

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration EHR READINESS CHECKLIST	FOR HRSA USE ONLY		
	Applicant Name		
	Grant Number		Application Tracking #

1. Why are you purchasing a certified EHR or enhancing your current system?
 (Please check one)
 Not Applicable (Applicant is not requesting Federal funding for the purchase or enhancement of an EHR system)
 Move from paper system to electronic
 Reimbursement purposes, e.g., Medicare and Medicaid incentive payments
 Clinical technology to achieve workflow efficiencies
 Primarily as a technology to enable quality care improvement goals

2. Do you have organizational wide commitment from:
 (Check all that apply)
 Leadership (CEO, COO, CMO, CFO)
 Board Members
 All Providers
 IT Staff
 Support Staff
 Other; please identify: _____

3. Has your center identified business and clinical goals for adopting a certified EHR system?
 Yes No

4. Has your center identified a clinical champion and other staff to oversee the readiness process?
 Yes No

5. Have you used the EHR Selection Guidelines for Health Centers developed by HRSA to select the functionality for your EHR?
 Yes No

6. Have you considered the ongoing expenses required for a certified EHR system?
 Yes No

7. Are all key staff members willing to use computers in their daily work?
 Yes No

8. Do you have IT staff or access to a Health Center Controlled Network or IT consultant to provide support for troubleshooting your current and proposed IT/HIT infrastructure?
 Yes No

9. Do the exam rooms in your center have networked computers?
 Yes No

10. Does your center have a broadband/high speed internet connection?
 Yes No

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