

Identification number :

Country

Number



SECTION I

HOSPITAL CHARACTERISTICS

1. How many beds are served by your pharmacy ?

In complete hospitalisation

(the patient stays day + night)

 beds

In partial hospitalisation

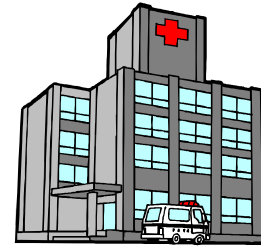
*(the patient stays during the day,
part of the day, or only at night)*

 beds

2. Tick the description which best fits your hospital(s) :

(A teaching hospital is a hospital affiliated to a university medical school which trains doctors at undergraduate and postgraduate level)

- | | | | | |
|------------------------------------|--------------------------|-----|--------------------------|----|
| 2.1. General Teaching hospital | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.2. General non Teaching hospital | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.3. Ophthalmic hospital | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.4. Oncology hospital | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.5. Psychiatric hospital | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.6. Geriatric hospital | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.7. Other | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |



3. What is your hospital(s)'s average bed occupancy percentage for the last year ?

 , %

4. What was the average duration of stay for inpatients during the last year ?

(Round days to the nearest one decimal place, e.g. 6.1 days)

 , days

5. Is your hospital(s) :

(Tick the statement that best describes the situation of your pharmacy)

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 5.1. A public (i.e. owned by the Government) Hospital ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5.2. A Church affiliated Hospital ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5.3. A private hospital ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5.4. Other ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

6. Is your hospital(s) :

(Tick the statement that best describes the situation of your pharmacy)

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 6.1. A profit making institution ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6.2. A non profit making institution ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

7. Personnel

7.1. How many nurses, calculated in Full Time Equivalent (FTE) are employed in the hospital(s) served by your pharmacy ?

7.2. How many doctors, calculated in Full Time Equivalent (FTE) are employed in the hospital(s) served by your pharmacy ?

A Full Time Equivalent (FTE) is a measure to convert total staff numbers including part time and full time personnel into a single figure for purposes of comparison. One FTE is the standard number of hours worked in your country for a specific category of staff.

Example : In Italy, 1 FTE in hospital pharmacy is 42 hours . Therefore, a hospital with one pharmacist who works 21 hours and one who works 42 hours per week has 1.5 FTE pharmacists. The number of hours per FTE varies from profession to profession and from country to country.

8. Is the hospital pharmacy director responsible for other departments in the hospital ?

Yes If Yes, mark all that apply :

(Tick one or more if applicable)

- | | | |
|----------------------------|------------------------------|-----------------------------|
| 8.1. Sterilisation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.2. Infection Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.3. Medical Analysis Lab. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.4 Medical devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.5 Waste Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.6. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



9. To whom is the pharmacy director responsible ?

(Tick the statement that best describes the situation of your pharmacy)

- | | | |
|--|------------------------------|-----------------------------|
| 9.1. To the hospital Chief Executive Officer (Hospital Director) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.2. To an outside pharmacy Director | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.3. To a contract administrator | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.4. To a clinical medical Director | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.5. To a local Authority | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.6. To nobody | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.7. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



10. As a percentage of the total hospital budget, what is the total cost of :

(Round the percentage to one decimal place)

10.1. Operating the pharmacy (all expenses including salaries, drugs, sterile fluids, supplies)? , %

10.2. The budget only for the acquisition of drugs for the past year? , %

11. Has the pharmacy director freedom to allocate some resources within the hospital budget to his department ?

Yes No

12. Is there a budget :

(Tick the statement that best describes the situation of your pharmacy)

- 12.1. For pharmacy equipment ? Yes No
- 12.2. For research in your pharmacy ? Yes No
- 12.3. For clinical audit ? Yes No



SECTION II

PHARMACY CHARACTERISTICS



II.1. PHARMACY STAFFING

13. How many Full Time Equivalent personnel work in your pharmacy ?

(Round number to one decimal place)

A) Personnel in the hospital pharmacy:

- 13.1. Pharmacists ,
- 13.2. Trainee pharmacists (interns) ,
- 13.3. Pharmacy students ,
- 13.4. Prescriptionists (Bachelor of Science in Pharmacy) *(if applicable)* ,
- 13.5. Qualified pharmacy assistants / Technician staff ,
- 13.6. Non qualified pharmacy assistants ,
- 13.7. Cleaning personnel *(0 if cleaning centralised)* ,
- 13.8. Administrative Staff ,
- 13.9. Nurses ,
- 13.10. Others ,

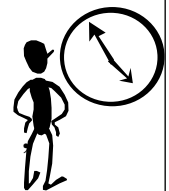
B) Personnel in the hospital: Are there pharmacists in your hospital who are not member of the hospital pharmacy staff? Yes No

- 13.11. Pharmacists ,

14. How many hours per day is your pharmacy open and available to provide service?

(In each case, enter the total number of hours open)

- 14.11. Monday to Friday Yes No ,
- 14.12. Saturday Yes No ,
- 14.13. Sunday Yes No ,



15. Does your pharmacy provide a 24 hour on call service?

- Yes No

16. Is there a residency service in the hospital(s), with an on call pharmacist living in the hospital at night?

- Yes No

II.2. INPATIENT DRUG DISTRIBUTION SERVICES

17. Drug distribution services

(Tick one or more if applicable)

- 17.11. Have you a centralised pharmacy service : drug distribution is made by the central pharmacy ? Yes No
- 17.12. Have you decentralised pharmacy services : drug distribution is made by satellites (i.e. ward based pharmacy outlets supplied from the central pharmacy) ? Yes No
- 17.13. Have you patient oriented distribution with medications supplied to each individual patient (i.e. unit dose drug distribution)? Yes No

18. Use of bar codes in the drug distribution system in your hospital

(Tick one or more if applicable)

- 18.11. Do you use EAN-barcodes in the stock management of the medicinal products (product receipt and/or preparation of internal distribution)? Yes No
- 18.12. Do you use the barcodes printed by your supplier in the stock management of medical devices (product receipt and/or preparation of internal distribution)? Yes No
- 18.13. Do you label the medicinal products prepared in your pharmacy with bar code? Yes No
- 18.14. Does hospital staff use barcode readers for manual picking of medicinal products in your pharmacy? Yes No
- 18.15. Does hospital staff use or plan to use barcode readers at the bedside to capture information about the dispensation of medicine products to the patient? Yes No

19. Drug distribution system

(Tick one or more if applicable)

(Definitions : An individual patient drug supply system is one in which drugs are dispensed for each patient on an individual basis, for several days, and a medication profile is kept for each inpatient at the pharmacy. The drugs do not need to be supplied in unit dose package.

A 24 hour unit-dose dispensing system is a particular kind of individual patient drug supply system in which drugs are dispensed for each patient on an individual basis, but for not more than 24 hours and a medication profile also kept for each inpatient at the pharmacy. The medications are dispensed in single unit dose packages, with medicines in a ready to use form.)

- 19.11. Have you an individual patient supply system ? Yes No
If Yes, for how many beds ?
- 19.12. Have you a 24 hours unit dose dispensing system ? Yes No
If Yes, for how many beds ?
- 19.13. Have you a ward stock system ? Yes No

20. Drug distribution and robotics ► do you use :

(Tick one or more if applicable)

*Computerised picking systems and robotic systems are now used in some hospital pharmacies.
Computerised drug trolleys are also used in some hospitals at ward level.*

20.1. Manual picking of medicines ?

Yes No

20.2. Computer dispensing machines (e.g. ATC machine) to pick doses for individuals?

Yes No

20.3. Computer picking systems to pick drugs for stock (e.g. Rowa Machine)?

Yes No

20.4. Robotic picking systems to pick individual patient supplies (e.g. APS Robot)?

Yes No

20.5. Integrated computer systems for ordering, picking and ward storage (e.g. Pyxis)?

Yes No

21. Clinical pharmacy services ► have you :

(Tick one or more if applicable)

21.1. Centralised clinical pharmacy services, and pharmacists visiting each patient care area at least once daily ?

Yes No

21.2. Centralised clinical services and pharmacists occasionally visiting patient care areas but not on a daily basis ?

Yes No

21.3. Decentralised clinical services and pharmacists spending at least 50 % of their time in the wards/patient care areas?

Yes No

22. **Do you assign clinical services to pharmacy technicians in your hospital ? ..** Yes No

23. **If Yes to question 22, what tasks are assigned to pharmacy technicians?** *(Tick one or more if applicable)*

23.1. ward stock Yes No

23.2. drug information Yes No

23.3. patient counselling Yes No

23.4. member of committees Yes No

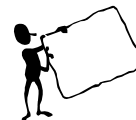
23.5. member of audit Yes No

23.6. other..... Yes No

24. In the patient care areas, who orders ward stock drugs from your pharmacy ?

(Tick one or more if applicable)

- 24.1. Nursing staff Yes No
- 24.2. Pharmacy staff Yes No
- 24.3. Medical staff Yes No



25. Does your pharmacy provide intravenous (I.V.) admixture services ? *(Tick one or more if applicable)*

- No
- Yes, pharmacy prepares nearly all I.V. admixture products for almost all patient care areas
- Yes, pharmacy prepares nearly all I.V. admixture products but only for special units within the hospital(s) (e.g. ICU, CCU...)
- Yes, pharmacy prepares total parenteral nutrition (TPN)
- Yes, pharmacy prepares cytotoxic medications

26. Which of the following are under the control of your pharmacy ?

(Tick one or more if applicable)

- | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 26.1. Intravenous fluids | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.13. Tax free alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.2. Haemodialysis fluids | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.14. Chemical reagents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.3. Irrigation fluids | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.15. Enteral nutrition products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.4. Premixed I.V. solutions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.16. Investigational drugs of agents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.5. I.V. fluid administration sets | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.17. Wound care products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.6. Infusion pumps and controllers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.18. Sutures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.7. General anaesthetics other than pressurised gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.19. Surgical instruments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.8. Medical gases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.20. In vitro diagnostic tests (e.g. urinalysis sticks, glucose meters...) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.9. Stable blood derivatives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.21. Cytotoxic drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.10. Labile blood derivatives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.22. Medicines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.11. Radiographic contrast materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26.23. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26.12. Radio pharmaceuticals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |



SECTION III

COMPUTERISATION

(If your department is in the midst of installing a computer system, answer as though the installation was completed)

27. Equipment

Has your pharmacy a computerised system ?

Yes No



If yes, is it for : (Tick one or more if applicable)

- | | | |
|---|------------------------------|-----------------------------|
| 27.1. getting the prescriptions from the wards ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.2. stock control and stock distribution ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.3. drug consumption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.4. patient medication profiling ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.5. outpatient drug distribution ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.6. drug information databases (Medline, Micromedex...) ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.7. dosage calculation ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.8. sterile production control ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.9. compounding ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27.10. product release | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

28. Mainframe

(Tick one or more if applicable)

28.1. Is the pharmacy a part of the hospital(s)'s mainframe computer system ?

Yes No

28.2. Has the pharmacy a stand alone system that interfaces with the mainframe or other departments ?

Yes No

28.3. Has the pharmacy a stand alone system that does not interface with the mainframe or other departments ?

Yes No

29. Is there at least one personal computer in your pharmacy ?

Yes No

30. Is your pharmacy connected to Internet ?

Yes No

SECTION IV

PHARMACEUTICAL PRODUCTION

31. Do you have a government licence for the manufacture of :

(Tick one or more if applicable)

- | | | |
|--|------------------------------|-----------------------------|
| 31.1. Sterile pharmaceuticals for use in the hospital ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31.2. Non sterile pharmaceutical for use in the hospital ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31.3. Sterile pharmaceuticals for use in other hospitals or in patients' homes ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31.4. Non sterile pharmaceuticals for use in other hospitals or in patients' homes ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31.5. Drugs for clinical trials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31.6. Gene therapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

32. Does your pharmacy prepare the following in batches for storage ? *(Tick one or more if applicable)*

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| 32.1. Sterile pharmaceuticals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32.2. Non sterile pharmaceuticals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32.3. Laboratory reagents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

33. Does your pharmacy prepare the following for individual patients on prescription ?

(Tick one or more if applicable)

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| 33.1. Sterile pharmaceuticals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33.2. Non sterile pharmaceuticals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

34. Does your pharmacy operate (inside or outside) quality control and analytical procedures for:

(Tick one or more if applicable)

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| 34.1. Chemical stability ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34.2. Physical stability ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34.3. Microbiological safety ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

35. Does your pharmacy follow GMP directive for the manufacture of all products ?

(GMP: Good Manufacturing Practice)

- Yes No

36. Does your pharmacy use a written procedure for the recall of all batches produced if an error has been discovered?

- Yes No

37. When calculating the costs of production, what is taken in account in your system ?

(Tick one or more if applicable)

- 37.1. Raw material costs Yes No
- 37.2. Labour costs Yes No
- 37.3. Depreciation of equipment Yes No
- 37.4. Quality control Yes No



38. Does your pharmacy sell products to other hospitals or outside pharmacies ?

- Yes No

39. If Yes to question 38, do you operate for profit ?

- Yes No

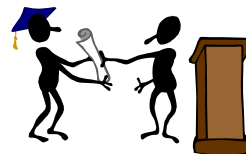
40. Has your pharmacy a licence to sell products to other hospitals ?

- Yes No Not obligatory



SECTION V

QUALITY ASSURANCE & CONTROL



41. Are tests (analytical, microbiological, pyrogen tests) carried out ?

(Tick one or more if applicable)

- 41.1. Tests are carried out Yes No

If, Yes, tests are carried out on the following:

- 41.1.1. Chemical raw material Yes No
- 41.1.2. Packaging materials Yes No
- 41.1.3. Finished batches Yes No

42. If tests are carried out (question 41), is the analysis done :

(Tick one or more if applicable)

- 42.1. In the pharmacy department ? Yes No
- 42.2. In another hospital department ? Yes No
- 42.3. By an external laboratory ? Yes No

43. Is there a formal quality assurance process that uses written standards for the following ?

(Tick one or more if applicable)

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| 43.1. Drug dispensing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.2. Sterile product preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3. Clinical pharmacy services : | | |
| 43.3.1. Clinical trials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.2. Pharmacokinetics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.3. Drug treatment monitoring | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.4. Drug Information Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.5. Patient Counselling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.6. Anticoagulant clinic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.7. Lipid Clinic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.8. Pain Control Team | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.9. Enteral nutrition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.3.10. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



43.A Do you have external quality certification?

(Tick one or more if applicable)

- | | | |
|-----------------------|------------------------------|-----------------------------|
| 43.A.1. ISO 9001 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.A.2. ISO 14001 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43.A.3. Others: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



SECTION VI

ANALYTICAL AND CLINICAL CHEMISTRY CONTROL

44. Are drug level analysis carried out in your pharmacy itself ?

- Yes No

45. If Yes, are blood samples collected by a member of your pharmacy staff ?

- Yes No



SECTION VII

OUT PATIENT PHARMACY SERVICES

(Definition : for the purpose of this survey, outpatients are considered to be either ambulatory patients, patients being discharged, hospital staff, homecare patients, and the general public)

46. Does your hospital(s) provide pharmacy service to any of these patients ?

- Yes, through the hospital in inpatient pharmacy department (a)
 Yes, through a separately licensed outpatient pharmacy (b)
 Both a) and b) above
 No

46.A Is the source and price of the drugs for outpatients the same?

- Yes No

47. Does your pharmacy routinely provide patients with medication at discharge from the hospital ?

- Yes No

48. If Yes to question 47, do you supply :

- 48.1. all patients ? Yes No
 48.2. only some patients (e.g. AIDS, cancer..)? Yes No

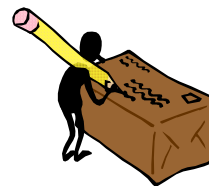
49. If Yes to question 47, how many days' supply is given to the patient ?

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50. Do you supply to outpatients, for administration at home :

(Tick one or more if applicable)

- 50.1. Cytotoxic injections ? Yes No
 50.2. Total parenteral nutrition solutions ? Yes No
 50.3. Analgesic infusions ? Yes No
 50.4. Antibiotic infusions ? Yes No
 50.5. Routine prescribed medication ? Yes No



51. Do you charge a fee to outpatients for these services ?

- Never Always
 Yes, for some patients only Yes, for some drugs only



SECTION VIII

PHARMACY PRACTICE

52. Is your pharmacy staff regularly providing patient care service concerning adverse drug reactions (prevention, monitoring, documenting, reporting, managing..) for :

52.1. Inpatients ? Yes No

52.2. Outpatients ? Yes No

52.3. None ? Yes No

53. Is your pharmacy staff regularly providing patient care service concerning medication errors (prevention, monitoring, documenting, reporting, managing...) for :

53.1. Inpatients ? Yes No

53.2. Outpatients ? Yes No

53.3. None ? Yes No

54. For pharmacist intervention concerning patient care, is a written report put in the patients' medical record for at least 80% of the patients:

54.1. Inpatients ? Yes No

54.2. Outpatients ? Yes No

54.3. None ? Yes No

55. For every pharmacist intervention concerning patient care, is a written report recorded in your pharmacy for at least 80% of the patients:

55.1. Inpatients ? Yes No

55.2. Outpatients ? Yes No

55.3. None ? Yes No

56. Do pharmacists participate in :

	For inpatients		For outpatients		None	
56.1. Research (including clinical drug trials) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56.2. Medicine or drug use evaluation programmes (MUE, DUE) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56.3. Pharmaco epidemiological studies ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

57. With regard to medical devices, does your pharmacy participates in : *(Tick one or more if applicable)*

- 57.1. Selection ? Yes No
 57.2. Evaluation ? Yes No
 57.3. Purchasing ? Yes No
 57.4. Vigilance ? Yes No



58. What is the role of your pharmacy in the decisions about nutrition support ?

(Tick the statement that best describes the situation of your pharmacy)

- 58.1. Participation in TPN team only Yes No
 58.2. Participation in TPN/Enteral nutrition team Yes No
 58.3. Not involved in decisions about nutrition prescription Yes No

59. Does your pharmacy provide pharmacokinetic consultations for :

(A pharmacokinetic consultation consists of at a minimum review of clinical laboratory or serum drug concentrations and oral/written follow-up with the prescriber)

- 59.1. Inpatients ? Yes No
 59.2. Outpatients ? Yes No
 59.3. None ? Yes No

60. For which following drug therapies does your pharmacy routinely provide pharmacokinetic consultations ?

(Tick one or more if applicable)

- | | | | |
|----------------------|--|----------------------|--|
| 60.1. Aminoglycoside | <input type="checkbox"/> Yes <input type="checkbox"/> No | 60.8. Tacrolimus | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60.2. Carbamazepine | <input type="checkbox"/> Yes <input type="checkbox"/> No | 60.9. Theophylline | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60.3. Cyclosporine | <input type="checkbox"/> Yes <input type="checkbox"/> No | 60.10. Teicoplanin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60.4. Digoxin | <input type="checkbox"/> Yes <input type="checkbox"/> No | 60.11. Vancomycin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60.5. Lithium | <input type="checkbox"/> Yes <input type="checkbox"/> No | 60.12. Warfarin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60.6. Phenobarbitone | <input type="checkbox"/> Yes <input type="checkbox"/> No | 60.13. Others: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60.7. Phenytoin | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

61. For which following drug therapies does your pharmacy routinely provide additional clinical consultations ?

(Tick one or more if applicable)

- 61.1. Anticoagulant clinic prescribing Yes No
 61.2. Lipid clinic prescribing Yes No
 61.3. Antibiotic therapy Yes No
 61.4. Cytotoxic induced nausea Yes No
 61.5. Immunosuppressive therapy Yes No
 61.6. Other Yes No



SECTION IX
DRUG INFORMATION SERVICES



62. Is there a specific pharmacist on your staff dedicated to the provision of drug information service ?

- Yes No

63. If Yes to question 62, enter the total full time equivalent (FTE) assigned to drug information service :

--	--	--

64. Is there a drug information centre as a formal division (or programme) within your pharmacy ?

- Yes No

65. Does your pharmacy provide drug information service to persons outside the hospital ?

(Tick the statement that best describes the situation of your pharmacy)

- 65.1. Yes
 65.1.1. With a charge for this service Yes No
 65.1.2. With no charge for this service Yes No
 65.2. No

66. Has your pharmacy a contract with another hospital to obtain drug information service ?

- 66.1. Yes
- 66.1.1. With a charge for this service Yes No
- 66.1.2. With no charge for this service Yes No
- 66.2. No



SECTION X

HOSPITAL COMMITTEES

67. Indicate the existence of hospital committees, and the pharmacy's participation by marking all that apply to your hospital(s) :

	Existence in the hospital		Participation of pharmacists	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.1. Drug and Therapeutics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.2. Cardio-pulmonary Resuscitation (CPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.3. Ethics / Research.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.4. Infection Control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.5. Nutrition support / TPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.6. Quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.7. Health and Safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.8. Medical Devices assessment (users group).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.9. Pain control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.10. Information Systems / Information technology ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.11. Risk management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.12. Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION XI

DRUG FORMULARY MANAGEMENT SYSTEM

68. Is there a drug formulary in your hospital(s) ?

- Yes No

69. How many chemical entities are in your formulary ?

--	--	--	--

70. How many products are in your formulary ?

--	--	--	--

71. How often is your formulary updated ? *(Tick the statement that best describes the situation of your pharmacy)*

- every year
 every 2 years
 > 2 years

72. What does your formulary contain ?

(Tick one or more if applicable)

- 72.1. Price information Yes No
 72.2. Dosage/ prescribing information Yes No
 72.3. Hospital drug use policies Yes No
 72.4. Local bacterial sensitivity to antibiotics Yes No
 72.5. Antibiotic prescribing protocols for surgical prophylaxis Yes No
 72.6. Antibiotic prescribing protocols for treatment of infections Yes No



73. What type of buying group do you use to purchase drugs ?

(Tick one or more if applicable)

- 73.1. National multi hospital alliance Yes No
 73.2. Regional group Yes No
 73.3. Local group Yes No
 73.4. You do not participate in group purchasing No

74. What percentage of medicines up to 100 % (in term of money value) are purchased from :

- 74.1. Wholesalers ? , %
 74.2. Direct from the Industry ? , %
 74.3. Other hospital pharmacies ? , %
 74.4. Own production ? , %



SECTION XII

TRAINING AND STAFF DEVELOPMENT PROGRAMMES

75. Is your hospital(s) affiliated with any of the following teaching programmes?

*(Affiliation is defined as a routine training site for students, residents, interns, externs or other trainees.
The employment of a salaried pharmacy student does not constitute an affiliation with a pharmacy school)
(Tick one or more if applicable)*

- | | | |
|---|------------------------------|-----------------------------|
| 75.1. University Pharmacy School | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.2. Nursing school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.3. University Medical School | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.4. College offering pharmacy technician training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75.5. None of the above | <input type="checkbox"/> | |

76. Does your pharmacy :

(Tick one or more if applicable)

- | | | |
|---|------------------------------|-----------------------------|
| 76.1. Serve as externship training site for pharmacy students ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.2. Offer a post graduate pharmacy training programme ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.3. Is involved in technician staff training programme ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76.4. None of the above ? | <input type="checkbox"/> | |

77. Has your pharmacy an internally organized continuing education programme designed to enhance the knowledge or skills of :

(Tick one or more if applicable)

- | | | |
|------------------------------|------------------------------|-----------------------------|
| 77.1. Pharmacists ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.2. Pharmacy technicians ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.3. Other pharmacy staff ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77.4. None of the above ? | <input type="checkbox"/> | |

78. Concerning continuing education for professional staff, does your pharmacy :

(Tick one or more if applicable)

- | | | |
|--|------------------------------|-----------------------------|
| 78.1. Allows paid time off for continuing education programmes ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.2. Pays all the expenses ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.3. Pays at least some of the expenses, e.g. registration fees ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78.4. None of the above ? | <input type="checkbox"/> | |

79. If a specialization in hospital pharmacy is established in your country, how many pharmacists (in full time and part-time employment) have this specialization in your hospital pharmacy?

79.1. Number of pharmacists with the specialization in hospital pharmacy in your pharmacy:

79.2. Total number of pharmacists in your pharmacy:

80. Do pharmacists in your hospital pharmacy have also other specializations?

Yes No

If yes, name the specializations they have and indicate the number of pharmacists with this specialization

80.1 Specialization in clinical pharmacy Yes No
80.1.1. Number of pharmacists with the specialization in clinical pharmacy in your pharmacy:

80.2. Other specialization (name of the specialization):
.....
80.2.1. Number of pharmacists with this specialization in your hospital pharmacy:

80.3. Other specialization (name of the specialization):
.....
80.3.1. Number of pharmacists with this specialization in your hospital pharmacy:

80.4. Other specialization (name of the specialization):
.....
80.4.1. Number of pharmacists with this specialization in your hospital pharmacy:

80.5. Other specialization (name of the specialization):
.....
80.5.1. Number of pharmacists with this specialization in your hospital pharmacy:

81. Have you experienced any shortages of pharmacists in your hospital pharmacy in the past 2 years?

Yes No

82. Have you experienced any shortages of pharmacy technicians in your hospital pharmacy in the past 2 years?

Yes No



SECTION XIII
PATIENT SAFETY

83. Is there a Patient Safety System implemented in your hospital?

- Yes No

84. Was your hospital involved in any activities conducted in your country in the field of patient safety in the last year?

- 84.1. national survey in hospitals Yes No
Number of surveys.....Response rate (if known).....

- 84.2. campaigns Yes No
Number of campaigns.....
Title of campaign.....

85. Was professional staff in your hospital pharmacy involved in any educational or continuing educational programmes on safe medication practice issues in the last year?

- 85.1. national congress Yes No
85.2. continuous professional development programmes Yes No
85.3. incidental seminars Yes No
85.4. education included in faculty programme Yes No
85.5. other..... Yes No

86. Does your hospital have a:

- 86.1. policy on safe medication practice ? Yes No
86.2. committee for safe medication practice ? Yes No
86.3. teams doctor –pharmacist – nurse with defined system for medication errors reporting ? Yes No
86.4. clinical incident reporting system ? Yes No

87. Which activities in the field of safe medication practice are implemented in your hospital on regular basis (more than 50%)? (Tick one or more if applicable)

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 87.1. unit dose dispensing | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.2. centralized cytotoxic reconstitution | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.3. centralized intravenous administration service | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.4. therapeutic drug monitoring | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.5. drug information | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.6. patient visits at admission | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.7. patient counselling at discharge | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 87.8. others | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

End

Thank you for your cooperation !

