MHA Summary of AHRQ Pilot Survey of Hospital Capabilities

Minnesota hospitals targeted for pilot project.

Survey conducted in July, 2008.

Received 9 responses representing 22 hospitals.

Questions 1-3 were for facility name and contact information.

Billing system

Questions 4 & 5 (explain if no) asked if all inpatient discharges are sent to MHA.
> All responded "yes".

Question 6 & 7 asked if all diagnosis and procedure codes were being sent to MHA.
> 3 of 9 indicated not sending ALL diagnosis and procedure codes.
> At minimum, all hospitals are sending 9 diagnosis and 6 procedure codes.

Questions 8 & 9 asked if POA was being coded for none, some or all discharges and if some patient classes were being excluded (eg. OB, rehab, etc)
> 1 hospital system (4 hospitals) indicated none of their claims were being coded for POA. Upon further review, POA is being coded but not sent to MHA. No exclusions noted.

Questions 10 asked if POA coding was to CMS standard.
> All hospitals indicated using the CMS standard (eg. Y, N, U, W) for POA coding.

Lab system

In question 11, we asked for the name of their lab system vendors for chemistry, hematology, and blood gas.
> All responses were same vendor for all three. The vendors named were as follows:
> Sunquest, GE Ultra Centricity, Cerner, Meditech, CPSI and Soft Computer

In question 12 we asked for availability of electronic lab data.
> All hospitals reported having the targeted lab values available electronically.
> However, only two hospitals indicated availability of LOINC format.

In question 13, we asked whether a series of data elements were available electronically to facilitate mapping to LOINC.
> All reported availability of facility name, test ID, test name and unit of measure.
> A couple reported the test method, specimen/source and reference ranges may NOT be available from their system.

In questions 14-17, we asked whether the patient account numbers are consistent between the outpatient lab system and inpatient patient account number.

> The responses from two systems representing 14 hospitals were "no" account numbers differ between outpatient and inpatient. In subsequent questions, it was determined that all could match lab accounts to claims using medical record number.

In question 18, we asked whether 30-day pre-admission outpatient lab tests could be sent.

> Only two small hospitals said "yes".

In question 19, we asked if point-of-care (bedside) lab tests are available through lab system.

> Only three responded "yes". Those three included two large hospital systems.

HL7 capabilities

In questions 20 & 21, we asked whether they utilized HL7 and what version.

> All responded "yes" they use and most reported use of version 2, however two responders did not know.

In questions 22 & 23, we asked whether they send HL7 data feeds outside their facility and if so, to describe the type of data.

> Five responses were "yes" they send data out. The types of data being sent were for reference lab and data to state for immunizations.

In question 24, we asked what their preference was for lab data submission.

> All responded project-specific file format (text file) over HL7.

Merging administrative data with lab data

In question 25, we asked whether hospitals would be willing to merge lab data with their administrative data PRIOR to sending to MHA.

> Three hospitals indicated they would be willing/able to do this.

In question 26, we asked whether all the linking field listed could be supplied from the lab system. (MRN, Acct Number, Admit date, DOB, gender)

> All the linking fields identified could be supplied although two indicated left date of birth blank.

In question 27, we asked if lab tests related to inpatient discharges only could be sent – excluding un-related outpatient tests.

> All indicated "yes".

In question 28, we asked whether it would be easier to send a data dump of all lab tests related to inpatient discharges.

> All but one system response were "no"--- meaning a targeted file extract is fine.

In question 29, we asked whether the hospital could pre-screen tests submitted to include only those identified for this pilot project.

> All but one small hospital responded "yes".

Other clinical data elements

In questions 31 & 32, we asked whether other clinical data could be available for this pilot.

> Only two systems (16 hospitals) indicated "yes". One indicated pulse, temp, systolic BP, diastolic BP, respiration. The other system indicated culture results only.