Assessment of a Pharmacist-Led Transitions of Care Service Utilizing an Admissions Enhanced Patient Risk Evaluation

Approach: the ICARE Program

OMB Control Number: 0910-0847 Expiration Date: 12/31/2022

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 0910-0847. The burden time required to complete this portion of the information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov. DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.

Acceptability, Impact, and Satisfaction Survey

The following survey is anonymous. Please select the most appropriate answer for each of the following items.

What is your profession	on?											
-			-	□ Pharmacist □ Social Work	er							
□ Medical Assistant	□ Other											
What is your medical specialty?												
In your current position do you have administrative/financial responsibilities? ☐ Yes ☐ No												
How long have you worked for East Alabama Medical Center (EAMC)?												
□ 0-5 years □ 6-10	O years □ 1	l1-15 years □ :	16-20 years □ 21+ y	ears								
1. The ICARE transiti	ons of care (TOC) team works eff	ectively.									
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly Disagree									
2. The ICARE TOC se	rvice runs smoot	hly.										
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly Disagree									
3. The ICARE TOC service <u>disrupts</u> my normal workflow.												
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly Disagree									
4. The ICARE TOC se	rvice aligns with	my goals for pat	ient care.									
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly Disagree									
5. I understand how	the ICARE TOC s	ervice operates.										
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly Disagree									
6. The ICARE TOC se	rvice saves time	and money for b	oth myself and the hospi	tal.								
□ Strongly Agree	□ Agree	□ Disagree	□ Strongly Disagree									

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7.	The ICARE TO	ARE TOC service reduces readmission rates.									
□ S	trongly Agree		□ Agree	9	□ Disa	gree	□ Stron	gly Disagro	ee		
8.	The ICARE TO	e ICARE TOC service improves patient care and understanding.									
□ S	trongly Agree		□ Agree	9	□ Disa	gree	□ Stron	gly Disagro	ee		
9.	The ICARE TO	OC serv	ice has	benefit	ed my p	atients.					
□ S	trongly Agree		□ Agree	9	□ Disag	gree	□ Stron	gly Disagro	ee		
10. I am confident that I can continue to effectively work with the ICARE TOC team.											
□ S	trongly Agree		□ Agree	9	□ Disa	gree	□ Stron	gly Disagro	ee		
11. My overall experience with the ICARE TOC <u>team</u> has been											
□ E	xcellent	□ Goo	d □A	verage	□ Poor		□ Very	Poor			
12. My overall experience with the ICARE TOC <u>service</u> has been											
□ E	xcellent	□ Goo	d	□ Aver	age	□ Poor		□ Very Po	or		