



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)

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## 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? \_\_\_\_\_

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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?

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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:

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9. If lab and other orders included, how will this be notated?

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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?

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

- Yes             No

Please elaborate, if necessary:

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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?

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

16. Questions?

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## 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? \_\_\_\_\_

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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?

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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?

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

Yes       No

11. Please elaborate, if necessary:

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12. Questions?

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Please email this questionnaire to [Jroland@mnhospitals.org](mailto:Jroland@mnhospitals.org) or fax to 651-645-0002.

Thank you!

Jaclyn Roland

AHRQ Project Director

MHA – 2550 University Avenue West – Suite #350S

St. Paul, MN 55104