

# Post-CPOE Follow-up Survey

## Introduction

This is a brief (~5-10 minute) survey intended to gather information on questions you may have previously answered about your ordering practices and opinions to evaluate changes since implementation of pediatric computerized physician order entry (CPOE).

The survey includes questions regarding common inpatient pediatric diagnosis and ask you about what testing or treatment would be appropriate for each situation. The goal is to assess the impact of the Clinical Decision Support (CDS) tools that have been embedded into the Powerplans for each diagnosis.

Your responses will help us improve our order entry and electronic health record. Your participation in this survey is voluntary. Survey responses will not be linked to usernames and the investigators will have no way to determine who has participated in the survey or what responses any individual participant has given. Neither your answers nor your decision to participate in this survey will influence your evaluations in any way.

Thank you in advance!

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# Post-CPOE Follow-up Survey

## Demographics

### 1. What is your current level of training?

- PGY-1
- PGY-2
- PGY-3
- PGY-4
- Other (please specify)

### 2. Approximately how long have you used an electronic health record (EHR) in the care of your patients in each of the following settings?

	Inpatient	Ambulatory	Emergency department	Other setting
Used for < 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Attitudes and perceptions

### 1. Please describe your prior experience with computer provider order entry (CPOE).

- I have never used CPOE before
- I have used CPOE, but with another EHR system. (i.e. EPIC, etc.)
- I have used CPOE with Powerchart/Cerner, but at another IU Health Facility
- I have used CPOE with Powerchart/Cerner, but at another institution
- Other (please specify)

### 2. Which statement most accurately reflects how you feel about CPOE?

- I like using CPOE overall and would not want to go back to using paper
- I dislike using CPOE but would not want to go back to using paper
- I dislike using CPOE and wish we could go back to paper ordering
- Other (please specify)

### 3. Do you feel like CPOE has affected the care of patients at Riley?

- I think it has improved the care that patients receive
- I think it has worsened the care that patients receive
- I think it has improved some aspects of patient care and worsened others
- I don't think CPOE has affected the care of our patients
- Other (please specify)

### 4. How would you describe yourself and how you respond to change?

- I'm an early adopter of change
- I'm a late adopter of change
- I'm a curmudgeon when it comes to change (i.e. - I hate change!)

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## 5. When consider future employment, please indicate how the following will impact your choice.

	Important	Not important
Overall EHR resources	<input type="radio"/>	<input type="radio"/>
What EHR product is available (Epic, Cerner, other)	<input type="radio"/>	<input type="radio"/>
Whether a full EHR is implemented	<input type="radio"/>	<input type="radio"/>
Whether a patient portal (patient access to some or all of their health data) is available	<input type="radio"/>	<input type="radio"/>
Resources in using EHR (support staff)	<input type="radio"/>	<input type="radio"/>
Customization of EHR to my preferences	<input type="radio"/>	<input type="radio"/>
Technology resources (tablets, desktops, mobile, etc)	<input type="radio"/>	<input type="radio"/>

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## Attitude and preceptions

### 1. Completing admission orders for most patients takes

- < 5 minutes
- 5 - 10 minutes
- 10 - 15 minutes
- >15 minutes

### 2. When I write a new order on a patient, I receive a page from pharmacy or nursing

- never
- sometimes
- often

### 3. I use order sets (chose all that apply)

- whenever they are available
- multiple times every day
- only when required (ie. for parenteral antibiotics)
- I prefer not to use order sets

### 4. Please describe how you feel about the Clinical Decision Support tools that are present when using CPOE.

- I find the clinical decision support tools useful.
- I do not find the clinical decision support tools useful.
- What are clinical decision support tools? I haven't noticed them!

### 5. Do you feel like your management of patients has been influenced by Clinical decision support tools?

- I feel more knowledgeable about current guidelines for treatment of certain patients.
- I do not feel that the clinical decision support tools have influenced the way I care for my patients.
- I have not noticed the clinical decision support tools.
- Other (please specify)

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**6. If you thought the clinical decision support tools were helpful, please tell us what things you found to be the most helpful.**

**7. If you have not found the clinical decision support tools to be helpful, please tell us why that was the case.**

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## Questions

**1. Which of the following is the best initial empiric antibiotic therapy for uncomplicated, community acquired pneumonia?**

- Amoxicillin
- Azithromycin
- Cefotaxime
- Ceftriaxone
- Other (please specify)

**2. In children > 2 months of age with a presumed, uncomplicated, febrile urinary tract infection (UTI), initial antibiotic therapy should always be given parenterally.**

- True
- False

**3. Children > 2 months of age with uncomplicated, febrile UTIs require a renal/bladder ultrasound as part of their inpatient work-up.**

- True
- False

**4. Which of the following radiologic and laboratory studies should be routinely ordered in patients > 2 months of age for the diagnosis of bronchiolitis? (Mark all that apply)**

- Blood gas
- CBC
- Basic metabolic panel
- Comprehensive metabolic panel
- Respiratory viral DFA
- Rapid RSV testing
- Rapid Flu testing
- Chest X-ray
- None of the above

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**5. Which of the following should ROUTINELY be ordered when admitting a patient presenting with an apparent life-threatening event (ALTE)?**

- CT head w/o IV contrast
- XR Chest PA and Lateral
- Upper GI with small bowel follow-through to evaluate for reflux
- Barium esophagram to evaluate for aspiration
- None of the above

**6. For an otherwise stable, non-toxic patient being admitted for IV antibiotics to treat a cellulitis that is suspected to be due to methicillin-resistant staphylococcus aureus (MRSA), which of the following is the most appropriate initial empiric antibiotic to order?**

- Clindamycin
- Vancomycin

Other (please specify)

**7. Presume you started clindamycin for the patient with cellulitis in #6 above, but the infection continues to progress. Which of the following antibiotics would you add for additional coverage?**

- Vancomycin
- Ampicillin-Sulbactam
- A Cephalosporin

Other (please specify)

**8. Presume you start vancomycin for the patient with cellulitis in #6 above, but the infection continues to progress. Which of the following antibiotics would you add for additional coverage?**

- Clindamycin
- Ampicillin -sulbactam
- A Cephalosporin

Other (please specify)



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**9. For an otherwise stable patient admitted for IV antibiotics to treat cellulitis that is suspected to be due to methicillin susceptible staphylococcus aureus (MSSA), the most appropriate initial antibiotic treatment to order would be:**

- Cefazolin
- Clindamycin
- Nafcillin
- Vancomycin

**10. Which of the following is the most appropriate antibiotic treatment for cellulitis due to streptococcal bacteria?**

- Clindamycin
- Nafcillin
- Ampicillin
- TMP-SMX

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## Questions

**1. In patients presenting with an ALTE, which of the following is true?**

- A screening CBC and BMP should be sent on all patients
- A blood and urine culture should be sent on all patients
- Respiratory viral studies should be sent on all patients
- All of the above are true
- There is a lack of evidence to support standard laboratory testing in these patients

**2. Inhaled bronchodilators should be ordered ROUTINELY for treatment of all patients with bronchiolitis.**

- True
- False

**3. Azithromycin should be ROUTINELY ordered for all school-aged children admitted with uncomplicated community-acquired pneumonia to cover for possible infection with atypical organisms.**

- True
- False

**4. A skeletal survey should be performed in cases of suspected physical abuse for all patients < 2 years of age?**

- True
- False

**5. A head CT is indicated for any child less than 12 months of age with EITHER evidence of unexplained or clearly-abusive trauma OR with symptoms concerning for CNS injury.**

- True
- False

**6. You should order a bleeding time if you are attempting to rule out an underlying bleeding disorder in a child admitted for possible non-accidental trauma?**

- Yes
- No

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## 7. Describe how often you write call orders for each of the following:

	Never	Hardly ever	Sometimes	Most of the time	All of the time
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxygen saturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. I think standardized call orders are most useful for:

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## End of Survey

Thanks again for all of your time and help with our study!

**1. As always, any comments or feedback that you may have is appreciated!**