

Attachment 2 – MEADERS FOLLOW-UP SURVEY [DRAFT]

1) Please enter your Practice ID Number:

2) Please indicate your role in the practice:

- MD, DO
- NP, PA
- RN, LPN, MA, Lab Tech
- Pharmacist
- Front office staff
- Medical records staff
- Billing/administrative staff
- Other (please specify)

3) How many patients do you personally see during a typical week?

- <25
- 25-50
- 51-75
- 76-100
- 101-125
- >125

4) In the past six months, have you ever reported any event using MEADERS?

Yes No

5) On a scale of 1 through 5, how well do you understand which events you should report?

(Select the number that most closely matches your level of understanding)

Not at All		Somewhat		Completely
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6) How much difficulty did you have in accessing the MEADERS electronic reporting form and submitting a report?

- No difficulty
 - A little difficulty
 - Moderate Difficulty
 - A great deal of difficulty
 - I was unable to access the reporting system due to technical difficulties
-

7) Did you receive any training in the use of MEADERS?

Yes No

8) How effective was that training in preparing you for using MEADERS?

Not effective			Somewhat effective		Very effective
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any suggestions for what should be included in future training?

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9) Please evaluate MEADERS by checking the circle that most closely matches your experience in filing reports.

	Strongly Disagree	Disagree	Neither disagree	Agree	Strongly Agree
	1	2	3	4	5
It is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes too much time to submit a report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It allows me to be candid when reporting errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has increased my own awareness of how errors affect patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has helped me to improve patient care at my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has not worked in this practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is viewed positively by this practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It encourages me to learn from my mistakes and the mistakes of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has led to changes in how we practice medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has increased the fear of repercussion in the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It made me feel like I was informing on my co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It protected my anonymity when I was filing reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input style="border: 1px solid black; width: 250px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10) Were there any specific errors or types of medication errors or adverse events that you did not feel comfortable reporting?

Yes No



Please describe what prevented you from reporting an error or adverse drug event to MEADERS.

11) Please tell us of any additional concerns that you may have with the reporting system.
Did you have any concerns about...

	Yes	No
The privacy of your reports	<input type="checkbox"/>	<input type="checkbox"/>
The time it took to complete a report	<input type="checkbox"/>	<input type="checkbox"/>
The layout or format of the reporting system	<input type="checkbox"/>	<input type="checkbox"/>
The type of questions asked	<input type="checkbox"/>	<input type="checkbox"/>
Others in your practice finding out you had made a report	<input type="checkbox"/>	<input type="checkbox"/>
Knowing what should be reported	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how to correctly make a report	<input type="checkbox"/>	<input type="checkbox"/>
How your practice might react to your making a report	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please express any other concerns that you may have had with regard to MEADERS.

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12) Were there events that you reported in MEADERS that you elected not to forward to the FDA MedWatch database?

Yes

No



Proceed to Question 14

Did you elect not to forward to the FDA MedWatch a report of an adverse drug event that could not have been prevented (an observed event apparently related to the drug rather than human error)?

Yes

No



Proceed to Question 13

What were the reasons you elected not to forward your adverse drug event report to the FDA MedWatch system? (Please check all that apply)

- Unclear on the procedure for reporting to MedWatch
 - Uncomfortable about the possibility that the FDA could contact me about the report I filed
 - Concerned about repercussions of reporting to MedWatch
 - Did not see any benefit to myself or my practice by reporting an error or adverse event to MedWatch
 - Worried about provider confidentiality (mine and/or others)
 - Worried about patient confidentiality
 - Other (please specify)
-

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Other (Specify)

15) How useful were the practice-level summaries generated by MEADERS in instituting changes in your practice to improve patient safety?

Not Useful		Somewhat Useful		Very Useful
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Are there ways we can increase the usefulness of the summaries?](#)

16) What other concerns do you have about the system that we haven't asked you about?

17) What one thing would you change to improve the system?

18) What else would you like to tell us about your experience with the MEADERS?

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19) Has your participation in this study affected you personally?

Yes No



How has your use of this system affected you?

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PLEASE TELL US A LITTLE ABOUT YOURSELF

What is your gender?

Male Female

In what year were you born?

Are you of Hispanic/Latino origin?

Yes No

What is your race?

Please check all that apply.

- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Pacific Islander/Native Hawaiian
 - White
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