

Military Health System Electronic Health Record End User Survey

Military Health System End-User Survey provides feedback to developers and managers of the military's electronic health records. The survey questions are based on industry best practices from peer-reviewed literature, professional associations, and strategic partners.

Providing information in this Survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond, although maximum participation is encouraged so that the data will be complete and representative.

Your responses are collected via a secure government system. However, please do not provide any personally identifiable information (PII) in your responses. All questions are voluntary; you may stop the survey at any time.

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The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

The Electronic Health Record

Military electronic health record used most often and the number of years the record has been used.

1. What is the electronic health record you primarily use? This is the single electronic health record you are giving feedback about in this survey.

MHS GENESIS (Cerner Millennium)

AHLTA (Armed Forces Longitudinal Technology Application)

CHCS (Composite Health Care System)

JOMIS (Joint Operational Medicine Information Systems)

CliniComp (Essentris ED)

ABACUS (Armed Forces Billing and Collection Utilization System)

CCE (Coding Compliance Editor)

2. Number of years you have used this electronic health record.

- 1 year
- 2 years
- 3 years
- 4 years
- 5+ years

3. My initial training prepared me well to use this electronic health record.

- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- N/A

4. My ongoing electronic health record training/education is helpful and effective.

- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- N/A

Usefulness

Timeliness and usefulness of the electronic health record used most often.

5. How many hours per week do you spend completing your charting outside of your normal business hours?

- 0 hours
- 1-2 hours
- 3-5 hours
- 6-10 hours
- 11-15 hours
- 16-20 hours
- More than 20 hours

6. The electronic health record allows me to deliver patient-centered care.

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
N/A

7. The electronic health record makes me as efficient as possible.

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

8. Over the past two weeks, the electronic health record was available when I needed it and “down time” was not a problem.

Strongly Disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

9. This electronic health record has the fast response time I expect (e.g., login time, screen refresh, retrieving information).

Strongly Disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

10. I am able to access the full patient history I need to provide care.

Strongly Disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
N/A

Technical Support

Effectiveness and quality of electronic health record technical support.

11. When I submit an issue resolution ticket or my leadership submits it on my behalf, I am confident that it will be reviewed and prioritized appropriately.

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

N/A

12. I am sufficiently informed about any electronic health record information or notices that will impact my day-to-day job.

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

13. I have visibility of my submitted issue resolution tickets and receive regular updates.

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

N/A

14. My issue resolution tickets are resolved in a timely manner.

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

N/A

Overall Satisfaction

Overall satisfaction with the electronic health record most often used.

15. The electronic health record enables me to deliver high quality care.

Strongly Disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Demographics

Information about you.

16. Primary location of use.

Please select the facility in which you most regularly use the EHR. Smaller facilities may not be listed. In such case, select the parent facility your facility reports to. If neither is listed, select other.

ACH BASSETT-WAINWRIGHT
ACH BAYNE-JONES-JOHNSON
ACH BLANCHFIELD-CAMPBELL
ACH EVANS-CARSON
ACH IRWIN-RILEY
ACH KELLER-WEST POINT
ACH LEONARD WOOD
ACH MARTIN-MOORE
ACH WEED-IRWIN
ACH WINN-STEWART
AF-ASU-10th MEDGRP-ACADEMY
AF-ASU-11th MEDGRP-ANDREWS
AF-ASU-59th MDW-WHASC-LACKLAND
AF-C-11th MED SQ JBAB-BOLLING
AF-C-14th MEDGRP-COLUMBUS
AF-C-15th MEDGRP-JBHP HICKAM-PEARL HARBOR
AF-C-17th MEDGRP-GOODFELLOW
AF-C-19th MEDGRP-LITTLE ROCK AFB
AF-C-1st SPCL OPS MEDGRP-HURLBURT
AF-C-20th MEDGRP-SHAW
AF-C-21st MEDGRP-PETERSON
AF-C-22nd MEDGRP-MCCONNELL
AF-C-23rd MEDGRP-MOODY
AF-C-27th SPECIAL OPS MEDGRP-CANNON
AF-C-28th MEDGRP-ELLSWORTH
AF-C-2nd MEDGRP-BARKSDALE
AF-C-30th MEDGRP-VANDENBERG
AF-C-319th MEDGRP-GRAND FORKS
AF-C-325th MEDGRP-TYNDALL
AF-C-341st MEDGRP-MALMSTROM
AF-C-354th MEDGRP-EIELSON
AF-C-355th MEDGRP-DAVIS-MONTHAN
AF-C-59th MDW-359 MDG-JBSA-RANDOLPH

AF-C-366th MEDGRP-MOUNTAIN HOME
AF-C-375th MEDGRP-SCOTT
AF-C-377th MEDGRP-KIRTLAND
AF-C-412th MEDGRP-EDWARDS
AF-C-42nd MEDGRP-MAXWELL
AF-C-436th MEDGRP-DOVER
AF-C-45th MEDGRP-PATRICK
AF-C-460th MEDGRP-BUCKLEY
AF-C-47th MEDGRP-LAUGHLIN
AF-C-49th MEDGRP-HOLLOMAN
AF-C-4th MEDGRP-SEYMOUR JOHNSON
AF-C-509th MEDGRP-WHITEMAN
AF-C-59th MDW-559 MDG-REID-JBSA-LACKLAND
AF-C-55th MEDGRP-OFFUTT
AF-C-56th MEDGRP-LUKE
AF-C-5th MEDGRP-MINOT
AF-C-61st MEDGRP-LOS ANGELES
AF-C-628th MEDGRP-JB-CHARLESTON
AF-C-66th MEDGRP-HANSCOM
AF-C-6th MEDGRP-MACDILL
AF-C-71st MEDGRP-VANCE
AF-C-72nd MEDGRP-TINKER
AF-C-75th MEDGRP-HILL
AF-C-78th MEDGRP-ROBINS
AF-C-7th MEDGRP-DYESS
AF-C-82nd MEDGRP-SHEPPARD
AF-C-87th MEDGRP-JBDL-MCGUIRE
AF-C-90th MEDGRP-FE WARREN
AF-C-92nd MEDGRP-FAIRCHILD
AF-C-97th MEDGRP-ALTUS
AF-C-9th MEDGRP-BEALE
AF-H-633rd MEDGRP JBLE-LANGLEY
AF-H-673rd MEDGRP-JBER ELMNDRF-RICHARDSON
AF-H-96th MEDGRP-EGLIN
AF-MC-60th MEDGRP-TRAVIS
AF-MC-81st MEDGRP-KEESLER
AF-MC-88th MEDGRP-WRIGHT-PATTERSON
AF-MC-99th MEDGRP-NELLIS
AHC ANDREW RADER-MYER-HENDERSON
AHC BARQUIST-DETRICK
AHC DUNHAM-CARLISLE BARRACKS
AHC FILLMORE-NEW CUMBERLAND
AHC FOX-REDSTONE ARSENAL
AHC GUTHRIE-DRUM
AHC INDIANTOWN GAP
AHC IRELAND-KNOX
AHC KENNER-GREGG-ADAMS
AHC KIRK-ABERDEEN PRVNG GD
AHC LETTERKENNY ARMY DEPOT
AHC LOIS WELLS-WALKER
AHC LYSTER-RUCKER
AHC MCAFEE-WHITE SANDS MSL RAN
AHC MCDONALD-EUSTIS

AHC MCNAIR-MYER-HENDERSON HALL
AHC MONCRIEF-JACKSON
AHC MONTEREY
AHC MUNSON-LEAVENWORTH
AHC NATICK
AHC R W BLISS-HUACHUCA
AHC REYNOLDS-SILL
AHC ROCK ISLAND ARSENAL
AHC SCHOFIELD BARRACKS
AHC TUTTLE-HUNTER ARMY AIRFIELD
AHC YUMA PROVING GROUND
AHC-MCCHORD AFB
AHC-STORY
AMC BAMC-FSH
AMC DARNALL-CAVAZOS
AMC EISENHOWER-EISENHOWER
AMC MADIGAN-LEWIS
AMC MAMC ANNEX
AMC TRIPLER-SHAFTER
AMC WILLIAM BEAUMONT-BLISS
AMC WOMACK-LIBERTY
AMH FARRELLY AHC-RILEY
DILORENZO HEALTH CLINIC
FORT BELVOIR COMMUNITY HOSPITAL
NH BEAUFORT
NH BREMERTON
NH CAMP PENDLETON
NH JACKSONVILLE
NH PENSACOLA
NH TWENTYNINE PALMS
NHC ANNAPOLIS
NHC CHARLESTON
NHC CHERRY POINT
NHC CORPUS CHRISTI
NHC HAWAII
NHC LEMOORE
NHC NEW ENGLAND
NHC OAK HARBOR BIRTHING CENTER
NHC PATUXENT RIVER
NHC QUANTICO
NHCL EVERETT
NMC CAMP LEJEUNE
NMC PORTSMOUTH
NMC SAN DIEGO
WALTER REED NATIONAL MILITARY MEDICAL CNTR
USCG
OTHER: _____

17. Years in healthcare, including education.

0-4 years

5-14 years

15-24 years
25+ years

18. Please indicate your background.

Practicing Physician or Surgeon (e.g., MD, DO)
Resident or Fellow Physician or Surgeon (e.g., MD, DO)
Dentist (e.g., DDS, DMD)
Nurse Practitioner (e.g., DNP, NP) or Physician Assistant
Nurse (e.g., RN, LPN)
Allied Health (e.g., Pharmacist, Optometrist, Podiatrist, etc.)
Technician (e.g., Corpsman, Medic, etc.)
Administrator or Practice Manager
Medical Logistician
Unit or Registration Clerk

Clinical Care

Background clinical care information.

19. What kinds of patients do you care for?

Adults
Pediatric
Adults and Pediatric
N/A

20. If you could fix three things in our EHR tomorrow, what would you fix? Please do not include any PII in your response.

Change 1: _____
Change 2: _____
Change 3: _____

21. Indicate how much you agree with the following statements.

The EHR...
.....has the functionality for my specific specialty/clinical care focus.
..... provides expected integration within our organization
.... provides expected integration with outside organizations
... has alerts that prevent care-delivery mistakes

Strongly disagree
Disagree

Neither agree nor disagree
Agree
Strongly agree
N/A

Burnout

Burnout among military healthcare providers.

22. 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.