

MyChart Bedside Staff Survey

MyChart Bedside is a patient portal application on an electronic tablet that will be offered to parents of children under age 12 admitted to the hospitalist and trauma services on the 5th floor (P5) at AFCH.

Through this survey, we hope to better understand how this technology will affect 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 working on the 5th floor of AFCH where MyChart Bedside will be used.
 - 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.
-

Section A. About your job and the implementation of MyChart Bedside

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

- | | |
|--|--|
| <input type="checkbox"/> ₁ HUC | <input type="checkbox"/> ₇ Attending physician |
| <input type="checkbox"/> ₂ NP | <input type="checkbox"/> ₈ PGY 1 (intern) |
| <input type="checkbox"/> ₃ Staff RN | <input type="checkbox"/> ₉ PGY 2 (2 nd year resident physician) |
| <input type="checkbox"/> ₄ Physical or occupational therapist | <input type="checkbox"/> ₁₀ PGY 3 (3 rd year resident physician) |
| <input type="checkbox"/> ₅ Pharmacist | <input type="checkbox"/> ₁₁ Other _____ |
| <input type="checkbox"/> ₆ Child life | |

2. What do you think about the **information** you received about MyChart Bedside? (check **one** for each)

- | | | | | | | | | | | |
|---------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------|
| a. Sufficient | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | Insufficient |
| b. Timely | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | Not timely |
| c. Useful | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | Useless |

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

- ₁ MyChart Bedside Project Team
- ₂ MyChart Bedside Steering Committee

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

- | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|---|
| Dislike very much
and don't want to use
at our hospital | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ | Like very much
and eager to use
at our hospital |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|---|

Section B. About MyChart Bedside.

In general, when you think about your patients' parents who used MyChart Bedside, 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 will be 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 will improve parent communication with his/her child's nurse .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. MyChart Bedside will improve 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
8. Parents will discover 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
9. MyChart Bedside will reduce errors in patient care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. The information from MyChart Bedside will help 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
11. The information from MyChart Bedside will help 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
12. The information from MyChart Bedside will help 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
13. The information from MyChart Bedside will help 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
14. MyChart Bedside will increase my workload.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. MyChart Bedside will increase my work satisfaction.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16. MyChart Bedside will improve 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
17. Overall, parents will be satisfied with MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. Overall, I will be 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. What challenges do you anticipate facing when parents start to use MyChart Bedside? (check **all** that apply)

- ₁ I will be too busy to incorporate it into my workflow
- ₂ It will be too hard for me to learn to use
- ₃ The information will not be useful for parents
- ₄ The tablets will get lost or damaged
- ₅ There will not be enough computer technical support
- ₆ Parents will know test results before their child's doctor or nurse
- ₇ Parents will have too many questions about the information from MyChart Bedside
- ₈ Staff will be skeptical of it
- ₉ None
- ₁₀ Other, please specify _____

20. What 3 things do you **like** most about MyChart Bedside?

- 1.
- 2.
- 3.

21. What **concerns** do you have about MyChart Bedside?

22. Is there anything you wish MyChart Bedside or the tablet included?

Section C. About you

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

- ₁ 18-24
- ₂ 25-34
- ₃ 35-44
- ₄ 45-54
- ₅ 55-64
- ₆ 65 or older

24. 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

25. 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