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DRAFT IPRO Drug Safety Program Collaborator Survey (2022)

Your Opinion Matters

We would appreciate if you would take a few minutes to complete the following questionnaire regarding your experience working with IPRO. Your responses will be kept private to the extent provided by law. Information provided by you is voluntary and your decision whether or not to participate in this survey will not affect Medicare/Medicaid reimbursements to your organization.

This survey is for people who are involved with the Drug Safety Program.

Please click on the "Next" button below and after each question. Please click "Done" at the end of the survey to capture your responses.

PRA Disclosure Statement: 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 voluntary information collection is TBD. The expiration date is TBD. The purpose of this voluntary information collection request is to collect feedback about the Care Transitions Program. The end goal of this effort is to collect actionable data to help improve the overall customer experience. The time required to complete this voluntary information collection is estimated to average 10 minutes per response, including the time to review instructions 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 about the survey please contact jcashman@ipro.org.***



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Section 1: Information About You

1. Who contributed in responding to this survey? (Check each that applies.)

- | | |
|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> HIV Program Administrator |
| <input type="checkbox"/> AIMS Liaison | <input type="checkbox"/> Infection Control Specialist |
| <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> IPRO Liaison |
| <input type="checkbox"/> County Representative | <input type="checkbox"/> IPRO HCQIP Liaison |
| <input type="checkbox"/> Data Contact/Encounter Data Liaison | <input type="checkbox"/> Managed Care Organization Representative |
| <input type="checkbox"/> Director of Nursing | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Director, Patient Services | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Director of Pharmacy | <input type="checkbox"/> Medical Records Director |
| <input type="checkbox"/> ESRD Liaison | <input type="checkbox"/> NHQI Liaison |
| <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Nurse Manager |
| <input type="checkbox"/> Head Nurse | <input type="checkbox"/> Office Manager |
| <input type="checkbox"/> HEDIS/QARR Liaison | <input type="checkbox"/> Physician |
| <input type="checkbox"/> HIM Director | <input type="checkbox"/> QA/QM/UR/CM Director |
| <input type="checkbox"/> HIV Medical Director | <input type="checkbox"/> Social Worker |

Other (please specify)



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Section 1: Information About You

2. How long have you, the respondent (not your organization), been working with IPRO? If multiple people are responding jointly to this questionnaire, the respondent with the longest working history with IPRO should select the appropriate answer. (Check only one box).

- Less than 12 months
- Between 12-24 months
- More than 24 months



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Section 2: Overall Impression

Please indicate the extent you agree or disagree with the following statements on a scale of 1 to 6 with 1 being "Strongly Disagree" and 6 being "Strongly Agree", by checking the appropriate box.

* 3. My overall impression of my organization's working relationship with IPRO's Drug Safety Project Team is positive.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 2: Overall Impression

* 4. You rated IPRO unfavorably for the question, "My overall impression of my organization's working relationship with IPRO's Drug Safety Project Team is positive." Please explain how we can improve in this area.



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Section 2: Overall Impression

* 5. When contacting IPRO, I can easily reach an appropriate person to assist me.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 2: Overall Impression

* 6. You rated IPRO unfavorably for the question, "When contacting IPRO, I can easily reach an appropriate person to assist me." Please explain how we can improve in this area.



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Section 2: Overall Impression

* 7. IPRO staff is responsive in following up with questions or issues I have.

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree N/A



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Section 2: Overall Impression

* 8. You rated IPRO unfavorably for the question, "IPRO staff is responsive in following up with questions or issues I have." Please explain how we can improve in this area.

[Empty text box for providing feedback]



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Section 2: Overall Impression

* 9. I am treated respectfully and with courtesy by IPRO staff.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 2: Overall Impression

* 10. You rated IPRO unfavorably for the question, "I am treated respectfully and with courtesy by IPRO staff". Please explain how we can improve in this area.



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Section 3: IPRO Drug Safety Program Activities

11. IPRO's Drug Safety Program's technical assistance supports my organization's quality improvement activities.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 3: IPRO Drug Safety Program Activities

* 12. You rated IPRO unfavorably for the question, "IPRO's Drug Safety Program's technical assistance supports my organization's quality improvement activities." Please explain how we can improve in this area.



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Section 3: IPRO Drug Safety Program Activities

13. IPRO's Drug Safety Program promotes educational material produced by experts (e.g., Anticoagulation/Diabetes/Opioid, Discharge Communication tools, MARQUIS Medication Reconciliation toolkit, Management of Anticoagulation in the PeriProcedural Period mobile app, etc.) that can be used by my organization for QI efforts.

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree NA



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Section 3: IPRO Drug Safety Program Activities

* 14. You rated IPRO unfavorably for the question, "IPRO's Drug Safety Program promotes educational material produced by experts (e.g., Anticoagulation/Diabetes/Opioid, Discharge Communication tools, MARQUIS Medication Reconciliation toolkit, Management of Anticoagulation in the PeriProcedural Period mobile app, etc.) that can be used by my organization for QI efforts. Please explain how we can improve in this area.

[Empty text box for response]



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Section 3: IPRO Drug Safety Program Activities

15. IPRO's teleconferences and webinar meetings regarding medication safety issues are valuable to our organization and professional staff.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 3: IPRO Drug Safety Program Activities

* 16. You rated IPRO unfavorably for the question, "IPRO's teleconferences and webinar meetings regarding medication safety issues are valuable to our organization and professional staff. Please explain how we can improve in this area.



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Section 4: Comments

17. Please use the following area to provide your feedback on a) recommendations on how IPRO could improve customer service to your organization, and, b) any examples of exceptional customer service and support received from our IPRO staff.

18. Would you like to be contacted by a member of the IPRO staff regarding your answers to this survey?

- No
- Yes (provide contact information below)

19. Please enter your contact information below. (Please complete if you wish to be contacted.)

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>



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Comments

Thank you for completing this survey.