

MyChart Bedside Staff Survey

MyChart Bedside is a patient portal application on an iPad that will be given to hospitalized patients and/or caregivers at UW. MyChart Bedside allows hospitalized patients to view parts of their hospital electronic medical record.

Through this survey, we hope to better understand how this technology may 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 5 minutes to complete this survey.

Instructions:

- This survey is intended for staff working on services and units 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 Health Unit Coordinator (HUC) | <input type="checkbox"/> ₆ Patient life |
| <input type="checkbox"/> ₂ Advanced practice practitioner (NP, PA) | <input type="checkbox"/> ₇ Attending Physician |
| <input type="checkbox"/> ₃ Staff RN | <input type="checkbox"/> ₈ Fellow |
| <input type="checkbox"/> ₄ Physical or occupational therapist | <input type="checkbox"/> ₉ Other _____ |
| <input type="checkbox"/> ₅ Pharmacist | |

2. On what unit do you primarily work? (check **one**)

- | | | |
|--|---|---|
| <input type="checkbox"/> ₁ B4/3-Burn | <input type="checkbox"/> ₈ D46-Gen Medicine/Fam Practice | <input type="checkbox"/> ₁₅ F64-Care Initiation/Short Stay |
| <input type="checkbox"/> ₂ B45-CT Surgery Universal Care | <input type="checkbox"/> ₉ D64-Neurosciences | <input type="checkbox"/> ₁₆ F65-General Medicine/Renal |
| <input type="checkbox"/> ₃ B46-Transplant | <input type="checkbox"/> ₁₀ D65-Medical Progressive Care | <input type="checkbox"/> ₁₇ F66-Gyn/Onc/Urol Surg |
| <input type="checkbox"/> ₄ B64-Ortho | <input type="checkbox"/> ₁₁ F44-Trauma Surg & IMC | <input type="checkbox"/> ₁₈ F84-Neuro ICU |
| <input type="checkbox"/> ₅ B66-Oncology & BMT, Palliative | <input type="checkbox"/> ₁₂ F45-Cardiology & IMC | <input type="checkbox"/> ₁₉ TLC-Med/Surg/Trauma ICU |
| <input type="checkbox"/> ₆ D44-General Medical/Geriatrics | <input type="checkbox"/> ₁₃ F46-General Surgery | <input type="checkbox"/> ₂₀ Other _____ |
| <input type="checkbox"/> ₇ D45-Hrt & Vascular Prog Care | <input type="checkbox"/> ₁₄ F4M5-Cardiac ICU | |

3. 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 |

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 how your patients and/or their caregivers will use MyChart Bedside on your unit, 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. The information from MyChart Bedside will help patients and/or caregivers monitor their health condition.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. The information from MyChart Bedside will help patients and/or caregivers remember their care plan.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. The information from MyChart Bedside will help patients and/or caregivers feel more in control of their health care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. The information from MyChart Bedside will help patients and/or caregivers prepare for rounds .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. MyChart Bedside will improve patient and/or caregiver communication with his/her nurse(s) .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. MyChart Bedside will improve patient and/or caregiver communication with his/her doctor(s) and/or advanced practice provider .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. 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
12. 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
13. 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
14. MyChart Bedside will make care more efficient .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. 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
16. MyChart Bedside will improve patient and/or caregiver satisfaction .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17. In the future, patients and/or caregivers should be able to read their hospital admission note on MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. In the future, patients and/or caregivers should be able to read their daily progress notes on MyChart Bedside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
19. In the future, patients and/or caregivers should be able to read their discharge summary on their outpatient portal.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

→OVER

20. What challenges do you **anticipate** facing when patients and caregivers start to use MyChart Bedside on your unit? (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 patients and/or caregivers
- ₄ The tablets will get lost or damaged
- ₅ There will not be enough computer technical support
- ₆ Patients and/or caregivers who use it will know test results before the patient's doctor or nurse
- ₇ Patients and/or caregivers will have too many questions about the information from MyChart Bedside
- ₈ It will be an added frustration to my workday
- ₉ Staff will be skeptical of it
- ₁₀ Other, please specify _____

21. What do you **like** most about MyChart Bedside?

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

23. Is there **anything else** you wish MyChart Bedside or the tablet included?

24. Do you have any **additional comments** to share about the use of MyChart Bedside?

25. Taking all considerations into account, **I would like the patients** and/or caregivers hospitalized at UW Health to be able **to use MyChart Bedside** to see their inpatient clinical information.

- ₁ Yes ₂ No

Section C. About you.

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

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

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

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

28. 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 michelle.kelly@wisc.edu