

## Medication Safety and ADE Prevention (A Web-based Survey)

### Introduction and Informed Consent

The Centers for Medicare and Medicaid Services, or CMS, is conducting this survey to learn about the resources that you find to be helpful for medication safety and preventing adverse drug events. This survey is voluntary, you may stop participating in the survey at any time, and you do not have to answer every question. Neither your name nor the name of your business will ever appear in any reports from the findings. Your responses will remain private and will not in any way affect your business's relationship with CMS.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **\*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [List Program Specific Contact].**

Please click next to begin

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**Screener**

S1. In what industry do you currently work? Please select one.

Education  
Energy Industry  
Financial Services  
Government  
Health Care Services  
Housing & Real Estate  
Social Services  
Other

[IF S1 ≠ “Health Care services”, STOP SURVEY. ELSE PROCEED TO S2.]

S2. Which of the following best describes your specific occupation within a medical practice/ pharmacy/nursing home or long-term care? Please select one.

Medical Doctor (MD, DO, DPM; including PCPs and Specialists)  
Behavioral Health Clinician (e.g. therapist, clinical psychologist, counselor, social worker)  
Nurse Practitioner or Physician Assistant  
Registered Nurse  
Pharmacist  
Technician  
Office/Practice Manager  
Nursing Home Administrator  
Director of Nursing  
Other

[If S2 = “Technician” OR “Office/Practice Manager” OR “Other”, STOP SURVEY. ELSE PROCEED TO S3]

S3. In what setting do you primarily work? Please select one.

Acute-care hospital or general hospital  
Specialty care hospital  
Physician’s office or group practice  
Nursing home or long-term care facility  
Urgent care center  
Home health agency  
Pharmacy  
Rehabilitation center  
Other

[IF “Physician’s office or group practice,” “Nursing home or long-term care facility”, or “Pharmacy” ASK S4. ELSE SKIP TO S9].

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S4. Approximately how many staff are employed at your [INSERT “practice”, “pharmacy”, or “facility” depending on participant’s setting]?

[0 to 100]

S5. Is the [INSERT “practice” “pharmacy”, or “facility” depending on participant’s setting] where you primarily work part of a corporate chain [IF physician’s office or group practice INSERT “or a network of practices”]?

Yes  
No

S6. Does your [INSERT “practice”, “pharmacy” or “facility” depending on participant’s setting] have any programs or protocols in place to reduce or prevent adverse drug events among your patients/customers?

Yes  
No

[IF S6 = YES, ASK S7; ELSE SKIP TO S9.]

S7. How familiar are you with your [INSERT “practice”, “pharmacy”, or “facility”] programs or protocols to reduce or prevent adverse drug events?

Very familiar  
Somewhat familiar  
Not very familiar  
Not familiar at all

[IF S7 = “Not very familiar” OR “Not familiar at all”, SKIP TO S9; IF S7 = “Somewhat familiar” OR “Very familiar”, PROCEED TO S8]

S8. Has your [INSERT “practice” “pharmacy” or “facility”] ever worked with or received assistance from any of the following organizations to develop programs or protocols to reduce or prevent adverse drug events?

[Choose all that apply]

An external consultant  
A government agency  
[INSERT NAME OF LOCAL QIO], the Quality Improvement Organization (QIO) in  
[INSERT State]

S9. How long have you worked in the field of healthcare?

- A. Less than 1 year
- B. 1 - 3 years
- C. 4 - 6 years
- D. 7 - 10 years
- E. More than 10 years

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S10. How many years have you been at your current position?

- A. Less than 1 year
- B. 1 - 3 years
- C. 4 - 6 years
- D. 7 - 10 years
- E. More than 10 years

### **Survey Questions**

Questions marked with an asterisk (\*) may be deleted depending on further pre-tests for time.

#### **I. Quality Improvement Initiatives**

1. Since [for practices or nursing homes] January 2015, [for pharmacies] September 2016, has your facility worked on any quality improvement activities with the goal of reducing or preventing adverse drug events related to the following medications?

Opioids  
Anticoagulants  
Diabetes medications

RESPONSES:

Yes  
No

[IF AT LEAST ONE ITEM IN Q1=YES, ASK Q2. ELSE, SKIP TO Q3].

2. How effective would you say your organization has been in reducing or preventing adverse drug events related to these medications?

**[ONLY LIST THOSE RESPONSES SELECTED IN Q1.]**

Opioids  
Anticoagulants  
Diabetes medications

RESPONSES:

Not effective at all (1)  
2  
3  
4  
Very effective (5)

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3. Does your [INSERT “practice”, “pharmacy”, or “facility”] use any of these methods or activities for medication safety or prevention of adverse drug events?
- A. Screening or review of screening data for patients/customers at risk to adverse drug events
  - B. Medication reconciliation
  - C. Medication Bag reviews
  - D. Medication Take-Back events or appointments
  - E. Medication therapy management (MTM) coordination across health care settings
  - F. Risk assessment for substance use disorders
  - G. Opiate or opioid agreements
  - H. Collaboration with a coalition or learning group in your community
  - I. [FOR PHYSICIAN PRACTICES OR NURSING HOMES] Audits of medical records against pharmacy orders
  - J. Increasing access to Naloxone
  - K. Training patients on ADE-related topics
  - L. Involving [INSERT “patients”, “customers” or “residents”] or their family members in your efforts to improve medication safety?
  - M. Other (Specify)
4. \*How would you gauge the extent to which you involve [INSERT “patients”, “customers” or “residents”] or their family members in your efforts to improve medication safety?

**RESPONSES:**

Do not involve recipients or family at all (1)

2

3

4

Highly involve recipients or family (5)

5. To the best of your knowledge, was your [INSERT “practice”, “pharmacy”, or “facility”] working in each of the following methods or activities before [for practices and nursing homes] January 2015 [for pharmacies “Pharmacy”] September 2016?

[FOR EACH ITEM A-L MENTIONED IN Q3, INSERT ITEM. DISPLAY ITEMS IN SAME ORDER AS Q3.]

**RESPONSES:**

Yes

No

## II. Outcome Attribution to QIO

6. Please select the programs below that your [INSERT “practice”, “pharmacy”, or “facility”] has used to promote medication safety or prevent adverse drug events.
- A. QIO Collaborative (also known as QIN-QIO), or [INSERT NAME OF LOCAL QIN-QIO]
  - B. Transforming Clinical Practices Initiative (TCPI)
  - C. Choosing Wisely Campaign
  - D. [For pharmacies] Pharmacy Quality Alliance (PQA)
  - E. [For nursing homes] The [INSERT STATE] Nursing Home Quality Care Collaboration
  - F. [For practices] Everyone with Diabetes Counts (EDC)

Please select other national or state agencies/organizations that you use to promote medication safety or prevent adverse drug events.

- G. State Prescription Drug Monitoring Program
- H. Other resources from [STATE] Department of Health
- I. AHRQ (Agency for Health Research and Quality)
- J. Substance Abuse and Mental Health Services Administration (SAMHSA)
- K. Other federal/state agency 1. \_\_\_\_\_
- L. Other federal/state agency 2. \_\_\_\_\_

Did your [practice/pharmacy/nursing home] use information and resources from any of these organizations?

- M. American Diabetes Association
- N. American Heart Association
- O. National Quality Forum
- P. [For physicians] American Medical Association or American College of Physicians
- Q. [For physicians in group practices] the American Medical Group Association (AMGA)
- R. [For pharmacists] American Pharmacists Association
- S. [For pharmacists] the National Association of Chain Drug Stores (NACDS)
- T. [For Nurse Practitioners] American Association of Nurse Practitioners or American College of Nurse Practitioners
- U. [For nurses] American Nurses Association
- V. [For nursing homes] American Health Care Association (AHCA)
- W. Other organization/resource 1 \_\_\_\_\_
- X. Other organization/resource 2 \_\_\_\_\_

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Here are some other resources that may have been used when working on reducing ADEs. Please check if your organization uses any of the following.

- Y. [If part of broader network/company] Corporate office
- Z. External consultant
- AA. Academic or trade journal/conference
- BB. No outside help—your staff's own initiative
- CC. Other source 1 \_\_\_\_\_
- DD. Other source 2 \_\_\_\_\_

### RESPONSES:

- Yes
- No

7. You indicated that the sources of information below helped with your efforts to reduce adverse drug events. On the next screen, please allocate percentages out of a total of 100% to each to indicate how helpful you found each resource. In other words, how much would you say each program contributed to your organization's ability to promote medication safety or prevent adverse drug events over the last 12 months? The computer will assist you to ensure that the percentages that you provide add up to 100%.

[INSERT ONLY RESOURCES SELECTED IN Q.6]

- A. QIO Collaborative (also known as QIN-QIO), or [INSERT NAME OF LOCAL QIN-QIO]
- B. Transforming Clinical Practices Initiative (TCPI)
- C. Choosing Wisely Campaign
- D. [For pharmacies] Pharmacy Quality Alliance (PQA)
- E. [For nursing homes] The [INSERT STATE] Nursing Home Quality Care Collaboration
- F. [For practices] Everyone with Diabetes Counts (EDC)
- G. State Prescription Drug Monitoring Program
- H. Other resources from [STATE] Department of Health
- I. AHRQ (Agency for Health Research and Quality)
- J. Substance Abuse and Mental Health Services Administration (SAMHSA)
- K. Other federal/state agency 1. \_\_\_\_\_
- L. Other federal/state agency 2. \_\_\_\_\_
- M. American Diabetes Association
- N. American Heart Association
- O. National Quality Forum
- P. [For physicians] American Medical Association or American College of Physicians
- Q. [For physicians in group practices] the American Medical Group Association (AMGA)
- R. [For pharmacists] American Pharmacists Association
- S. [For pharmacists] the National Association of Chain Drug Stores (NACDS)
- T. [For Nurse Practitioners] American Association of Nurse Practitioners or American College of Nurse Practitioners
- U. [For nurses] American Nurses Association
- V. [For nursing homes] American Health Care Association (AHCA)

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- W. Other organization/resource 1 \_\_\_\_\_
- X. Other organization/resource 2 \_\_\_\_\_
- Y. [If part of broader network/company] Corporate office
- Z. External consultant
- AA. Academic or trade journal/conference
- BB. No outside help—your staff's own initiative
- CC. Other source 1 \_\_\_\_\_
- DD. Other source 2 \_\_\_\_\_

### NEXT SCREEN:

Please allocate all 100% of the helpfulness for promoting medication safety or reducing adverse drug events] to the sources of information below.

- 7a. Why was [INSERT SOURCE WITH HIGHEST PERCENTAGE] the most helpful source of information?"

[Open-end]

### **III. Participation in QIN-QIO activities for non-QIO Practice/Facilities/Pharmacies**

8. [ASK ALL] Before this survey, had you ever heard of Quality Improvement Organizations, otherwise referred to as QIOs?

Yes  
No

9. Before this survey, had you ever heard of [INSERT NAME OF LOCAL QIO]?

Yes  
No

[IF Q8=No AND Q9=No, SKIP TO Q21. ELSE ASK Q10.]

10. Has your organization participated in any activities with [INSERT NAME OF LOCAL QIO], the Quality Improvement Organization in [INSERT STATE] (such as technical assistance using data, Learning and Action Networks or webinars)?

Yes  
No

[ASK Section IV QUESTIONS IF ON ANY ITERATION OF Q6=YES OR Q10=YES;  
If Q10=NO, SKIP TO THANK YOU.]

### **IV. Interaction with the QIN-QIO**

These questions are about your interaction with the QIO that serves your area.



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11. How long has your [INSERT “practice”, “pharmacy”, or “facility”] worked with [INSERT NAME OF LOCAL QIO]?

Before [for practices and nursing homes] January 2015 [for pharmacies] September 2016  
Since [practices and nursing homes] January 2015 [pharmacies] September 2016  
Prior to [practices and nursing homes] 2015 [pharmacies] 2016

12. How much do you agree or disagree with the following statement?

My organization benefits from participating with [INSERT NAME OF LOCAL QIO]

Strongly disagree  
Somewhat disagree  
Neither agree nor disagree  
Somewhat agree  
Strongly agree

[IF Q12 = “Strongly disagree” or “Somewhat disagree” ASK Q12a. ELSE SKIP TO Q13.]

12a. \*Please explain why you disagree with this statement

[Open-end]

13. Do you know whom to contact at [INSERT NAME OF LOCAL QIO], if you wanted help or advice from them on improving medical safety, or preventing ADEs?

Yes  
No

14. Approximately how many times did you or someone at your organization participate in one-on-one or small group meetings with someone from [INSERT NAME OF LOCAL QIO] on the phone, through email exchanges, or in-person in the past twelve months?

[NUMERIC RESPONSE: RANGE 0-365, DON'T KNOW, REF]

15. Apart from one-on-one exchanges, did your organization take part in meetings led by [INSERT NAME OF LOCAL QIO] with other healthcare providers and pharmacists in the community, such as those working in hospitals, nursing homes, home health agencies or other types of healthcare providers?

Yes  
No

[IF Q15 = YES, ASK Q16. ELSE SKIP TO Q18.]

16. [IF YES] Approximately how many times did you or someone from your organization participate in meetings with these other healthcare providers or pharmacists in the past twelve months?

[0 to 100]

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17. \*How much do you agree or disagree with the following statements about these meetings organized by [INSERT NAME OF LOCAL QIO]?

Participants in these meetings act as a collaborative or coalition to increase coordination of care and/or reduce ADEs

Members actively participate in the meetings

If tasks need to be completed before the next meeting, members assume lead responsibility for tasks

Members actively plan, implement, and evaluate activities

Members commit a sufficient amount of time to achieve goals and nurture the collaboration

**RESPONSES:**

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

[IF OCCUPATION = Pharmacist, ASK Q18. ELSE SKIP TO Q19.]

18. \*How much do you agree or disagree with the following statement?

Since working with [INSERT NAME OF LOCAL QIO] I have experienced improved relationships with prescribers

**RESPONSES:**

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

**V. Activities and Resources Provided By QIN-QIO**

19. Please indicate to the best of your knowledge whether your [INSERT “practice”, “pharmacy”, or “facility”] has used any of the following resources that may be provided by your QIO:

- A. Data on adverse drug event-related hospitalizations or readmissions in your area
- B. Resource materials such as tool kits on preventing ADEs from anticoagulants, diabetes agents, or opioids, or links to information online
- C. Technical assistance with collecting data
- D. Technical assistance on using data to monitor potential ADEs or occurrence of ADEs with [for physicians and nurses] patients [for pharmacists] customers
- E. Conference calls

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F. Meetings or webinars on a specific topic

[PROBE:] Any other general engagement or information resources?

G. [RECORD OTHER RESOURCE 1]

H. [RECORD OTHER RESOURCE 2]

I. [RECORD OTHER RESOURCE 3]

RESPONSES:

Yes

No

Don't Know

Refuse

20. Overall, please mark the response that best describes your organization's level of engagement in medication safety technical assistance and resources provided by [INSERT NAME OF LOCAL QIO] since [for practices and nursing homes] January 2015 [for pharmacies] September 2016.

RESPONSES:

Fully engaged

Moderately engaged

Minimally engaged

Not at all engaged

21. \*What quality improvement areas related to medication safety or adverse drug events is your [INSERT "practice", "pharmacy", or "facility"] most in need of for additional assistance?  
[Open end]

Thank you for your time and for sharing your experiences.