

## **Readiness Assessment Questionnaire**

\*for the purposes of this form clinics and hospitals are both referred to as **facilities.** 

1.	What is the name of your organization?					
	a. Office manager or Meaningful Use Coordinator					
	b. Phone number					
	c. Email					
2.	Does your facility(s) participate in the Vaccines for Children (VFC) program? Yes / No					
3.	Who is your VFC Coordinator (if valid):					
4.	If your organization is not VFC do you maintain your private inventory in MIIX? Yes / N					
5.	Does the organization have more than one facility/location? Yes / No					
	*If more than 1 facility will submit immunizations from the same server please answer					
	yes and complete #6 for each location.					
<b>5</b> .	Please list all facilities, addresses, VFC PINs (if valid) and contact information for each					
	Clinic/Hospital Email address VFC pin Clinic manager Phone					
	name (if valid) number					

Clinic/Hospital	Email address	VFC pin	Clinic manager	Phone
name		(if valid)		number

7.	What i	s the name of your EHR vendor and the version of your EHR				
	a.	Name:				
		Version:				
8.	How long has this version been in production in your facility?					
9.	When	do you plan to upgrade your EHR system?				
		To What version?				
10.	Please	provide the contact information for your EHR provider.				
	a.	Name:				
		Email:				
		Phone:				
11.	Who p	rovides support for EHR software application?Local support orhelp				
	desk. I	f there is a primary contact, please provide contact information.				
	a.	Name:				
		Email:				
		Phone:				
12.	What a	age patients are given immunizations in this facility?				
13.	Approx	ximately how many immunizations are given at this facility per month?				
14.	What	categories of vaccines are provided?VFC, Private, orBoth				
15.	Is your	EHR currently 2014 certified?				
16.	Does y	our facility intend to do bi-directional messaging? Yes / No / Unknown				
17.	.7. What version of HL7 messaging is your EHR capable of transmitting? (2.3.1, 2.5.1 etc)					
18.	Is your	facility a birthing hospital?				
19.	Do you	have a policy/process for updating a newborns name from Baby Boy / Baby Girl				
	to the name given by the parent(s) or guardian(s)? Yes / No					

\*\* Birthing Facilities Only \*\*

This policy/process needs to be sent to the State with this form.