Core Questions

All responses are being collected by KLAS Research. While KLAS will need to identify you by name for internal purposes and for the integrity of the study, your identity will not be released to your sponsoring organization with the results of this survey without your permission. To learn more about how we process and protect your personal data, you may view our <u>Privacy Policy</u>.

Clinical background*

Phys	sician
0	Practicing physician (MD/DO)
0	Physician resident or fellow
0	Dentist (DDS/DMD)
Adva	anced practice provider
0	Clinical nurse specialist (CNS)
0	CRNA
0	Midwife
0	Nurse practitioner
0	Physician assistant
Nurs	sing
0	Licensed practical nurse (LPN/LVN)
0	Medical assistant (MA)
0	Nursing assistant
0	Registered nurse (RN)
Allie	d health professional
0	Behavioral therapist
0	Dietician/Nutritionist
0	Occupational therapist
0	Physical therapist
0	Pharmacist
	Psychologist
	Respiratory therapist
	Social worker
\circ	Speech therapist

C	Technician (Lab, Pharmacy, Radiology, etc.)
0	Other (please specify)
l 00	ations of use
	ations of use
(Sele	ect all that apply)
	Hospital A
	Hospital B
	Hospital C
	Clinic A
	Clinic B
	Other (please specify)
\ A / I	
	at is the EHR you primarily use? This is the single EHR you are giving feedback
	ut in this survey.
-	u do considerable work with multiple EHRs, you are welcome to take the survey multiple times to
acco	unt for those experiences.
O	Altera (Allscripts Sunrise, Paragon, TouchWorks)
0	athenaOne (Clinicals)
0	athenaPractice
0	Epic
0	eClinicalWorks
0	Greenway Health
0	InterSystems
0	MEDITECH Expanse
0	MEDITECH Legacy (C/S, MAGIC, etc.)
0	NextGen
0	Oracle Health (Cerner)
0	Veradigm (Allscripts Professional)
0	Other (please specify)

Number of years you have used this EHR at your current organization

	Less than 1				
	year	1–2 years	3–5 years	6–9 years	10+ years
Years using EHR	0	0	0	0	0
[Non Nursing] Are	a of clinical fo	cus (special	ty)		
(select one)					
		~			
[Nursing Only] Are	ea of nursing fo	ocus			
(select one)					
	~				
*In which setting o	do you primaril	y work?			
O Ambulatory care					
Inpatient care					
Inpatient and amb	oulatory care				
Emergency depart	rtment				
Da voca a successible	Also following	-4-4			
Do you agree with This EHR	the following s	statements ?	,		
			Neithe		
		Strongly	agree nor		ngly Not

	Strongly disagree	Disagree	agree nor disagree	Agree	Strongly agree	Not applicable
enables me to deliver high-quality care	0	0	0	0	0	0
makes me as efficient as possible	0	0	0	0	0	0
is available when I need it (has almost no downtime)	0	0	0	0	0	0
has the functionality for my specific specialty/clinical care focus	0	0	0	0	0	0
provides expected integration within our organization	0	0	0	0	0	0
provides expected integration with outside organizations	0	0	0	0	0	0

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
has the fast system response time I expect	0	0	0	0	0	0
is easy to learn	0	0	0	0	0	0
has alerts that prevent care-delivery mistakes	0	0	0	0	0	0
keeps my patients safe	0	0	0	0	0	0
allows me to deliver patient-centered care	0	0	0	0	0	0
Do you agree?			Ne	ither		
	Strong disagr		agre	e nor igree	Agree	Strongly agree
My clinical practice is enhanced through the use of this EHR	0	C) (O	0	0
Do you agree?						
	Otaz a ale		either agree	0.4		
	Strongly disagree Di	sagree dis	nor sagree Ag		0,	Have not articipated
My initial training prepared me well to use this EHR	0	0	0 (C	0	0
Overall, ongoing EHR training/education is helpful and effective	0	0	0)	0	0
I was trained on how to use the EHR for workflows specific to my specialty and/or practice area	0	0	0	O	0	0
Please rate your participation in and the usefulness of the following training programs						

	Have participated and found training useful	Have participated, but training was not useful	Have not participated, but I want to	Have not participated and have no desire to participate	I I was not aware of this program
Scheduled one-on-one training	0	0	0	0	0
Impromptu one-on-one training (e.g., rounding visit)	0	0	0	0	0
In person Classroom	0	0	0	0	0
Training in a department meeting	0	0	0	0	0
Self-directed virtual training	0	0	0	0	0
Instructor-led virtual training	0	0	0	0	0
Other (please specify)	0	0	0	0	0
←					•
NEW-Please rate your level of ag	reement wi	th the follo	wing statem	ent	
			3		
	Strong disagre	•	Neither agree nor disagree	Agree	Strongly agree
I have personalized the EHR to best support my workflow		•	agree nor		0.
•	disagre	•	agree nor		0.
support my workflow	disagre	ee Disagree	agree nor disagree O Neither agree nor	Agree	0.
support my workflow	disagre nents? Strong disagre	ee Disagree	agree nor disagree O Neither agree nor	Agree	agree O
Do you agree with these statem Our EHR vendor has designed a high-	disagre nents? Strong disagre O of	ee Disagree	agree nor disagree Neither agree nor disagree	Agree	agree O
Do you agree with these statem Our EHR vendor has designed a high-quality EHR Our organization has done a great job implementing, training on, and supporti	disagre Onents? Strong disagre Onents Onents	ee Disagree	agree nor disagree Neither agree nor disagree	Agree	agree O

Do you agree?

My organization...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable		
clearly explains the reasons behind required documentation in the EHR	0	0	0	0	0	0		
makes regular improvements to workflows to decrease documentation burdens	0	0	0	0	0	0		
staffs appropriately to handle patient volumes	0	0	0	0	0	0		
Do you agree with these statements?								
			Neither agree					

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
I know how to request a fix to the EHR	0	0	0	0	0	0
EHR fixes are made in a timely manner	0	0	0	0	0	0
I know how to request an optimization to the EHR	0	0	0	0	0	0
EHR optimizations are made in a timely manner	0	0	0	0	0	0
I have a voice in trying to improve the EHR	0	0	0	0	0	0
Changes to the EHR are well communicated	0	0	0	0	0	0
Changes to the EHR in the most recent upgrade improved my experience using the EHR	0	0	0	0	0	0
I am able to get support in a timely manner when I have an EHR issue	0	0	0	0	0	0
There is someone assigned to help my department with the EHR	0	0	0	0	0	0
The IT department is actively seeking to improve the EHR for clinicians	0	0	0	0	0	0

Do you agree?

The person assigned to help with the EHR in my department...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
is available when I need them to resolve EHR-related issues	0	0	0	0	0	0
helps me improve my workflows	0	0	0	0	0	0
effectively trains users how to better use the EHR	0	0	0	0	0	0
brings my ideas to leadership	0	0	0	0	0	0
[NEW] effectively shares communication from leadership	0	0	0	0	0	0
Using your own definition of bu	rnout, se	lect one	of the ar	nswers	s below	:
O I enjoy my work and have no sympt	oms of bur	nout				
O I am under stress and don't always burned out	have as m	uch energy	as I used	to, but I	don't fee	I
I am definitely burning out and have exhaustion)	e one or mo	re symptor	ms of burn	out (e.g	., emotion	al
The symptoms of burnout that I am frustrations a lot	experienci	ng won't go	away, an	d I think	about wo	ork
O I feel completely burned out, and I a	am at the po	oint where	I may nee	d to see	k help	
What are the primary contributo (Select all that apply)	rs to you	ır feeling	s of bur	nout (i	f any)?	
☐ No personal control over my worklo	ad (workin	g too many	hours)			
Lack of autonomy in my job						
Chaotic work environment						
Lack of effective teamwork in my or	ganization					
Lack of shared values with organization	ation leader	ship				
☐ Too much time spent on bureaucrat	ic tasks					
Staffing shortages						
After-hours workload						
☐ EHR or other IT tools inhibit my abil	ity to delive	er quality ca	are			
☐ EHR or other IT tools hurt my efficie	ency					
☐ Lack of training/proficiency on EHR	or other IT	tools				
Aggressive and/or demeaning patie	nts					

Other (please specify)
Within the next two years, how likely are you to leave your organization? (Your answer to this question will remain anonymous even if you agreed to share your name with your organization.) O Very unlikely O Unlikely O Neither unlikely nor likely O Likely O Very likely
[NEW] You indicated that you are likely to leave your organization within the next two years. What are your future plans?
 Continue in healthcare as a clinician at another health care organization Continue to work at a health care organization, but not as a practicing clinician (i.e., moving to an administrative role) Continue in healthcare, but transition to work at a vendor or service firm I am leaving healthcare to work in another industry I am retiring
By sharing your name your organization is able to reach out and offer assistance or seek additional clarification on pain points. Please indicate below whether you would like your organization to see your identity in connection with your responses. O Share my identity in connection with my responses with my sponsoring organization O Do not share my identity in connection with my responses with my sponsoring organization
Contact information *Required
First name* Last name*

Email address	
Comments	
You have reported high satisfaction. Where the same of your peers that enables you make the same of your peers that the same of your peers that the same of your peers the your peers	at do you believe that you do differently ou to be highly successful with the
If you could fix three things in our EHR	tomorrow, what would you fix?
Change 1	
Change 2	
Change 3	
Most significant improvements you have	e seen in the past 12 months
Other related comments and/or concern	S

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