

# Providers - e-RX Deployment

1.

**REQUIRED OMB INFORMATION:**

Indian Health Service (IHS) Post Class Survey

Form Approved

OMB Form No. 0917-0036

Expiration Date:

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 0917-0036. The time required to complete this information collection is estimated to average 5 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: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

## 2. Personal Information

### 1. Name:

### 2. Location:

### 3. Select the term(s) that best describes your role:

- Provider
- Facility CAC
- Pharmacist
- Clerk
- Other (please describe)

### 4. By the end of this training do you feel comfortable e-prescribing a new medication by utilizing a medication quick order?

- Yes
- No

### 5. If No, Why?

### 6. By the end of this training do you feel comfortable e-prescribing a complex medication order (i.e. prednisone taper or warfarin dosing)?

- Yes
- No

### 7. If No, Why?

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**8. By the end of this training do you feel comfortable printing a hard copy prescription for medications that cannot be e-prescribed (i.e. controlled substances)?**

- Yes
- No

**9. If No, Why?**

**10. By the end of this training do you feel comfortable verifying that a prescription was successfully e-prescribed?**

- Yes
- No

**11. If No, Why?**

**12. Do you understand that Demo patients are not permitted on the production system and once you are live you will only be able to send prescriptions to live pharmacies?**

- Yes
- No

**13. If No, Why?**

**14. Do you understand that only providers authorized to write prescriptions can access the system?**

- Yes
- No

**15. If No, Why?**

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**16. Do you understand that if you fail to comply with the rules and regulations your access to the e-Prescribing network will be revoked?**

- Yes
- No

**17. If No, Why?**

**18. Do you understand that if users who do not have prescription authority are given access to the network that your entire site can be disconnected from the network?**

- Yes
- No

**19. If No, Why?**

**20. What did you expect from the e-Prescribing Provider Training?**

**21. Overall, do you feel that your objectives were met?**

- Yes
- No

**22. If No, please explain what could have been done better to meet those objectives.**

**23. Looking back, how would you rate your knowledge of the E-Rx before the training?**

- Poor
- Fair
- Good
- Very Good
- Excellent

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**24. Now that you have attended the training, how do you rate your knowledge of the subject?**

- Poor
- Fair
- Good
- Very Good
- Excellent