Community Chronic Care Network (CCCN) Online Registry: User Interviews and Survey Questions

Pajaro Valley Community Health, Watsonville CA

This is a questionnaire designed to be completed by administrators, clinical staff, and office staff in an ambulatory setting. The tool includes questions to assess functionality of disease registries.

CCCN Usability Assessment
Online Registry: User Interviews/Survey Questions

This survey addresses the data entry portion of using the CCCN diabetes registry. We request the person(s) that update the registry to answer the following questions.

A. Office Workflow

1) Who updates the registry with current visit data?

- ○ Physician
- ○ Nurse/MA
- ○ Staff/Receptionist
- ○ Biller

2) Do you have an established workflow process for diabetic patient visits?

- ○ Yes
- ○ No

3) Is the workflow process for patients with diabetes written?

- ○ Yes
- ○ No

4) Does _entering_ data for the diabetes registry fit into current workflow processes at your office?

- ○ Yes
- ○ No (*Please explain how it is different*): _____

_____

5) How do you identify a patient with diabetes so registry data are collected?

- ○ A diabetes patient is identified when follow-up appointments are made and identified by the appointment type
- ○ Appointments are reviewed each day by the front desk or MA against a master list of diabetic patients
- ○ Diabetic patients are identified on the jacket of their paper chart and staff only knows when the chart is pulled for the visit
- ○ The doctor identifies diabetic patients during the visit by reviewing the chart
- ○ Other (*Please specify*):_____

6) Who prints the worksheet?

- ☐ Physician
- ☐ Nurse/MA
- ☐ Front Desk Staff/Receptionist
- ☐ Don't print or use

7) At what point in the flow is the registry data entered online (during, immediately after, end-of-day, before patient visit)?

- ○ During the patient visit as a point of care tool
- ○ Immediately after the patient visit
- ○ End of clinic/office day
- ○ End of the week
- ○ End of the month
- ○ Before the patient visit using information documented in the medical record from the previous visit (this would put them behind in entering data)
- ○ Don't input info

8) What 3 things would you like changed on the current _Online Registry_ form?

_____

_____

_____

B. Data Entry and Use

1) Who adds and/or deletes patients from the registry?

- ○ Physician
- ○ Nurse/MA
- ○ Staff/Receptionist
- ○ Biller
- ○ Other (_Please specify_): _____

2) Are patients with diabetes always in the registry when you try to access them?

- ○ Yes
- ○ No (_What do you do if you cannot find a patient?_): _____

C. Accessibility

1) Do you have any challenges or disabilities that affect your ability to optimally view or input data into computers?

(Please check all that apply.)

- ☐ Rather not say
- ☐ Vision Impaired
- ☐ Hearing Impaired
- ☐ Motor Impaired
- ☐ Not Impaired

D. Office Computer Setup

1) What kind of computer do you use in your office? _(Please check all that apply.)_

- ☐ PC
- ☐ Mac
- ☐ Other _____
- ○ No computers in my office

2) How many workstations in the office?

- ○ Zero
- ○ 1 – 2
- ○ 3 – 4
- ○ More than 4

3) Where are they located?

- ☐ Front Desk only
- ☐ Billing office only
- ☐ In all exam rooms
- ☐ In selected exam rooms? (_Please specify_): _____

4) What Software products are you currently using to manage office functions such as scheduling, billing, and/or medical records?

(_Please list._)

_____

_____

5) What kind of Internet connection?

- ○ DSL
- ○ Cable modem
- ○ Dialup
- ○ Other
- ○ Don't know

6) What is your primary web browser?

- ○ Internet Explorer
- ○ FireFox
- ○ Mozilla
- ○ Safari
- ○ Opera
- ○ Don't know/other

7) Do all workstations have Internet access?

- ○ Yes
- ○ No (Please l*ist the ones with access*):

B. Computer Experience

1) How comfortable do you feel using computers, in general?

- ○ Very comfortable
- ○ Somewhat comfortable
- ○ Neither comfortable nor uncomfortable
- ○ Somewhat uncomfortable
- ○ Very uncomfortable

2) Amount of experience using the web

- ○ Less than 6 months
- ○ 6 to 12 months
- ○ 1 to 3 years
- ○ 4 to 6 years
- ○ 7 years or more

3) Amount of time you use computers in your office?

- ○ 0 to 1 hours/week
- ○ 2 to 4 hours/week
- ○ 5 to 6 hours/week
- ○ 7 to 9 hours/week
- ○ Over 9 hours/week

G. Overall Satisfaction

1) Please rate your satisfaction with the online registry usability?

- ○ Very satisfied – Is easy to use
- ○ Somewhat satisfied – Fairly easy to use
- ○ Neither satisfied nor unsatisfied
- ○ Somewhat unsatisfied – Don't use it much
- ○ Very unsatisfied – Very hard and/or inconvenient to use