

Community Chronic Care Network (CCCN)
Online Publication and Education: User Needs Survey

Pajaro Valley Community Health, Watsonville CA

This is a questionnaire designed to be completed by clinical staff in an ambulatory setting. The tool includes questions to assess the usability of disease registries.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified or used as is without additional permission from the authors.

ONLINE PUBLICATION & EDUCATION: USER NEEDS SURVEY

This survey gathers information from people, like yourself, who have used distance/online learning tools that enable a student/teacher relationship to accomplish their educational goals. Please answer the following questions regarding any online educational resources you have experienced:

A. Office Workflow

1) How are you currently using the diabetic worksheet?

- On-line at the point of care in the exam room or office with the patient present
 - Complete manually using the paper worksheet form at the point of care
 - Do not use. (Please explain): _____
-

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 collecting data for the diabetes registry fit into current workflow processes at your office?

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

5) Who prints the worksheet?

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

6) Who updates the registry with current visit data?

- Physician
- Nurse/MA
- Staff/Receptionist
- Biller
- Other: _____

7) Is the CCCN worksheet filed in the patient's paper chart?

- Yes: When is it filed? _____
- No: Why not? _____

B. Design and Use of the Diabetes Worksheet

1) Does the sequence of information on the worksheet match the way you examine the patient and document a diabetic visit?

- Yes
- No (Please explain why.): _____

2) Do you use prompts and recommendations built into the CCCN registry software for example: "According to our records patient is due for annual HbA1c. If more recent data please note above"

- Yes
- No (Please explain why.): _____

3) What other forms do you currently use to document a diabetic patient visit in addition to the registry? (Please explain and/or attach examples)

4) What other forms did you use for diabetes patient point-of-care before the CCCN registry? (Please explain and/or attach examples)

5) What would work best for you and your practice?

- Use the printed worksheet as it's currently designed (e.g., 3 pages with prompts and recommendations)
- A shorter version of the printed worksheet, but keep the recommendations
- A shorter worksheet with only the stored registry fields that are entered via the point of care visit screens.
- Other: _____

6) What 3 things would you like changed on the current Worksheet Registry form? (Please list.)

7) Is there information missing that would help monitor your patients with diabetes?

- Yes (Please identify.): _____
- No

C. Data Entry and Use

1) Do you use the diabetes registry lab data, and if so is it useful?

- Yes and it's useful
- Yes, but not as useful as it could be: How can it be more useful? _____
- Maybe, don't know right now
- No, but it would be useful if: _____
- No, it would never be useful in my practice: Why? _____

2) Do you use diabetes registry pharmacy data and is it useful?

- Yes and it's useful
- Yes, but not as useful as it could be: How can it be more useful? _____

-
- Maybe, don't know right now
 - No, but it would be useful if: _____
 - No, it would never be useful in my practice: Why? _____
-

3) Do you use historical data (e.g. last 3 recorded weights) and is it useful?

- Yes and it's useful
- Yes, but not as useful as it could be: How can it be more useful? _____

-
- Maybe, don't know right now
 - No, but it would be useful if: _____
 - No, it would never be useful in my practice: Why? _____
-

D. 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

E. Overall Satisfaction

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

- Very satisfied – Has everything I need
- Somewhat satisfied - Provides most things I need
- Neither satisfied nor unsatisfied
- Somewhat unsatisfied – Don't use it much
- Very unsatisfied – Doesn't help me at all