

[This instrument is a self-administered questionnaire completed by a member of practice leadership at the end of the study]

Improving Medication Safety
Funded by the Agency for Healthcare Research and Quality
Monitoring of Care Cycle Processes
Questionnaire
(SEMI-P Based)

Thank you and your Practice for Participating in this Project!

The objective of the project is to *help you and your staff to work together to:*

1. identify the strengths and weaknesses of your practice regarding medication management, based on everyone's input.
2. identify priority areas for improvement
3. develop and implement interventions to address the priority areas so as to reduce the risk of medication errors

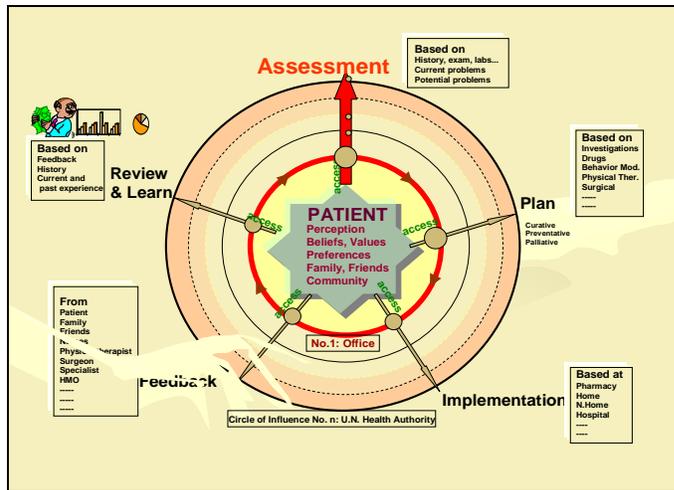
At this point in the project we need to ask you, as a leader of the practice team, for your opinions about how things have changed in your office regarding medication management so far.

Specifically, on the following pages, we will ask you about any changes that may have occurred in the following areas related to medication management: (1) patient assessment, (2) treatment planning, (3) implementation of treatment, (4) feedback from patients, and handling of lab results. Finally we will ask about any other significant changes that took place at the practice such as staff changes or quality improvement initiatives that may have impacted medication safety.

Thank you again!

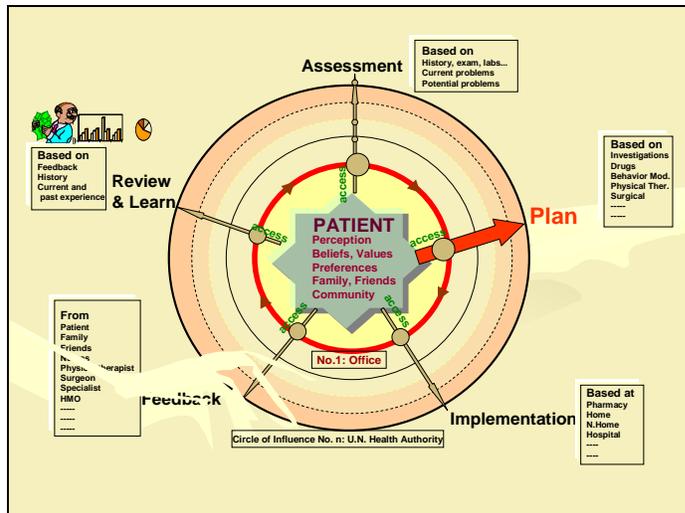
Sincerely,

Patient Safety Team



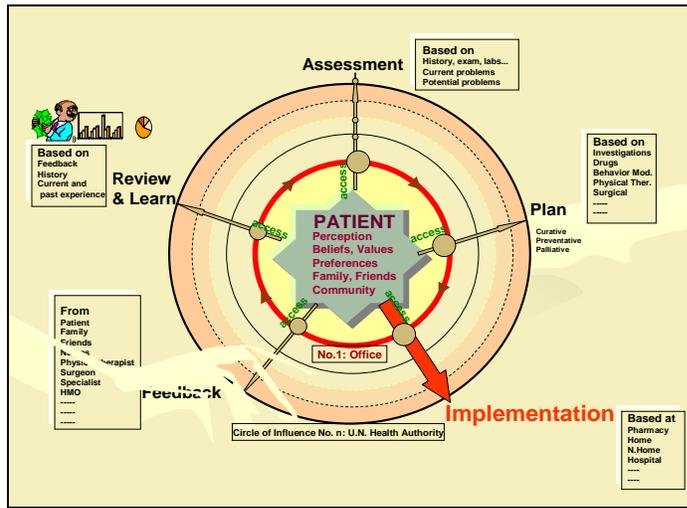
I. Do you believe your practice has experienced changes in patient **Assessment regarding:**

	Much Worse	Slightly Worse	No Change	Slightly Better	Much Better	Don't know	Already Optimal
a. Communication barriers (e.g. Use of Translator or simpler language)?	1	2	3	4	5	6	7
b. Accurate and up-to-date information elicitation from the patient/caregiver?	1	2	3	4	5	6	7
c. Patient-Physician Interaction Time?	1	2	3	4	5	6	7
d. Locating patient charts?	1	2	3	4	5	6	7
e. Chart organization and accuracy of information in the patient chart?	1	2	3	4	5	6	7
f. Having up-to-date Medication lists?	1	2	3	4	5	6	7
g. Having up-to-date Allergy profiles?	1	2	3	4	5	6	7
h. Having up-to-date Patient Medical History?	1	2	3	4	5	6	7
i. Having up-to-date Laboratory tests?	1	2	3	4	5	6	7
j. Having up-to-date Hospital Discharge Summaries?	1	2	3	4	5	6	7



II. Do you believe your practice has experienced changes in treatment **Planning** regarding:

	Much Worse	Slightly Worse	No Change	Slightly Better	Much Better	Don't know	Already Optimal
a. Patient/Caregiver Participation in Health Decisions?	1	2	3	4	5	6	7
b. Choosing appropriate medications?	1	2	3	4	5	6	7
c. Patient education regarding their medications?	1	2	3	4	5	6	7
d. Consideration of patients' ability to comply (e.g. Patients' home/life situation and/or ability to pay.)?	1	2	3	4	5	6	7

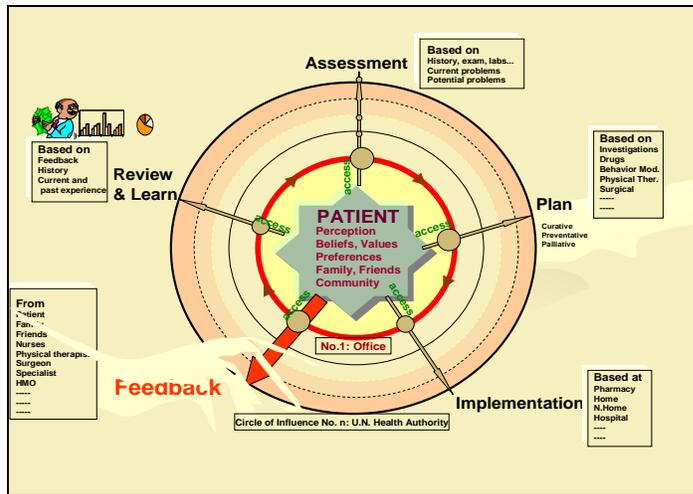


III. Do you believe your practice has experienced changes in the treatment plan **Implementation regarding:**

	Much Worse	Slightly Worse	No Change	Slightly Better	Much Better	Don't know	Already Optimal
a. Accuracy of prescriptions?	1	2	3	4	5	6	7
b. Accuracy and timeliness of prescriptions called in to the pharmacy?	1	2	3	4	5	6	7
c. Handling Medication queries or concerns from the pharmacist (e.g. dosages and/or name)?	1	2	3	4	5	6	7
d. Provision of patient education about why, when and how to take newly prescribed medications?	1	2	3	4	5	6	7
e. Provision of education about the importance of monitoring blood levels or what lab tests are needed?	1	2	3	4	5	6	7
f. Effectiveness of communication between the practice and visiting nurses (e.g. regarding medication changes and compliance)?	1	2	3	4	5	6	7

IV. Do you believe your practice has experienced changes in treatment plan **Implementation by the Patient/Caregiver regarding:**

g. Getting the Prescription filled?	1	2	3	4	5	6	7
h. Compliance with Medications?	1	2	3	4	5	6	7
i. Compliance with Lab tests?	1	2	3	4	5	6	7



Do you believe your practice has experienced changes in soliciting **Feedback from the Patients** about how they are doing with their medications:

V. Subjective Feedback:

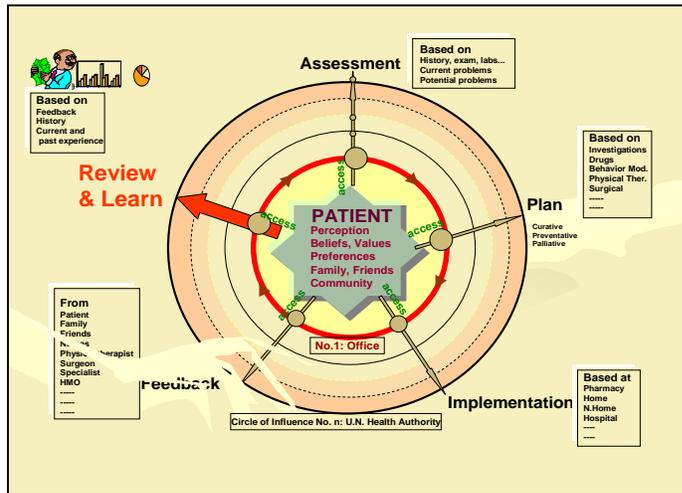
	Much Worse	Slightly Worse	No Change	Slightly Better	Much Better	Don't know	Already Optimal
a. In-person during the office visit?	1	2	3	4	5	6	7
b. By telephone?	1	2	3	4	5	6	7
c. Through Patient Satisfaction Surveys?	1	2	3	4	5	6	7

VI. Has there been a Change in the Number of Patients in the Practice? ___ Yes___ No. If yes, Is this related to your safety improvement efforts? Y or N

Do you believe your practice has experienced changes in response to **Feedback from Labs/Diagnostics**, such as:

VII. Objective Feedback:

	Much Worse	Slightly Worse	No Change	Slightly Better	Much Better	Don't know	Already Optimal
a. Receiving Results from the lab in a timely fashion?	1	2	3	4	5	6	7
b. Physician/Nurse taking appropriate action in a timely fashion once the results are available?	1	2	3	4	5	6	7



VIII. How has your practice changed as a result of participating in the Patient Safety Study with regards to:

	Much Worse	Slightly Worse	No Change	Slightly Better	Much Better	Don't know	Already Optimal
a. It's ability to anticipate and prevent potential errors?	1	2	3	4	5	6	7
b. It's ability to detect errors?	1	2	3	4	5	6	7
c. Reporting errors when they occur?	1	2	3	4	5	6	7
d. Working as a team at your Health Center?	1	2	3	4	5	6	7
e. Working together to reduce errors and improve patient safety?	1	2	3	4	5	6	7