

REQUIRED OMB INFORMATION:

Indian Health Service (IHS) Website Customer Service Satisfaction Survey – EHR Survey Monkey – CLASS

Form Approved

OMB Form No. 0917-0036-03

Expiration Date: 5/31/2015

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

OIT needs your help in evaluating the RPMS-EHR training approach. Your input will be used to help us improve our materials and presentation approach as we deploy the application throughout IHS.

**Questions with a \* are required.**

**\*1. Please provide personal information:**

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credentials (RN, NP, CNM, LPN - only)	<input type="text"/>
Business Address	<input type="text"/>
Email	<input type="text"/>
Facility	<input type="text"/>
Location of Training	<input type="text"/>
Date of Training	<input type="text"/>

**\*2. Select the term(s) that best describes your role:**

- Physician
- Pharmacist
- Nurse
- Physician Assistant
- Site Manager/IT Representative
- Clinical Applications Coordinator
- Medical Records
- EHR Super User
- EHR Implementation Team
- Area Support Staff
- Other (please describe)

**\*3. How did you hear about this RPMS-EHR course? Select as many information sources as apply, and/or add others:**

- Web site
- Other (please describe)

**\*4. What types of "Point-of Service" RPMS Applications are used by you and/or your organization?**

**\*5. What did you expect from the EHR Training?**

**\*6. Overall, did you feel that your objectives were met?**

Yes

No

**7. If no, describe how they could have been met better:**

**\*8. Were the right people from your organization at the Training?**

Yes

No

**9. If no, who should have attended? Describe by position and name:**



documentation tools to (a) facilitate communication (b) promote quality patient care and patient safety and (c) meet professional and legal standards

Integrate Institute for Safe Medication Practices (ISMP) guidelines and standards to include (a) content of orders, (b) format of orders, and (c) management of prescription approval, revisions and updates

Develop advanced electronic patient consult tools to promote coordination of care and collaboration between interdisciplinary providers

Implement solutions that assure confidentiality security and integrity, while maximizing electronic health record access and utilization

Customize picklists for ICD-9 Diagnosis Codes, E/M Services, CPT Procedure Codes, and Patient Education Codes to optimize accuracy of clinical documentation

Customize the graphical user interface (GUI) to align the electronic health record with workflow changes

Synthesize advanced skills to problem solve issues associated with advancing electronic health record spread

## 11. Comments:

Please check a box to rate each of the statements listed below:

**\* 12. Please describe the quality of the presentation materials and methods used in this training.**

	Poor	Fair	Good	Very Good	Excellent	N/A
Materials were clearly written and easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training was paced appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient time for comments and audience interaction was provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13. Comments:**

Please check a box to rate each of the statements listed below:

**\*14. Please describe the quality of the facilities used in this training.**

	Poor	Fair	Good	Very Good	Excellent	N/A
The presentation equipment/computers functioned properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The room was a comfortable learning environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. Comments:**

**\*16. What part of the Training did you find *most* useful?**

**\*17. What part of the Training did you find *least* useful?**

**\*18. Looking back, how would you rate your knowledge of the subject before the training?**

- Poor     Fair     Good     Very     Excellent

Good

**\*19. Now that you have attended the training, how do you rate your knowledge of the subject?**

- Poor     Fair     Good     Very     Excellent

Good

**\*20. List three things you learned that you will use when you go back to your site:**

**21. Did you perceive any commercial bias toward any particular product or company in any of the presentations?**

- No  
 Yes

If Yes, please explain



**\*22. Please rate the instructor: (Definitions and Roles of the Informaticist and Informatician)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. Comments:**

**\*24. Please rate the instructor: (RPMS Clinical Application Optimization, Electronic Health Record Customization and Workflow , Advanced TIU Note Templates, Computer Provider Order Entry , Generic Orders,Overview of VA Fileman, Advanced Design Mode)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**25. Comments:**

**\*26. Please rate the instructor: (Consults and Effective Communication)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**27. Comments:**

**\*28. Please rate the instructor: (Customizing ICD-9 Diagnoses, CPT Procedures and Patient Education Picklists)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**29. Comments:**

**\*30. Please rate the instructor: (Advanced Design Mode)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31. Comments:**

**\* 32. Please rate the instructor:(Advanced Informaticist Management Tools)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. Comments:**

**\* 34. Please rate the instructor: (Notifications Alerts and Ensuring Patient Safety)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**35. Comments:**

**\* 36. Please rate the instructor: (CPOE & Patient Safety)**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**37. Comments:**



Thank You for completing this survey.

For a certificate of completion, please [click here](#).

If you have difficulty please contact Mollie Ayala at [mollie.ayala@ihs.gov](mailto:mollie.ayala@ihs.gov)