
A. Age, gender and work position

- | Age | Gender | Work position |
|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> <35 | <input type="checkbox"/> Female | <input type="checkbox"/> Intern |
| <input type="checkbox"/> 35-50 | <input type="checkbox"/> Male | <input type="checkbox"/> Resident |
| <input type="checkbox"/> >50 | | <input type="checkbox"/> Consulting physician |

Check like this:

not like this:

B. About your experience with computers

- | | Yes | No | | | |
|---|------------------------------|--|---|--------------------------|--------------------------|
| 1 Do you own a computer? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 How many fingers do you use when typing? | <input type="checkbox"/> Two | <input type="checkbox"/> Three or more | <input type="checkbox"/> All (or touch) | | |
| 3 Have you used a computer for: | Yes | No | | | |
| a Test result retrieval | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b Literature search | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c Word processing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d Entering patient info | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| e Retrieving patient info | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4 Have you ever taken a computer course? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5 Can you write computer programs? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6 In the past, what is the most frequent you used a computer? | Never | Rarely | Monthly | Weekly | Daily |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 How would you rate your computer skills? | Lowest | | Average | | Highest |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. About the availability of computers at your working place at the hospital

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 Do you have a computer in your office <input type="checkbox"/>
(answer no if you haven't got any office) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Concerning other rooms you use for clinical work (e.g. ward, outpatient clinic offices, investigation rooms) | | |
| a Are there computers available for you here? | <input type="checkbox"/> | <input type="checkbox"/> |
| b <u>If yes</u> , do you use these computers? | <input type="checkbox"/> | <input type="checkbox"/> |

If you responded "no" to both questions 1 and 2a, you don't have to fill out the rest of the questionnaire

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3 About the computers installed in the ward, at the outpatient clinic offices, investigation rooms, etc. | | | | | |
| a How often are you prevented from using them because others are using them? | Never | Rarely | Montly | Weekly | Daily |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often are you prevented from using them due to computer errors, forgotten passwords or other machine-related problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. About your use of personal computers for clinical tasks in the hospital

How often do you use a personal computer (PC) to assist you with the following tasks:

What computer program do you use for this task?

	Never/ almost never	Seldom	About half of the time ¹	Most of the time	Always/ almost always	EMR ²	Other <input type="checkbox"/> than EMR
1 Review the patient's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Seek out specific information from patient records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Follow the results of a particular test or investigation over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain the results from new tests <input type="checkbox"/> or investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter daily notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Obtain information on investigation or treatment procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Answer questions concerning general medical knowledge (e.g. concerning treatment, symptoms, complications etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Produce data reviews for specific patient groups, e.g. complication rate, diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Order clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Obtain the results from clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Order X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Obtain the results from X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Order other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Obtain the results from other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Refer the patient to other departments or specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Order treatment directly (e.g. medicines, operations etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Write prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Write sick-leave notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Collect patient information for various medical declarations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Give written individual information to patients, e.g. about medications, disease status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Give written general medical information to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Collect patient info for discharge reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Check and sign typed dictations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Other (specify)							

¹The time normally spent on this task

²DocuLive, DIPS or Infomedix

Remember to fill in this column, too....



E. About choice of information source

When working with diagnostics and treatment:

- | | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always | |
|--|---------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|
| 1 How often do you use other sources of information than the EMR or the paper journal/patient chart? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 How often is EMR ¹ <u>the first</u> you'll turn to if the paper journal is available and... | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always | |
| a ...you know the patient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b ...you have never seen the patient before? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 <u>If you usually turn to the EMR first:</u> | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always | Not
applicable |
| a How often do you have to consult the paper journal or use other information sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Go to section F if your response was "Never/Almost never" or "Seldom"</i> | | | | | | |
| b How often did you do this because you wanted to verify the content of the information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c How often did you do this because you didn't find the information you wanted in the EMR? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. About your satisfaction with the EMR¹ installed in your department

- | | Never/
almost
never | Seldom | About
half of
the time | Most of
the time | Always/
almost
always |
|---|---------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|
| 1 Content | | | | | |
| a How often does the system provide the precise information you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often does the information content meet your needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c How often does the system provide reports that seem to be just about exactly what you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d How often does the system provide sufficient information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Accuracy ² | | | | | |
| a How often is the system accurate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often are you satisfied with the accuracy of the system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Format | | | | | |
| a How often do you think the output is presented in a useful format? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often is the information clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Ease of use | | | | | |
| a How often is the system user-friendly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often is the system easy to use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Timeliness | | | | | |
| a How often do you get the information you need in time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b How often does the system provide up-to-date information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ DocuLive, DIPS or Infomedix

² E.g. right journal, right patient and right document types is located; the information (e.g. blood pressure) is labelled correctly, that the information presented is relevant; the aggregated data in overviews are correct, etc.

³ The time spent with the computer system

G. Global assessment of the EMR installed in your department

- | | | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | How much do you agree with the following statement about the system:

The EMR system is worth the time and effort required to use it | Strongly disagree | Disagree | Slightly disagree | Neutral | Slightly agree | Agree | Strongly disagree |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | All considered, how would you rate your satisfaction with the EMR installed in your department? | non-existent | poor | | fair | | good | excellent |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | All considered, to what extent has the system changed these two aspects of <u>your own</u> department? | | | | | | | |
| | | Significantly decreased | Decreased | Slightly decreased | No change | Slightly increased | Increased | Significantly increased |
| a | Ease of performing our department's work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Quality of our department's work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | All considered, how would you rate the success of the EMR system installed in your department? | non-existent | poor | | fair | | good | excellent |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

H. Comments

E.g. Where parts of the questionnaire unclear or ambiguous? Do you have any suggestions to improvements of the current EMR system? Other comments?

A. Alder, kjønn og klinisk stilling

- | | | |
|--------------------------------|---------------------------------|--|
| Alder | Kjønn | Klinisk Stilling |
| <input type="checkbox"/> <35 | <input type="checkbox"/> Kvinne | <input type="checkbox"/> Turnuslege |
| <input type="checkbox"/> 35-50 | <input type="checkbox"/> Mann | <input type="checkbox"/> Assistentlege |
| <input type="checkbox"/> >50 | | <input type="checkbox"/> Overlege |

Kryss av slik: Ikke slik: **B. Om din erfaring med bruk av datamaskin**

- | | | | | | |
|--|------------------------------------|--|--|--------------------------------------|------------------------------------|
| | Ja | Nei | | | |
| 1 Eier du en datamaskin? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 Hvor mange fingre bruker du når du skriver på maskin? | <input type="checkbox"/> To | <input type="checkbox"/> Tre eller flere | <input type="checkbox"/> Alle (evt. touch) | | |
| 3 Har du brukt en datamaskin til | Ja | Nei | | | |
| a Å lete etter et labresultat eller svar på andre supplerende undersøkelser? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b Litteratursøk | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c Tekstbehandling | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d Skrive inn kliniske pasientopplysninger (eks. et poliklinisk notat) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| e Innhente kliniske pasientopplysninger (eks. en tidligere epikrise) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4 Har du noen gang tatt et datakurs? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5 Kan du programmere? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6 Hva er den høyeste hyppigheten du har brukt datamaskin tidligere? | Aldri
<input type="checkbox"/> | Sjelden
<input type="checkbox"/> | Månedlig
<input type="checkbox"/> | Ukentlig
<input type="checkbox"/> | Daglig
<input type="checkbox"/> |
| 7 Hvordan vil du rangere dine dataferdigheter? | Lavest
<input type="checkbox"/> | <input type="checkbox"/> | Middels
<input type="checkbox"/> | <input type="checkbox"/> | Høyest
<input type="checkbox"/> |

C. Om tilgjengelighet av datamaskiner på din arbeidsplass på sykehuset

- | | | |
|---|--------------------------|--------------------------|
| | Ja | Nei |
| 1 Har du en datamaskin på kontoret ditt? (svar nei hvis du ikke har kontorplass) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Vedrørende øvrige rom du benytter ved klinisk arbeid (eks. sengepost, poliklinikk, undersøkelsesrom): | | |
| a Finnes det datamaskiner som er tilgjengelig for deg her? | <input type="checkbox"/> | <input type="checkbox"/> |
| b <u>Hvis ja</u> , bruker du denne eller disse datamaskinen(e)? | <input type="checkbox"/> | <input type="checkbox"/> |

Hvis du svarte nei på både spørsmål 1 og 2a, trenger du ikke fylle ut resten av skjemaet

- | | | | | | |
|---|-----------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| 3 Angående datamaskinen(e) som er installert på sengepost, poliklinikk, undersøkelsesrom, o.l.: | | | | | |
| a Hvor ofte hindres du i å bruke datamaskin fordi den er i bruk av andre? | Aldri
<input type="checkbox"/> | Sjelden
<input type="checkbox"/> | Månedlig
<input type="checkbox"/> | Ukentlig
<input type="checkbox"/> | Daglig
<input type="checkbox"/> |
| b Hvor ofte hindres du i å gjøre det du skal pga. datafeil, glemte passord eller andre maskinavhengige problemer? | Aldri
<input type="checkbox"/> | Sjelden
<input type="checkbox"/> | Månedlig
<input type="checkbox"/> | Ukentlig
<input type="checkbox"/> | Daglig
<input type="checkbox"/> |

D. Om ditt bruk av datamaskin (PC) til arbeidsoppgaver innen klinisk arbeid på sykehuset

Hvor ofte bruker du datamaskin (PC) til å hjelpe deg med følgende arbeidsoppgave:

Hvilke(t) dataprogram bruker du evt. til denne arbeidsoppgaven?

	Aldri/ nesten aldri	Sjelden	Omtrent halvparten av tiden ¹	Som regel	Alltid/ nesten alltid	Bruker EPJ ²	Bruker annet dataprogram enn EPJ
1 Få oversikt over pasientens problemstilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Lete frem enkeltopplysninger fra pasientjournalen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Følge resultatene av en bestemt prøve eller undersøkelse over tid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Slå opp svar på nye prøver eller undersøkelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Føre daglige og/eller forefallende journalnotater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Få tak i opplysninger om prosedyre for utredning eller behandling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Få svar på spørsmål om generell medisinsk-faglig kunnskap, eks. vedr. behandling, symptomer, komplikasjoner, o.l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Få ut samledata for en gruppe pasienter, eks. komplikasjonsrate, diagnosefordeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Rekvirere klinisk-kjemiske laboratorieanalyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Slå opp svar på klinisk-kjemiske lab.-analyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Rekvirere røntgenundersøkelser, UL eller CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Slå opp svar på røntgen, UL eller CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Rekvirere andre supplerende undersøkelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Slå opp svar på andre suppl. undersøkelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Henvise pasienten til annen avdeling eller spesialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Ordinere behandling direkte (medikamentell, operativ eller annen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Skrive resept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Skrive sykmelding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Samle inn pasientopplysninger til ulike legeerklæringer (eks. uførepensjon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Gi skriftlig individuell informasjon til pasienten (eks. sykdommens status, medikamenter, m.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Gi skriftlig generell medisinsk-faglig informasjon til pasienten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Samle inn opplysninger til epikrise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Kontrollere og signere ferdig skrevne diktater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Annet (spesifiser)							

¹Tiden man bruker på denne arbeidsoppgaven

²DocuLive, DIPS eller Infomedix

Husk å fylle ut kolonnen til høyre også...

E. Om foretrukket informasjonskilde

Når du arbeider med diagnostikk og behandling:

- | | Aldri/
nesten
aldri | Sjelden | Omtrent
halvparten
av tiden | Som
regel | Alltid/
nesten
alltid | |
|--|---------------------------|--------------------------|--|--------------------------|-----------------------------|------------------------------|
| 1 Hvor ofte bruker du andre informasjonskilder enn EPJ ¹ eller papirjournalen/kurven? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Vi regner her papiret henvisningen er skrevet på som en del av papirjournalen. Andre informasjonskilder kan være avdelingsvise skyggearkiv og egne dataprogrammer, løse lapper utenfor papirjournalen, annet helsepersonell, primærlege (via telefon), m.m.</i> | | | | | | |
| 2 Hvor ofte er EPJ ¹ <u>det første</u> du henvender deg til hvis du har papirjournalen tilgjengelig og... | Aldri/
nesten
aldri | Sjelden | Omtrent
halvparten
av tilfellene | Som
regel | Alltid/
nesten
alltid | |
| a ...du kjenner pasienten fra før av? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b ...du ikke har sett pasienten før? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 <u>Hvis du stort sett bruker EPJ først:</u> | Aldri/
nesten
aldri | Sjelden | Omtrent
halvparten
av tilfellene | Som
regel | Alltid/
nesten
alltid | Ikke
aktuell
problemst |
| a Hvor ofte må du i tillegg se i papirjournalen eller bruke andre informasjonskilder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Gå videre til seksjon F hvis du svarte "Aldri/nesten aldri" eller "Sjelden"</i> | | | | | | |
| b Hvor ofte skyldes dette at du ønsker å dobbeltsjekke opplysningene? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Hvor ofte skyldes dette at du ikke finner informasjonen du ønsker i EPJ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. Om din oppfatning av den elektroniske pasientjournalen (EPJ¹) som finnes på din avdeling

- | | Aldri/
nesten
aldri | Sjelden | Omtrent
halvparten
av tiden | Som
regel | Alltid/
nesten
alltid |
|--|---------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------------|
| 1 Innhold | | | | | |
| a Hvor ofte gir systemet deg akkurat den informasjonen du trenger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Hvor ofte er informasjonsinnholdet nok for ditt behov? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Hvor ofte klarer systemet å lage rapporter som ser ut til å passe akkurat for deg? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d Hvor ofte gir systemet tilstrekkelig informasjon? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Nøyaktighet ² | | | | | |
| a Hvor ofte er systemet nøyaktig? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Hvor ofte er du fornøyd med nøyaktigheten i systemet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Format | | | | | |
| a Hvor ofte synes du svarene fra systemet presenteres på en nyttig måte? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Hvor ofte er informasjonen klar og tydelig? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Brukervennlighet | | | | | |
| a Hvor ofte er systemet brukervennlig? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Hvor ofte er systemet enkelt å bruke? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Betimelighet | | | | | |
| a Hvor ofte får du den informasjonen du trenger i tide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Hvor ofte gir systemet deg oppdatert informasjon? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ DocuLive, DIPS eller Infomedix² Eks. At rett journal, rett pasient og rett dokumenttype finnes frem; at informasjonen (eks. blodtrykk) presenteres med rett navn; at informasjonen som presenteres er relevant; at samledata i rapporter er korrekte, m.m.³ Tiden man bruker med datasystemet

C. Samlet vurdering av den elektroniske pasientjournalen (EPJ) ved din avdeling

- 1 Hvor enig eller uenig er du i følgende utsagn:
- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Svært uenig | Uenig | Litt uenig | Både og | Litt enig | Enig | Svært enig |
| EPJ er verdt den tid og de krefter det tar å bruke det | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 2 Alt i alt, hvor fornøyd er du med den EPJ du bruker på din avdeling/seksjon?
- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Ikke i det hele tatt | Lite | Noe | Godt | Svært godt |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 3 Alt i alt, hvordan synes du EPJ har endret følgende to aspekter ved din egen avdeling eller seksjon:
- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Betydelig vanskeligere | Vanskeligere | Litt vanskeligere | Ingen endring | Litt lettere | Lettere | Betydelig lettere |
| a Gjennomføringen av arbeidet ved vår avdeling/seksjon er blitt: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Betydelig dårligere | Dårligere | Litt dårligere | Ingen endring | Litt bedre | Bedre | Betydelig bedre |
| b Kvaliteten på arbeidet ved vår avdelingen/seksjon er blitt: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Ikke i det hele tatt | Lite | Noe | Godt | Svært godt |
| 4 Hvor vellykket er den EPJ du bruker ved din avdeling/seksjon? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. Eventuelle kommentarer

Eks. Var deler av spørreskjemaet uklart eller tvetydig?

Check like this: not like this:

Doctors

A. About your work position

Clinical position: Intern Resident Consulting physician

B. About your experience with computers

- | | | | | | | |
|----|---|---------------------------------|--|----------------------------------|---------------------------------|----------------------------------|
| | | Yes | No | | | |
| 1 | Do you own a computer? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 | How many fingers do you use when typing? | <input type="checkbox"/> Two | <input type="checkbox"/> Three or more <input type="checkbox"/> All (or touch) | | | |
| 3 | Have you earlier* used a computer for | Yes | No | | | |
| | a) Test result retrieval | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | b) Literature search | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | c) Word processing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | d) Entering patient info (e.g. an outpatient note) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | e) Retrieving patient info (e.g. a previous discharge report) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4 | In the past*, what is the most frequent you used a computer? | Never <input type="checkbox"/> | Less frequently than monthly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Weekly <input type="checkbox"/> | Daily <input type="checkbox"/> |
| 5a | How would you rate your computer skills in general? | Lowest <input type="checkbox"/> | <input type="checkbox"/> | Average <input type="checkbox"/> | <input type="checkbox"/> | Highest <input type="checkbox"/> |
| 5b | How would you rate your computer skills concerning DIPS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Before DIPS was installed, or before you started working in the hospital

C. About the availability of computers at your working place at the hospital

- | | | | | | | |
|---|---|--------------------------------|---|----------------------------------|---------------------------------|--------------------------------|
| | | Yes | No | | | |
| 1 | Do you have a computer in your office? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 | About the computers installed in the ward, at the outpatient clinic offices, investigation rooms, etc: How often are you prevented from or delayed in using them because others are using them? | Never <input type="checkbox"/> | Less frequently than monthly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Weekly <input type="checkbox"/> | Daily <input type="checkbox"/> |
| 3 | How often do you miss having a computer available where you do patient-related work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | How often are you prevented from or delayed in using a computer due to computer errors, system crashes or other machine-related problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | How often are you prevented from or delayed in using a computer due to password problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | How often are you prevented from or delayed in using a computer because the system is working too slowly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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D. About your use of DIPS for clinical tasks in the hospital

At Aust-Agder Hospital an electronic medical record (DIPS 2000) is installed, consisting of "purely" electronic data and scanned paper records. The latter contains mainly older documents from the patient record, but also some newer information (external lab tests, referrals, etc.) Since the part of DIPS handling the scanned information differs so much from the rest of the system, we are keeping it separate in this questionnaire.

D1. When you expect to find the information in the scanned part of DIPS, how often do you use it for the following tasks:

	Never/ almost never	Seldom	About half of the occasions	Most of the occasions	Always/ almost always
1 Review the patient's problems					
a. from documents scanned in sections ("bulk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. from documents scanned one sheet at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Seek out specific information from patient records					
a. from documents scanned in sections ("bulk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. from documents scanned one sheet at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Follow the results of a particular test or investigation over time					
a. from documents scanned in sections ("bulk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. from documents scanned one sheet at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain the results from clinical biochemical laboratory analyses					
a. from documents scanned in sections ("bulk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. from documents scanned one sheet at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Obtain the results from X-ray, ultrasound or CT investigations					
a. from documents scanned in sections ("bulk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. from documents scanned one sheet at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Obtain the results from other supplementary investigations					
a. from documents scanned in sections ("bulk")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. from documents scanned one sheet at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Obtain the results from new tests or investigations <i>(always scanned on sheet at time)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D2. The scanned document images notwithstanding, how often do you use DIPS to assist you with the following tasks:

	Never/ almost never	Seldom	About half of the occasions	Most of the occasions	Always/ almost always
1 Review the patient's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Seek out specific information from patient records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Follow the results of a particular test or investigation over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain the results from new tests or investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter daily notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Produce data reviews for specific patient groups, e.g. complication rate, distribution of diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Order clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Obtain the results from clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Obtain the results from X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Obtain the results from other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Refer the patient to other departments or specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Write prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Complete sick-leave forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Collect patient information for various medical declarations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Give written individual information to patients, e.g. about medications, disease status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Give written general medical information to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Collect patient info for discharge reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Check and sign typed dictations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Register codes for diagnosis or performed procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Other (please specify)					

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E1. About your satisfaction with DIPS, the part handling the scanned paper records

Here we would like to learn your opinion of the part of DIPS handling the **scanned** paper records

	Never/ almost never	Seldom	About half of the time	Most of the time	Always/ almost always
1 Content					
a How often does the system provide the precise information you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often does the information content meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c How often does the system provide reports ¹ that seem to be just about exactly what you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d How often does the system provide sufficient information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Accuracy²					
a How often is the system accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often are you satisfied with the accuracy of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Format					
a How often do you think the output is presented in a useful format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often is the information clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Ease of use					
a How often is the system user-friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often is the system easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Timeliness					
a How often do you get the information you need in time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often does the system provide up-to-date information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ "Report" may be interpreted as a selection or resume of information shown on the screen or printed

² E.g. that correct journal, patient and document type is displayed; that the information (e.g. blood pressure) is presented having the right name; that the values are correct, etc.

E2. About your satisfaction with DIPS, the part handling the regular electronic data

Here we would like to learn your opinion of DIPS, **regardless of** the part handling the scanned paper records

	Never/ almost never	Seldom	About half of the time	Most of the time	Always/ almost always
1 Content					
a How often does the system provide the precise information you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often does the information content meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c How often does the system provide reports that seem to be just about exactly what you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d How often does the system provide sufficient information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Accuracy ¹					
a How often is the system accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often are you satisfied with the accuracy of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Format					
a How often do you think the output is presented in a useful format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often is the information clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Ease of use					
a How often is the system user-friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often is the system easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Timeliness					
a How often do you get the information you need in time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often does the system provide up-to-date information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ E.g. that correct journal, patient and document type is displayed; that the information (e.g. blood pressure) is presented having the right name; that the values are correct, etc.

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F. In your opinion, how has DIPS changed the performance of the following tasks in your department:

	Significantly more difficult	More difficult	Slightly more difficult	No change	Slightly easier	Easier	Significantly easier
1 To review the patient's problems has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 To seek out specific information from patient records has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 To follow the results of a particular test or investigation over time has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 To obtain the results from new tests or investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 To enter daily notes has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 To produce data reviews for specific patient groups (eg. complication rate) has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 To order clinical biochemical laboratory analyses has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 To obtain the results from clinical biochemical laboratory analyses has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 To obtain the results from X-ray, ultrasound or CT investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 To obtain the results from other supplementary investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 To refer the patient to other departments or specialists has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 To write prescriptions has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 To complete sick-leave forms has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 To collect patient information for various medical declarations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 To give written individual information to patients, (e.g. about medications, disease status) has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 To give written general medical information to patients has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 To collect patient info for discharge reports has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 To check and sign typed dictations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 The register codes for diagnosis or performed procedures has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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G. Global assessment of DIPS

1 All considered, to what extent has DIPS changed these two aspects of your own department?

- | | | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Significantly more difficult | More difficult | Slightly more difficult | No change | Slightly easier | Easier | Significantly easier |
| a | The performance of our department's work has become | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Significantly decreased | Decreased | Slightly decreased | No change | Slightly increased | Increased | Significantly increased |
| b | The quality of our department's work has become | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2 How much do you agree with the following statement:

DIPS is worth the time and effort required to use it

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly disagree | Disagree | Slightly disagree | Neutral | Slightly agree | Agree | Strongly disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 All considered, how would you rate your satisfaction with DIPS in your department?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| non-existent | poor | fair | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 All considered, how would you rate the success of DIPS in your department?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| non-existent | poor | fair | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. Comments

In your opinion, are any of the functions in DIPS particularly useful? If so, please explain

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In your opinion, are any of the functions in DIPS not very useful? If so, please explain

Do you miss any functionality in DIPS? If so, please explain

Were parts of the questionnaire unclear or ambiguous? Other comments?

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Evaluation of electronic medical records - Questionnaire 1

In this questionnaire, we would like to know about your use of and perception of the electronic medical record in your hospital. By electronic medical record, we mean one of the following computer software systems: DocuLive, DIPS or Infomedix (IMx).

Check like this INot like this

A. About your position

- 1 Do you regularly work with patients in this hospital? Yes No
- 2 Have you been working for more than three months in this hospital? Yes No

If your answer was "no" to any of these questions, you don't have to complete the rest of this questionnaire. Still, we would very much like you to return the questionnaire in the enclosed envelope.

B1. About your use of electronic medical records for clinical tasks in the hospital

First, we would like to know how often you use the electronic medical record for certain tasks in your everyday clinical work.

How often do you use the electronic medical record (EMR¹) to assist you with the following tasks?

Please answer by check one of the alternatives in column 1-5. If the EMR in your department doesn't support this task (i.e. the software can't be used for this task), please check column A. If this task does not apply to you, please check column B.

	1 Never/ almost never	2 Seldom	3 About half of the occasions	4 Most of the occasions	5 Always/ almost always	A Our EMR ¹ doesn't support this task	B This task doesn't apply to me
1 Review the patient's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Seek out specific information from patient records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Follow the results of a particular test or investigation over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Obtain the results from new test or investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter daily notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Obtain information on investigation or treatment procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Answer questions concerning general medical knowledge (e.g. concerning treatment, symptoms, complications etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Produce data reviews for specific patient groups, e.g. complication rate, diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹DocuLive, DIPS or Infomedix

(B1, forts.)	1 Never/ almost never	2 Seldom	3 About half of the occa- sions	4 Most of the occa- sions	5 Always/ almost always	A Our EMR doesn't support this task	B This task doesn't apply to me
9 Order clinical biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Obtain the results from clinical <input type="checkbox"/> biochemical laboratory analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Order X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Obtain the results from X-ray, ultrasound or CT investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Order other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Obtain the results from other supplementary investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Refer the patient to other departments or specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Order treatment directly (e.g. medicines, operations etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Write prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Write sick-leave notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Collect patient information for various medical declarations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Give written individual information to patients, e.g. about medications, disease status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Give written general medical information to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Collect patient info for discharge reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Check and sign typed dictations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Register codes for diagnosis or performed procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B2. General use of EMR and paper-based medical record

Now, we'd like to know about your general use of paper-based medical records and EMR in your patient-related work

	1 Never/ almost never	2 Seldom	3 About half of the occa- sions	4 Most of the occa- sions	5 Always/ almost always
1 All considered, how often do you use the <u>paper-based medical record or the chart summary</u> as an information source in your daily clinical work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 All considered, how often do you use the <u>EMR</u> as an information source in your daily clinical work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All considered, how often do you use the <u>EMR</u> when transferring patient-related information to other persons ¹ or instances (by printouts or by electronic transmission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹The patient and all relevant health personell

C. About the performance of clinical work tasks when using the EMR

Although the questions in section B1 and B2 survey the use of EMR for various clinical tasks, they do not describe how the the EMR supports these tasks. In this section we would like to know the ease of performing each task when using the EMR.

Compared to previous routines, how has the EMR in your opinion changed the performance of the following tasks? Check "Don't know/Not applicable" if you have never used anything else than the EMR for the task, or if the EMR in your department doesn't support it.

	Signifi- cantly more difficult	More difficult	Slightly more difficult	No change	Slightly easier	Easier	Signifi- cantly easier	Don't know/ Not applic- able
1 To review the patient's problems has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 To seek out specific information from patient records has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 To follow the results of a particular test or investigation over time has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 To obtain the results from new tests or investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 To enter daily notes has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 To obtain information on investigation or treatment procedures has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 To answer questions concerning general medical knowledge (e.g. concerning treatment, symptoms, complications etc.) has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 To produce data reviews for specific patient groups (eg. complication rate) has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(C. continued)

		Significantly more difficult	More difficult	Slightly more difficult	No change	Slightly easier	Easier	Signifi- cantly easier	Don't know/ Not applic- able
9	To order clinical biochemical laboratory analyses has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	To obtain the results from clinical biochemical laboratory analyses has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	To order X-ray, ultrasound or CT investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	To obtain the results from X-ray, ultrasound or CT investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	To order other supplementary investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	To obtain the results from other supplementary investigations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	To refer the patient to other departments or specialists has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	To order treatment directly (e.g. medicines, operations etc.) has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	To write prescriptions has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	To complete sick-leave forms has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	To collect patient information for various medical declarations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	To give written individual information to patients, (e.g. about medications, disease status) has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	To give written general medical information to patients has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	To collect patient information for discharge reports has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	To check and sign typed dictations has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	The register codes for diagnosis or performed procedures has become	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. About your satisfaction with the electronic medical record (EMR¹) in your department

In this section we would like to know your view of the electronic medical record by asking about central aspect of using such systems

	Never/ almost never	Seldom	About half of the time ⁴	Most of the time	Always/ almost always
1 Content					
a How often does the system provide the precise information you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often does the information content meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c How often does the system provide reports ² that seem to be just about exactly what you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d How often does the system provide sufficient information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Accuracy³					
a How often is the system accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often are you satisfied with the accuracy of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Format					
a How often do you think the output is presented in a useful format?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often is the information clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Ease of use					
a How often is the system user-friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often is the system easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Timeliness					
a How often do you get the information you need in time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b How often does the system provide up-to-date information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ DocuLive, DIPS or Infomedix

² A 'report' in this context is any collection or summary of information printed or shown on screen

³ E.g. correct record, correct patient and correct document type is shown; that the information (e.g. blood pressure) is presented using the correct name, that the information presented is relevant; that summaries in reports are correct, etc.

⁴ The time normally spent using the system

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E. Global assessment of the electronic medical record (EMR) in your department

Finally, we would like to know your opinion about the electronic medical record in your department, all considered.

- | | Strongly disagree | Disagree | Slightly disagree | Neutral | Slightly agree | Agree | Strongly agree |
|--|---|---------------------------------------|--|---------------------------------------|--|---------------------------------------|---|
| 1 How much do you agree with the following statement:
EMR is worth the time and effort required to use it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 All considered, how would you rate your satisfaction with DIPS in your department? | non-existent
<input type="checkbox"/> | poor
<input type="checkbox"/> | | fair
<input type="checkbox"/> | | good
<input type="checkbox"/> | excellent
<input type="checkbox"/> |
| 3 All considered, to what extent has EMR changed these three aspects of your own department? | | | | | | | |
| | Significantly more difficult | More difficult | Slightly more difficult | No change | Slightly easier | Easier | Significantly easier |
| a The performance of our department's work has become | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b The performance of <i>my own</i> tasks has become | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c The quality of our department's work has become | Significantly decreased
<input type="checkbox"/> | Decreased
<input type="checkbox"/> | Slightly decreased
<input type="checkbox"/> | No change
<input type="checkbox"/> | Slightly increased
<input type="checkbox"/> | Increased
<input type="checkbox"/> | Significantly increased
<input type="checkbox"/> |
| 4 All considered, how would you rate the success of the EMR system installed in your department? | non-existent
<input type="checkbox"/> | poor
<input type="checkbox"/> | | fair
<input type="checkbox"/> | | good
<input type="checkbox"/> | excellent
<input type="checkbox"/> |

E. Comments

Kvalitetssikring av elektronisk pasientjournal - Skjema 1

I dette spørreskjemaet ønsker vi å få vite noe om din praktiske bruk av og ditt syn på elektronisk pasientjournal ved ditt sykehus. Med elektronisk pasientjournal mener vi i denne sammenheng et av følgende datasystemer: DocuLive, DIPS eller Infomedix (IMx)

Kryss av slik: Ikke slik:

A. Om din stilling

- 1 Har du jevnlig kontakt med pasienter i din stilling ved sykehuset? Nei Ja
- 2 Har du arbeidet i mer enn tre måneder ved sykehuset? Nei Ja

Hvis du svarte "nei" på en av disse spørsmålene, trenger du ikke fylle ut resten av spørreskjemaet. Vi ser likevel helst at du returnerer spørreskjemaet i vedlagte svarkonvolutt.

B1. Om ditt bruk av elektronisk pasientjournal til arbeidsoppgaver innen klinisk arbeid på sykehuset

Først ønsker vi å vite noe om ditt bruk av elektronisk pasientjournal til bestemte arbeidsoppgaver i din kliniske hverdag.

Hvor ofte bruker du elektronisk pasientjournal (EPJ¹) til å hjelpe deg med følgende arbeidsoppgaver?

Svar ved å krysse av for et av alternativene i kolonne 1-5. Hvis EPJ ved din avdeling ikke støtter denne arbeidsoppgaven (dvs. data-programmet kan ikke brukes til denne arbeidsoppgaven) krysser du i stedet av i kolonne A. Hvis arbeidsoppgaven ikke er aktuell for deg, krysser du av i kolonne B.

	1 Aldri/ nesten aldri	2 Sjelden	3 Omtrent halvparten av tilfellene	4 Som regel	5 Alltid/ nesten alltid	A Vår EPJ ¹ støtter ikke dette	B Denne arbeids- oppgaven er ikke aktuell for meg
1 Få oversikt over pasientens problemstilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Lete frem enkeltopplysninger fra pasientjournalen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Følge resultatene av en bestemt prøve eller undersøkelse over tid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Slå opp svar på nye prøver eller undersøkelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Føre daglige og/eller forefallende journalnotater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Få tak i opplysninger om prosedyre for utredning eller behandling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Få svar på spørsmål om generell med.-faglig kunnskap, eks. vedr. behandling, symptomer, komplikasjoner, o.l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Få ut samledata for en gruppe pasienter, eks. diagnosefordeling, komplikasjonsrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹DocuLive, DIPS eller Infomedix

(B1, forts.)

	1 Aldri/ nesten aldri	2 Sjelden	3 Omtrent halvparten av tilfellene	4 Som regel	5 Alltid/ nesten alltid	A Vår EPJ støtter ikke dette	B Denne arbeids- oppgaven er ikke aktuell for meg
9 Rekvirere klinisk-kjemiske laboratorieanalyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Slå opp svar på klinisk-kjemiske laboratorieanalyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Rekvirere røntgenundersøkelser, UL eller CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Slå opp svar på røntgenundersøkelser, UL eller CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Rekvirere andre supplerende undersøkelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Slå opp svar på andre supplerende undersøkelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Henvise pasienten til annen avdeling eller spesialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Ordinere behandling direkte (medikamentell, operativ eller annen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Skrive resept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Skrive sykmelding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Samle inn pasientopplysninger til ulike legeerklæringer (eks. uførepensjon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Gi skriftlig individuell informasjon til pasienten (eks. sykdommens status, medikamenter, m.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Gi skriftlig generell medisinsk-faglig informasjon til pasienten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Samle inn opplysninger til epikrise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Kontrollere og signere ferdig skrevne diktater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Utføre prosedyre- eller diagnosekoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. Generell bruk av EPJ og papirbasert pasientjournal

Nå ønsker vi å vite noe om den generelle bruken av papirbasert pasientjournal og EPJ i ditt arbeid med pasienter.

	1 Aldri/ nesten aldri	2 Sjelden	3 Omtrent halvparten av tilfellene	4 Som regel	5 Alltid/ nesten alltid
1 Alt i alt, hvor ofte bruker du den <u>papirbaserte pasientjournalen eller kurven</u> som informasjonskilde i det daglige pasientarbeidet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Alt i alt, hvor ofte bruker du <u>EPJ</u> som informasjonskilde i det daglige pasientarbeidet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Alt i alt, hvor ofte bruker du <u>EPJ</u> når du skal overføre pasientrelatert informasjon til andre personer ¹ eller instanser (ved utskrift på papir eller ved elektronisk overføring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Pasient og alt relevant helsepersonell

C. Om gjennomføringen av arbeidsoppgaver innen klinisk arbeid når EPJ benyttes

Selv om spørsmålene i seksjon B1 og B2 kartlegger bruken av EPJ til ulike arbeidsoppgaver, sier de lite om hvor godt EPJ støtter dem. I denne seksjonen ønsker vi å vite hvor lett eller vanskelig det er å gjennomføre hver arbeidsoppgave når du bruker EPJ.

Hvordan synes du EPJ har endret gjennomføringen av følgende arbeidsoppgaver i forhold til tidligere rutiner? Kryss av "Vet ikke/Ikke aktuelt" hvis du aldri har brukt annet enn EPJ til denne arbeidsoppgaven, eller hvis EPJ ved din avdeling ikke støtter denne oppgaven.

	Betydelig vanske- ligere	Vanske- ligere	Litt vanske- ligere	Ingen forskjell	Litt lettere	Lettere	Betydelig lettere	Vet ikke/ Ikke ak- tuelt
1 Å få oversikt over pasientens problemstilling er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Å lete frem enkeltopplysninger fra pasientjournalen er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Å følge resultatene av en bestemt prøve eller undersøkelse over tid er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Å slå opp svar på nye prøver eller undersøkelser er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Å føre daglige og/eller forefallende journalnotater er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Å få tak i opplysninger om prosedyre for utredning eller behandling er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Å få svar på spørsmål om generell med.-faglig kunnskap, eks. vedr. behandling, symptomer, o.l. er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Å få ut samledata for en gruppe pasienter, er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C. forts.)

	Betydelig vanskelige	Vanskelige	Litt vanskelige	Ingen forskjell	Litt lettere	Lettere	Betydelig lettere	Vet ikke/ Ikke aktuelt
9 Å rekvirere klinisk-kjemiske laboratorieanalyser er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Å slå opp svar på klinisk-kjemiske laboratorieanalyser er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Rekvirere røntgenundersøkelser, UL eller CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Å slå opp svar på røntgenundersøkelser, UL eller CT er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Å rekvirere andre supplerende undersøkelser er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Å slå opp svar på andre supplerende undersøkelser er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Å henvise pasienten til annen avdeling eller spesialist er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Å ordinere direkte behandling (medikamentell, operativ) er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Å skrive resept er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Å skrive sykmelding er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Å samle inn pasientopplysninger til ulike legeerklæringer er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Å gi skriftlig individuell informasjon til pasienten (eks. sykdommens status, medikamenter) er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Å gi skriftlig generell medisinsk-faglig informasjon til pasienten er blitt....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Å samle inn opplysninger til epikrise er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Å kontrollere og signere ferdig skrevne diktater er blitt....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Å utføre prosedyre- eller diagnosekoding er blitt...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Om din oppfatning av den elektroniske pasientjournalen (EPJ¹) ved din avdeling

I denne seksjonen ønsker vi å få ditt syn på den elektroniske pasientjournalen ved å utdype sentrale aspekter ved bruk av denne type systemer.

	Aldri/ nesten aldri	Sjelden	Omtrent halvparten av tiden ⁴	Som regel	Alltid/ nesten alltid
1 Innhold					
a Hvor ofte gir systemet deg akkurat den informasjonen du trenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Hvor ofte er informasjonsinnholdet nok for ditt behov?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Hvor ofte klarer systemet å lage rapporter ² som ser ut til å passe akkurat for deg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Hvor ofte gir systemet tilstrekkelig informasjon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Nøyaktighet³					
a Hvor ofte er systemet nøyaktig?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Hvor ofte er du fornøyd med nøyaktigheten i systemet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Format					
a Hvor ofte synes du svarene fra systemet presenteres på en nyttig måte?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Hvor ofte er informasjonen klar og tydelig?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Brukervennlighet					
a Hvor ofte er systemet brukervennlig?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Hvor ofte er systemet enkelt å bruke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Betimelighet					
a Hvor ofte får du den informasjonen du trenger i tide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Hvor ofte gir systemet deg oppdatert informasjon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ DocuLive, DIPS eller Infomedix

² Med 'rapport' menes enhver sammenstilling eller ethvert sammendrag av informasjon som skrives ut eller vises på skjerm

³ F.eks. at rett journal, rett pasient og rett dokumenttype finnes frem; at informasjonen (eks. blodtrykk) presenteres med rett navn; at informasjonen som presenteres er relevant; at samedata i rapporter er korrekte, m.m.

⁴ Tiden du normalt bruker med datasystemet

E. Samlet vurdering av den elektroniske pasientjournalen (EPJ) ved din avdeling

Til slutt i denne undersøkelsen ønsker vi å få din mening om den elektronisk pasientjournalen ved din avdeling, alt tatt i betraktning.

- | | | | | | | | | | |
|---|--|--|---|---|--|---|-------------------------------------|--|--|
| 1 | Hvor enig eller uenig er du i følgende utsagn:
EPJ er verdt den tid og de krefter det tar å bruke det | Svært uenig
<input type="checkbox"/> | Uenig
<input type="checkbox"/> | Litt uenig
<input type="checkbox"/> | Både og
<input type="checkbox"/> | Litt enig
<input type="checkbox"/> | Enig
<input type="checkbox"/> | Svært enig
<input type="checkbox"/> | |
| 2 | Alt i alt, hvor fornøyd er du med den EPJ du bruker på din avdeling/seksjon? | Ikke i det hele tatt
<input type="checkbox"/> | Lite
<input type="checkbox"/> | Noe
<input type="checkbox"/> | Godt
<input type="checkbox"/> | Svært godt
<input type="checkbox"/> | | | |
| 3 | Alt i alt, hvordan synes du EPJ har endret følgende tre aspekter ved din avdeling eller seksjon: | | | | | | | | |
| a | Gjennomføringen av arbeidet ved vår avdeling/seksjon er blitt... | Betydelig
vanske-
ligere
<input type="checkbox"/> | Vanske-
ligere
<input type="checkbox"/> | Litt
vanske-
ligere
<input type="checkbox"/> | Ingen
endring
<input type="checkbox"/> | Litt
lettere
<input type="checkbox"/> | Lettere
<input type="checkbox"/> | Betydelig
lettere
<input type="checkbox"/> | Betydelig
lettere
<input type="checkbox"/> |
| b | Gjennomføringen av <i>mine egne</i> arbeidsoppgaver er blitt... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Kvaliteten på arbeidet ved vår avdelingen/seksjon er blitt: | Betydelig
dårligere
<input type="checkbox"/> | Dårligere
<input type="checkbox"/> | Litt
dårligere
<input type="checkbox"/> | Ingen
endring
<input type="checkbox"/> | Litt
bedre
<input type="checkbox"/> | Bedre
<input type="checkbox"/> | Betydelig
bedre
<input type="checkbox"/> | Betydelig
bedre
<input type="checkbox"/> |
| 4 | Hvor vellykket er den EPJ du bruker ved din avdeling/seksjon? | Ikke vellykket i det hele tatt
<input type="checkbox"/> | Lite vellykket
<input type="checkbox"/> | Noe vellykket
<input type="checkbox"/> | Vellykket
<input type="checkbox"/> | Svært Vellykket
<input type="checkbox"/> | | | |

E. Kommentarer