Purpose: Coordination of changes to the EHR must be evaluated to ensure patient safety. These changes may still involve more than one system in some hospitals. Workflow needs to be evaluated for all users (Prescribers, Nursing, Pharmacy, others).

Your name, email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional, if you are willing to allow us to contact you with further questions). All organization specific data and comments will be kept confidential.

**Organization’s Characteristics**

Number of beds at your hospital:

* <50
* 50-99
* 100-199
* 200-299
* 300-399
* 400-599
* ≥600

**Stakeholders Identified and Involved**

* EMR system designers and vendors
* Clinical Informatics
* Pharmacy Informatics
* Providers
* Medication Safety Representative
* Education – Trainers for “roll-out”
* Nursing
* End Users of work flow changes

**Committees Utilized in the Process of CDS**

* Medical Staff Executive Committee
* Pharmacy and Therapeutics Committee
* EMR Committee
* CDS Committee (created new committee structure)
* Order Set Committee
* Medication System Review Committee
* Medication Safety Committee
* Subspecialty provider committee
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have a CDS specific committee, or something similar, the following questions apply to characteristics of the committee (circle all that apply)**:

Team Members

* EMR system designers and vendors
* Clinical Informatics
* Pharmacy Informatics
* Providers
* Medication Safety Representative
* Education – Trainers for “roll-out”
* Nursing
* End Users of work flow changes
* Clinical Champions

**If you do not use a committee structure for CDS governance, do you:**

* Utilize a single position – e.g. Chief Medical Informatics Office

**Do you utilize an intra-net based system for creation, review, and approval?**

**Do you rely primarily on a commercial vender for CDS decisions? If so, what do you feel is the primary reason (e.g. resources?) Who are the primary point of contacts for collaboration with the vendor?**

**Who is responsible for the continuous update of clinical medication related information?**

**What is your process for requesting new additions or changes to your existing EMR?**

**Do you have criteria for situations or types of customization that are allowed?**

**Do Physician members attend all meetings, or are they consulted only on specific topics?**

**Who is responsible for assessing the impact of CDS changes and decisions?**

**Are you able to obtain metrics on “rule firing”, and “user response”?**