

Section 1.1 Adopt – Assess

HIT Attitudes Assessment

Use this assessment to help understand your organization's readiness for adopting an electronic health record (EHR) and other health information technology (HIT). Understanding early attitudes and beliefs can help with effectively planning and providing the right education.

Instructions for Use: Surveying and Determining Results

1. Distribute the survey below in paper and/or electronic form to all staff at your hospital. Indicate a relatively short response time; one or two weeks is plenty of time to respond.
2. Do not circulate the interpretation of results as part of the survey. You will use the interpretation information to help your HIT steering committee and organizational leadership understand the results. You may then share other forms of the results with the entire community of respondents.
3. Once you have received all of the completed surveys, tally the results for each of the three respondent position types (physicians, nurses and other clinicians, administrative/operations staff) and record results using the results form below (one form for each position type). Record the number of respondents and the percent responding from all potential respondents in the category. For example, if you have 12 physicians on the medical staff at your hospital and receive seven responses—that is a 58 percent response rate. In addition to the actual responses, the response rate is a factor that may indicate level of interest.
4. The structure of the questions is designed to prevent someone from merely selecting answers in only one category (e.g., all Agree). Some statements are written in a manner that agreement might be considered a negative; other statements are written so agreement might be a positive. Agreement may be a risk factor (denoted by red), a cautionary area (denoted by yellow), or a strength (denoted by green).
5. Once you have tallied all responses, identify how many statements are in each of the risky (red), cautionary (yellow), and strength (green) areas. If many statements reflect risk, this obviously indicates a high overall risk. In this case, your challenge is considerable education and careful planning. A small number of statements with risk generally indicates overall interest and comfort with HIT—and the areas of risk can be relatively easily targeted in your educational activities.
6. Use the information in the Interpreting Results section to initiate discussion in your organization. Plan what you will do for each area of risk.

HIT Attitudes Assessment

This assessment will help us understand the organization's readiness for adopting an electronic health record (EHR) and other health information technology (HIT). At this time, we are seeking your impressions about potentially adopting EHR or other HIT. This will help us with effectively planning and providing the right education for everyone in our hospital.

Instructions

Please complete this survey and return to: _____ by: _____.

Indicate your position by checking the appropriate box:

- Physician
- Nurse and other clinician (e.g., PA, RN, CMA, dietician, lab tech, pharmacist, PT, social worker)
- Administrative/operations staff (e.g., administrator, biller, coder, communications/customer services, finance, reception/front desk, scheduling, IT)

Note: If you are a physician/clinician with administrative responsibilities, please check only physician or other clinician.

Concerning HIT and EHR, check the column that most closely describes how you feel about each of the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. HIT, in general, increases overall organizational efficiency.					
2. Computerized alerts and reminders can be annoying.					
3. Our patients and/or their families are expecting us to use a computer for their health records					
4. HIT will improve my personal productivity.					
5. HIT and EHR are difficult to learn how to use.					
6. Use of EHR in front of patients or their family members is depersonalizing.					
7. EHR improves quality of care and patient safety.					
8. A first step toward successful use of HIT is addressing opportunities for workflow and process improvement.					
9. We are in an age where we must exchange data electronically with others and HIT helps us do this.					
10. Health care is too complex anymore without access to clinical decision support provided by HIT.					
11. HIT is not as secure as paper records.					
12. HIT can have unintended consequences if we don't apply professional judgment in its use.					

Results Form for (Select position type: **Physicians, Nurses and Other Clinicians, or Administrative/Operations Staff**)

Responses from Location: _____

Response Rate: (insert percent response)

Concerning HIT and EHR, participants checked the column that most closely describes how they feel about each of the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. HIT, in general, increases overall organizational efficiency.	Green	Green	Yellow	Red	Red
2. Computerized alerts and reminders can be annoying.	Yellow	Green	Green	Green	Red
3. Our patients and/or their families are expecting us to use a computer for their health records	Green	Green	Yellow	Red	Red
4. HIT will improve my personal productivity.	Yellow	Green	Yellow	Red	Red
5. HIT and EHR are difficult to learn how to use.	Red	Green	Green	Green	Yellow
6. Use of EHR in front of patients or their family members is depersonalizing.	Red	Red	Yellow	Green	Green
7. EHR improves quality of care and patient safety.	Yellow	Green	Green	Yellow	Red
8. A first step toward a successful use of HIT is addressing opportunities for workflow and process improvement.	Green	Green	Yellow	Red	Red
9. We are in an age where we must exchange data electronically with others and HIT helps us do this.	Yellow	Green	Yellow	Yellow	Red
10. Health care is too complex anymore without access to clinical decision support provided by HIT.	Green	Green	Yellow	Red	Red
11. HIT is not as secure as paper records.	Red	Red	Yellow	Green	Green
12. HIT can have unintended consequences if we don't apply professional judgment in its use.	Green	Green	Yellow	Red	Red

Date completed:

Total	Strength: Green	Caution: Yellow	Risk: Red
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Highlight or circle the statements above where responses indicate a risk factor for the organization.

Interpreting Results

Use the following information to initiate discussion about your findings:

1. **HIT, in general, increases overall organizational efficiency.** Health care delivery organizations have many ways to become more efficient through greater access to data, ability to exchange messages electronically, and reducing rework. Agreement with this statement is healthy, although interpretation must be coupled with an analysis of the response to statement #4. Many people believe in overall efficiency, but they won't accept changes for personal productivity gains. Disagreement with this statement may require you to give more specific examples of HIT functionality and more thorough expectation setting.
2. **Computerized alerts and reminders can be annoying.** Provision of alerts and reminders is an inherent, but not the only, part of clinical decision support. Too many alerts can be annoying, but having none defeats the purpose of HIT. A balance of agreement and disagreement may reflect the appropriate skepticism for finding just the right level of alerting. Strong agreement with this statement may demonstrate resistance to change; strong disagreement may be unrealistic.

3. **Our patients and/or their families are expecting us to use a computer for their health records.** Many more patients and certainly their family members have used or use computers than health care delivery organizations realize. Increasingly more patients and their family members may wonder about how well their clinicians are keeping up to date if they are not using computers. Agreement with this statement recognizes that patients and their families have an important role to play in health care. Disagreement with this statement identifies the need for managing change in both staff and patients/their families.
4. **HIT will improve my personal productivity.** Setting realistic expectations about productivity is important. Some clinicians have heard that using a computer takes longer; others expect to see great time savings. Strong agreement with this statement may reflect unrealistic expectations. Agreement is the desired state. Disagreement with this statement may signal the need for education, especially in reassuring clinicians that typing proficiency is not required for their use of HIT.
5. **HIT and EHR are difficult to learn how to use.** Some skepticism about the difficulty of learning to use HIT and EHR is healthy; being overconfident (strong disagreement) of one's ability to learn to use HIT and EHR can actually work against its adoption. Even if you are already using some HIT or some clinicians have used EHR at another facility, they still will have a learning curve with any new HIT or EHR. Any of the middle-of-the-road answers to this question are generally considered a good sign of readiness. Strong agreement may be evidence of resistance to change.
6. **Use of EHR in front of patients is depersonalizing.** Use of EHR at the point of care is essential to gain quality, safety, and efficiency value. Studies demonstrate that the perception of depersonalization is a clinician perception not shared by most individuals. Agreement with this statement signals that clinicians may not be confident in their computer skills or are generally resistant to change. New forms of communication with patients and their families may need to be introduced. Role playing with staff is a good strategy to overcome this concern.
7. **EHR improves quality of care and patient safety.** A primary purpose of EHR is to improve safety and quality of care. These are essential goals and if not recognized could be an issue in adopting EHR. However, EHR alone does not improve safety and quality of care, so strong agreement could signal unrealistic expectations.
8. **A first step toward a successful HIT is addressing opportunities for workflow and process improvement.** Agreement with this statement represents a strong understanding of HIT and willingness to change. The vast majority of HIT failures have come about because workflow and process changes were not attended to. Disagreement puts the organization at high risk and must be addressed through leadership commitment to the time and resources needed.
9. **We are in an age where we must exchange data electronically with others and HIT helps us do this.** Cautious optimism might be the best response about exchanging data electronically, especially as systems are not fully interoperable and full-blown interfaces between systems may not be necessary where access to summaries or ability to view data may be sufficient. Disagreement suggests resistance to change.
10. **Health care is too complex anymore without access to clinical decision support provided by HIT.** Improving quality of care is probably the primary long-term benefit of HIT. Disagreement with this statement may suggest that current quality issues are not recognized or suggest a lack of appreciation for HIT functionality.

11. **HIT is not as secure as paper records.** HIT can be made more secure than paper records if policies about security access controls, audit trails, and proper workstation utilization measures are adopted. Disagreement with this statement suggests need for education about computer security and commitment to policy enforcement.
12. **HIT can have unintended consequences if we don't apply professional judgment in its use.** A number of articles have recently described problems with unintended consequences of HIT. Virtually all of the articles, or at least responses to the articles, have recognized that in large measure the results have come about because of lack of attention to workflow and process design, or because of reliance solely on the computer rather than professional judgment.

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For support using the toolkit

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