

Clinical Portal Survey: Mt. Ascutney Hospital and Health Center

Mt. Ascutney Hospital and Health Center, Windsor VT

This is a questionnaire designed to be completed by nurses, physicians, and hospital staff in an inpatient setting. The tool includes questions to assess user's needs of electronic health records.

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Theme: Add

Clinical Portal Survey Edit Title Edit Numbering Add Logo

Add Page

1. About this survey Edit Page Delete Page Copy/Move Add Logic

Add Question Add Page

Edit Delete Copy/Move



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Edit Delete Copy/Move

Thank you for taking a few minutes to complete this survey. Mt. Ascutney is working with the federal Agency for Healthcare Research and Quality (AHRQ) to create a functional Electronic Health Record (EHR). This EHR will pull together information from our various internal computer systems (Penchart, CPSI, others) as well as systems used by other organizations (e.g. DHMC CIS) into one web-based tool.

This survey will help the project's working group understand the clinical tools needed for Mt. Ascutney staff to use this Clinical Portal effectively while treating patients.

Your responses make a difference!!!

We will use your answers to design the Clinical Portal and the overall EHR system.

We appreciate a prompt response. Folks that enter their survey electronically by 4/14 will be entered into a random drawing to receive prizes.

Add Question Add Page

2. Information Edit Page Delete Page Copy/Move Add Logic

Add Question Add Page

Edit Delete Copy/Move

1. First Name:

Add Question Add Page

[Edit](#) [Delete](#) [Copy/Move](#)

2. Last Name:

[Add Question](#)

[Add Page](#)

[Edit](#) [Delete](#) [Copy/Move](#) [Add Logic](#)

* 3. Type of health care professional:

- Physician
- Nurse Practitioner
- Physicians Assistant
- Nursing (RN, CMA, LPN)
- Administrative Support
- Technician
- Other (please specify)

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[Add Page](#)

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* 4. Please indicate the area where you primarily work at MAH:

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[Add Page](#)

3. Question 5

[Edit Page](#)

[Delete Page](#)

[Copy/Move](#)

[Add Logic](#)

[Add Question](#)

[Add Page](#)

[Edit](#) [Delete](#) [Copy/Move](#) [Edit Logic](#)

* 5. Do you currently have electronic access to your patients' medical information?

[Add Question](#)

[Add Page](#)

4. Yes to 5

[Edit Page](#)

[Delete Page](#)

[Copy/Move](#)

[Add Logic](#)

[Add Question](#)

[Add Page](#)

[Edit](#) [Delete](#) [Copy/Move](#) [Add Logic](#)

6. Which tools do you use to access electronic information?

- Penchart
- Front Office
- DHMC CIS
- Penchart Lite (view only version of Penchart)
- Rehab Filemaker Database
- Codonix
- CPSI
- Other (please specify)

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[Edit](#) [Delete](#) [Copy/Move](#)

7. What do you like best about these systems?

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8. What would you change about these systems if you could?

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5. Ideal way to document [Edit Page](#) [Delete Page](#) [Copy/Move](#) [Add Logic](#)

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[Edit](#) [Delete](#) [Copy/Move](#) [Edit Logic](#)

*** 9. What would be your ideal way to document a patients' visit?**

- Handwritten
- Paper template
- Dictation
- Electronic Record
- N/A (not applicable)

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6. Answer Handwritten to ideal way to document

Edit Page

Delete Page

Copy/Move

Add Logic

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Edit Logic

* 10. What would be your second choice?

- Paper template
- Dictation
- Electronic Record
- Other (please specify)

Add Question

Add Page

7. Answer Paper template to ideal way to document

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* 11. What would be your second choice?

- Handwritten
- Dictation
- Electronic Record
- Other (please specify)

Add Question

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8. Answers Dicatation to ideal way to document

Edit Page

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Add Logic

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12. What would be your second choice?

- Handwritten
- Paper Template
- Electronic Record
- Other (please specify)

Add Question

Add Page

9. Answers Electronic for ideal method to document

Edit Page

Delete Page

Copy/Move

Add Logic

Add Question

Add Page

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13. What would be your second choice?

- Handwritten
- Paper Template
- Dictation
- Other (please specify)

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10. Computer Skill [Edit Page](#) [Delete Page](#) [Copy/Move](#) [Add Logic](#)

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* 14. I would describe my level of computer skills as:

	Poor	Below Average	Average	Above Average	High
Rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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* 15. I believe the use of electronic health information technologies will positively effect my relationship with patients.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Rate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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16. Why do you believe the electronic health information technologies will have this effect on your relationship with patients?

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11. Portal Elements [Edit Page](#) [Delete Page](#) [Copy/Move](#) [Add Logic](#)

The portal will include the following patient information:

- Demographic information
- Medication and Allergy lists
- Lab results
- Vital Signs
- Radiology and Pathology reports

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PLEASE RANK THE LIST BELOW IN ORDER OF IMPORTANCE. EACH NUMBER CAN ONLY BE CHOSEN ONCE. This section will help the working group determine which additional areas to include early in the project.

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*** 17. Please rate the following elements in order of importance (1 being most important and 8 being least important)**

	1 Important	2	3	4	5 Neutral	6	7	8 Least Important	N/A
Problem list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An easily readable chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encounter Summary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A link to create new prescriptions in Penchart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to view discharge instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A link to allow documentation in Penchart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication History (prior medications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to view clinical documentation (includes visit notes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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18. Please feel free to use this space to comment as to why your top choices are important to you:

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12. Need for information

[Edit Page](#) [Delete Page](#) [Copy/Move](#) [Add Logic](#)

[Add Question](#) [Add Page](#)

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* 19. How quickly do you need access to clinical information in order for it to be useful?

[Add Question](#) [Add Page](#)

[Edit](#) [Delete](#) [Copy/Move](#)

* 20. What barriers presently exist to your adopting electronic clinical information technology?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Unproven return on investment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough time for training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing costs and staff time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in changing workflow patterns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program is difficult to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to rely on other practices and people to maintain patient data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about Patient-privacy (e.g. HIPAA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for product not readily available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over completeness and accuracy of records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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21. Please provide any additional comments/concerns you have about the new clinical portal being developed at MAH in the space provided below.

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13. Finished [Edit Page](#) [Delete Page](#) [Copy/Move](#) [Add Logic](#)

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Thank you for taking the time to complete this survey. If you have questions or would like more information about this project you can contact the work group by sending an email to Tom.Sims@Hitchcock.org

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