

Attachment E

Draft Pharmacy Background Characteristics

To Be Completed by Pharmacy Point-of-Contact for Each Pharmacy Administering the *Pharmacy Survey on Patient Safety*

Instructions: Please provide the following information, which will be used to analyze data collected with the *Pharmacy Survey on Patient Safety*. If you need assistance in answering any of the questions, please email Laura Milcetic@westat.com.

Name of Pharmacy Point-of-Contact (POC): (First) _____

(Last): _____

Primary National Pharmacy Identifier (NPI): _____

Job Title: _____

Name of Pharmacy: _____

Pharmacy Mailing Address: (Street): _____

(City) _____ (State) _____ (Zip code) _____

POC Phone: _____ Fax: _____ Email: _____

1. Please check the category that best describes this pharmacy type (Mark ONE only).

- a. Independently owned pharmacy (1 to 4 pharmacies only) → **GO TO Question 4.**
- b. Chain pharmacy

2. Please check the type of chain store that best describes this pharmacy (Mark ONE only).

- a. Traditional chain drugstore (e.g., Walgreens, CVS)
- b. Supermarket pharmacy
- c. Mass merchant pharmacy (e.g., Target, Costco, Meijer, Wal-Mart)
- d. Other (Please specify): _____

3. How many stores/sites does this chain include?

- a. 4 to 9
- b. 10 to 49
- c. 50 to 99
- d. 100 to 499
- e. 500 or more
- f. Don't know

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036. Rockville. MD 20850.

4. What is the average number of prescriptions dispensed PER WEEK in this pharmacy?)

- a. 700 or fewer per week
- b. 701 to 1,500 per week
- c. 1,501 to 3,000 per week
- d. 3,001 to 6,000 per week
- e. 6,001 to 12,000 per week
- f. 12,001 or more per week

5. On average, how many hours PER WEEKDAY (Monday–Friday) is this pharmacy open?

- a. 8 or fewer hours per weekday
- b. 9 to 12 hours per weekday
- c. 13 to 15 hours per weekday
- d. 16 to 23 hours per weekday
- e. 24 hours per weekday

6. How many days a week is this pharmacy open?

- a. 5 or fewer days a week
- b. 6 days a week
- c. 7 days a week

7. Does this pharmacy currently have a drive-through window?

- a. Yes
- b. No

8. Does this pharmacy use a central fill for dispensing any prescriptions?

- a. Yes
- b. No

9. Do the pharmacists working in this pharmacy belong to a union?

- a. Yes
- b. No

10. Do the technicians working in this pharmacy belong to a union?

- a. Yes
- b. No

11. Does this pharmacy currently use the following automated (electronic) technologies:

| | Yes, we currently use this tool ▼ | No, but we <u>plan</u> to use this tool within the next 6 months ▼ | No, and we do not plan to use this tool within the next 6 months ▼ |
|--|--|--|--|
| a) Scanner to import paper prescriptions into a pharmacy computer? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) Electronic prescriptions? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) Barcode verification of medications during filling? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d) Barcode verification of medications during final check? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e) Picture of drug on computer to compare with vial contents? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f) Image of original prescription on computer display during final check? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g) Picture of drug with imprint code on the prescription label or patient information? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h) Computer alerts for drug-drug interactions? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i) Robotic dispensing system? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| j) Automated pill-counting device (nonrobotic)? (Please describe): _____ _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| k) Automated system (fax machines, voice mail, touch tone telephone prompts, or email) for patients to request prescription refills? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| l) Other automated tools? (Please describe): _____ _____ _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

12. Does this pharmacy currently provide the following clinical services:

| | Yes ▼ | No, but we plan to provide this in the next 6 months ▼ | No, and we do not plan to provide this in the next 6 months ▼ |
|---|---------------------------------------|---|---|
| a) Vaccinations? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) Medication therapy review to identify and resolve medication-related problems? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) Consultation services for complex medical conditions? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d) Screening and wellness services (e.g., asthma, diabetes, heart disease, smoking cessation, weight loss)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e) Coaching and support for disease management (e.g., diabetes, asthma, COPD, heart failure, Parkinson's disease)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f) Anticoagulation management (e.g., in-pharmacy finger sticks and INR testing, patient education, dose adjustments)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g) Other clinical services (Please specify): _____ _____ _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

13. Does this pharmacy compound any drug products on site?

- a. Yes, a little
- b. Yes, a lot, including complex compounding
- c. No

14. Does this pharmacy currently have a formal system for reporting errors to the pharmacy owner or designated corporate entity?

- a. Yes
- b. No
- c. Don't know

15. Does this pharmacy currently report any errors to external reporting programs, such as the following:

| | Yes ▼ | No ▼ | Don't Know ▼ |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. The Institute for Safe Medication Practices (ISMP) Medication Errors Reporting Program (MERP)?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. MedWatch – The FDA Safety Information and Adverse Event Reporting System?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Other? (Please specify): _____ _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |