**SOPSTM  Community Pharmacy Survey**

**Version: 1.0**

**Language: English**

**Note**

* For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a Web-based survey, and preparing and analyzing data, and producing reports, please read the [**Survey User’s Guide**](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/pharmacy/toolkit/PharmSOPSUserGuide.pdf)**.**
* For the survey items grouped according to the safety culture composites they are intended to measure, please read the [**Items and Composites**](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/pharmacy/toolkit/PharmSOPS-Composites.pdf) document.
* To participate in the AHRQ Community Pharmacy Survey on Patient Safety Culture Database, the survey must have been administered in its entirety without significant modifications or deletions:
	+ No changes to any of the survey item text and response options.
	+ No reordering of survey items.
	+ Questions added only at the end of the survey after Section E, before the demographic questions in Section F.

For assistance with this survey, please contact the SOPS Help Line at 1-888-324-9749 or SafetyCultureSurveys@westat.com.



Community Pharmacy Survey on Patient Safety

This survey asks for your opinions about patient safety in this community pharmacy and takes about 15 minutes to complete. Answer only about the pharmacy location/store where you received this survey.

**► Staff** means **EVERYONE who works in this community pharmacy,** including pharmacists, pharmacy technicians, pharmacy clerks, etc.

**► Patient safety** is the prevention of patient harm resulting from the processes of health care delivery. In the pharmacy setting, it means that:

* The right patient receives the right medication in the right dose at the right time by the right route, and
* The patient or caregiver understands the purpose and proper use of the medication.

**►** A **mistake** is any type of medication error, mistake, incident, or quality-related event, regardless of whether or not it reaches the patient or results in patient harm. Mistakes may be related to, or include:

* Prescribing, transcribing, dispensing, administering, monitoring (use of medication), unsafe conditions or procedures in the pharmacy, etc.

**►** If a question does not apply to you or you don’t know the answer, please answer “Does Not Apply or Don’t Know.”

|  |
| --- |
| SECTION A: Working in This Pharmacy |
|  |
| **How much do you agree or disagree with the following statements?** *Remember, “staff” means everyone working in this pharmacy.* | **StronglyDisagree**⯆ | **Disagree**⯆ | **Neither****Agree nor Disagree⯆** | **Agree**⯆ | **StronglyAgree**⯆ | **Does Not Apply or Don’t Know**⯆ |
| 1. This pharmacy is well organized
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff treat each other with respect
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Technicians in this pharmacy receive the training they need to do their jobs
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff in this pharmacy clearly understand their roles and responsibilities
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. This pharmacy is free of clutter
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff in this pharmacy have the skills they need to do their jobs well
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. The physical layout of this pharmacy supports good workflow
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff who are new to this pharmacy receive adequate orientation
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff work together as an effective team
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff get enough training from this pharmacy
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |

|  |
| --- |
| SECTION B: Communication and Work Pace |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How often do the following statements apply to this pharmacy?** | **Never**⯆ | **Rarely**⯆ | **Some-****times⯆** | **Most of the time**⯆ | **Always**⯆ | **Does Not Apply or Don’t Know**⯆ |
| 1. Staff ideas and suggestions are valued in this pharmacy
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. We encourage patients to talk to pharmacists about their medications
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff take adequate breaks during their shifts
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. We have clear expectations about exchanging important prescription information across shifts
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff feel comfortable asking questions when they are unsure about something
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. We have standard procedures for communicating prescription information across shifts
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Our pharmacists spend enough time talking to patients about how to use their medications
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff in this pharmacy discuss mistakes
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. We feel rushed when processing prescriptions
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. It is easy for staff to speak up to their supervisor/ manager about patient safety concerns in this pharmacy
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Our pharmacists tell patients important information about their new prescriptions
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. We have enough staff to handle the workload
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. When patient safety issues occur in this pharmacy, staff discuss them
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. The status of problematic prescriptions is well communicated across shifts
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. In this pharmacy, we talk about ways to prevent mistakes from happening again
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Interruptions/distractions in this pharmacy(from phone calls, faxes, customers, etc.)make it difficult for staff to work accurately
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |

|  |
| --- |
| SECTION C: Patient Safety and Response to Mistakes |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How much do you agree or disagree with the following statements?** | **StronglyDisagree**⯆ | **Disagree**⯆ | **Neither****Agree nor Disagree⯆** | **Agree**⯆ | **StronglyAgree**⯆ | **Does Not Apply or Don’t Know**⯆ |
| 1. Staff are treated fairly when they make mistakes
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. When a mistake happens, we try to figure out what problems in the work process led to the mistake
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. This pharmacy places more emphasis on sales than on patient safety
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. This pharmacy helps staff learn from their mistakes rather than punishing them
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. When the same mistake keeps happening, we change the way we do things
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. This pharmacy is good at preventing mistakes
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. We look at staff actions and the way we do things to understand why mistakes happen in this pharmacy
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Staff feel like their mistakes are held against them
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. The way we do things in this pharmacy reflects a strong focus on patient safety
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Mistakes have led to positive changes in this pharmacy
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |

|  |
| --- |
| SECTION D: Documenting Mistakes |

**In this pharmacy, how often are the following types of mistakes documented (in writing OR tracked electronically)?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never documented**⯆ | **Rarely documented**⯆ | **Sometimes documented⯆** | **Most of the time documented**⯆ | **Always documented**⯆ | **Does Not Apply or Don’t Know**⯆ |
| 1. When a mistake reaches the patient and could cause harm but does not, how often is it documented?  | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 2. When a mistake reaches the patient but has no potential to harm the patient, how often is it documented?  | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 3. When a mistake that could have harmed the patient is corrected BEFORE the medication leaves the pharmacy, how often is it documented? | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |

|  |
| --- |
| SECTION E: Overall Rating |

1. **Think back on the survey topics and the definition of patient safety—dispensing the right medication accurately and making sure patients understand their medications and how to use them:**

**How do you rate this pharmacy on patient safety?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor****▼** | **Fair****▼** | **Good****▼** | **Very good****▼** | **Excellent****▼** |
|  [ ] 1 |  [ ] 2 |  [ ] 3 |  [ ] 4 |  [ ] 5 |

|  |
| --- |
| SECTION F: Background Questions |

**1. How long have you worked in this pharmacy?**

|  |
| --- |
| [ ] a. Less than 6 months |
| [ ] b. 6 months to less than 1 year |
| [ ] c. 1 year to less than 3 years |
| [ ] d. 3 years to less than 6 years |
| [ ] e. 6 years to less than 12 years |
| [ ] f. 12 years or more |

**2. Typically, how many hours per week do you work in this pharmacy?**

|  |
| --- |
| [ ] a. 1 to 16 hours per week |
| [ ] b. 17 to 31 hours per week |
| [ ] c. 32 to 40 hours per week |
| [ ] d. More than 40 hours per week |

**3. What is your position in this pharmacy? *Check ONE category that best applies to your job.***

|  |
| --- |
| [ ] a. Pharmacist (including pharmacy manager, lead pharmacist, pharmacist-in-charge, staff pharmacist)  |
| [ ] b. Pharmacy technician (including lead technician and staff technician) |
| [ ] c. Pharmacy clerk or pharmacy cashier |
| [ ] d. Pharmacy student intern/extern |
| [ ] e. Other (Please write your job title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| SECTION G: Your Comments |

**Please feel free to write any comments about how things are done or could be done in your pharmacy that might affect patient safety.**

|  |
| --- |
|  |

***THANK YOU FOR COMPLETING THIS SURVEY.***