does not exist. Clinic is managing to the vendor's project plan and has not incorporated it into an overall implementation plan.	is currently being developed and a plan is in place for clinic-wide accessibility and periodic review.	has been developed, is available for review and will be evaluated periodically for progress and adjustments.	
		3.06 Customized product templates for visit types, coding and documentation lists for clinicians, customizable views for various data needs (e.g. clinical vs. analysis vs. audit), record validity and completion processes, electronic signature considerations, including clinical guidelines, best practices and other workflow details...	have not been considered as part of EHR implementation.	are being considered as part of EHR implementation.	have been incorporated into EHR implementation with input from physicians, and include delegation of tasks and mandatory or optional designation.	
		3.07 Standards for data entry, including mandatory data fields, how data will be entered and how paper and electronic chart will interact...	have not been determined.	are being determined by the implementation team.	have been determined by a cross-departmental team including physicians.	
		3.08 EHR user feedback and issue resolution...	will be handled on an ad hoc basis and resolutions communicated as necessary.	is managed by a key representative designated to provide EHR feedback to management and communicate resolutions to users.	is managed through a cross-departmental team of Super Users that shadow physicians and staff, meet regularly with management to discuss issues, incorporate findings into training plan and communicate EHR-specific messages and resolutions to users.	

**Operational Capacity**

Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column
<b>Workflow Process:</b>	Effective Use	3.09 The Practice Management system...	has not been maximized or utilized for patient managements.	has been mostly maximized including a number of features that facilitate patient management.	has been maximized and modules that support patient management fully utilized.	
		3.1 Workflow efficiencies, population-based analysis and clinical process interventions to achieve best practices and reduce variation at the point-of-care are managed...	on an ad hoc basis; physicians decide which best practices to incorporate into their daily work at their discretion.	by individuals with appropriate training; physicians share best practices with peers and let each individual decide what to include in their practice.	by a centralized, coordinated, cross-departmental team that meets regularly.	
		3.11 Evidence-based guidelines...	may be available, but are not consistently used in care delivery.	are available and supported by clinician education.	are available, supported by clinician education and adoption and are incorporated into care delivery through reminders and clinical processes.	
		3.12 Clinician feedback regarding practice patterns...	is not provided in an organized manner.	is provided to clinicians with summaries of their clinical practice patterns against established standards.	is provided on a systematic, timely basis by a respected leader including best practice, peer comparisons and suggested action items; clinicians are involved in report definition and generation.	
		3.13 Workflow efficiency initiatives to streamline annotation and forwarding of record, task hand-offs and electronic signature capability...	have not been considered.	are being considered.	are designed in EHR workflow.	
		3.14 Automation of high-volume data interfaces (demographics, referrals, e-prescribing, lab orders/results, diagnosis and procedure codes)...	have not been analyzed.	are being analyzed.	are designed in EHR workflow.	
		3.15 Physical space redeployment opportunities and patient visit time-motion study...	have not been analyzed or performed.	have been analyzed and performed, but no plan has been developed.	have been analyzed and performed and a plan is in place to modify.	
<b>Patient Involvement:</b>	Selection & Contracting	3.16 Patient interaction with EHR...	has not been evaluated.	has been considered, but no requirements have been documented.	has been determined with patient input and requirements have been included in the planning process.	
		3.17 Policies, procedures for patient corrections or amendments to medical records and release of patient information...	have not been evaluated.	have been discussed but not documented; a plan is in place to develop policies and procedures.	have been analyzed, requirements included in the planning process; a plan is in place to develop communication for patients and external organizations.	
		3.18 EHR-enabled referral processes, e-prescribing and other patient-specific hand-offs...	have not been evaluated.	have been discussed but no specific plan exists.	have been designed and requirements included in the planning process.	
	Implementation	3.19 Patient EHR access procedures, communications and training sessions...	have not been developed.	are being designed and a plan in place to develop materials.	have been designed with patient input; clear and compelling education materials and documentation has been produced.	
		3.2 Client self-management, follow-up and hand-off requirements...	has not been considered.	are being incorporated into EHR implementation plans.	have been incorporated into EHR implementation plans.	
	Effective Use	3.21 Informing patients about care guidelines...	happens on request or not at all.	includes materials developed for the generic diagnosis; may be generated by EHR.	includes patient-specific materials and is incorporated into EHR-enabled process.	
		3.22 connecting patients to external resources is...	limited to providing patient a pre-printed list.	accomplished through a designated resource responsible for ensuring that providers and patients optimize services.	accomplished through active coordination with other health or community organizations and designed into EHR process.	
	3.23 Client follow-up is...	scheduled by the client or clinician on an ad hoc basis.	scheduled in accordance with guidelines and managed by a team or individual monitoring patient utilization.	customized to patient needs, varying in language, content method and intensity, and designed into EHR process.		
	3.24 Assessment and documentation of self-management needs are...	not performed.	expected as part of the care delivery process and provided to patients.	routine and linked to treatment plan available to physicians and patients; plan is designed into EHR process.		

**Operational Capacity**

Readiness Area and Category		Elements	Early	Middle	Prepared	Rating Column
Training:	Selection & Contracting	3.25 A formal training plan...	is not in place; clinical and administrative staff will receive training from the vendor and on-the-job.	including EHR implementation and skill-set gaps is being developed for necessary physicians and key staff.	including EHR implementation, workflow redesign and skill-set gaps is in place for management, physicians and staff.	
		3.26 Training programs for project managers and IT staff involved in EHR adoption...	have not been included as part of the EHR initiative.	will be identified as necessary by management.	have been identified to ensure these staff possess appropriate skill sets.	
		3.27 Creative approaches to training...	have not been considered.	that supplement on-site training are being considered.	including e-learning, distance learning and certification programs have been explored and appropriate approaches incorporated into HER plan.	
	Implementation	3.28 Initial training is...	optional for some staff; competency will not be evaluated.	mandatory for most staff; individual competency will be informally evaluated by trainer during class.	mandatory for all; individual competency will be formally evaluated before training is considered complete.	
		3.29 Skill-sets and EHR training needs are...	Though to be sufficient after vendor training.	assessed periodically; scheduled training occurs when implementing a new feature only.	continually being assessed; periodic training schedule is in place.	
		3.3 A dedicated trainer...	and training facility have not been identified.	and a training facility have been identified.	has been identified for initial and on-going training and a training room exists.	
	Effective Use	3.31 EHR use and data quality...	training will be provided to new hires and current employees as part of on-the-job training; subsequent training provided at the request of the employee or manager.	training will be integrated into formal new hire orientation, but is not provided for in a formal on-going training program; needs are assessed as needed and not incorporated into annual review or budget processes.	needs assessment and training will be integrated into new hire orientation, on going training curriculums, annual review and budgeting processes.	
		3.32 Shadowing of physicians and staff...	will be limited or not performed.	will be performed periodically to identify improvement areas.	will be performed periodically by an experienced workflow specialist to identify improvement areas.	
		3.33 Physician education on preventative and chronic care...	is provided sporadically or not at all.	is provided through external education approaches.	includes training all practice teams in population health management and self-management support using EHRs.	

Technical Capacity						
Readiness Area and Category		Elements	Early	Moderately	Prepared	Rating Column
Organization	Planning	4.01 IT is managed	as an IT project only	as a workflow efficiency tool	as a tool to improve quality of care	
		4.02 IT Management has	designated person or top management only	internal staff only	multistakeholders	
		4.03 IT staffing for implementation	is limited to a provider advocate	occurs for key decisions	is active in planning and decision making	
	Implementation	4.04 IT staff	embrace limited change	modify existing processes when faced with change	embrace change and create new solutions	
		4.05 Technical resources	not connect technology with quality improvement	aware of technology support of quality	can clearly articulate the value of technology to improve quality	
		4.06 IT staff has been trained	a structure to report and track issues	supported, but is not a skill set	viewed as important	strongly supported with skilled staff
	Effective Use	4.07 support for technology application, infrastructure	is not a current focus	driven by department or individual	permeates all aspects of organization	
		4.08 user and system support	but are not focused on access to information	viewed as one component but not as a preventative tool	key part of management tools	
		4.09 user and system support	but are not focused on access to information	for access to individual information but not population	for all population and individual care management	
	Vendor selection and contracting	4.1 vendor user groups	has discussed the need for technology but has not been involved	discussed and approved the need for technology to support clinical goals	discussed, approved and created strategy	
		4.11 product enhancements and support improvements	is done on an ad hoc basis without state input	is conducted informal practices with resolutions communicated as necessary	is done through a formal process with multi-stakeholder input	
		4.12 a needs assessment of hardware and devices	have not been discussed thoroughly	have been discussed but not prioritized	have been discussed, documented and prioritized with evaluation tools in place	
		4.13 a plan for technology infrastructure that is standard and scalable	is being considered but does not exist	has been formed through coalition	actively utilized all resources on project	
		4.14 The infrastructure that is necessary to support bandwidth, connectivity, access and requirements and interoperability	have not been discussed thoroughly	are in the process of definition	have been discussed, documented and prioritized with evaluation tools in place	
		4.15 data security will be protected by	being developed	underway with support from staff	in place for staff and clients	
	Effective Use	4.16 data entry or conversion plan to pre-populated electronic technology	is gathered in an ad hoc manner	obtained from staff and communicated	determined through formal surveys and analysis	
		4.17 a scalable mechanism to address medical record systems or to integrate interfaces with internal or external systems	do not follow industry events on technology implementations	follow industry events to inform clinical initiatives	follow events and participate	
		4.18 which are broad and immeasurable	which are broad and immeasurable	evaluated periodically against progress	evaluated, measured and reported regularly	
Leadership	4.19 procedures and tools to minimize detect and report access issues	believe technology is necessary but not prioritized	has determined pros and cons	understands the risks and are ready to support		
	4.2 contingency plans including redundancy and back up strategies include	relies on the vendor to provide planning guidance	delegates tech planning to managers	devotes substantial time to planning and execution		
	4.21 a disaster recovery plan including off site storage	relies on the vendor to provide planning guidance	delegates tech planning to managers	devotes substantial time to planning and execution		
	4.22 an enterprise wide data dictionary	lets not include this one				
	4.23 a time table for conversion, performance testing and pilots	limited staff to support technology efforts	devoted necessary time for implementation	substantial staff time to implementation		
	4.24 The technology infrastructure will support	participate in a limited way to the implementation	will be actively involved in the future	actively participate in planning and communication		
	4.25 a hardware replacement schedule	does not exist	exists	exists and is well respected		