

## ONLINE PUBLICATION & EDUCATION: USER NEEDS SURVEY

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This survey gathers information from people, like yourself, who have used distance/online learning tools that enable a student/teacher relationship to accomplish their educational goals. Please answer the following questions regarding any online educational resources you have experienced:

### A. Office Workflow

#### 1) How are you currently using the diabetic worksheet?

- ☐ On-line at the point of care in the exam room or office with the patient present
  - ☐ Complete manually using the paper worksheet form at the point of care
  - ☐ Do not use. (Please explain): \_\_\_\_\_
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#### 2) Do you have an established workflow process for diabetic patient visits?

- ☐ Yes
- ☐ No

#### 3) Is the workflow process for patients with diabetes written?

- ☐ Yes
- ☐ No

#### 4) Does collecting data for the diabetes registry fit into current workflow processes at your office?

- ☐ Yes
  - ☐ No (Please explain how it is different): \_\_\_\_\_
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#### 5) Who prints the worksheet?

- ☐ Physician
- ☐ Nurse/MA
- ☐ Staff/Receptionist
- ☐ Don't print or use

#### 6) Who updates the registry with current visit data?

- ☐ Physician
- ☐ Nurse/MA
- ☐ Staff/Receptionist
- ☐ Biller
- ☐ Other: \_\_\_\_\_

#### 7) Is the CCCN worksheet filed in the patient's paper chart?

- ☐ Yes: When is it filed? \_\_\_\_\_
- ☐ No: Why not? \_\_\_\_\_

## B. Design and Use of the Diabetes Worksheet

1) Does the sequence of information on the worksheet match the way you examine the patient and document a diabetic visit?

- ☐ Yes
- ☐ No (Please explain why.): \_\_\_\_\_

2) Do you use prompts and recommendations built into the CCCN registry software for example: "According to our records patient is due for annual HbA1c. If more recent data please note above"

- ☐ Yes
- ☐ No (Please explain why.): \_\_\_\_\_

3) What other forms do you currently use to document a diabetic patient visit in addition to the registry? (Please explain and/or attach examples)

4) What other forms did you use for diabetes patient point-of-care before the CCCN registry? (Please explain and/or attach examples)

5) What would work best for you and your practice?

- ☐ Use the printed worksheet as it's currently designed (e.g., 3 pages with prompts and recommendations)
- ☐ A shorter version of the printed worksheet, but keep the recommendations
- ☐ A shorter worksheet with only the stored registry fields that are entered via the point of care visit screens.
- ☐ Other: \_\_\_\_\_

6) What 3 things would you like changed on the current Worksheet Registry form? (Please list.)

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7) Is there information missing that would help monitor your patients with diabetes?

- ☐ Yes (Please identify.): \_\_\_\_\_

☐ No

## C. Data Entry and Use

1) Do you use the diabetes registry lab data, and if so is it useful?

- ☐ Yes and it's useful
- ☐ Yes, but not as useful as it could be: How can it be more useful? \_\_\_\_\_

- ☐ Maybe, don't know right now
- ☐ No, but it would be useful if: \_\_\_\_\_

- ☐ No, it would never be useful in my practice: Why? \_\_\_\_\_

**2) Do you use diabetes registry pharmacy data and is it useful?**

- ☐ Yes and it's useful
- ☐ Yes, but not as useful as it could be: How can it be more useful? \_\_\_\_\_

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- ☐ Maybe, don't know right now
  - ☐ No, but it would be useful if: \_\_\_\_\_
  - ☐ No, it would never be useful in my practice: Why? \_\_\_\_\_
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**3) Do you use historical data (e.g. last 3 recorded weights) and is it useful?**

- ☐ Yes and it's useful
- ☐ Yes, but not as useful as it could be: How can it be more useful? \_\_\_\_\_

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- ☐ Maybe, don't know right now
  - ☐ No, but it would be useful if: \_\_\_\_\_
  - ☐ No, it would never be useful in my practice: Why? \_\_\_\_\_
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**D. Accessibility**

**1) Do you have any challenges or disabilities that affect your ability to optimally view or input data into computers?**

*(Please check all that apply.)*

- ☐ Rather not say
- ☐ Vision Impaired
- ☐ Hearing Impaired
- ☐ Motor Impaired
- ☐ Not Impaired

**E. Overall Satisfaction**

**1) Please rate your satisfaction with the online registry usability?**

- ☐ Very satisfied – Has everything I need
- ☐ Somewhat satisfied - Provides most things I need
- ☐ Neither satisfied nor unsatisfied
- ☐ Somewhat unsatisfied – Don't use it much
- ☐ Very unsatisfied – Doesn't help me at all