



# **EHR Usability Test Report of e-Medsys EHR Version 9**

*Report based on ISO/IEC 25062:2006 Common Industry Format for Usability Test Reports*

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## EXECUTIVE SUMMARY

A usability test of e-Medsys EHR Version 9.0 was conducted between March 9th through March 16th by TriMed Technologies staff in High Point, NC through remote sessions. The purpose of this test was to test and validate the usability of the current user interface, and provide evidence of usability in the EHR Under Test (EHRUT). During the usability test, 10 healthcare workers matching the target demographic criteria served as participants and used e-Medsys EHR in simulated, but representative tasks.

The study collected performance data on 13 tasks typically conducted by physicians, nurses, Administrators, and clinical staff in e-Medsys EHR.

- Entering demographics
- Interacting with a Clinical Decision Support
- Reviewing the medication list
- Entering a lab order
- Entering a X-ray order
- Entering an Implantable Device Number
- Reviewing and updating the problem list
- Reviewing and updating the allergy list
- Responding to a drug intervention
- Write and send a prescription
- Cancel a prescription
- Respond to a refill request
- Reconciling and incorporating clinical information from a CCD

During the 30-minute one-on-one usability test, each participant was greeted virtually by the administrator. Each participant was read a request for informed consent/release and asked to give their verbal consent (see Appendix 3, Recording Consent). Participants were instructed that they could withdraw at any time.

All participants had prior experience with the system. The administrator introduced the test, and instructed participants to complete a series of tasks (given one at a time) using e-Medsys EHR.

During the testing, the administrator timed the test and, along with the data loggers recorded user performance data on paper and electronically. The administrator did not give the participant assistance in how to complete the task. Participant screens and audio were recorded for subsequent analysis. All participant data was de-identified – no correspondence could be made from the identity of the participant to the data collected.

In accordance with the examples in the NIST 7742 Customized Common Industry Format Template for Electronic Health Record Usability Testing, various recommended metrics were used to evaluate the usability of the software.

The following types of data were collected for each participant:

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant's satisfaction ratings of the system

In addition to the performance data, the following qualitative observations were made:

- Participant's verbalizations
- Major Findings
- Areas for improvement

## INTRODUCTION

The EHR Under Test (EHRUT) tested for this study was e-Medsys EHR 9.0, an ambulatory electronic health records. Designed to present medical information to the intended users which include healthcare providers and their medical staff in an outpatient setting for various specialties. The usability testing attempted to represent realistic exercises and conditions.

The purpose of this study was to test and validate the usability of the current user interface, and provide evidence of usability in e-Medsys EHR. To this end, measures of effectiveness, efficiency and user satisfaction, such as task completion rate, time on task, path deviation rate, and errors were captured during the usability testing.

## METHOD

### Participants

A total of 10 participants were tested on e-Medsys EHR. Participants in the test were doctors, nurses, Administrative staff, and clinical users. Participants were recruited by TriMed Technologies. In addition, participants had no direct connection to the development of or organization producing the EHRUT. For the test purposes, end-user characteristics were identified and translated into a recruitment screener used to solicit potential participants; an example of a screener is provided in Appendix 1.

Recruited participants had a mix of backgrounds and demographic characteristics conforming to the recruitment screener. The following is a table of participants by characteristics, including demographics, professional experience, computing experience and product experience. Participant names were replaced with Participant IDs so that an individual's data cannot be tied back to individual identities.

Part ID	Gender	Age Range	Education	Occupation/ role	Professional Experience	Computer Experience	Product Experience	Assistive Technology Needs
1	female	40-49	Asso. Degree	Admin	240 months	264 months	60 months	No
2	female	40-49	Bachelor Degree	Admin	300 months	420 months	36 months	No
3	male	30-39	Doctorate	Physician	156 months	240 months	4 months	No
4	female	20-29	Vocation. Training	Clinical User	60 months	180 months	36 months	No
5	male	50-59	Doctorate	Physician	360 months	480 months	144 months	No
6	female	20-29	Assoc. Degree	Clinical User	96 months	216 months	96 months	No
7	female	30-39	Bachelor Degree	Admin	120 months	228 months	84 months	No
8	female	20-29	Vocation Training	Clinical User	48 months	144 months	6 months	No
9	female	30-39	Bachelor Degree	MA	168 months	252 months	96 months	No
10	female	20-29	Bachelor Degree	Admin	144 months	300 months	8 months	No

Ten participants matching the demographics in the section on Participants were recruited and ten participated in the usability test. See Appendix 2 for participant demographics. Participants were scheduled for 30 minute sessions with a minimum of 20 minutes in between each session for debrief by and administrators and data loggers, and to reset systems to proper test conditions.

## Study Design

Overall, the objective of this test was to uncover areas where the application performed well – that is, effectively, efficiently, and with satisfaction – and areas where the application failed to meet the needs of the participants. The data from this test may serve as a baseline for future tests with an updated version of e-Medsys EHR. In short, this testing serves as both a means to record or benchmark current usability, but also to identify areas where improvements must be made.

During the usability test, participants interacted with only e-medsys EHR. Each participant used the system in the same development environment and was provided with the same instructions. The system was evaluated for effectiveness, efficiency and satisfaction as defined by measures collected and analyzed for each participant:

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant’s verbalizations (comments)
- Participant’s satisfaction ratings of the system
- 

Additional information about the various measures can be found in the section on Usability Metrics.

## Tasks

A number of tasks were constructed that would be realistic and representative of the kinds of activities a user might do within the e-Medsys EHR. Tasks were selected based on ONC CEHRT2015 certification criteria, their frequency of use, criticality of function, and those that may be most troublesome for users. The tasks included:

Task	Safety Enhanced Design Criteria
1. Entering Demographics	170.315(a)(15)- Demographics

2. Interacting with Clinical Decision Support	170.315(a)(9)-Clinical Decision Support
3. Updating the Problem List	170.315(a)(6)- Problem List
4. Reviewing and update the Allergy List	170.315(a)(8)- Allergy List
5. Reviewing the medication list and refill a medication	170.315(a)(7) Medication list
6. Ordering a lab	170.315(a)(2)Computerized provider Order Entry- laboratory
7. Entering a X-ray Order	170.315(a)(3)- Computerized Provider order entry- diagnostic imaging
8. Responding to a drug intervention	170.315(a)(4)- drug-allergy interaction checks
9. Entering an Medical Device List	170.315(a)(14)-Implantable Device
10. Write and send a Prescription	170.315(a)(1)-CPOE Medications, 170.315(b)(3)- Electronic Prescribing
11. Cancel a Prescription	170.315(b)(3)- Electronic Prescribing
12. Respond to a Refill Request	170.315(b)(3)- Electronic Prescribing
13. Reconciling and incorporating clinical data	170.315(b)(3)- Clinical Information Reconciliation and Incorporation

## Procedures

TriMed staff conducted the study during remote sessions using GoToMeeting which allows screen-sharing, audio-conferencing and the ability to take mouse control of another person’s computer. The test administrator moderated the session including administering instructions and tasks. The administrator also monitored task times, obtained post-task rating data, and took notes on participant comments. A second person served as the data logger and took notes on task success, path deviations, number and type of errors and comments. Participants were instructed to perform the tasks (see specific instructions below):

- As quickly as possible making as few errors and deviations as possible.
- Without assistance; administrators were allowed to give immaterial guidance and clarification on tasks, but not instructions on use.

Task timing began once the administrator finished reading the question. The task time was stopped once the participant indicated they had successfully completed the task. Scoring is discussed below in the Usability Metrics section.

Participants' demographic information, task success rate, time on task, errors, deviations, verbal responses, and post-test questionnaire were recorded into a spreadsheet.

## Test Location

Test sessions were held remotely via GoToMeeting. The test administrator logged into the session from a quiet office at TriMed Technologies, Corp in High Point, NC. Participants logged into the session from various locations. During the session, the test administrator could see only the participant's screen and listen to the participant's responses.

## Test Environment

e-Medsys EHR would typically be used in a healthcare office or facility. In this instance, the testing was conducted remotely via GoToMeeting. For testing, the test administrator used an Apple iMac desktop running Mac OS with a 5K screen resolution. The participants used their own computer, keyboard and mouse when interacting with the system and were given remote control of the test administrator's system.

The application was set up by TriMed staff according to the documentation describing the system set-up and preparation. The application itself was running on a web-based browser platform using a test database on a wireless connection. Technically, the system performance (i.e., response time) was somewhat slower than what actual users would experience in a field implementation due to the remote connection.

## Test Forms and Tools

During the usability test, various documents and instruments were used, including:

- Recording Consent Statement
- Task List
- GoToMeeting Software

Examples of these documents can be found in the Appendices.

The participant's interaction with e-Medsys EHR was captured and recorded digitally with the GoToMeeting recording tool running on the test administrator's computer. Verbal comments were recorded with the participants' computer microphones or telephones.

## Participant Instructions

The administrator read the following instructions aloud to each participant:

*Thank you for participating in TriMed's Usability Test! Your input is very important to us. Our session today will last about 30 minutes. You will be using e-Medsys EHR v9. During this time, I will ask you to complete a few tasks using the system and answer some questions.*

*We are interested in how easy (or how difficult) this system is to use and how we could improve it. The purpose of this study is to test the usability of our software and not to test you. Therefore, if you have difficulty with something there may be something in the system that we need to improve. I will be here in case you need specific help, but I am not able to instruct you or provide help in how to use the application*

*The results from this study will help us to make our software more useful and usable in the future.*

*With your permission, I would like to record today's session. Do you agree to grant TriMed's team permission to use screen recording and audio recordings of this session for internal purposes related to the improvement of the product?*

Once permission was given, the administrator read the following instructions:

*Thank you so much. If for any reason you feel it necessary to take a break or withdraw from the test you may do so.*

*I have prepared the testing system for you and we are about to start the tasks. I have made it so that you can take control of the screen. Are you able to see the testing system on your screen and can you move the mouse? Great!*

*For each task, I will read the instructions to you and they will appear on screen for you to read as well.*

*Please work at your normal speed and only do what you are specifically asked to do in the system. I will be here in case you are stuck, but I won't be able to instruct you or provide specific steps on how to use the application.*

*Please verbally indicate when you are done with each task. I will then ask you to rate the ease of completing each task and whether you have any feedback.*

*Do you have any questions or concerns?*

Participants were then given the thirteen tasks to complete. The tasks are listed in Appendix 4.

## Usability Metrics

According to the NIST Guide to the Processes Approach for Improving the Usability of Electronic Health Records, EHRs should support a process that provides a high level of usability for all users. The goal is for users to interact with the system effectively, efficiently, and with an acceptable level of satisfaction. To this end, metrics for effectiveness, efficiency and user satisfaction were captured during the usability testing. The goals of the test were to assess:

1. Effectiveness of e-Medsys EHR by measuring participant success rates and errors
2. Efficiency of e-Medsys EHR by measuring the average task time and path deviations
3. Satisfaction with e-Medsys EHR by measuring ease of use ratings

## Data Scoring

Measures	Rationale and Scoring
Effectiveness:  Task Success	<p>A task was counted as a “Success” if the participant was able to achieve the correct outcome, without assistance, within the time allotted on a per task basis.</p> <p>The total number of successes were calculated for each task and then divided by the total number of times that task was attempted. The results are provided as a percentage.</p> <p>Task times were recorded for successes. Observed task times divided by the optimal time for each task is a measure of optimal efficiency.</p> <p>Optimal task performance time, as benchmarked by expert performance under realistic conditions, is recorded when constructing tasks. Target task times used for task times in the Moderator’s Guide must be operationally defined by taking multiple measures of optimal performance and multiplying by 2 that allows some time buffer because the participants are presumably not trained to expert performance. Thus, if expert, optimal performance on a task was 20 seconds then allotted task time performance was 40 seconds. This ratio should be aggregated across tasks and</p>

	reported with mean and variance scores.
Effectiveness:  Task Failures	<p>If the participant abandoned the task, did not reach the correct answer or performed it incorrectly, or reached the end of the allotted time before successful completion, the task was counted as an "Failures." No task times were taken for errors.</p> <p>The total number of errors was calculated for each task and then divided by the total number of times that task was attempted. Not all deviations would be counted as errors. This should also be expressed as the mean number of failed tasks per participant.</p> <p>On a qualitative level, an enumeration of errors and error types should be collected.</p>
Efficiency  Task Deviations	<p>The participant's path (i.e., steps) through the application was recorded. Deviations occur if the participant, for example, went to a wrong screen, clicked on an incorrect menu item, followed an incorrect link, or interacted incorrectly with an on-screen control. This path was compared to the optimal path. The number of steps in the observed path is divided by the number of optimal steps to provide a ratio of path deviation.</p>
Efficiency:  Task Time	<p>Each task was timed from when the administrator said "Begin" until the participant said, "Done." If he or she failed to say "Done," the time was stopped when the participant stopped performing the task. Only task times for tasks that were successfully completed were included in the average task time analysis. Average time per task was calculated for each task. Variance measures (standard deviation and standard error) were also calculated.</p>
Satisfaction:  Task Rating	<p>A subjective impression of the ease of use of the application was measured by administering both a simple post-task question. A scale of Very Easy (5) to Neutral(3) to Very Difficult (1) was used to determine the satisfaction. This data are averaged across participants.</p>

# Results

## Data Analysis and Reporting

The results of the usability test were calculated according to the methods specified in the Usability Metrics section above. Participants who failed to follow session and task instructions had their data excluded from the analyses.

The usability testing results for e-Medsys EHR are detailed below. The results should be seen in light of the objectives and goals outlined in the Study Design section. The data yielded actionable results that, when corrected, will yield a material, positive impact on user performance.

Task	Measure	N	Task Success	Path Deviation	Task Time		Errors	Task Ratings 5=Easy
	#				Mean (SD)	Deviations (Observed / Optimal)		
1. Entering Demographics		10	60% (.52)	24.9/24 clicks	2 mins 55 sec (62.3)	151/147 seconds	0.4 (.52)	3 (.94)
2. Interacting with a Clinical Decision Support		10	100% (0)	2/2 clicks	24 sec (9.2)	24/44 seconds	0	5 (0)
3. Reviewing and updating the problem list		10	100% (0)	4/4 clicks	24.8 sec (10.6)	51.9/60 seconds	0	4.2 (0.78)
4. Reviewing and updating the allergy list		10	80% (.42)	7.1/7 clicks	35.6 sec (12.38)	35.6/45 seconds	0.5 (.53)	4.1 (0.56)
5. Reviewing the Medication List		10	80% (.42)	2/2 clicks	12 sec (5.53)	12/14 seconds	0.2 (.42)	4.3 (0.82)
6. Entering a Lab Order		10	80% (.42)	1.4/1 clicks	12.7 sec (14.82)	12.7/20 seconds	0.2 (.42)	4.5 (0.85)
7. Entering a X-ray Order		10	100% (0)	1/1 clicks	5.7 sec (9.30)	5.7/56 seconds	0	5 (0)
8. Entering a Medical Device Number		10	90% (.31)	4.3/4 clicks	22.6 sec (10.86)	22.6/28 seconds	0.1 (.31)	3.7 (0.48)
9. Responding to a drug intervention		10	90% (.31)	1/1 clicks	12.9 sec (14.56)	12.9/32 seconds	0.1 (.31)	5 (0)
10. Write and send a prescription		10	90% (.31)	5/5 clicks	27.1 sec (8.57)	27.1/40 seconds	0.1 (.31)	4.3 (0.67)
11. Cancel a Prescription		10	80 (.42)	2.4/2 clicks	39.3 sec (14.39)	39.3/45 seconds	0.2 (.42)	3.5 (0.70)
12. Respond to a Refill Request		10	90% (.31)	5.2/5 clicks	40.3 sec (18.11)	40.3/76 seconds	0.1 (.31)	4 (1.05)
13. Reconciling and incorporating clinical information from a CCD		10	100% (0)	4.3/4 clicks	48.8 sec (24.42)	48.8/126 seconds	0	3.6 (0.52)

## **Effectiveness**

Overall, e-Medsys was found to be very effective. There was a 87.5% success rate across all tasks and eight out of thirteen task had a 90% success rate or higher. Twelve out of thirteen task were 80% and higher.

## **Efficiency**

e-Medsys EHR was also found to have high measures of efficiency. The path deviation rate was found to be very low with the highest only being 1.1 (the closer to 1, the better) proving that the software pathways are intuitive to users and efficient. The task time deviation rate was also fairly low for most tasks.

## **Satisfaction**

Participants rated e-Medsys with a high satisfaction rating overall. The average satisfaction rating for all tasks was 4.16 out of 5.

## **Major Findings**

e-Medsys EHR was found to be a very usable system and overall intuitive, efficient and with a high satisfaction rate. Participants struggled the the most with new features that they were not familiar with. They also seemed to go slower than in a normal practice situation, due to that they did not make many path deviations, but the time on some task were high.

## **Areas for Improvement**

Areas for improvement for each individual task are detailed below. An area of improvement that came up more was having more tooltips or instructions. Once the users completed the task (even the new ones), they agreed it made sense but training helps the task be less intimidating and confusing.

## **Task Results and Discussion of Findings**

### **Task 1: Entering Demographics (a.5)**

#### **Effectiveness**

Entering Demographics was found to be 60% effective, since more than half were able to successfully finish the task. Four out of ten failed the task due to going over the allotted time, due to the new feature of choosing 'Race' was unfamiliar to them.

### **Efficiency**

The participants were able to complete the task although the time took longer than the optimal time. The average click was 24.9 clicks, and compared to the 24 clicks optimal time. There was several path deviations when selecting a Race for the patient.

### **Satisfaction**

The participants were pleased with the Demographic changes, but did not think entering the Race was very easy. The average rating was a 3 due to the complex nature of the Race field and all the sub-categories.

### **Major Findings**

Overall the Demographics was a usable module in e-Medsys. The participants seem to struggle with the new features: Race, Sexuality, Gender Identity. They were confused in how to select the proper race with some many sub-groups and arrows.

### **Areas of Improvement**

An area of improvement would be to make the 'Race' field easier to navigate. When the user clicks on the race field, this action should add it to the screen, instead of having to use arrows to move the race over to the selected field. A tooltip on the screen would also help users know how to navigate this feature.

## **Task 2: Interacting with a Clinical Decision Support (a.9)**

### **Effectiveness**

There was a 100% success rate for this task. It was very easy for participants to interact with a clinical decision support.

### **Efficiency**

The participants were able to complete the task with no path deviations. The observed path and optimal path were the same for all the participants. The average observed time was also a lot quicker (24 seconds) than the optimal time (44 seconds).

### **Satisfaction**

Due to the ease of this task, the overall rating was a 5.

### **Major Findings**

Interacting with Clinical Decision Support was easy and intuitive for the participants.

### **Areas of Improvement**

There were no areas of improvement for this task at this time.

### Task 3: Reviewing and updating the problem list (a.6)

#### **Effectiveness**

There was a 100% success rate for this task with all ten participants completing the task.

#### **Efficiency**

The average task time was 24.8 seconds to complete the task. The observed time (51.9) was faster than the optimal time (60 seconds).

#### **Satisfaction**

This task had high satisfaction with an average rating of 4.2 out of 5.

#### **Major Findings**

Adding and editing the problem seem make sense to the participants given the above scores.

#### **Areas for Improvement**

There are no areas of improvement to report for this task at this time.

### Task 4: Reviewing and updating the Allergy List (a.8)

#### **Effectiveness**

There was a 80% success rate on this task, with two of the participants going over the the allotted time due to searching for how to edit.

#### **Efficiency**

Overall this task was efficient, with only 1 participant deviated from the optimal path.

#### **Satisfaction**

The task had a high satisfaction rate of 4.1 out of 5.

#### **Major Findings**

Participants generally found it very easy to add and modify allergies in the system. The participants who went over the allotted time was not sure where to click when modifying the allergy. They were in the right screen, but just took their time looking at all the options.

#### **Areas for Improvement**

Making the Modify section for an allergy more prominent might help users once they get into the screen.

### Task 5: Review the Medication List (a.7)

#### **Effectiveness**

There was a 80% success rate for this task. It was very easy for participants to access the patient's medication list and review it.

### **Efficiency**

Most participants completed the task faster than the optimal time with no path deviations. The average task time was 12 seconds, just slightly faster than the optimal task time of 14 seconds.

### **Satisfaction**

This task had a high satisfaction rate of 4.3 out of 5. Most participants were familiar with the task and found it very easy to complete.

### **Major Findings**

Participants very easily located the patient's medication list and reviewed it. There were two participants who went over the allotted time. They were on the right screen but took a little bit searching for the right area. There were not aimlessly clicking on wrong buttons, or the path deviations would be higher.

### **Areas for Improvement**

An area of improvement would be to make a tooltip so the user would know that they are reviewing the medication list.

## **Task 6: Entering a Lab Order (a.2)**

### **Effectiveness**

There was a 80% success rate for this task. It was very easy for participants to enter a lab order for a patient. Two of the participants went over the allotted time so therefore they failed the task.

### **Efficiency**

The average observed time was 12.7 seconds which was quicker than the optimal time (20 seconds). The path deviation came from unfamiliarity of this feature, and choosing a longer path to complete the task.

### **Satisfaction**

The participants average satisfaction rate was a 4.5 out of 5. There were no complaints about this task.

### **Major Findings**

Overall this task was pretty straightforward, and there were not any major findings. There were a few ways to do this task, some quicker than others.

### **Areas of Improvement**

There are no areas of improvement for this task at this time.

## Task 7: Entering a X-ray Order (a.3)

### **Effectiveness**

There was a 100% success rate for all participants for this task. The participants did not have any problems completing this task.

### **Efficiency**

There were no path deviations for this task, and the observed time (5.7 seconds) was a lot faster than the optimal time of (56 seconds).

### **Satisfaction**

The overall satisfaction for this task was a 5 out of 5.

### **Major Findings**

There are different paths to take to complete this task, one path taking more time with more steps. All of the participants chose the most efficient path in order to complete the task.

### **Areas of Improvement**

There are no areas of improvement at this time

## Task 8: Entering a Medical Device Number(a.14)

### **Effectiveness**

There was a 90% success rate on this task. Only one participant went over the the time allotted due to being unfamiliar with the feature.

### **Efficiency**

Two participants had path deviations, but eight out of ten participants were able to complete the task with the optimal path. The average observed time was 22.6 seconds which was 5.4 seconds faster than the optimal time of 28 seconds.

### **Satisfaction**

The overall satisfaction was a 3.7 out of 5. Some participants gave neutra score dueto seeing the value behind this task, since they didn't think it pertained to their specialty.

### **Major Findings**

Some participants were confused as to why they needed to be tested on this task since it did not pertain to their specialty.

### **Areas of Improvement**

Adding a tooltip over the label could help minimize what to do with this field. After training, this use would be easy to use and once the practice is need of utilizing this feature.

## Task 9: Respond to a Drug Intervention (a.4)

### **Effectiveness**

This task had a 90% success rate with one participant going over the time allotted. The one participant who went over the allotted time, took longer to close-out of the alert window.

### **Efficiency**

None of the participants had any path deviations and nine out of ten participants were able to complete the task faster than the optimal time.

### **Satisfaction**

This task had a very high satisfaction rating with an average of 5 out of 5.

### **Major Findings**

This task was very easy for all participants to respond to the drug intervention alert.

### **Areas for Improvement**

No major suggestions for improvement were given since the task was easily completed.

## Task 10: Write and Send a Prescription (a.1,b.3)

### **Effectiveness**

This task had an 90% success rate and only one participant went over the allotted time.

### **Efficiency**

The average task time was 27.1 seconds versus the optimal time of 40 seconds, and nine out of the ten participants were faster than the optimal time. There were no path deviations, just one participant taking longer on each step.

### **Satisfaction**

The task had a high satisfaction rate of 4.3 out of 5. Most participants found writing and sending a prescription straightforward and easy.

### **Major Findings**

Most of the participants found writing and sending a prescription fairly easy when using a Prescription template. If there was not prescription template, it would be hard to search for the prescription and fill out all the dropdowns manually in a real life scenario.

### **Areas for Improvement**

It was noted that there could be better search features for the different dropdowns.

## Task 11: Cancel a Prescription (b.3)

### **Effectiveness**

This task had an 80% success rate due to participants going over the allotted time. The participants who went over the allotted time did not have any path deviations. Instead of clicking on a different path, they took a little bit to figure out where to click.

### **Efficiency**

Two out of ten participants deviated from the optimal path, but they were still able to complete the task in the allotted time.

### **Satisfaction**

The task had an average satisfaction rate of 3.5 out of 5.

### **Major Findings**

Most participants found it easy to cancel and change a prescription but a couple struggled with the task due to unfamiliarity. Half of the participants would open a new prescription to look for the cancel feature, then they would open the old prescription.

### **Areas for Improvement**

Most of the participants thought the task made sense and was easy to complete once they learned the new feature.

## Task 12: Respond to a Refill Request (b.3)

### **Effectiveness**

There was a 90% success rate, due to two participants going over the allotted time. These participants tried sending the refill without entering a quantity, so they spent more time on this task.

### **Efficiency**

There were only two path deviations, and eight out of ten completed the task faster than the optimal time.

### **Satisfaction**

This task had an overall rating of 4 out of 5.

### **Major Findings**

Most all of the participants initially paused after the script was read, wondering where to go to find refill request.

### **Areas for Improvement**

All participants found it very easy but a couple suggested that it would be even easier if users did not have to scroll down on the screen in order to complete the request.

## Task 13: Reconciling and incorporating clinical information from a CCD

### (b.2)

#### **Effectiveness**

This task had a success rate of 100% across all participants

#### **Efficiency**

Even though there was a 100% success rate, there were 3 participants who deviated from the path. They deviated from the path, but were still able to complete the task in the allotted time.

#### **Satisfaction**

There was an overall satisfaction of 3.6 out of 5, due to the task being one the participants had not used before, so the concept was new.

#### **Major Findings**

Even though it was a new feature, the participants seem to think it made sense after they completed the task. The participants were able to read the screens and know which buttons to choose.

#### **Areas of Improvement**

Having some tooltips over the buttons would help the participants know which options to choose from.

# Appendices

## Appendix 1: Recruiting Screener

The test administrator asked the questions at the beginning of the session.

1. Name
2. Email address
3. Gender
  - a. Male
  - b. Female
  - c. Other/decline to answer
4. Age Range
  - a. 20-29
  - b. 30-39
  - c. 40-49
  - d. 50-59
  - e. 60-69
5. What is your role in the medical office?
6. How many years have you been working in your field?
7. How many years of experience do you have using computers for personal and professional activities?
8. How long have you used e-Medsys EHR?

## Appendix 2: Participant Demographics

Below is a high-level overview of the participants in this study.

### Gender

Male	2
Femal	8
Total Participants	10

### Occupation/Role

Admin	4
Physician	2
Clinical User	3
Medical Assistant (MA)	1

### Professional Experience

0-10 years	4
11-20 years	4
21+ years	2

### Computer Experience

5-15 years	4
16-25 years	3
25-35 years	2
36+ years	1

### **e-Medsys Experience**

0-12 months	3
2-5 years	3
6-10 years	3
10 + years	1

### **Appendix 3: Recording Consent**

Participants were asked to give a verbal consent to the statement below:

*Do you agree to grant the TriMed team permission to use screen recording and audio recordings of this session for internal purposes related to the improvement of the product?*

## **Appendix 4: Tasks**

Today you will be Dr. Adam Aarons working out of the Boston Department. The first patient you are seeing today is Stephanie Williams female. She is a regular patient of yours who is already in the system and has come in due to having a rash on her arms and legs.

### **Task 1 Entering Demographics**

You are going to create a new patient with the following information (this information was emailed to them as well).

- Name: Smith, John
- Address: 1234 Test Lane 27265
- Cell Phone: 123-456-7890
- Race: Chinese
- Ethnicity: Non Hispanic or Latino
- DOB: 1/1/2015
- Gender: Male
- Sexual Orientation: Straight or heterosexual
- Gender Identity: Male

At this point, you can 'Save' the patient

### **Task 2 Interacting with Clinical Decision Support**

An alert popped up for the provider to 'Please check blood pressure at every visit' due to the patient having a history of high blood pressure.

Respond to the clinical alert.

### **Task 3 Update the Problem List**

Add 'Asthma-mild intermittent, uncomplicated' to the Problem List

Save the information.

### **Task 4 Reviewing and Update the Allergy List**

Next, add 'ibuprofen' as an allergy to your patient's chart. The edit 'Benadryl to include a reaction of 'breaks out in hives''. Save the information.

### **Task 5 Review the medication list**

Now go and review, and document that you have reviewed the patient's current medications.

### **Task 6 Ordering a lab**

Order a CBC lab for your patient.

### **Task 7 Entering a X-ray Order**

Order a chest X-ray for your patient.

### **Task 8 Enter a Medical Device Number**

Get the number from your email and insert that as a medical device into your patients chart.

(01)00821329900273(17)210228(10)75431234)

### **Task 9 Respond to a drug intervention**

Write a prescription for Amoxicillin 250mg chewable tablets- take 1 tablet 2 times a day and then send it to the patient's pharmacy. You decide to prescribe the patient Amoxicillin. There's a drug-drug interaction warning and realize Amoxicillin interaction with a drug allergy ibuprofen the patient is currently taking. Respond to the alert.

### **Task 10 Write and send a prescription**

Start a new prescription for Bactrim 40-200mg/5ml, and e-send to the patients pharmacy  
CA Pharmacy Store 10.6

### **Task 11 Cancel a prescription**

The patient decided not to take the prescription, so go in and cancel the Prescription for Bactrim.

### **Task 12 Respond to a refill request**

Now please go and check for and see if you have any Rx Refills waiting to be refilled. Pick one refill and Accept it for 3 more refills.

### **Task 13 Reconciling and incorporating clinical data**

Now check and see if you have CCD's from other practices that need to be imported.