OMB Control Number 0704-0553
Expiration: XX/XX/XXXX

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.

The Survey was written so that answers should not require you to provide any personally identifiable information (PII), but please be assured that any PII provided will be treated as confidential. Your responses are collected via a secure government system.

Answering the questions is voluntary; you may stop the survey at any time. There are 22 questions in this survey.

AGENCY DISCLOSURE NOTICE:

The public reporting burden for this collection of information, 0704-0553, is estimated to average [Insert the time in minutes or in hours, as appropriate] 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.

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

Choose one of the following answers

Please choose **only one** of the following:

- ◯ MHS GENESIS (Cerner Millenium)
- ◯ 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)
- ◯ Other

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

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

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

Choose one of the following answers

Please choose **only one** of the following:

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

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

Choose one of the following answers

Please choose **only one** of the following:

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

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

Choose one of the following answers

Please choose **only one** of the following:

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

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. *

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

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

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

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

The electronic health record is high-quality. *

Choose one of the following answers

Please choose **only one** of the following:

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

Primary location of use. *

Choose one of the following answers

Please choose **only one** of the following:

- ◯ ACH BASSETT-WAINWRIGHT
- ◯ ACH BAYNE-JONES-POLK
- ◯ ACH BLANCHFIELD-CAMPBELL
- ◯ ACH EVANS-CARSON
- ◯ ACH IRWIN-RILEY
- ◯ ACH KELLER-WEST POINT
- ◯ ACH LEONARD WOOD
- ◯ ACH MARTIN-BENNING
- ◯ 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-LEE
- ◯ AHC KIRK-ABERDEEN PRVNG GD
- ◯ AHC LETTERKENNY ARMY DEPOT
- ◯ AHC LOIS WELLS-AP HILL
- ◯ 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-HOOD
- ◯ AMC EISENHOWER-GORDON
- ◯ AMC MADIGAN-LEWIS
- ◯ AMC MAMC ANNEX
- ◯ AMC TRIPLER-SHAFTER
- ◯ AMC WILLIAM BEAUMONT-BLISS
- ◯ AMC WOMACK-BRAGG
- ◯ 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
- ◯ Other [ ]

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.

Years in healthcare, including education. *

Choose one of the following answers

Please choose **only one** of the following:

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

Please indicate your background. *

Choose one of the following answers

Please choose **only one** of the following:

- ◯ 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
- ◯ Other [ ]

What kinds of patients do you care for?

Choose one of the following answers

Please choose **only one** of the following:

- ◯ Adults
- ◯ Pediatric
- ◯ Adults and Pediatric
- ◯ N/A

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

Choose one of the following answers

Please choose **only one** of the following:

- ◯ <20 hours per week
- ◯ 20-39 hours per week
- ◯ 40-60 hours per week
- ◯ 60+ hours per week
- ◯ N/A

I find great fulfillment in my work as a care provider. *

Choose one of the following answers

Please choose **only one** of the following:

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

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

Choose one of the following answers

Please choose **only one** of the following:

◯ 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.

Your responses have been recorded. Thank you for completing the survey!

Submit your survey.
Thank you for completing this survey.