



**Veterans Health Administration (VHA)
Office of Quality, Safety, and Value (QSV)
Product Effectiveness (PE)**

VA Application Survey Framework

Version 1.1

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1 Overview

1.1 Product Effectiveness Application Survey Framework

This Product Effectiveness (PE) Application (App) Survey Framework offers basic guidance to the Office of Connected Health rapidly respond to requests to gather user experiences with VA apps that are being tested. This framework offers basic information about the types of activities involved in app survey support and a basic structure for survey design, analysis, and reporting. The intent of this Framework is to help app development teams plan and execute rapid-turnaround surveys of VA apps using a process that is easily repeatable with focused areas of customization.

1.2 Scope of Surveys

The goal of this framework is to establish repeatable processes and leverage exiting documentation to support rapid turn-around App survey support. The scope of PE's involvement in app survey engagements typically involves:

- Design of survey questions
- Development of the final content in a web-based survey tool
- Drafting email announcements for survey recipients
- Sending email with link to participants
- Hosting and monitoring results
- Data Analysis
- High-level reporting of results

The level of effort to support an app survey is influenced by:

1. The amount of information/documentation available to support the design of questions, and
2. The total number of questions asked (i.e., survey length).

1.3 Assumptions

This approach focuses primarily on the design and development of content, and does not address the logistical support required to send the survey web-links to the participants. Links are typically to the appropriate program/project team for distribution to their desired target audience. This approach also assumes that the population of testers is known and reachable and there is sufficient documentation inform the design of the survey questions.

2 Activities

Design and development of app surveys include several activities, some of which are supported by templates (denoted with a *). The types of activities to do in support of gathering feedback on apps include:

- **Convene Meetings** – Coordinate with project team members to discuss their information needs and goals from the survey, and known characteristics of the testers. This typically involves an initial meeting and one or more content draft review meetings.
- **Review Background Materials** – Gather and review documentation about the app features, functions, and anticipated flow. At a minimum, sufficient documentation must exist about the features and functions of the app, including the core tasks it is designed to support and sequence of actions.
- **Design Survey Content*** – Draft survey questions that capture:
 - Select demographics
 - Satisfaction with and usage of app features
 - Potential impacts and outcomes from the app
 - Overall satisfaction
- **Develop Survey** – Build and test the survey in a web-based tool and prepare link for distribution.
- **Prepare Communications*** – Draft message content for the project team to use when sharing the survey link.
- **Provide a Link** – Deliver a survey link to the project team.
- **Monitor Responses** – Query web-based tool during the survey fielding period.
- **Analyze Data** – Prepare simple frequencies of responses to each survey item.
- **Summarize findings*** – At survey conclusion, prepare a briefing of highlights that summarizes the data and basic interpretation of the findings.

There is some flexibility in the specific number and scope of activities, depending upon the app itself.

2.1 Tools & Templates

To enhance the speed of responding to requests, a set of templates are offered that contain a “bank” of standard questions:

- Survey question banks
 - Administrative Apps
 - Clinical Apps
- Communications templates
 - Announcements
 - Reminders
- Reporting templates

The content of each template is offered in the following sections and is intended to serve as a starting point to facilitate rapid design and development.

2.2 Survey Question Bank

Templates with survey questions are offered for two (2) types of surveys: 1) those that are used to support clinical care and 2) those that support administrative activities. The following templates offer questions for each type of app. Terms in *italics* indicate an area to customize to the specific app and engagement under consideration.

2.2.1 Survey Template: Clinical Apps

OVERVIEW

Thank you for participating in the field testing of the <insert name> (App). The information you provide will be used to improve the App and support <Mobile Health's or other program office> continued mission to <state mission of the initiative>.

Your participation is voluntary and your confidentiality and anonymity will be maintained. No identifiable responses will be reported or revealed, and results will only be reported in aggregate.

If you have questions, please contact <PE or program POC e.g., Ferenc.Ayer@va.gov.>

DEMOGRAPHIC INFORMATION

1. Please identify the device you used to test the App. (select all that apply)

- ☐ Smart Phone (e.g. iPhone, Android)
- ☐ Tablet (e.g. iPad, Surface)
- ☐ Computer (e.g. Laptop, Desktop)
- ☐ Other (please specify): _____

2. Please identify the browser(s) you used to perform the testing. (select all that apply)

- ☐ Safari
- ☐ Internet Explorer
- ☐ Firefox
- ☐ Google Chrome
- ☐ I Don't Know
- ☐ Other (please specify): _____

3. Please indicate the Medical Center where you are stationed or affiliated with.

- ☐ <insert list of test locations>
- ☐ Other (please specify): _____

4. Please indicate your primary role. <Tailor list of roles based on types of app users>

- ☐ Physician (MD/DO)
- ☐ Advanced Practice RN / Physician Assistant
- ☐ Nurse (RN, LPN, CNL)
- ☐ Pharmacist
- ☐ Social Worker
- ☐ Other (please specify): _____

5. Please indicate your specialty. <Tailor list of specialties based on types of app users>

- ☐ Primary Care

- ☐ Gynecology
- ☐ Medicine
- ☐ Surgery/Anesthesia
- ☐ Mental Health
- ☐ Radiology
- ☐ Neurology
- ☐ Rehab Medicine
- ☐ Geriatric Medicine
- ☐ Pharmacy
- ☐ Infectious Diseases
- ☐ Nursing
- ☐ Pharmacy
- ☐ Other (please specify): _____

6. What is the primary setting for your clinical work during duty hours?

- ☐ Inpatient
- ☐ Outpatient
- ☐ Community Living Center/Nursing Home
- ☐ Procedure Unit
- ☐ Operating Suite
- ☐ Emergency/Acute Care
- ☐ Other (please specify): _____

7. Please indicate your level of agreement with the following statement: I am comfortable with learning and adapting to new technologies.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

MOBILE DEVICE USAGE

8. What mobile device(s) do you primarily use to support your patient care activities? (select all that apply)

- ☐ Smart Phone (e.g. iPhone, Android)
- ☐ Tablet (e.g. iPad, Surface)
- ☐ None
- ☐ Other (please specify): _____

9. The mobile device you use to access the <name> App is: (select one)

- ☐ VA Government Furnished Equipment (GFE)
- ☐ Your own personal device

10. How frequently do you use mobile devices to support your patient care activities?

- ☐ Multiple times a day
- ☐ A few times a week

- A few times a month
- A few times a year
- Never

10a. If you “never” or “rarely” use mobile devices, what are the reasons why?

11. How often does wireless (wifi) connectivity in your facility pose a challenge to using Apps?

- Never – I do not experience any connectivity problems at all
- Rarely – I occasionally experience connectivity issue
- Sometimes – I experience connectivity problems about half the time
- Often – I experience connectivity issues most of the time
- Always – I cannot access or maintain a wifi connection at my facility

**12. During a typical day of providing patient care, what medical/clinical app(s) do you use most often?
What is the purpose of the app(s)?**

- Free Response

<Name of App>

13. Please rate the usefulness of the following <name> App functions? (1=not at all useful; 2=not very useful; 3=unsure; 4=useful; 5=very useful)

<offer a list of core functions that the app supports, such as “searching for X,” “sorting results,” “filtering results,” “downloading results,” “Submitting a request,” and others>

13a. please briefly explain why the item(s) you rated as “useful” or “very useful”? (Free Response)

14. Please select your level of agreement with the following aspects of the <name> App: (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree and n/a- I did not use this feature) **the options listed are notional, and the types of items can address the ease of use with specific features, accuracy of information, etc.*

- a. The App has an intuitive layout and design.
- b. I was able to adjust the screen view, as needed, to enhance readability.
- c. The navigation was simple to use.
- d. The search results were returned quickly.
- e. It was easy to filter the results.
- f. I was able to successfully download <type> data.
- g. I think the information in the <name> App is an accurate.

14a. Please describe any problems or challenges you experienced with the <name> App: (free response)

15. Please select your level of agreement with the impacts and outcomes of the <name> App: (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree)

- a. The App has improved my ability to make more informed patient care decisions.
- b. The App has improved my interaction with patients.

- c. The App provides me with information or capabilities that were previously not available to me.
- d. The app provided me with the information when and where I needed it

16. How do you anticipate using the <name> App? (select all that apply)

- ☐ During direct patient care
- ☐ As reference material before or after seeing patients
- ☐ As self-training educational material
- ☐ For patient education
- ☐ In tracking <name of issue the app is addressing e.g., drug resistance> over time
- ☐ Other (please specify): _____

17. Where do you anticipate using the <name> App? (select all that apply)

- ☐ At patient bedside/examination room
- ☐ In a common work area on the floor/clinic
- ☐ While rounding
- ☐ Other locations within the facility (e.g., cafeteria, lobby, waiting rooms)
- ☐ Outside my facility (e.g., at home, on travel)
- ☐ Other (please specify): _____

18. In the past, how often did you typically <name or describe the former method of doing the task the App is designed to support>?

- ☐ Often (Multiple times a day)
- ☐ Frequently (A few times a week)
- ☐ Some of the Time (A few times a month)
- ☐ Rarely (A few times a year)
- ☐ Never

19. How frequently do you anticipate using the <name> App in the future?

- ☐ Often (Multiple times a day)
- ☐ Frequently (A few times a week)
- ☐ Some of the Time (A few times a month)
- ☐ Rarely (A few times a year)
- ☐ Never

19a. If you answered “rarely” or “never” – what, if anything could be done to make you consider using it more frequently?

20. Using the <name> App will save a substantial amount of time compared to <name or describe the former method of doing the task the App is designed to support, e.g., “the paper-based option”>.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

21. Please select your level of agreement with the following: (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree)

- ☐ I found the <name> User Manual to be useful.
- ☐ I found the <name> Quick Start Guide to be useful.

22. Overall, how satisfied are you with the <name> App?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

23. I would recommend the <name> App to other healthcare providers and staff.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

24. What features and/or information would you like to see in the next version of this app?

- ☐ Free Response

25. Please use the space below to provide any additional comments and/or feedback about the <name> App.

- ☐ Free Response

26. May we contact you in the event we have any follow-up questions about your experience with this product? If so, please provide your name and email below.

- ☐ Name:
- ☐ Email:

Thank you for providing feedback about your experiences with the <name> app.

2.2.2 Survey Template: Administrative Apps

OVERVIEW

Thank you for participating in the field testing of the <name> Application (App). The information you provide will be used to improve the App and support its adoption.

Your participation is voluntary and your confidentiality and anonymity will be maintained. No identifiable responses will be reported or revealed, and results will only be reported in aggregate.

If you have questions, please contact <POC name and email>.

DEMOGRAPHICS

1. Please identify the device you used to test the App. (select all that apply)

- a. Smart Phone (e.g. iPhone, Android)

- b. Tablet (e.g. iPad, Surface)
 - c. Computer (e.g. Laptop, Desktop)
 - d. Other (please specify): _____
2. Please identify the browser(s) you used to perform the testing. (select all that apply)
- a. Safari
 - b. Internet Explorer
 - c. Firefox
 - d. Google Chrome
 - e. I Don't Know
 - f. Other (please specify): _____
3. Please indicate the Medical Center you are affiliated with. *<Offer list of test sites>*
- a. Other (please specify): _____
4. I am comfortable with learning and adapting to new technologies.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree

<App Name>

5. Please rate the usefulness of the following *<name>* App functions. (1=not at all useful; 2=not very useful; 3=unsure; 4=useful; 5=very useful)
<offer a list of core functions that the app supports, such as "searching for X," "sorting results," "filtering results," "downloading results," "Submitting a request," and others>
- 5a. If you rated any of these functions as "useful" or "very useful" please briefly explain why.
(Free Response)
6. Please select your level of agreement with the following aspects of the *<name>* App: (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree add n/a) *the options listed are notional, and the types of items can address the ease of use with specific features, accuracy of information, etc.*
- a. The App has an intuitive layout and design.
 - b. I was able to easily access the app.
 - c. The navigation was simple to use.
 - d. The app was stable while I was using it.
 - e. It was easy to *<name a function; repeat for multiple functions>*.
- 6a. Please describe any problems or challenges you experienced with the *<name>* App and your recommendation to fix the problem. (free response)
7. Please select your level of agreement with the potential impacts and outcomes of the *<name>* App: (Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree)

- a. The App can improve my ability to *<state an app-specific outcome>*.
 - b. The App can improve my interaction with *<providers; patients; others>*.
 - c. The App provides me with information or capabilities that were previously not available to me.
 - d. The app provided me with more flexibility in *<state an app-specific outcome>*.
8. **Using the *<name>* App will save a substantial amount of time compared to *<state previous method of doing the task the App is designed to support>*.**
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree nor Disagree
 - d. Disagree
 - e. Strongly Disagree
9. **Overall, how satisfied are you with the *<name>* App?**
- a. Very Satisfied
 - b. Satisfied
 - c. Neither Satisfied nor Dissatisfied
 - d. Dissatisfied
 - e. Very Dissatisfied
10. **I would recommend the *<name>* App to other *<state potential users e.g., Veterans, schedulers, case managers>*.**
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree nor Disagree
 - d. Disagree
 - e. Strongly Disagree
11. **What features and/or information would you like to see in the next version of this app?**
- a. Free Response
12. **Please use the space below to provide any additional comments and/or feedback about the *<name>* App.**
- a. Free Response
13. **May we contact you in the event we have any follow-up questions about your experience with this product? If so, please provide your name and email below.**
- a. Name:
 - b. Email:

Thank you for providing feedback about your experiences with the *<name>* app.

2.3 Communications Templates

Two types of messages are sent in support of app surveys: 1) the initial survey announcement with the link, and 2) a reminder message. Sample language for each message is offered below.

2.3.1 Survey Announcement with Link

To: All <APP Name> Pilot Participants

Subject: Request for Feedback

Date: <deployment date; >

Thank you for participating in the field testing of the <name> Mobile Application (App). As a tester of the app, we would like your feedback to inform our evaluation of its performance and make future improvements.

You may access the feedback form here: [Link](mailto:Feedback@VARs.com)

The feedback form should take you no more than 15 minutes to complete. The link is now open and will remain open through <end date>.

Your participation is voluntary and your confidentiality and anonymity will be maintained.

If you have questions, please contact <POC>

Thank you in advance for sharing your thoughts about the VARs App.

<signature>

2.3.2 Reminder Survey Message with Link

To: All <App Name> Pilot Participants

Subject: Request for Feedback

Date: <reminder date; one week after deployment and again 3 days prior to end date>

This is a reminder that we are now collecting feedback about your experiences with the <name> App.

You may access the feedback form here: [link](mailto:Feedback@VARs.com)

As a tester of the app we would like your feedback to inform our evaluation of its performance and make future improvements. **Your participation is voluntary and your confidentiality and anonymity will be maintained.**

The feedback form should take you no more than 15 minutes to complete. The link is now open and will remain open through <end date>.

If you have questions, please contact <POC>

Thank you in advance for sharing your thoughts about the <name> App.

<signature>

2.4 Reporting templates

App survey results will be reported in a semi-template driven briefing format. Consistent elements will include:

- A brief background of the app and its purpose
- Graphs and narrative summaries of demographic items
- Graphs and narrative summaries about mobile device usage
- Key findings
- Graphs and narrative summaries of rated items about the app features and usage
- Summaries of the most interesting or insightful findings (e.g., most highly rated aspects, lowest rated items)
- Summaries of narrative items
- Attachment of detailed results

A sample reporting template is embedded here:



reporting
template.pptx