CHEMS Data Collection
Patient Experience Survey and Patient Care and Data Tracking Workbook
• The Patient Experience Survey should be administered to the patient at the 6 month mark

• For those patients who have graduated prior to the 6 month mark, administer the Patient Experience Survey at the time of graduation

• Depending on how your agency has decided to administer the survey (mail, email, SurveyMonkey link, etc.), please return the completed survey to:

  • The Bureau of EMS and Preparedness
c/o Marta Tanikuni
  2224 E. Old Penitentiary Rd.
  Boise, ID  83712

  • martा.tanikuni@dhw.idaho.gov
Questions 2-3 must be answered by the Community Paramedic.

Question 3 – Unique Patient Identifier – the same patient identifier must be used in Patient Care and Data Tracking Workbook for the entirety of the patient.
Patient Experience Survey

Questions 4-6 address the patients health and their ability to manage their own healthcare prior to CP intervention.

Questions 4-6 must be filled out by the patient only.

The following questions should be filled out by the patient only.

4. Please rate your overall health **before** your visits with a Community Paramedic.
   - Very poor
   - Poor
   - Moderate
   - Good
   - Excellent

5. Please rate your level of confidence managing your own healthcare **before** your visits with a Community Paramedic.
   - Very low
   - Low
   - Moderate
   - High
   - Very high

6. How much did your health negatively impact your daily activities **before** your visits with a Community Paramedic?
   - Not at all
   - A little bit
   - Somewhat
   - Quite a bit
   - Very much
Questions 7-10 address the patient's health and their ability to manage their own healthcare after CP intervention.

Questions 7-9 must be filled out by the patient only.

7. How would you rate your overall health after your visits with a Community Paramedic?
   - Very poor
   - Poor
   - Moderate
   - Good
   - Excellent

8. Please rate your level of confidence managing your own healthcare after your visits with a Community Paramedic.
   - Very low
   - Low
   - Moderate
   - High
   - Very high

9. How much did your health negatively impact your daily activities after your visits with a Community Paramedic?
   - Not at all
   - A little bit
   - Somewhat
   - Quite a bit
   - Very much
Question 10 should be filled out by the patient only

Overall, how would you rate the care you received from the Community Paramedic?

- Excellent
- Very good
- Good
- Fair
- Poor
• There are two workbooks to choose from
  • 1) one contains the patient care report (PCR) along with data collection
  • 2) the second contains data collection only
• The following sheets are part of data collection and must be turned in, regardless of the workbook you decide to use: **Medication Inventory, Reduction in ED Visits, PCP Connection, and Data Collection** (see red arrows)

• The sheet labeled **Instructions** (see green arrow) provides step by step instructions on how to fill out the workbook. It is not considered part of data collection
• Please send the data collection sheets at 1 year, after CP intervention, graduation, or death to marta.tanikuni@dhw.idaho.gov

• At the end of each quarter we will want the following information
  • 1) Current patients?
  • 2) Total patients enrolled?
  • 3) How many patients graduated?
  • 4) What kind of patient and why they are being seen?

• Quarters
  • March 31
  • June 30
  • September 30
  • December 31

• The Bureau will send out a request for this information near the end of each quarter
Regardless if you decide to use the PCR or Data Collection workbook, the Unique Patient Identifier (UPI) **MUST** be filled out on the Patient Demographics sheet.

- The UPI must remain consistent throughout the entire patient’s CP history.

- Once the UPI has been populated on the Patient Demographics sheet, the UPI will auto populate on the Data Collection sheet (see next page).
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V |
| 3 | Date of Discrepancy Found | Discrepancy Resolved | Other: | Patient ID: | 0 |
| 4 | 1/9/1900 | 0 | 0 | 0 |
| 5 | 1/9/1900 | 0 | 0 | 0 |
| 6 | 1/9/1900 | 0 | 0 | 0 |
| 7 | 1/9/1900 | 0 | 0 | 0 |
| 8 | 1/9/1900 | 0 | 0 | 0 |
| 9 | 1/9/1900 | 0 | 0 | 0 |
| 10 | 1/9/1900 | 0 | 0 | 0 |
| 11 | 1/9/1900 | 0 | 0 | 0 |
| 12 | 1/9/1900 | 0 | 0 | 0 |
| 13 | 1/9/1900 | 0 | 0 | 0 |
| 14 | 1/9/1900 | 0 | 0 | 0 |
| 15 | 1/9/1900 | 0 | 0 | 0 |
| 16 | 1/9/1900 | 0 | 0 | 0 |
| 17 | 1/9/1900 | 0 | 0 | 0 |
| 18 | 1/9/1900 | 0 | 0 | 0 |
| 19 | 1/9/1900 | 0 | 0 | 0 |
| 20 | 1/9/1900 | 0 | 0 | 0 |
| 21 | 1/9/1900 | 0 | 0 | 0 |
| 22 | 1/9/1900 | 0 | 0 | 0 |
| 23 | 1/9/1900 | 0 | 0 | 0 |
| 24 | 1/9/1900 | 0 | 0 | 0 |
| 25 | 1/9/1900 | 0 | 0 | 0 |
| 26 | 1/9/1900 | 0 | 0 | 0 |
| 27 | 1/9/1900 | 0 | 0 | 0 |
| 28 | 1/9/1900 | 0 | 0 | 0 |
| 29 | 1/9/1900 | 0 | 0 | 0 |
| 30 | 1/9/1900 | 0 | 0 | 0 |
| 31 | 1/9/1900 | 0 | 0 | 0 |
| 32 | 1/9/1900 | 0 | 0 | 0 |
| 33 | 1/9/1900 | 0 | 0 | 0 |
| 34 | 1/9/1900 | 0 | 0 | 0 |
Patient Demographics

- Box 1 – No special instructions, fill out fields accordingly
Patient Demographics

- Box 2 – enter all applicable primary care provider information
- Box 3 – enter all applicable and/or known insurance information
- Box 4 – enter all applicable and/or known pharmacy information
- Box 5 – you will select Add Patient Visit for each new visit with the same patient (see the two red arrows)
  - The CP will enter the date of visit, the CHEMS provider name, the reason for the visit, and notes regarding the visit
  - The notes will auto populate below in the “Patient Visits” section to keep a running log of visits with the patient
Medical History

- Box 6 – the CHEMS provider will enter the patient’s medical condition(s)

- This section contains drop down boxes
  - Click on the lower right hand corner of the box and the drop down arrow will appear (see red arrow above)

- Select the drop down arrow for a list of conditions
Medical History

- For any medical conditions that are not listed in the drop down, please type the condition in the “Other” field.
• Box 7 – No drop down here, please type the patient’s allergies in the space provided
• Box 8 – there is no drop down here, please type the medication(s) and dosage(s) for each medication inventory

• For each medication inventory performed, the CHEMS provider will fill in 1 row starting with the **date** of the inventory

• If a discrepancy is found, click on the blue box (see yellow arrow and following page)
Medication Inventory

This is a SHIP measurement data collection requirement, please collect this information when applicable.

- Box 9 – for each medication inventory performed, the CHEMS provider will start with column 1 by filling in the date of the inventory.

<table>
<thead>
<tr>
<th>Date of Inventory</th>
<th>Discrepancy Found (select from drop down list)</th>
<th>Discrepancy Resolution (select from drop down list)</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If a discrepancy is found, select the discrepancy from the drop down list (see red arrow above).

<table>
<thead>
<tr>
<th>Date of Inventory</th>
<th>Discrepancy Found (select from drop down list)</th>
<th>Discrepancy Resolution (select from drop down list)</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- In the next column, the provider will choose a discrepancy resolution; this will describe how they will resolve the discrepancy found.

- If the resolution is not found, type the resolution in the next column labeled “Other”.

Reduction in ED Visits:
This is a SHIP measurement data collection requirement, please collect this information when applicable

- Box 10 – in the first column, type the name of the patient’s insurer

<table>
<thead>
<tr>
<th>Patient’s Insurance Name</th>
<th>Does the Insurance Company have a request form?</th>
<th>Number of ED Visits within the year before first CP Visit?</th>
<th>Number of ED Visits after 1 year of first CP visit?</th>
<th>Total Reduction?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Unable to obtain</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

- The second column asks if the patient’s insurer has a request form, please select the appropriate response from the drop down (see red arrow above)
  - Some insurance companies have a request form to give providers access to the patient’s insurance information to determine how many times the patient has visited the ED

- In the third column, document the number of times the patient has been to the ED 1 year prior to their first visit with their CHEMS provider
Reduction in ED Visits:

- In column four, document the number of ED visits starting from the initial CP visit up to 1 year.
- **DO NOT** edit or type anything in the red column.
  - This column contains a formula to be utilized in data collection.
PCP Connection:
This is a SHIP measurement data collection requirement, please collect this information when applicable.

- Box 11 – start with question 1 and proceed accordingly
- The red arrows indicate a drop down box
- Type in an explanation in the remaining 3 boxes outlined in green
• The CHEMS provider DOES NOT fill out this page

• Please note the Patient ID (red arrow)
  - The Patient ID is automatically populated from Patient Demographics (1st sheet) and is absolutely necessary for data collection
  - If the Patient ID field is blank, do not send data collection information, you will need to populate the Unique Patient Identifier on the Patient Demographics sheet
Questions?