

MyChart Bedside Staff Survey – 6 Months Post-Implementation

MyChart Bedside is a patient portal application on an electronic tablet designed to engage hospitalized patients and their families in care. Over the last 6 months, we have been offering MyChart Bedside on an electronic tablet to English-speaking parents of children under age 12 admitted or transferred to the 5th floor of AFCH (P5).

Through this survey, we hope to better understand how this technology has affected healthcare staff. Completion of this survey is voluntary and your responses are confidential. Your name and other identifying information will not be associated with your answers. It will take 10 minutes or less to complete this survey.

Instructions:

- This survey is intended for staff who have worked on the 5th floor of AFCH (P5) over the last 6 months.
 - Please try to answer every question in this survey. If you feel unsure about a question, please answer it to the best of your ability.
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Section A. About your job

1. What is your current job position? (check **one**)

₁ HUC

₇ Attending physician

₂ NP

₈ PGY 1 (intern)

₃ Staff RN

₉ PGY 2 (2nd year resident physician)

₄ Physical or occupational therapist

₁₀ PGY 3 (3rd year resident physician)

₅ Pharmacist

₁₁ Other _____

₆ Child life

2. Did you **participate** in either of these committees? (check **all** that apply)

₁ MyChart Bedside Project Team

₂ MyChart Bedside Steering Committee

3. What number best reflects your **acceptance** of MyChart Bedside? (check **one**)

Dislike very much
and don't want to
continue using at our
hospital

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

Like very much
and eager to
continue using at our
hospital

4. Of the parents of patients you interacted with on P5 over the last 6 months, about how many had MyChart Bedside?

₁ I cannot estimate because none or very few parents ever mentioned MyChart Bedside (**skip to question 20**)

₂ Some parents had MyChart Bedside

₃ Most parents had MyChart Bedside

₄ All parents had MyChart Bedside

₅ No parents had MyChart Bedside

→ OVER

Section B. About MyChart Bedside.

In this section, please think about how MyChart Bedside impacted you and your patients' parents. Please check **one** box to indicate how much you agree or disagree with each statement below.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
5. MyChart Bedside was easy for parents to use.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. MyChart Bedside was useful for parents.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. MyChart Bedside improved parent communication with his/her child's nurse(s) .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. MyChart Bedside improved parent communication with his/her child's doctor(s) .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. Parents discovered errors in their child's medication list using MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. MyChart Bedside reduced errors in patient care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. The information from MyChart Bedside helped parents monitor their child's health condition.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. The information from MyChart Bedside helped parents understand the care their child needs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. The information from MyChart Bedside helped parents make decisions about their child's care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14. The information from MyChart Bedside helped parents care for their child's health care needs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. MyChart Bedside increased my workload.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16. MyChart Bedside increases my work satisfaction.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17. MyChart Bedside improves the quality of patient care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. Overall, parents are satisfied with MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
19. Overall, I am satisfied with MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
20. In the future, hospital admission notes should be available through MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

21. Did you spend significantly more time responding to parent questions, concerns or requests?

₁ Yes

₂ No

22. Did MyChart Bedside replace other communications with parents, such as face-to-face communication?
- ₁ Yes
 - ₂ No
23. Did parents ask you questions or express concerns about **lab results** they found on MyChart Bedside before you had seen the results?
- ₁ Yes
 - ₂ No
24. Did parents notify you of errors in their child's **medication list** that they found on MyChart Bedside?
- ₁ Yes
 - ₂ No
25. Approximately how many parents who had MyChart Bedside contacted you with questions about **technical issues** related to MyChart Bedside (For example: how to log on, problems with the application)?
- ₁ No parents or very few contacted me with questions about MyChart Bedside
 - ₂ Some parents contacted me with questions about MyChart Bedside
 - ₃ Most parents contacted me with questions about MyChart Bedside
 - ₄ All parents contacted me with questions about MyChart Bedside
26. What challenges did **you** encounter with MyChart Bedside over the last 6 months? (check **all** that apply)
- ₁ It was too hard for me to learn to use
 - ₂ The information was not useful for parents
 - ₃ The tablets got lost or damaged
 - ₄ There was not enough computer technical support
 - ₅ Parents knew test results before their child's doctor or nurse
 - ₆ Parents had too many questions about the information from MyChart Bedside
 - ₇ Staff were skeptical of it
 - ₈ None
 - ₉ Other, please specify _____
27. What was the **most difficult** thing about MyChart Bedside?
28. What was the **best** thing about MyChart Bedside?

29. What **suggestions** do you have about ways to make MyChart Bedside better or more useful for patients, parents and/or healthcare staff?

30. Do you have any **additional comments or anecdotes** to share about MyChart Bedside?

Section C. About you

31. What is your age? (check **one**)

- ₁ 18-24
- ₂ 25-34
- ₃ 35-44
- ₄ 45-54
- ₅ 55 or older

32. What is the highest level of education you completed? (check **one**)

- ₁ High school graduate or GED
- ₂ Some college or 2-year degree
- ₃ 4-year college graduate
- ₄ More than 4-year college degree

33. Outside of your job, how often do you text message, email or use applications (apps) on a phone or tablet? (check **one**)

- ₁ Daily
- ₂ Several times a week
- ₃ Once a week or less

Thank you for taking the time to complete this survey!

If you have questions about this survey, please contact Michelle Kelly at mkelly@pediatrics.wisc.edu