

Canada Health Infoway
SYSTEM AND USE ASSESSMENT SURVEY

LOCATION

DATE

To Whom It May Concern:

The Ministry of Health & Long-Term Care (MHLTC) and Canada Health Infoway (CHI) are conducting a benefits evaluation study in order to improve the quality of the information provided by the health information systems, as well as, the level of satisfaction amongst end-users.

Your feedback and assistance with this survey will help MHLTC and CHI to develop better systems and deliver better services.

The following survey consists of specific questions on: the ease and functionality, information quality, service quality related to CHI health information system implemented at your Hospital or Centre.

The survey will take approximately 10-15 minutes to complete. Please circle the response that best represents your opinion. Information that is collected during this survey will be kept anonymous and confidential. Please return the completed survey using the enclosed postage paid self-addressed envelope.

If you have any questions about the survey, please contact _____

Thank you in advance for your participation.

Sincerely yours,

Canada Health Infoway / SPONSOR

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SECTION 1. OVERALL USER SATISFACTION

1. In general, how satisfied are you overall with the system you are currently working with? By “system” we mean, the ease and functionality of the 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. 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 | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a.) The system improves my productivity | <input type="checkbox"/> | |
| b.) The system improves the quality of care I can provide | <input type="checkbox"/> | |
| c.) The system makes my job easier | <input type="checkbox"/> | |
| d.) The system enhances our ability to coordinate the continuity of care | <input type="checkbox"/> | |
| e.) The system improves our sharing of patient information amongst providers | <input type="checkbox"/> | |
| f.) The system enhances the efficiency of ordering lab tests, X-rays, prescriptions, etc. | <input type="checkbox"/> |
| g.) The alerts, reminders and order set features (i.e. support tools) improve the quality of my decision-making | <input type="checkbox"/> |

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.

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SECTION 2. SYSTEM QUALITY

5. Based on your experiences to date with the system, how acceptable is the quality of the system 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> |
| b.) The response time is acceptable | <input type="checkbox"/> |
| c.) The system is integrated with my workflow | <input type="checkbox"/> |
| d.) The system security is acceptable | <input type="checkbox"/> |
| e.) The system features enable me to perform my work well | <input type="checkbox"/> |
| f.) The system is reliable in its performance | <input type="checkbox"/> |
| g.) Overall, the quality of the system is excellent | <input type="checkbox"/> |

SECTION 3. INFORMATION QUALITY

7. In general, when thinking about the quality of the information 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> |
| b.) The information is quickly provided | <input type="checkbox"/> |
| c.) The information provided is accurate | <input type="checkbox"/> |
| d.) The information provided is relevant | <input type="checkbox"/> |
| e.) The information is available when I need it | <input type="checkbox"/> |
| f.) The format and layout of the information is acceptable | <input type="checkbox"/> |

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SECTION 4. SERVICE QUALITY

9. In general, when thinking about the quality of the services (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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> |
| b.) The current level of training is acceptable | <input type="checkbox"/> |
| c.) The level of on-going support provided is acceptable | <input type="checkbox"/> |

SECTION 5. PUBLIC HEALTH SURVEILLANCE SPECIFIC

-TO BE COMPLETED BY PUBLIC HEALTH SURVEILLANCE PERSONNEL ONLY -

11. Please indicate your level of agreement or disagreement for each of the following statements below.

| | Strongly Agree | Moderately Agree | Moderately Disagree | Strongly Disagree | Not Sure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a.) The system improves the detection and management of reportable diseases | <input type="checkbox"/> |
| b.) The system improves the management of immunization process | <input type="checkbox"/> |

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SECTION 6. SYSTEM USAGE

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

_____ Number of times, a day

Always Rarely

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

_____ Number of days, a week

14. Please estimate what percent of your patients do you use the system?

_____ % patients (FILL IN)

Don't know

15. How likely are you to recommend the system to other healthcare providers at other Hospitals or Centres?

Definitely Probably May or may not Probably Not Definitely not

16. 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 | <u>REMAIN THE SAME</u> |
| <input type="checkbox"/> |

SECTION 7. OTHER COMMENTS

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

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SECTION 8. DEMOGRAPHIC INFORMATION

18. What is your profession?

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| Administrative support staff | <input type="checkbox"/> | Family physician | <input type="checkbox"/> |
| Imaging technologist | <input type="checkbox"/> | Specialist physician (please specify below) | <input type="checkbox"/> |
| Laboratory technician..... | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | |
| Nurse | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |
| Pharmacist | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> | |

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

- | | | | |
|---|--------------------------|--|--------------------------|
| I use the system for clinical decision making | <input type="checkbox"/> | I use the system to both access patient information and in clinical decision making..... | <input type="checkbox"/> |
| I use the system to access patient information and support the clinical decision maker..... | <input type="checkbox"/> | | |

20. How long have you been using the system?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Less than a month | 1-3 months | 4-6 months | 7-12 months | 1-2 years | 3-5 years |
| <input type="checkbox"/> |

21. Currently, how do you receive your patient results?

_____ % FAX _____ % SYSTEM _____ % OTHER (please specify / write below)

22. How would you rate your computer proficiency?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Basic | Average | Advanced | Expert |
| <input type="checkbox"/> |

23. Please check the response(s) that best describe the settings where you work.

- | | | | | |
|---|--------------------------|---|-----------|--------------------------|
| Academic / Teaching Hospital..... | <input type="checkbox"/> | } a. Do you work within the emergency department? | Yes | <input type="checkbox"/> |
| Community Clinic / Health Center | <input type="checkbox"/> | | No | <input type="checkbox"/> |
| Community Hospital | <input type="checkbox"/> | | | |
| Nursing Home / Long Term Care Facility | <input type="checkbox"/> | | | |
| Private Office / Clinic | <input type="checkbox"/> | | | |
| Other (please specify/write answer below) | <input type="checkbox"/> | | | |

24. Where are you located?

- | | | | |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Alberta | <input type="checkbox"/> | Nunavut | <input type="checkbox"/> |
| British Columbia | <input type="checkbox"/> | Ontario | <input type="checkbox"/> |
| Manitoba..... | <input type="checkbox"/> | Prince Edward Island | <input type="checkbox"/> |
| New Brunswick | <input type="checkbox"/> | Quebec..... | <input type="checkbox"/> |
| Newfoundland | <input type="checkbox"/> | Saskatchewan | <input type="checkbox"/> |
| Northwest Territories | <input type="checkbox"/> | Yukon | <input type="checkbox"/> |
| Nova Scotia | <input type="checkbox"/> | | |

**THANK YOU FOR YOUR HELP IN IMPROVING THE INFORMATION SYSTEM.
PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE USING THE ENCLOSED, POSTAGE PAID ENVELOPE.**