

Patient Experience with Shared Med List Survey (PESML)

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Overview

This part of the AHRQ project evaluation is a phone interview survey conducted with patients who have a shared care plan to understand the patient's experience and evaluation of the electronic Shared Care Plan Medication List (SCP-ML).

Purpose

The purpose of this survey is to obtain information and feedback from patients about how the electronic SCP-ML is being used, how well it meets their needs, how user-friendly it is, and how it can be improved.

Design

All patients who sign up for a Shared Care Plan will be called approximately 60 days following sign-up. All patient participants will have completed the forms for "Authorization to Use/Disclose Health Information" and Informed Consent to participate in the study as approved previously by the PeaceHealth IRB. Calls will be made, and interviews conducted, by Applied Research Northwest (ARN). Information about patients provided to ARN will be name, phone number, date of sign-up, and study ID number. Each patient who will be called will be assigned a study ID number so that only selected project staff can, through reference to an MRN-study ID number crosswalk, identify a patient. This crosswalk will be electronic and stored on secured file systems accessible only by the evaluation team.

Survey Items

Key: Y/N = yes-no; A-D = 4 point agree-disagree

1. Since you got your Shared Care Plan have you gone to look at your Shared Medication List?

Yes / No

- i. If No: Can you tell me why? (Check as many as mentioned)

1. No interest
2. Do not have access to computer
3. Too difficult to access/not good with computers
4. It is not of value to me
5. Too difficult to use or understand
6. Other (record)

2. If you were not taking a medication a doctor had prescribed, would you put this information in your Shared Medication List?

Yes

No

Not Sure

3. If you were taking an herbal medication that had not been suggested by your doctor, would you put that information in your Shared Medication List?
Yes
No
Not Sure
4. When you go to your primary doctor or doctors how often do you take a printed copy of your Shared Medication List to give to the doctor?
Never
Seldom
Often
Always or almost always
5. When you go to a health care professional other than your primary doctor, how often do you take a printed copy of your Shared Medication List to give to those health care professionals seeing you?
Never
Seldom
Often
Always or almost always
6. The Shared Medication List is designed so that it contains all the information I need to understand what medications I am taking, when to take them, and how to take them. A-D
7. It is easy for me to get to my Shared Medication List on the computer. A-D
8. The size of the type on my Shared Medication List is large enough for me to easily read. A-D
9. I am confident that my Shared Medication List is accurate and up-to-date. A-D
10. It is easy to print a copy of my medication list if I want to. A-D
11. Having my Shared Medication List makes me more confident that I am taking my medications correctly. A-D
12. Having my Shared Medication List makes me more confident that my primary doctor knows what medications I am taking. A-D
13. Having a Shared Medication List makes me more confident that wherever I go for health care they will know what medications I am taking. A-D
14. Having my Shared Medication List makes me more confident that I will not be given a medication I should not have. A-D
15. Having my Shared Medication List makes it easier for me to take an active part in my health care. A-D
16. Having my electronic Shared Medication List has improved the communication my health care provider and I have about my medications. A-D

17. I am less fearful that mistakes will be made with my medications now that I have the electronic medication list. A-D
18. Overall, would you rate you health as Poor, Fair, Good, Very Good, or Excellent?
19. When all is said and done, I am the person who is responsible for managing my health.
A-D