Example EHR Experience Survey

. **Step 1: Information about you (Part 1 of 3)**

K101.

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 (see above) 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 Privacy Policy

Please indicate below whether you would like your organization to see your identity in connection with your responses.

○ Share my identity in connection with my responses with my sponsoring organization
○ Do not share my identity in connection with my responses with my sponsoring organization

K102. Contact information
*Required

First name*   [   ]
Last name*   [   ]
Email address   [   ]

K103.
Clinical background*

○ Practicing physician (MD/DO)
○ Physician resident or fellow
○ Nurse practitioner or physician assistant
○ Midwife
○ CRNA

- ⃝ Clinical nurse
- ⃝ Administrative nurse
- ⃝ Allied health professional
- ⃝ [_____] Other (please specify)

K104.

Where do you primarily work?

- ⃝ Inpatient
- ⃝ Ambulatory
- ⃝ Both inpatient and ambulatory

K105.

Years practicing medicine or nursing (including education)

- ⃝ 0–4 years
- ⃝ 5–14 years
- ⃝ 15–24 years
- ⃝ 25+ years

K106.

What kind of patients do you care for?

- ⃝ Adults
- ⃝ Pediatric patients
- ⃝ Adults and pediatric patients

K107.

Locations of use
(Select all that apply)

- ☐ Hospital A
- ☐ Hospital B
- ☐ Hospital C
- ☐ Clinic A
- ☐ Clinic B

☐ [_____] Other (please specify)

K108.
On average, how many hours a week do you spend in clinical practice?

○ <20 hours per week
○ 20–39 hours per week
○ 40–60 hours per week
○ 60+ hours per week

Step 2: Tell us how you use the EHR (Part 2 of 3)

K201. What is the EHR you primarily use? This is the single EHR you are giving feedback about in this survey.
If you do considerable work with multiple EHRs, you are welcome to take the survey multiple times to account for those experiences.

○ EHR 1
○ EHR 2
○ EHR 3
○ [_____] Other (please specify)

K202.
Non Nursing Area of clinical focus (specialty)
(select one)

[_____ ▼]

K203. Other (please specify)

[_____]

K204.
Nursing Only Area of nursing focus

(select one)

[▼]

K205. Other (please specify)

[   ]

K206.
Number of years you have used this EHR

	1	2	3	4	5+
Years Using EHR	○	○	○	○	○

K207.
Do you agree?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Did not know this was offered	Have not participated
My **initial training** prepared me well to use this EHR.	○	○	○	○	○	○	○
Overall, **ongoing EHR training/education** is helpful and effective.	○	○	○	○	○	○	○
Tip sheets and online training are helpful and effective.	○	○	○	○	○	○	○
In-person training is helpful and effective.	○	○	○	○	○	○	○

K208. Would you like more EHR education/training?

○ Yes
○ No

K209. Which of the following best describes why you want to receive more EHR education/training?

○ I am in **desperate need** of more training to be more proficient

○ I would **appreciate** more training to be more proficient

○ **I feel proficient** but would like more training

○ [   ] Other (please specify)

K210. Which of the following best describes why you **do not** want more EHR education/training?
(Select all that apply)

☐ I am proficient and **do not need more** EHR education

☐ I have **low confidence that the training would be high quality**, so I would not want more

☐ Training **costs too much time**

☐ I would attend training but **only if I was paid** to attend

☐ [   ] Other (please specify)

K212. **Non Nursing** Do you use the following EHR personalization tools?

	Yes	No
Personalized templates (i.e., auto text or smart templates)	○	○
Personalized macros	○	○
Personalized order sets	○	○
Preference lists for orders	○	○
Personalized report views	○	○
Speed buttons/shortcuts	○	○
Filters	○	○
Personalized sort orders	○	○
Personalized layouts where possible	○	○

K215. **Nursing Only** Do you use the following EHR personalization tools?

	Yes	No
Copy forward	○	○
Document all	○	○
Document multiple	○	○
Customized patient list	○	○
Customized workspace	○	○

	Yes	No
Personalized layouts where possible	○	○

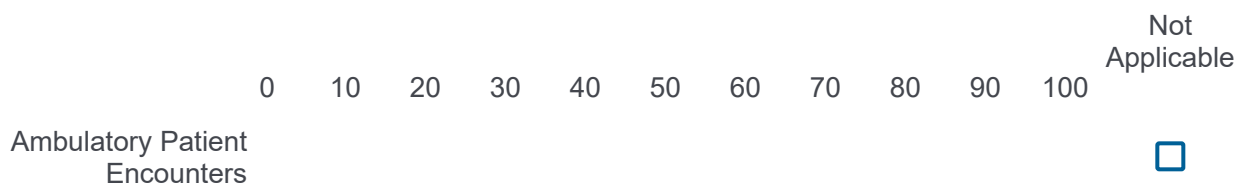*K216.*

Non Nursing How do you document?

(Select all that apply)

- ☐ I **directly enter (type)** a significant amount of my documentation
- ☐ I use **personalizations tools** for a significant amount of my documentation (e.g. smart phrases, macros, templates)
- ☐ I use **voice recognition** for a significant amount of my documentation
- ☐ **Someone else helps** enter a significant amount of my documentation (scribes or office staff)
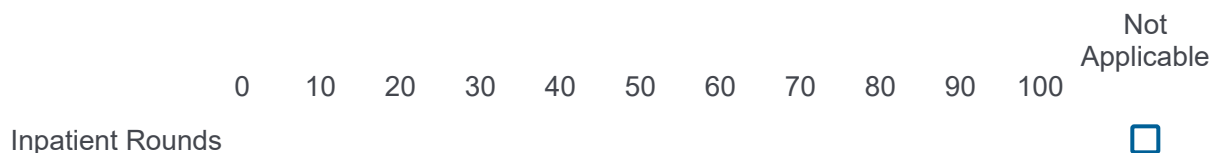- ☐ I use **dictation/transcription** for a significant amount of my documentation

K217. Do you agree with the following?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
The quality and clarity of **my** documentation is very high	○	○	○	○	○	○
The quality and clarity of my **peers'** documentation is very high	○	○	○	○	○	○

K218. *Non Nursing* [If applicable] What percentage of charting are you able to complete during or immediately after your ambulatory patient encounters?

	0	10	20	30	40	50	60	70	80	90	100	Not Applicable
Ambulatory Patient Encounters												☐

K219. *Non Nursing* [If applicable] What percentage of charting are you able to immediately complete during inpatient rounds?

	0	10	20	30	40	50	60	70	80	90	100	Not Applicable
Inpatient Rounds												☐

K220. **Non Nursing** How many hours per week do you spend completing your charting *outside of* your normal business hours (evenings, weekends, after your shift, etc.)?

○ 0–5 hours

○ 6–15 hours

○ 16–25 hours

○ 25+ hours

K221. **Nursing only** How many hours of productivity are lost per week in unproductive (duplicative or adds no clinical value) charting?

○ 0 hours

○ 1-2 hours

○ 3-4 hours

○ 5+ hours

Last Step: Tell us your experience (Part 3 of 3)

. **Last Step: Tell us your experience (Part 3 of 3)**

K301. Do you agree with the following statements?

This EHR...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
...enables me to deliver **high-quality care**	○	○	○	○	○	○
...makes me as **efficient as possible**	○	○	○	○	○	○
...is **available when I need it** (has almost no downtime)	○	○	○	○	○	○
...has the **functionality** for my specific specialty/clinical care focus	○	○	○	○	○	○

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
...provides expected **integration within our organization**	○	○	○	○	○	○
...provides expected **integration with outside organizations**	○	○	○	○	○	○
...has the fast **system response time** I expect	○	○	○	○	○	○
...is **easy to learn**	○	○	○	○	○	○
...provides **the analytics, quality measures and reporting** I need	○	○	○	○	○	○
...keeps my **patients safe**	○	○	○	○	○	○
...allows me to deliver **patient-centered care**	○	○	○	○	○	○

K302. Detailed comments about your EHR satisfaction

[   ]

K303. Do you agree?

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Clinical summary/results easy to access and understand	○	○	○	○	○
Alerts prevent care delivery mistakes	○	○	○	○	○
Easy to access and assimilate data from other EHR's	○	○	○	○	○
[Optional] Provides risk stratification tools (i.e. social determinants of health, severity, indexing, etc.)	○	○	○	○	○
[Optional] This EHR and our organization's technology enable me to identify and prevent opioid misuse and addiction.	○	○	○	○	○

K304. Non Nursing What areas of the EHR need the most improvement/optimization?

(Leave blank if not a concern)

	Impedes my personal efficiency	Impedes patient care
Results review	☐	☐
Medication reconciliation	☐	☐
Medication ordering	☐	☐
Other orders	☐	☐
In Basket	☐	☐
Documentation	☐	☐
Integration across systems	☐	☐
Chart review	☐	☐

K305. Nursing Only What areas of the EHR need the most improvement/optimization?

(Leave blank if not a concern)

	Impedes my personal efficiency	Impedes patient care
Clinical information review	☐	☐
Discharge	☐	☐
Flowsheets	☐	☐
MAR	☐	☐
Navigator/menu	☐	☐
Notes	☐	☐
Orders	☐	☐
Patient education	☐	☐
Work lists/care compass	☐	☐

K306. Do you agree with these statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Our **EHR vendor** has designed a high-quality EHR	○	○	○	○	○
Our **organization** has done a great job of implementing, training on, and supporting the EHR	○	○	○	○	○

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have **personally** done a great job of learning the EHR system so that I can be successful	○	○	○	○	○

Burnout

K401. Using your own definition of burnout, select one of the answers below:

○ I enjoy my work. I have no symptoms of burnout.

○ I am under stress and don't always have as much energy as I did, but I don't feel burned out.

○ I am definitely burning out and have one or more symptoms of burnout (e.g., emotional exhaustion).

○ The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.

○ I feel completely burned out. I am at the point where I may need to seek help.

. If you are experiencing symptoms of distress and are considering harming yourself, please contact the national suicide lifeline by calling 800-273-8255 or contact your employee assistance resource [INCLUDE CONTACT INFORMATION HERE].

K402. What are the primary contributors to your feelings of burnout (if any)?
(Select all that apply)

☐ No personal control over my workload (working too many hours)

☐ Lack of autonomy in my job

☐ Chaotic work environment

☐ Lack of effective teamwork in my organization

☐ Lack of shared values with organization leadership

☐ Too much time spent on bureaucratic tasks

☐ After-hours workload

☐ EHR or other IT tools inhibit my ability to deliver quality care

☐ EHR or other IT tools hurt my efficiency

☐ Lack of training/proficiency on EHR or other IT tools

☐ [_____] Other (please specify)

Comments

K501. You have reported high satisfaction. What do you believe that you do differently from some of your peers that enables you to be highly successful with the EHR?

[ ]

K502. If you could fix 3 things in our EHR tomorrow, what would you fix?

Change 1

[ ]

Change 2

[ ]

Change 3

[ ]

K503. Other related comments and/or concerns

[ ]

Previously asked Questions

K601.
Are you employed by Organization X?

◯ Yes
◯ No

K602.
Nursing Only What is the highest level of education obtained?

◯ Associate degree
◯ Diploma
◯ Nursing BSN
◯ Second-degree BSN
◯ PhD in Nursing
◯ Midwifery

○ [_____] Other (please specify)

K603.
[Optional] Do you agree?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I find great fulfillment in my work as a care provider.	○	○	○	○	○

K604. How many hours do you spend each year receiving follow-up training or other education on EHR functionality (including reading tip sheets, learning from peers, participating in formal training, etc.)?

○ 0 hours
○ 1–2 hours
○ 3–5 hours
○ 6–10 hours
○ 11–15 hours
○ 16–20 hours
○ 20+ hours

K605. Nursing Only Do you agree?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The time that I spend doing EHR documentation is reasonable.	○	○	○	○	○

K606.
Non Nursing Do you enter your own orders?

○ Yes, all of the time
○ Yes, most of the time
○ No, most of the time orders are entered and signed by another member of my care team
○ No, most of the time someone pends these orders for my signature

K607. In what percentage of patient encounters does data electronically received from outside our organization better inform your delivery of care?

	0	10	20	30	40	50	60	70	80	90	100

Percentage

K608.
Current EMR proficiency

○ Expert user
○ Advanced user
○ Intermediate user
○ Novice user
○ Struggling user