Canada Health Infoway System and Use Assessment Survey

SECTION 1. OVERALL USER SATISFACTION

1. In general, how satisfied are you <u>overall with the Online Health Portfolio (OH) system </u>you are currently working with or previously worked with? By "system" we mean, the ease and functionality of the OHP system itself, the quality of the information given and the quality of the services provided for the system.

Highly satisfied	Moderately satisfied	Neither satisfied nor dissatisfied	Moderately dissatisfied	Not at all satisfied

2. Please indicate your level of agreement or disagreement with each of the following statements below.

	Strongly	Moderately Agree	Moderately	Strongly	Not Sur	Not Applicable
a.) The system improves my productivity						
b.) The system improves the quality of care I can provide						
c.) The system makes my job easier						
d.) The system enhances our ability to coordinate the						
e.) The system improves our sharing of patient information amongst providers						
f.) The system enhances the efficiency of ordering lab tests, X-rays, prescriptions,						
g.) The alerts, reminders and order set features (i.e. support tools) improve the quality						

3. Are there aspects of the system that you would change, and if so, which ones would they be? Please describe your comments.

4. **Do you have any experiences with the system where it has supported the provision of care? Please describe your comments.**

SECTION 2. SYSTEM QUALITY

5. **Based on your experiences to date with the system, how <u>acceptable</u> is the <u>quality of the system</u> itself (as described by the specific characteristics listed below)? Would you say it is;**

Highly acceptable	Moderately acceptable	Neither acceptable nor unacceptable	Moderately unacceptable	Not at all acceptable

6. **Please indicate your level of agreement or disagreement with each of the following statements below.**

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure
a.) The system is easy to use					
b.) The response time is acceptable					
c.) The system is integrated with my workflow					
d.) The system security is acceptable					
e.) The system features enable me to perform my work well					
f.) The system is reliable in its performance					
g.) Overall, the quality of the system is excellent					

SECTION 3: INFORMATION QUALITY

7. **In general, when thinking about the <u>quality of the information</u> provided by the system, do**

you find the quality of the information to be;

Highly acceptable	Moderately acceptable	Neither acceptable nor unacceptable	Moderately unacceptable	Not at all acceptable

8. **Please indicate your level of agreement or disagreement with each of the following statements below.**

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure
a) The information is complete					
b) The information is quickly provided					
c) The information provided is accurate					
d) The information provided is relevant					
e) The information is available when I need it					
f) The format and layout of the information is acceptable					

SECTION 4. SERVICE QUALITY

9. **In general, when thinking about the <u>quality of the services </u>(i.e. technical support and training services) provided for the system, do you find the quality of these services to be;**

Highly acceptable	Moderately acceptable	Neither acceptable nor unacceptable	Moderately unacceptable	Not at all acceptable

10. **Please indicate your level of agreement or disagreement with each of the following statements below.**

:   :

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure
a.) The implementation process at this Hospital or Centre was acceptable					
b.) The current level of training is acceptable					
c.) The level of on-going support provided is acceptable					

SECTION 6. SYSTEM USAGE

11. In a typical day, how many times do you use the system?

_____Number of times, a day

Always……………

Rarely …………

12. In a typical week, please indicate the number of days in which you use the system.

_____Number of days, a week

13. Please estimate the percentage of your patients that you use the system for?

_____% patients **(FILL IN)**

Don't know ………….

14. How likely are you to <u>recommend </u>the system to other healthcare providers at other Hospitals or Centres?

Definitely	Probably	May or may not	Probably Not	Definitely not

15. Given a choice, would you like to increase or decrease your future use of the system that you are currently working with? Would that be a significant or moderate increase /

decrease, or would you like your future use to stay the same?

Significant Increase	Moderately Increase	Moderately Decrease	Significant Decrease	Remain the Same

16. **How would you describe your "use" of the system? (Check all that apply)**

I use the system for clinical decision making ………………………………………..….	I use the system to both access patient information and in clinical decision making ………………………………………………..
I use the system to access patient information and support the clinical decision maker	

SECTION 7. OTHER COMMENTS

17. **Do you have any other comments you would like to make regarding the system?**