

# CHEMS Data Collection

Patient Experience Survey and Patient Care  
and Data Tracking Workbook



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# Patient Experience Survey

- 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
  - [marta.tanikuni@dhw.idaho.gov](mailto:marta.tanikuni@dhw.idaho.gov)

# Patient Experience Survey

Questions 2 -3 must be answered

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

## Paramedic/Agency Questions

This survey was designed to measure the health status of a patient and their ability to manage their healthcare before and after the intervention of a Community Paramedic. **Questions 1-3 should be answered by the Community Paramedic only.** The remaining **questions (4-10) should be answered by the patient.**

Thank you for your time.

① Name of Community Paramedic?

\*② What is the name of your agency?

\*③ Unique Patient Identifier

# 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

# Patient Experience Survey

Questions 7-10 address the patients 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

# Patient Experience Survey

Question 10 should be filled out by the patient  
only

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

- Excellent
- Very good
- Good
- Fair
- Poor

# Patient Care and Data Tracking Workbook

- 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

# PCR Workbook



### 1 Patient Demographics

First Name  Last Name  DOB   
Street Address   
City  State  Zip Code   
Phone Number  Gender  Male  Female

### 2 Primary Care Provider Info.

Name   
Address   
Phone Number   
Fax   
Please answer questions on page "PCP Connection"

### 3 Insurance Information

Name   
POC   
Address   
Phone Number   
Fax

### 4 Pharmacy Information

Name   
Address   
Phone Number

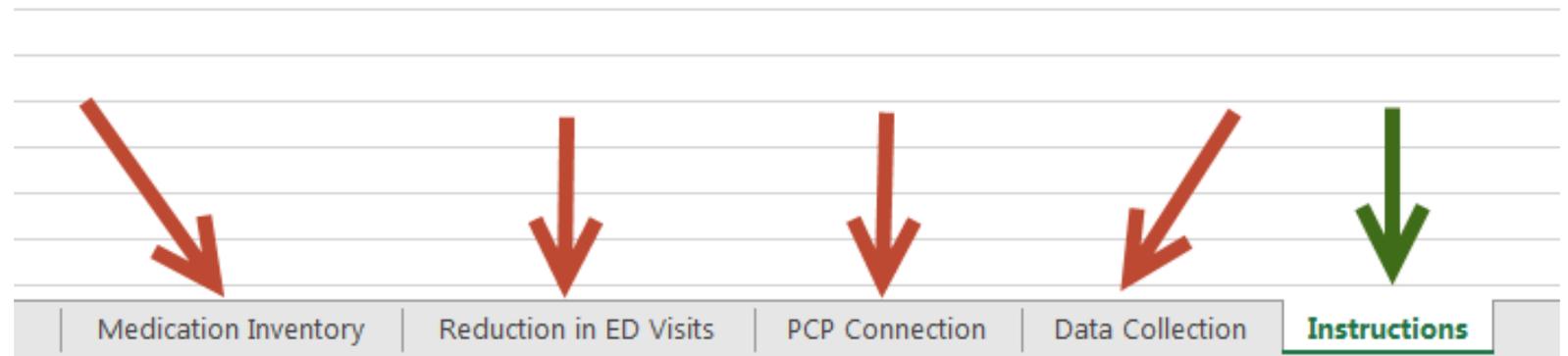
Add Patient Visit

Patient Visits			
Date of Visit	CHEMS Provider	Reason for Visit	Notes/Narrative

Navigation: Patient Demographics | Medical History | Medication Inventory | Reduction in ED Visits | PCP Connection | Data Collection | Instructions ...

# Data Collection (only) Workbook

- 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



# Patient Care and Data Tracking Workbook

- Please send the data collection sheets at **1 year**, after CP intervention, graduation, or death to [marta.tanikuni@dhw.idaho.gov](mailto: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

# Patient Demographics

**Patient Care and Data Tracking Form**

Unique Patient Identifier:

**1 Patient Demographics** Patient Identifier

First Name  Last Name  DOB

Street Address

City  State  Zip Code

Phone Number  Gender  Male  Female

**2 Primary Care Provider Info.**

Name

Address

Phone Number

Fax

Please answer questions on page "PCP Connection"

**3 Insurance Information**

Name

POC

Address

Phone Number

Fax

**4 Pharmacy Information**

Name

Address

Phone Number

**5 Add Patient Visit**

**Patient Visits**

Date of Visit	CHEMS Provider	Reason for Visit	Notes/Narrative

- 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
1	<b>Medication Inventory</b>																					
2						Patient Id:	0															
3	<b>Date of In</b>	<b>Discrepancy Foun</b>	<b>Discrepancy Reso</b>	<b>Other:</b>																		
4	1/0/1900	0	0	0																		
5	1/0/1900	0	0	0																		
6	1/0/1900	0	0	0																		
7	1/0/1900	0	0	0																		
8	1/0/1900	0	0	0																		
9	1/0/1900	0	0	0																		
10	1/0/1900	0	0	0																		
11	1/0/1900	0	0	0																		
12	1/0/1900	0	0	0																		
13	1/0/1900	0	0	0																		
14	1/0/1900	0	0	0																		
15	1/0/1900	0	0	0																		
16	1/0/1900	0	0	0																		
17	1/0/1900	0	0	0																		
18	1/0/1900	0	0	0																		
19	1/0/1900	0	0	0																		
20	1/0/1900	0	0	0																		
21	1/0/1900	0	0	0																		
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26	1/0/1900	0	0	0																		
27	1/0/1900	0	0	0																		
28	1/0/1900	0	0	0																		
29	1/0/1900	0	0	0																		
30	1/0/1900	0	0	0																		
31	1/0/1900	0	0	0																		
32	1/0/1900	0	0	0																		
33	1/0/1900	0	0	0																		
34	1/0/1900	0	0	0																		



# Patient Demographics



**1** Patient Demographics

First Name  Last Name  DOB

Street Address

City  State  Zip Code

Phone Number  Gender  Male  Female

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

# Patient Demographics

ff

**2 Primary Care Provider Info.**  
Name   
Address   
Phone Number   
Fax   
Please answer questions on page "PCP Connection"

**3 Insurance Information**  
Name   
POC   
Address   
Phone Number   
Fax

**4 Pharmacy Information**  
Name   
Address   
Phone Number

**5 Add Patient Visit**

**Patient Visits**

Date of Visit	CHEMS Provider	Reason for Visit	Notes/Narrative

- 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)

Medical History (Select from drop-down list) 6			

Other:

- 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)

4 Medical History (Select from drop-down list) 6			
5			

Alzheimer's  
Anemia  
Arthritis  
Asthma  
Cancer (list type below)  
CHF  
COPD

- Select the drop down arrow for a list of conditions

# Medical History

Medical History (Select from drop-down list) 6				
COPD				
Other:				



- For any medical conditions that are not listed in the drop down, please type the condition in the “Other” field

# Allergies

Allergies 7

Add:

- Box 7 – No drop down here, please type the patient's allergies in the space provided



# 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

Medication Inventory <span style="border: 1px solid black; padding: 2px;">9</span>			
Date of Inventory	Discrepancy Found (select from drop down list)	Discrepancy Resolution (select from drop down list)	Other:
	<div style="border: 1px solid black; padding: 2px;">                     Duplication (taking multiple drugs with the same action)                      Incorrect label                      Incorrect dosage                      Incorrect quantity                      Cognitive impairment not recognized                      Sight/dexterity limitations not recognized                      No caregiver/need for assistance not recognized                 </div>		

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

Medication Inventory <span style="border: 1px solid black; padding: 2px;">9</span>			
Date of Inventory	Discrepancy Found (select from drop down list)	Discrepancy Resolution (select from drop down list)	Other:
		<div style="border: 1px solid black; padding: 2px;">                     Primary provider will address problem at next visit                      Encouraged patient to schedule an appointment with primary provider or to discuss at next provider                      Medication discontinued                      Contacted MD / Resulted in Medication dose adjustment                      Contacted MD / Resulted in Medication change                      Contacted MD / Resulted in Medication temporarily withheld                      Other (please write resolution in other)                 </div>	

- 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

Reduction in ED Visits 10				
Patient's Insurance Name:	Does the Insurance Company have a request form?	Number of ED Visits within the year before first CP Visit?	Number of ED Visits after 1 year of first CP visit?	Total Reduction?
				0
	<div style="border: 1px solid black; padding: 2px;">                     Yes                      No                      Unable to obtain                 </div>			0
				0
				0

- 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:

Reduction in ED Visits 10				
Patient's Insurance Name:	Does the Insurance Company have a request form?	Number of ED Visits within the year before first CP Visit?	Number of ED Visits after 1 year of first CP visit?	Total Reduction?
				0
				0
				0

- In column four, document the number of ED visits starting from the initial CP visit up to 1year
- **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

PCP Connection 11	
1. Does the patient have a current Primary Care Provider?	
If you selected "yes" please refer to question #2. If you selected "no" please refer to question #3.	
2. Does the patient visit their PCP regularly?	3. Were you able to connect the patient with a PCP?
	NO → Please explain why you were not able to connect the patient with a PCP:
↓	YES ↓
Did you communicate your findings with the patient's PCP?	Did you communicate your findings with the patient's PCP?
↓	↓
If you were NOT able to communicate the findings to the patient's PCP please explain why:	If you were NOT able to communicate the findings to the patient's PCP please explain why:

- 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



Questions?