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

First Name Last Name Credentalis (RN, NP, CNM, LPN - only) Business Address Email Facility Location of Training #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			le personal in	formation:				
Credentails (RN, NP, CNM, LPN - only) Business Address Email Facility Location of Training Date of Training *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	First Na	ame	_					
LPN - only) Business Address Email Facility Location of Training Date of Training *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	Last Na	ame						
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Date of Training *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	Email							
*2. Select the term(s) that best describes your role: Physician	Facility	1						
*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		-						
 □ Physician □ Pharmacist □ Nurse □ Physician Assistant □ Site Manager/IT Representative □ Clinical Applications Coordinator □ Medical Records □ EHR Super User □ EHR Implementation Team □ Area Support Staff 	Date of	f Training						
 □ Pharmacist □ Nurse □ Physician Assistant □ Site Manager/IT Representative □ Clinical Applications Coordinator □ Medical Records □ EHR Super User □ EHR Implementation Team □ Area Support Staff 	* 2.	Select the ter	m(s) that bes	t describes	your role:			
Nurse Physician Assistant Site Manager/IT Representative Clinical Applications Coordinator Medical Records EHR Super User EHR Implementation Team Area Support Staff	□ F	Physician						
 □ Physician Assistant □ Site Manager/IT Representative □ Clinical Applications Coordinator □ Medical Records □ EHR Super User □ EHR Implementation Team □ Area Support Staff 	□ F	Pharmacist						
 □ Site Manager/IT Representative □ Clinical Applications Coordinator □ Medical Records □ EHR Super User □ EHR Implementation Team □ Area Support Staff 		Nurse						
 □ Clinical Applications Coordinator □ Medical Records □ EHR Super User □ EHR Implementation Team □ Area Support Staff 	□ F	Physician Assistant						
 □ Medical Records □ EHR Super User □ EHR Implementation Team □ Area Support Staff 		Site Manager/IT Repre	sentative					
☐ EHR Super User ☐ EHR Implementation Team ☐ Area Support Staff		Clinical Applications Co	oordinator					
☐ EHR Implementation Team ☐ Area Support Staff		Medical Records						
☐ Area Support Staff		EHR Super User						
		EHR Implementation T	eam					
Other (please describe)		Area Support Staff						
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- 本文 How did voil hoar about this DDMS_EHD collect? Soloct as many intermation collect				IS RPINIS-E	nik Course:	Select as i	many miorii	iation sources
*3. How did you hear about this RPMS-EHR course? Select as many information source as apply, and/or add others:								
as apply, and/or add others:								
as apply, and/or add others: Web site		Other (please describe)		7				
as apply, and/or add others:								

*5. What did you expect from the EHR Training?
*6. Overall, did you feel that your objectives were met?
C Yes
O No
7. If no, describe how they could have been met better:
*8. Were the right people from your organization at the Training?
C Yes
O No
9. If no, who should have attended? Describe by position and name:

f^* 10. Did the trainin	g meet the	following e	ducational d	bjectives?		
	Poor	Fair	Good	Very Good	Excellent	N/A
Define roles and responsibilities of the Informaticist	O	O	0	O	O	0
Examine principles, practices and techniques of "Learning Communities" and re-usable learning objects (RLO)	О	C	O	C	O	C
Examine the framework of he Resource Patient Management System certified Electronic Health Record and its related clinical applications	С	С	C	С	С	С
ntegrate best practices and guidelines of Meaningful Jse (MU) measures within an electronic health record environment	O	O	0	O	0	O
Vork collaboratively across lisciplines to define, discuss and plan a process for apdating and maintaining components of an electronic health record	С	C	О	С	С	C
Develop a process for configuring parameters within an electronic health ecord, understanding how hese can be customized at specific levels depending on the needs of the user and the institution	С	C	C	C	C	O
Compare and contrast the unique roles of users for computer provider order entry (CPOE) and note documentation within an electronic environment	С	С	С	С	С	C
dentify processes by which customizable notifications can be constructed to alert specific individuals when a certain event occurs in an electronic health record	О	O	0	O	О	0

(e.g. a patient is placed in restraints) for ensuring patient safety and effective

Create advanced, structured

0

communication

electronic note

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	0	O	0	0	0	0
Develop advanced electronic patient consult tools to promote coordination of care and collaboration between interdisciplinary providers	С	С	О	О	О	С
Implement solutions that assure confidentiality security and integrity, while maximizing electronic health record access and utilization	0	O	O	O	O	O
Customize picklists for ICD-9 Diagnosis Codes, E/M Services, CPT Procedure Codes, and Patient Education Codes to optimize accuracy of clinical documentation	O	О	C	C	C	O
Customize the graphical user interface (GUI) to align the electronic health record with workflow changes	0	©	O	O	O	0
Synthesize advanced skills to problem solve issues associated with advancing electronic health record spread	О	O	O	O	O	O
11. Comments:						

¥40 Disease describe the mostific of the mass and the most describe and	
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	O	0	0	0	0	O
Training was paced appropriately	O	0	O	0	O	O
Sufficient time for comments and audience interaction was provided	0	O	0	O	0	O

13. Comments:



14. Please descri	Poor	Fair	Good	Very Good	Excellent	N/A
ne presentation uipment/computers nctioned properly	C	C	©	© C	Excellent	C C
ne room was a mfortable learning ovironment	O	0	O	O	0	O
5. Comments:		_				
		7				

*16. Wha	at part of t	he Training	did you find	d mc	st useful?	
			<u> </u>			
*47 Wh	at navt of th	he Training	did you fin	d /oo	of upoful?	
· 17. Wh	at part of the	ne Training	ala you iin	u <i>r</i> ea	st usetui:	
			y			
*18. Loo	oking back	, how would	l vou rate v	our		
		bject befor				
C Poor	C Fair	C Good	C Very Good	0	Excellent	
*19. Nov	w that you	have attend	led the train	ning	how	
lo you ra	te your kno	owledge of	the subject	t?		
C Poor	○ Fair	○ Good	C Very Good	0	Excellent	
*20. L ist	t three thin	gs you lear	ned that yo	u wi	II use when you go back to your s	ite:
			_			
			~			
21 Did vo	u nerceive	any comm	ercial hias	+0\\	ard any particular product or com	nany in
=	e presentat	_	Ciciai bias		ard any particular product or com	pany m
□ No	-					
Yes						
f Yes, please	explain					

formatician)	Poor	Fair	Good	Very Good	Excellent	N/A
emonstrated knowledge of	0	rair O	G000	Very Good	Excellent	N/A
e subject material						
esented information early	0	0	O	O	0	O
3. Comments:						
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Order Entry , Generic	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	0	O	C	©	O	O
Presented information clearly	0	O	O	O	O	O
25. Comments:			ı			
		<u>^</u>				
			l			

	Poor	Fair	Good	Very Good	Excellent	N/A
monstrated knowledge of subject material	O	O	0	0	O	0
sented information	0	0	0	0	0	O
. Comments:						
		~				

	Poor	Fair	Good	Very Good	Excellent	N/A
emonstrated knowledge of le subject material	0	O	0	© C	O	0
resented information early	0	0	O	0	0	0
9. Comments:						
		<u>^</u>				
		~				

30. Please rate the					Eveellent	NI/A
	Poor	Fair	Good	Very Good	Excellent	N/A
emonstrated knowledge of e subject material	0					
resented information early	O	O	O	O	O	0
I. Comments:						
		A				
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32. Please rate the	Poor	Fair	Good	Very Good	Excellent	N/A
monstrated knowledge of subject material	0	O	O	0	O	0
esented information arly	O	O	O	O	O	O
. Comments:						
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	Poor	Fair	Good	Very Good	Excellent	N/A
monstrated knowledge of subject material	0	0	O	0	O	0
esented information arly	O	O	O	O	O	0
. Comments:						
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^{<} 36. Please rate the	e instructo	r: (CPOE & F	Patient Safe	ty)		
	Poor	Fair	Good	Very Good	Excellent	N/A
emonstrated knowledge of ne subject material	0	0	О	O	O	0
resented information learly	0	0	O	O	0	0
7. Comments:						
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		v				

	Thank You for completing this survey.					
	For a certificate of completion, please <u>click here</u> . If you have difficulty please contact Mollie Ayala at <u>mollie.ayala@ihs.gov</u>					