

Pharmacy Background Characteristics Form

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 DatabasesOnSafetyCulture@westat.com.

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

(First Name) _____

(Last Name) _____

Job Title: _____

Name of Pharmacy: _____

Store Number: _____

Pharmacy Address: (Street) _____

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

POC Phone: _____ Fax: _____ Email: _____

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

- a. Independent pharmacy
- b. Supermarket pharmacy
- c. Mass merchant pharmacy / discount retailer pharmacy
- d. Chain drugstore (local, regional, national)
- e. Integrated health system pharmacy
- f. Other (Please specify): _____

2. Number of locations/stores affiliated with this pharmacy:

Include *this pharmacy when counting.*

- a. 1 store (This pharmacy is the only location).
- b. 2 to 3
- c. 4 to 9
- d. 10 to 99
- e. 100 or more locations/stores
- f. Don't know

Public reporting burden for this collection of information is estimated to average 5 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.

3. 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. More than 12,000 per week

4. 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

5. 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

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

- a. Yes
- b. No

7. Does this pharmacy use a central fill (i.e., an offsite facility) for dispensing any prescriptions?

- a. Yes
- b. No

8. What are the number of employees by staff type?

Staff Type	Number
Pharmacists	
Pharmacy Technicians	
Pharmacy clerk or pharmacy cashier	
Pharmacy student intern/extern	
Other	

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

	Yes, we currently use this tool ▼	No, we do not currently use this tool ▼
a) Scanner to import paper prescriptions into a pharmacy computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Barcode verification of medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Robotic filling system?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Automated pill-counting device (nonrobotic)? (Please describe): _____ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e) Picture of drug on computer to compare with prescription?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f) Image of original prescription on computer display during final check?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g) Automation at pickup to prevent wrong patient error (e.g., cash register programmed to ask for and enter date of birth through scanning or manual input prior to dispensing)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h) Other automated tools? (Please describe): _____ _____ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

9. Does this pharmacy currently provide the following clinical/medication therapy management services:

	Yes ▼	No ▼
a) Medication therapy management to identify and resolve medication-related problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Screening and wellness services (e.g., asthma, diabetes, heart disease, smoking cessation, weight loss)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Coaching and support for disease management (e.g., diabetes, asthma, COPD, heart failure, Parkinson's disease)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Other clinical services (Please specify): _____ _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

10. Does this pharmacy compound any medications on site?

- a. Yes
- b. No ► **GO TO Question 12**

11. What type of compounding does this pharmacy do: simple, complex, or both?

- a. Simple only
- b. Complex only
- c. Both simple and complex

12. 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) Federally certified Patient Safety Organization (PSO) other than ISMP?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d) Private company providing error monitoring services to pharmacies?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e) Other? (Please specify): _____ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3