

Enabling Emergency Department Clinicians to Access a Patient's Past Medical History

Start of Block: Consent

Macquarie University HREC Approval number: **52020905322939**

Participant Information Statement and Consent

Description and risks

You are invited to participate in a study of emergency department (ED) and urgent care (UC) clinicians' preferences regarding access to a patient's past medical history (PMH).

For the purpose of this study, past medical history (PMH) is any patient information that is additional to that held on your hospital's computer system. This may include records from general practice or specialists.

If you already have systems for accessing patients' PMH in your emergency department or urgent care facility, then you will be asked questions about your attitudes to it. If you do not have such a system, we will ask questions about your attitudes to obtaining such access. We do not expect there to be any risks associated with participation in this study, however, should you have any concerns please contact Tom Bowden (+64 21 874 154 / Thomas.bowden@hdr.mq.edu.au).

Use of the results

The data from this study will be kept for a minimum of five years from the most recent publication date and will be securely stored on a password-protected computer locked in the study centre. Any data gathered will potentially be used for future research; however, the Macquarie University Human Research Ethics Committee must first approve any such future research before any of your data is used. The results of the study will be published in peer-reviewed journals and may be presented at scientific conferences. Participation in this study is entirely voluntary. You are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence. The study is being conducted by:

| | | |
|-------------------------|----------------|------------------------------------------------------------------------------|
| Mr Tom Bowden | +64 21 874 154 | Thomas.bowden@hdr.mq.edu.au |
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| Professor Enrico Coiera | +612 9850 2403 | enrico.coiera@mq.edu.au |

Completing this survey

Thank you for agreeing to participate in a survey of emergency department and urgent care clinicians. This survey should take between 12 and 15 minutes to complete.

Confidentiality and disclosure of information

No personal details will be gathered during the course of the survey, therefore there will be no way of tracing any comments made. Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by selecting "I consent" below, we plan to publish the results in scientific journals and in presentations at academic conferences. The ethical aspects of this study have been approved by Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics and Integrity (telephone +612 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Your consent

Your decision to participate will not prejudice your future relations with Macquarie University. Participation in this study is entirely voluntary. You are not obliged to participate and if you decide to participate, you are free to withdraw while completing the questionnaire by closing your web browser. Once the questionnaire is submitted it will no longer be possible to withdraw as individual participants cannot be identified in the recorded data. Please feel free to direct any additional questions to Tom Bowden (+64 21 874 154 / Thomas.bowden@hdr.mq.edu.au). You may print a copy of this participant information and consent form via your web browser for your records.

Do you consent to participate in this research?

- I consent / continue
- I do not consent / exit

Page Break

End of Block: Consent

Start of Block: Demographics/screening

Q2.1 How many years have you worked in an emergency department or urgent care facility?

- 0–10
 - 11–20
 - 21–30
 - 31–40
 - 41–50
 - 51+
-

Q2.2 Please indicate your age:

- 19–29 years
 - 30–39 years
 - 40–49 years
 - 50–59 years
 - 60+ years
-

Q2.3 Please state your gender:

- Male
 - Female
 - Other (please specify) _____
-

Q2.4 Where is the emergency department or urgent care facility which is your primary place of practice?

- Australian Capital Territory
 - New South Wales
 - Northern Territory
 - Queensland
 - South Australia
 - Tasmania
 - Victoria
 - Western Australia
 - North Island of New Zealand
 - South Island of New Zealand
 - Other (please specify below)
-

Q2.5 Please provide further information about your emergency department or urgent care facility. Is it:

- Rural
 - Regional
 - Urban
-

Q2.6 When a patient presents to your emergency department or urgent care facility, how do you primarily access a patient's past medical history if the information is not in your hospital's patient record system?

- By contacting the patient's GP
 - We do not access a patient's past medical history
 - We can electronically access past medical history from one or more external sources
-

Q2.7 If you have other non-electronic means of accessing a patient's past medical history, please specify:

End of Block: Demographics/screening

Start of Block: Series B

Q3.1 How valuable do you believe it would be to access detailed information (including pathology, radiology, prescribing information, specialists' letters and hospital discharge summaries from your patients' past medical history)?

- Highly valuable
 - Somewhat valuable
 - Neutral
 - Not especially valuable
 - Not at all valuable
-

Q3.2 I would only be willing to rely upon primary care-sourced information that I was fully satisfied was always complete, accurate and up-to-date.

- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
-

Q3.3 I would only be willing to rely upon primary care-sourced information that I was satisfied was presented in a manner that could be accessed in less than one minute and the contents assessed within two to three minutes.

- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
-

Q3.4 Do you have any comments on the risk of information from patients' past medical history records leading to errors or patient safety risks?

Q3.5 For a patient you see for the first time, with no prior hospital records, how useful would it typically be to access the patient's past medical history records (for a patient triaged as "urgent") for the following presenting conditions?

| | Major benefit | Significant benefit | Modest benefit | Meagre benefit | No benefit |
|--------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collapse/fall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eye problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lower limb injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unknown condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Multiple injuries (as the result of an accident) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Post ictal/altered conscious state | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unwell | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q3.6 For a patient you see for the first time with no prior hospital records, how useful would it be to access the patient's PMH records (for a patient triaged as "urgent") for the following age groups?

| | Major benefit | Significant benefit | Modest benefit | Minor benefit | No benefit |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Infants (0–1 year) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Children (2–11 years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adolescents (12–18 years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults (19–64 years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elderly patients (65+ years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients irrespective of age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q3.7 In which triage categories will diagnosis and treatment of unfamiliar patients most benefit from accessing patient's past medical history?

| | Major benefit | Significant benefit | Modest benefit | Meagre benefit | No benefit |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 (Resuscitate) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 (Emergency) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 (Urgent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 (Semi-urgent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 (Non-urgent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q3.8 In general, which of the following components of a patient's past medical history record are likely to be most valuable?

| | Very valuable | Moderately valuable | Of low value | Of negligible value | Of no value |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Demographic info (age, address etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pathology and radiology results | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medications (prescribing information) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem list | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical history, allergies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specialist/Allied health reports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital discharge summaries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GPs' most recent comments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ECGs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q3.9 Please indicate if other parts of a patient's past medical history are likely to be helpful to you:

Q3.10 In general, how valuable would it be to access information from the following sources?

| | Most valuable | Moderately valuable | Of low value | Of negligible value | Of no value |
|----------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The patient's general practice(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmacies' prescribing data | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical specialists e.g., ophthalmology, ENT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social welfare and related services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental records | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other health and social services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q3.11 Please indicate any other sources of data you believe you would find useful:

Q3.12 Would it be useful to have a patient's past medical history retrieval system that provided access to/or indicated availability of your patients' advance care directives?

- Yes
- No
- When available
- Unsure
-

Q3.13 In what circumstances would having an advance care directive be useful?

Q3.14 Do you believe it would it reduce a patients' past medical history retrieval system's usefulness if some of a patient's past medical history could be removed or masked by the GP (without the removal being indicated)?

- Major reduction in usefulness
- Moderate reduction
- Minor reduction
- Negligible reduction
- No reduction
-

Q3.15 Do you believe it would it reduce a patient's past medical history retrieval system's usefulness if some of a patient's past medical history could be removed or masked by the GP? (with the removal being indicated)

- Major reduction in usefulness
 - Moderate reduction
 - Minor reduction
 - Negligible reduction
 - No reduction
-

Q3.16 Do you wish to make any comments on the likely impact of deliberately masking or removing some sensitive information from a patient's past medical history?

Q3.17 To what extent do you believe that making primary care-held patient records quick and easy to access is important?

- Very important
 - Moderately important
 - Nice to have
 - Not important
-

Q3.18 To what extent do you believe that it is important that any patients' past medical history information retrieved should be capable of being transferred into/stored within your hospital's patient record system?

- Very important
 - Moderately important
 - Nice to have
 - Not important
-

Q3.19 To what extent do you believe that access to patients' past medical history would improve your clinical effectiveness?

- Major improvement
 - Significant improvement
 - Modest improvement
 - Minor improvement
 - Not an improvement
-

Q3.20 To what extent do you believe having access to patients' past medical history is likely to make your job more enjoyable?

- Likely to increase enjoyment
 - Significant increase
 - Modest increase
 - Negligible increase
 - Unlikely to increase enjoyment
-

Q3.21 To what extent do you believe that having access to patients' past medical history would improve clinical outcomes?

- Would make outcomes much more certain
 - A bit more certain
 - Neutral
 - Slightly less certain
 - Much less certain
-

Q3.22 Are you aware of any plans within your organisation to implement an IT system giving you access to patients' past medical history?

- I know that a PMH system is planned
 - I don't know if a PMH system is being planned
 - I don't believe there is a need
-

Q3.23 To what extent do you believe that an IT system to access to patients' past medical history would be a worthwhile investment?

- A very good investment
 - A moderately good investment
 - Of neutral value
 - Not a good investment
 - A poor investment
-

Q3.24 Have other new IT systems been successfully introduced within your organisation during the past five years?

- Yes
- No
- Unsure
-

Q3.25 Approximately what percentage of your day do you spend using any or all of your organisation's current IT systems?

- 11–20%
- 21–30%
- 31–40%
- 41–50%
- 51%+
-

Q3.26 Approximately how many times a day do you use your organisation's electronic patient record system?

- 0
- 1–3
- 4–6
- 7–9
- 10+
-

Q3.27 Please name or briefly describe any other IT applications that are not part of your organisation's electronic record patient system that you access during your working day:

Q3.28 To what extent do you believe that providing electronic access to patients' past medical history would be supported by your organisation's management?

- Likely to be strongly supported
- Likely to be moderately well supported
- Neutral
- Not likely seen as very important
- Not likely seen as at all important

Q3.29 To what extent do you believe that implementation of a system for retrieving patients' past medical history would be supported by your colleagues?

- Likely to be strongly supported
 - Likely to be moderately well supported
 - Neutral
 - Not likely seen as very important
 - Not likely seen as at all important
-

Q3.30 For approximately what percentage of patients would you expect to look up past medical history?

- None
 - 1–4%
 - 5–9%
 - 10–19%
 - 20–50%
 - 50%+
-

Q3.31 To what extent do you believe that learning how to access patients' past medical history is likely to be difficult?

- Unlikely to be difficult
 - I do not anticipate significant difficulties
 - May pose some difficulties
 - Very likely to be difficult
 - I don't know
-

Q3.32 To what extent do you believe that assessing and interpreting information within a patients' past medical history is likely to be difficult?

- Unlikely to be difficult
 - I do not anticipate significant difficulties
 - May pose some difficulties
 - Very likely to be difficult
 - I don't know
-

Q3.33 To what extent do you believe that having access to patients' past medical history would help you manage emergency department or urgent care patients' attendance during a viral pandemic?

- Likely to be very useful
 - Likely to be quite useful
 - Unlikely to be useful
 - May hinder
 - Will hinder
-

Q3.34 To what extent do you believe that having access to patients' past medical history could help you manage a patient suspected of exposure to infection during a viral pandemic?

- Likely to be very useful
 - Likely to be quite useful
 - Unlikely to be useful
 - May hinder
 - Will hinder
-

Q3.35 In a state of pandemic alert, for what proportion of patients would you expect to access patients' past medical history?

- A lot more than normal
 - A bit more
 - The same amount
 - A bit less than normal
 - A lot less than normal
-

Q3.36 Do you have any further comments or suggestions regarding the value of having access to patients' past medical history during the provision of emergency care?

End of Block: Series B

Start of Block: Series A

Q4.1 What is the name of the electronic system you principally use for retrieving patients' past medical history?

- My Health Record (Australia)
 - Manage My Health (New Zealand)
 - Health One (New Zealand)
 - Care Insight (New Zealand)
 - My hospital has a system that I use, but I do not know the name of it
 - Other (please name it and describe it below)
-

Q4.2 Please respond to subsequent questions with your principal system in mind.

Q4.3 How valuable is your principal patients' past medical history retrieval system?

- Highly valuable
 - Somewhat valuable
 - Neutral
 - Not especially valuable
 - Not at all valuable
-

Q4.4 How easy to use is your principal patients' past medical history retrieval system?

- Very easy
 - Quite easy
 - Neutral
 - Fairly difficult
 - Extremely difficult
-

Q4.5 Which aspect(s) of your principal patients' past medical history system do you find most helpful?

Q4.6 Which if any aspect(s) of your principal patients' past medical history system do you find hinder you?

Q4.7 Do you have any comments on the risk of information from patients' past medical history leading to errors or patient safety risks?

Q4.8 Is information from your principal patients' past medical history system automatically inserted into your organisation's electronic records system?

- Yes, information is automatically inserted into to our ED system
- We do it manually by cutting and pasting
- Information is view only
- Other (please specify below)

Q4.9 At which point in an ED presentation are you most likely to review a patient's past medical history?

- Before I see a patient
- While I am assessing a patient
- After I have commenced management of a patient
- At any time

Q4.10 For a patient you see for the first time with no prior hospital records, how useful is it to access past medical history for patients triaged as “urgent” for the following presenting conditions?

| | Major benefit | Significant benefit | Modest benefit | Meagre benefit | No benefit (Don't use) |
|--------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collapse/fall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eye problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lower limb injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unknown condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Multiple injuries (as the result of an accident) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Post ictal/altered conscious state | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unwell | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4.11 For a patient you see for the first time with no prior hospital records, how useful is it to access past medical history records for patients triaged as “urgent” for the following age groups?

| | Major benefit | Significant benefit | Modest benefit | Meagre benefit | No benefit (Don't use) |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Infants (0–1 year) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Children (2–11 years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adolescents (12–18 years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults (19–64 years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elderly patients (65+ years) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients irrespective of age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4.12 In which triage categories does diagnosis and treatment of unfamiliar patients most benefit from accessing patients' past medical history records?

| | Major benefit | Significant benefit | Modest benefit | Meagre benefit | No benefit (Don't use) |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| 1 (Resuscitate) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 (Emergency) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 (Urgent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 (Semi-urgent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 (Non-urgent) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4.13 In general, which components of a patient's past medical history are most valuable?

| | Very valuable | Moderately valuable | Of low value | Of negligible value | Of no value |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Demographic info (age, address etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pathology and radiology results | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medications (prescribing information) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem list | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical history, allergies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Specialist/Allied health reports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital discharge summaries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GPs' most recent comments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ECGs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4.14 Please indicate what other parts of a patient's past medical history are helpful to you:

Q4.15 In general, how valuable would it be to access information from the following sources?

| | Most valuable | Moderately valuable | Of low value | Of negligible value | Of no value |
|----------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The patient's general practice(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmacies' prescribing data | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical specialists e.g., ophthalmology, ENT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social welfare and related services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental records | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other health and social services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q4.16 Please indicate any other sources of data you believe you would find useful:

Q4.17 Does your existing past medical history record retrieval system provide you with access to, or indicate availability of your patients' advance care directives?

- Yes
 - No
 - When available
 - Unsure
-

Q4.18 Is having access to advance care directives useful?

- Always
 - Mostly
 - Seldom
 - Never
-

Q4.19 Does your existing system for accessing patients' past medical history records indicate whether it has withheld parts of patient history (e.g., sexual health related information, mental health information and/or any other information deemed sensitive by the GP)?

- Yes
 - No
 - Unsure
-

Q4.20 How much do you believe it would reduce the past medical history system's usefulness if some of a patient's past medical history can be removed or masked by the GP?

- Major reduction in usefulness
 - Moderate reduction
 - Minor reduction
 - Negligible reduction
 - No reduction
-

Q4.21 Do you wish to make any comments on the likely impact of deliberately masking or removing some sensitive information from a patient's past medical history?

Q4.22 Do you consider your current method for electronic access of patients' past medical history records to be efficient?

- Always
 - Mostly
 - Seldom
 - Occasionally
 - Not at all
-

Q4.23 Do you have any comments on the efficiency of your current electronic methods to access patients' past medical history records?

Q4.24 To what extent do you believe that having access to patients' past medical history improves your clinical effectiveness?

- It provides a major improvement
- Significant improvement
- Neutral improvement
- Negligible improvement
- No improvement

Q4.25 To what extent do you believe that having access to patients' past medical history makes your job more enjoyable?

- Major increase in enjoyment
- Significant increase
- Modest increase
- Negligible increase
- No increase

Q4.26 To what extent do you believe that having access to patients' past medical history makes you more effective?

- Major improvement in my success
- Significant improvement
- Modest improvement
- Minor improvement
- Does not improve my success

Q4.27 To what extent do you believe that having access to patients' past medical history improves clinical outcomes?

- Makes outcomes much more certain
 - A bit more certain
 - Neutral
 - Slightly less certain
 - Much less certain
-

Q4.28 To what extent do you believe that your organisation's investment in an IT system to access patients' past medical history has been worthwhile?

- Very good investment
 - Moderately good investment
 - Neutral
 - Not a good investment
 - A poor investment
-

Q4.29 Have other new IT systems been successfully introduced into your organisation during the past 5 years?

- Yes
 - No
 - Unsure
-

Q4.30 Approximately what percentage of your day do you spend using your ED's IT systems?

- 11–20%
 - 21–30%
 - 31–40%
 - 41–50%
 - 51%+
-

Q4.31 Approximately how many times a day do you use your hospital's electronic patient record system?

- 1–3
- 4–6
- 7–9
- 10+

Q4.32 Are there other IT applications that are not part of your organisation's electronic record system that you access during your working day?

- Yes
- No

Display This Question:

If Are there other IT applications that are not part of your organisation's electronic record system... = Yes

Q4.33 Please name or briefly describe any other IT applications that are not part of your ED's electronic record patient system that you access during your working day:

Q4.34 To what extent is providing electronic access to patients' past medical history supported by your organisation's management?

- Strongly supported
 - Moderately well supported
 - Neutral
 - Not seen as very important
 - Not seen as at all important
-

Q4.35 To what extent is electronic access to patients' past medical history supported by your colleagues?

- Strongly supported
 - Moderately well supported
 - Neutral
 - Not seen as very important
 - Not seen as at all important
-

Q4.36 For approximately what percentage of patients do you look up patients' past medical history?

- 0–20%
- 21–40%
- 41–60%
- 61–80%
- 80%+

Q4.37 To what extent do you believe that having access to patients' past medical history can help you with presentations during a viral pandemic?

- Likely to be very useful
- Likely to be quite useful
- Unlikely to be useful
- May hinder
- Will hinder

Q4.38 To what extent do you believe that having access to patients' past medical history can help you manage a patient suspected of exposure to infection during a viral pandemic?

- Likely to be very useful
 - Likely to be quite useful
 - Unlikely to be useful
 - May hinder
 - Will hinder
-

Q4.39 In a state of pandemic alert, for what proportion of patients would you expect to access patients' past medical history?

- A lot more than normal
 - A bit more
 - The same amount
 - A bit less than normal
 - A lot less than normal
-

Q4.40 Do you have any further comments or suggestions regarding the value of having access to patients' past medical history during the provision of emergency care?

End of Block: Series A
