

**Canada Health Infoway**  
**SYSTEM AND USE e-Requests for Services**

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This survey asks questions about the systems you use to **electronically request services from other regulated health professionals**. It will take about 5 minutes. Responses will be kept anonymous and confidential. Mandatory questions are indicated with an asterisk (\*).

Thank you for completing this survey. Your feedback will help your organization and others improve digital health use and service quality.

If you have any questions about the survey, please contact Canada Health Infoway at [innovation@infoway-inforoute.ca](mailto:innovation@infoway-inforoute.ca) or your organization

SAMPLE

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1. Thinking of the system that you use to request services from other regulated health professionals, please indicate your level of agreement or disagreement with each of the following statements below.\*

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure	Not Applicable
a.) The system is an effective way to request services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) The system is easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) I had the technical support I needed to use the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) The system is well-integrated into my workflow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In your experience, what are the results of using the system to request services electronically?

Based on your experience, please indicate your level of agreement or disagreement with each of the following statements. \*

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Not Sure	Not Applicable
a) Using the system, it takes less time to make requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Using the system improves the quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Using the system improves my productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Using the system enhances my ability to coordinate the continuity of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Those who receive requests through the system think that the process is valuable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Overall, the system leads to faster responses to requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Overall, using the system results in fewer lost requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How likely are you to recommend the system to other health care providers? \*

Definitely	Probably	Probably Not	Definitely not
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. On average, how many requests do you make weekly? \*

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- More than 30/week .....
- 15 to 29/week .....
- 5 to 14/week .....
- 1 to 4 /week .....
- Less than 1/week .....
- Don't know .....

5. Do you have any other comments you would like to make regarding the system?

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6. What is your professional role? \*

- Registered Nurse .....
- Pharmacist .....
- Physician.....
- Other (please specify) .....

**THANK YOU FOR YOUR RESPONSES**

