



*Advancing Health in America*

# 2026 American Hospital Association Information Technology (IT) Survey

Please return to:  
AHA IT Survey  
155 N. Wacker Drive  
Suite 400  
Chicago, IL 60606

**HOSPITAL NAME:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_

This year we continue to include questions on hospital participation in health information networks, including participation in the Trusted Exchange Framework and Common Agreement (TEFCA™), as well as hospitals' adoption and use of artificial intelligence (AI). In addition to these annually fielded questions, we are cycling back in topics on hospitals' adoption of patient engagement capabilities, engagement in electronic public health reporting, structured capture of health-related social needs data, and use of apps and APIs for clinical and administrative use.

**GENERAL INSTRUCTIONS:** Please respond to each of the following questions as of the day the survey is completed.

**EHR System and IT Vendors**

**1. Which vendor below provides your primary inpatient electronic health record (EHR) or electronic medical record (EMR) system? (Please check only one).** *“Primary” is defined as the system that is used for the largest number of patients or the system in which you have made the single largest investment. Please answer based on vendor name rather than product.*

- a.  Veradigm (Allscripts)
- b.  Altera Digital Health
- c.  Athenahealth
- d.  Oracle Health (Cerner)
- e.  TruBridge (CPSI/Evident)
- f.  Epic
- g.  MEDHOST
- h.  Meditech
- i.  Would prefer not to disclose EHR vendor
- j.  We do not use an EMR/EHR system (go to 1a)
- k.  Other (please specify):  
\_\_\_\_\_

**1a. If you indicated you do NOT use an EMR/EHR system, what are the primary challenge(s) that have prevented your hospital from implementing and using an EMR/EHR system? (Please check all that apply).**

- 1.  Upfront capital costs/lack of access to capital to install systems
- 2.  Ongoing cost of maintaining and upgrading systems
- 3.  Obtaining physician cooperation
- 4.  Obtaining other staff cooperation
- 5.  Concerns about security or liability for privacy breaches
- 6.  Uncertainty about certification requirements
- 7.  Limited vendor capacity
- 8.  Lack of adequate IT personnel in hospital to support implementation/maintenance
- 9.  Challenge/complexity of meeting Promoting Interoperability program criteria within implementation timeframe
- 10.  Pace and extent of other regulatory requirement changes
- 11.  Other (please specify):  
\_\_\_\_\_

**END OF SURVEY FOR RESPONDENTS WHO DO NOT USE AN EMR/EHR**

### **Patient Engagement**

**2. Are patients who receive care provided by your hospital or outpatient sites able to do the following?** (Check “Yes” only if the functionality has been “turned on” and is fully implemented and available to patients. Check both (1) and (2) if the functionality is turned on in both inpatient and outpatient settings.)

	(1) Yes, at some or all <u>inpatient</u> sites	(2) Yes, at some or all <u>outpatient</u> sites	(3) Not across outpatient or inpatient site(s)	(4) Do not know
a. View their health/medical information online in their portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Download health/medical information from their medical record from your portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Import their medical records from other organizations into your portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Electronically transmit (send via email or secure message) health/medical information to a third party from your portal (in a <b>structured</b> format such as CCDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Submit patient-generated data (e.g., blood glucose, weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Submit patient-generated data (e.g., blood glucose, weight) through apps configured to meet FHIR specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Send/receive secure messages with providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Social Determinants of Health**

**3. Does your hospital routinely collect data on individual patients’ health related social needs (often referred to as social determinants of health) such as transportation, housing, food insecurity or other?**

- a.  Yes, routinely      b.  Yes, but not routinely      c.  No (go to 6)  
d.  Don't know (go to 6)

**4a. How are data on individual patient’s health related social needs recorded at your hospital?** Check all that apply.

1.  Structured electronic screening tool (including ‘keying in’ information from a paper form) (go to 4b)  
2.  Free text note (go to 5)  
3.  Diagnosis codes (e.g., ICD-10-CM Z codes) (go to 5)  
4.  Non-electronic methods (including those that are scanned into the EHR) (go to 5)

**4b. If you use a screening tool, which type(s) of screening tool(s) do you use?** Check all that apply.

1.  Customized/home grown tool (go to 5)  
2.  An externally established tool (including modifications of such tools) (go to 4c)  
3.  Don't know (go to 5)

**4c. If you use an externally established tool, is it a standardized instrument (i.e., a LOINC-encoded assessment instrument)?**

1.  Yes, we use a single LOINC-encoded assessment instrument, and all questions and answers are LOINC-encoded (e.g., AHC HRSN Screening Tool Core Questions)
2.  Yes, but the instrument combines questions from one or more standardized instruments (i.e., the entire assessment instrument is not LOINC-encoded, but some questions and answers are LOINC-encoded).
3.  No, we do not use a standardized instrument, and questions and answers are not LOINC-encoded.
4.  Don't know

**4d. Which externally established screening tool(s) does your hospital use? Check all that apply.**

For more information about the tools below, see:

<https://sirenetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison>

1.  CMS AHC (Accountable Health Communities) Health-Related Social Needs Screening Tool
2.  Upstream Risks Screening Tool and Guide
3.  iHELP (Income, Housing, Education, Legal Status, Literacy, Personal Safety)
4.  EHR vendor-based tool (i.e., screening tool integrated with EHR system)
5.  PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences)
6.  WE CARE (Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education)
7.  WellRx
8.  Health Leads Screening Toolkit
9.  Other, please list: \_\_\_\_\_
10.  Don't know

**5. How does your hospital use data on patients' health related social needs documented at your hospital? Check all that apply.**

- a.  For referrals to social service organizations
- b.  For population health analytics
- c.  For quality management
- d.  To inform community needs assessment or other equity initiatives
- e.  To inform clinical decision making
- f.  To inform discharge planning
- g.  Other, please list: \_\_\_\_\_

**6. From which sources outside your hospital/health system does your hospital electronically receive data on patients' social needs? Check all that apply.**

- a.  Health information exchanges (i.e., state, regional, and/or local HIE/HIO(s))
- b.  Social service or community-based referral platform (such as Unite Us or Aunt Bertha)
- c.  National Networks (e.g., CommonWell, eHealthExchange, Carequality)
- d.  EHR vendor-based network (e.g., Epic's Care Everywhere)
- e.  Other Healthcare Organizations
- f.  Community/social service organizations
- g.  Do not receive data on health-related social needs from any external sources (go to 8)
- h.  Don't know (go to 8)
- i.  Other, please list: \_\_\_\_\_

7. If you indicated receiving data on patients' health related social needs from sources outside your hospital /health system, how do you use these data? *Check all that apply.*

- a.  For screening at our hospital (e.g., prompt screening, prepopulate screening tool)
- b.  For referrals to social service organization
- c.  For population health analytics
- d.  To inform community needs assessment or other equity initiatives
- e.  To inform clinical decision making
- f.  To inform discharge planning
- g.  Other, please list: \_\_\_\_\_

**Participation in TEFCA™ and health information networks**

8. Are you aware of the Trusted Exchange Framework and Common Agreement™ (TEFCA™)?

<https://healthit.gov/policy/tefca/>

- a.  Yes (go to 9)
- b.  No (go to 11)

9. If yes, are you currently participating or do you plan to participate in TEFCA™ exchange (such as through your HIE or other national network)?

- a.  Yes, currently participating and have partner/contract in place (go to 10)
- b.  Yes, plan to participate and have partner/contract in place (go to 10)
- c.  Yes, plan to participate but do not have partner/contract in place (go to 11)
- d.  No, not participating and do not plan to (go to 11)
- e.  Don't know (go to 11)

10. Which of the following Qualified Health Information Networks® (QHINs™) have you partnered or contracted with for TEFCA™ exchange? *Check all that apply.* <https://rce.sequoiaproject.org/designated-qhins/>

- |  |   |
|--|---|
| a. <input type="checkbox"/> CommonWell Health Alliance | g. <input type="checkbox"/> Konza Health                      |
| b. <input type="checkbox"/> eClinicalWorks             | h. <input type="checkbox"/> MedAllies                         |
| c. <input type="checkbox"/> e-Health Exchange          | i. <input type="checkbox"/> Netsmart                          |
| d. <input type="checkbox"/> Epic Nexus                 | j. <input type="checkbox"/> Oracle Health Information Network |
| e. <input type="checkbox"/> Health Gorilla             | k. <input type="checkbox"/> Surescripts                       |
| f. <input type="checkbox"/> Kno2                       | l. <input type="checkbox"/> Other QHIN _____                  |

11. Which of the following national health information exchange networks and/or frameworks does your hospital currently actively participate in (i.e., operational exchange)? *Check all that apply.*

- a.  CommonWell Health Alliance
- b.  e-Health Exchange
- c.  Civitas (formerly SHIEC)/Patient Centered Data Home (PCDH)
- d.  Carequality (network-to-network trust/governance framework)
- e.  EHR vendor-based network that enables record location and exchange within the EHR vendor's network of users (e.g., Epic's Care Everywhere)
- f.  Do not participate in any national health information exchange networks (either via vendor or directly)
- g.  Do not know
- h.  Other national health information exchange network \_\_\_\_\_

12. Please indicate your current level of participation in a state, regional, and/or local health information exchange (HIE) or health information organization (HIO).

- a.  HIE/HIO is operational in my area, and we are participating and actively exchanging data in at least one HIE/HIO
- b.  HIE/HIO is operational in my area, but we are not participating
- c.  HIE/HIO is not operational in my area
- d.  Do not know

**Public Health Reporting**

13. How does your hospital submit data for public health reporting related to the activities listed below? Please select **all** options used in each row. Note: this is referring to data generated through clinical processes involving patient care (production data NOT test data).

	(1) Directly from Electronic health record (e.g., HL7 interface or API)	(2) Health information exchange	(3) Portal submission	(4) Flat files (e.g., CSV/XML Files)	(5) Not electronically submitting data (e.g., Fax)	(6) Don't know
a. Syndromic surveillance reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Immunization registry reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic case reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Public health registry reporting (e.g., cancer registries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical data registry reporting (e.g., ACC CathPCI registry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic reportable laboratory result reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Antimicrobial use and resistance (AUR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hospital capacity and utilization of medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. For each type of public health reporting, please indicate whether your hospital uses automated, manual or a mix of both types of processes to transmit the data. Automated refers to EHR generated data sent electronically/automatically to the public health agency. Manual refers to chart abstraction with data faxed or re-input into a portal. A mix of both types of processes refers to files electronically generated from the EHR but manual steps are required to transmit to public health agency.

	(1) Fully or primarily automated	(2) Mix of automated and manual process	(3) Fully or primarily manual	(4) Don't know
a. Syndromic surveillance reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Immunization registry reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic case reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Public health registry reporting (e.g., cancer registries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical Data registry reporting (e.g., ACC CathPCI registry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic reportable laboratory result reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Antimicrobial use and resistance (AUR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hospital capacity and utilization of medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. What are some of the challenges your hospital has experienced in the past year when trying to submit health information electronically to public health agencies?** *(Please check all that apply in each row.)*

	(1) We feel that public health agencies lack the capacity (e.g., technical, staffing) to electronically receive the information	(2) We do not have the capacity (e.g., technical, staffing) to electronically send the information	(3) Technical complexity of interfaces, transmission, or submission process	(4) Cost related to interfaces, transmission, or submission	(5) We use different vocabulary standards than the public health agency, making it difficult to submit	(6) Difficulty extracting relevant information from EHR	(7) The onboarding process for electronic reporting is too cumbersome	(8) Did not experience any major challenges
a. Syndromic surveillance reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Immunization registry reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic case reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Public health registry reporting (e.g., cancer registries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical Data registry reporting (e.g., ACC CathPCI registry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic reportable laboratory result reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Antimicrobial use and resistance (AUR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hospital capacity and utilization of medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Use of Apps and APIs for Data Sharing and Information Access**

For this next set of questions, please indicate whether your hospital uses a standards-based API or other method to do each of the following activities. An application programming interface or "API" is code that enables communication between applications or software so that the systems can exchange information or data. A standards-based API is one that uses a common data format or vocabulary standard, like FHIR or USCDI. Other methods may include non-standards-based APIs (aka proprietary EHR APIs) or HL7 interfaces.

**Clinical use**

16. Through what method(s) does your hospital directly **integrate data for clinical purposes** into your EHR received from third party technology (e.g., app, website, or medical device) for the following uses? *Check all that apply.*

Use Case	(1) Standards-based API	(2) Other method(s) (e.g., proprietary EHR APIs, HL7 interface)	(3) Do not receive or integrate data for this purpose	(4) Don't know
a. Patient monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telehealth visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinical decision support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Population health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Through what method(s) does your hospital **provide data for clinical purposes** from your EHR to third party technology (e.g., app, website, or medical device) for the following uses? *Check all that apply.*

Use Case	(1) Standards-based API	(2) Other method(s) (e.g., proprietary EHR APIs, HL7 interface)	(3) Do not provide data for this purpose	(4) Don't know
a. Patient monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telehealth visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinical decision support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Population health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Administrative use**

18. Through what method(s) does your hospital directly **integrate data for administrative purposes** into your EHR received from third party technology (e.g., app, website, or external system) for the following uses? *Check all that apply.*

Use Case	(1) Standards-based API	(2) Other method(s) (e.g., proprietary EHR APIs, HL7 interface)	(3) Do not receive or integrate data for this purpose	(4) Don't know
a. Scheduling/ Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prior authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality reporting and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Through what method(s) does your hospital provide data for administrative purposes from your EHR to third party technology (e.g., app, website, or medical device) for the following uses? *Check all that apply.*

Use Case	(1) Standards-based API	(2) Other method(s) (e.g., proprietary EHR APIs, HL7 interface)	(3) Do not provide data for this purpose	(4) Don't know
a. Scheduling / Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prior authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality reporting and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Advanced Analytics / Artificial Intelligence (Annual)**

*This section asks about artificial intelligence (AI) used at your hospital. While definitions of AI vary, for the purpose of this section, all machine learning, non-machine learning predictive models, large language models, and generative models are considered AI.*

20. Please indicate whether your hospital currently uses each of the following types of AI integrated into your EHR:

	(1) Yes	(2) No, but plan to use in the next year	(3) No, and no plans in the next year	(4) Don't know
a. Machine Learning-based Predictive Models (not including Generative AI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other Non-Machine Learning Predictive Models (e.g., APACHE IV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Generative AI including large language models (e.g., ChatGPT, GPT-4, Google Gemini, Nuance DAX Copilot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Agentic AI that can build on AI generated content to complete tasks autonomously (e.g., scheduling agent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate whether your hospital currently uses each of the following types of AI NOT integrated into your EHR:

	(1) Yes	(2) No, but plan to use in the next year	(3) No, and no plans in the next year	(4) Don't know
a. Machine Learning-based Predictive Models (not including Generative AI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other Non-Machine Learning Predictive Models (e.g., APACHE IV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Generative AI including large language models (e.g., ChatGPT, GPT-4, Google Gemini, Nuance DAX Copilot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Agentic AI that can build on AI generated content to complete tasks autonomously (e.g., scheduling agent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. To which of the following uses is your hospital currently applying any of the types of AI tools above? (Please check all that apply).

	(1) From EHR developer	(2) From any other source (e.g., a third-party developer or self- developed)
<b>Predictive Use Cases</b>		
a. Predicting health trajectories or risks for inpatients (such as early detection of onset of a disease or condition like sepsis; predicting in-hospital fall risk)	<input type="checkbox"/> [If selected, show 22.1]	<input type="checkbox"/> [If selected, show 22.1]
b. Identify high risk outpatients to inform follow-up care (e.g., readmission risk)	<input type="checkbox"/>	<input type="checkbox"/>
c. Monitor health (e.g., through integration with wearables)	<input type="checkbox"/>	<input type="checkbox"/>
d. Assist in medical image interpretation (e.g., radiology)	<input type="checkbox"/> [If selected, show 22.2]	<input type="checkbox"/> [If selected, show 22.2]
e. Recommend treatments (e.g., identify similar patients and their outcomes)	<input type="checkbox"/>	<input type="checkbox"/>
f. Simplify or automate billing procedures (e.g., propensity to pay)	<input type="checkbox"/>	<input type="checkbox"/>
g. Facilitate scheduling (e.g., predicting no-shows or block utilization).	<input type="checkbox"/>	<input type="checkbox"/>
<b>Generative Use Cases</b>		
h. Patient-facing chatbot	<input type="checkbox"/>	<input type="checkbox"/>
i. Generate patient-portal messaging	<input type="checkbox"/>	<input type="checkbox"/>
j. Ambient documentation of clinical encounters	<input type="checkbox"/>	<input type="checkbox"/>
k. Generate discharge summaries for patients	<input type="checkbox"/> [If selected, show 22.3]	<input type="checkbox"/> [If selected, show 22.3]
l. Summarize patient chart for nursing handoff	<input type="checkbox"/>	<input type="checkbox"/>
m. Summarize patient chart during transition from another setting of care	<input type="checkbox"/>	<input type="checkbox"/>
n. Generate prior authorizations	<input type="checkbox"/>	<input type="checkbox"/>
o. Generate or suggest billing codes from the chart	<input type="checkbox"/> [If selected, show 22.4]	<input type="checkbox"/> [If selected, show 22.4]
<b>General Use Cases</b>		
p. Clinical decision support	<input type="checkbox"/>	<input type="checkbox"/>
q. Other administrative use cases (describe):	<input type="checkbox"/>	<input type="checkbox"/>
r. Other clinical use cases (describe):	<input type="checkbox"/>	<input type="checkbox"/>
s. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
t. Don't know	<input type="checkbox"/>	<input type="checkbox"/>

22.1. If you indicated that your hospital uses AI for predicting health trajectories or risks for inpatients, which of the following AI tools are currently in routine use (i.e., not in piloting) at your hospital for this purpose? Check all that apply [Logic: show if 22a =1 or 2]

	Currently in routine use
a. An early-detection algorithm for sepsis	<input type="radio"/>
b. An algorithm used to flag patients who are at high-risk for falls	<input type="radio"/>

22.2. If you indicated that your hospital uses AI to assist in medical image interpretation, which of the following AI tools are currently in routine use (i.e., not in piloting) at your hospital for this purpose? Check all that apply [Logic: show if 22d =1 or 2]

	Currently in routine use
c. An algorithm used to flag head CT scans with an intracranial bleed (head bleed)	<input type="radio"/>
d. An algorithm used to flag chest x-rays with a pneumothorax (collapsed lung)	<input type="radio"/>

22.3. If you indicated that your hospital uses AI to generate discharge summaries for patients, is the following AI tool currently in routine use (i.e., not in piloting) at your hospital for this purpose? [Logic: show if 22k =1 or 2]

	Currently in routine use
e. Ambient AI to generate discharge summaries	<input type="radio"/>

22.4. If you indicated that your hospital uses AI to generate or suggest billing codes from the chart, is the following AI tool currently in routine use (i.e., not in piloting) at your hospital for this purpose? [Logic: show if 22o=1 or 2]

	Currently in routine use
f. A revenue cycle management system driven by AI	<input type="radio"/>

23. For what share of your AI tools does your hospital or health system have information on the tool's development, testing, and use (e.g., training data information, test results, intended use/out-of-scope use)? (Please check only one option in each row.)

	(a) All models	(b) Most models	(c) Some models	(d) Few models	(e) None	(f) Don't know
a. Machine learning or other predictive models	<input type="checkbox"/>					
b. Generative AI	<input type="checkbox"/>					

24a. What share of your machine learning or other predictive models have been evaluated using data from your hospital or health system for: (Note: the next question asks about generative AI).

	(a) All models	(b) Most models	(c) Some models	(d) Few models	(e) None	(f) Don't know
1. Model Accuracy (e.g., sensitivity or specificity)	<input type="checkbox"/>					
2. Model Bias (e.g., false positive parity across patients from different races, conditions, or other factors)	<input type="checkbox"/>					
3. Post-implementation evaluation or monitoring of accuracy, bias or impact	<input type="checkbox"/>					

**24b. What share of your generative AI tools including large language models have been evaluated using data from your hospital or health system for:**

	(a) All models	(b) Most models	(c) Some models	(d) Few models	(e) None	(f) Don't know
1. Model Accuracy (e.g., usefulness of generated text)	<input type="checkbox"/>					
2. Model Bias (e.g., bias in generated text; different usefulness across subgroups)	<input type="checkbox"/>					
3. Post-implementation evaluation or monitoring of accuracy, bias or impact	<input type="checkbox"/>					

**25. Who in your hospital or health care system is accountable for evaluating AI models? (Please check all that apply).**

- a.  Designated Senior Executive (CMIO / CIO / Director of Technology)
- b.  Specific Committee or Task Force for AI
- c.  Clinical Decision Support Committee / other non-AI Specific Committee
- d.  Division/Department Leaders
- e.  IT staff
- f.  None of the above

**26. Thank you for your cooperation in completing this survey. If you are not the CIO, or person responsible for information technology, have they reviewed your answers to this survey?**

- a.  Yes
- b.  No

\_\_\_\_\_  
Respondent Name (please print) Circle CIO or Print Title if other (Area Code) Telephone #

\_\_\_\_\_  
Respondent E-mail

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Completion Name of CIO (if other than respondent) Email Address

**NOTE: PLEASE PHOTOCOPY THIS INFORMATION FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE AMERICAN HOSPITAL ASSOCIATION.  
THANK YOU.**