

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
- Who is your VFC Coordinator (if valid): ______
- 4. If your organization is not VFC do you maintain your private inventory in MIIX? Yes / No
- 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.
- 6. Please list all facilities, addresses, VFC PINs (if valid) and contact information for each.

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

- 7. What is the name of your EHR vendor and the version of your EHR
 - a. Name: ______
 - b. 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: _____
- 11. Who provides support for EHR software application? _____Local support or _____help desk. If there is a primary contact, please provide contact information.
 - a. Name: ______
 - b. Email:
 - c. Phone:______
- 12. What age patients are given immunizations in this facility?
- 13. Approximately how many immunizations are given at this facility per month?
- 14. What categories of vaccines are provided? _____VFC, ____ Private, or _____Both
- 15. Is your EHR currently 2014 certified?_____
- 16. Does your facility intend to do bi-directional messaging? Yes / No / Unknown
- 17. 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.