

SOPS™ 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](#).
- For the survey items grouped according to the safety culture composites they are intended to measure, please read the [Items and Composites](#) 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. | Strongly Disagree ▼ | Disagree ▼ | Neither Agree nor Disagree ▼ | Agree ▼ | Strongly Agree ▼ | Does Not Apply or Don't Know ▼ |
|---|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------------------|
| 1. This pharmacy is well organized | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 2. Staff treat each other with respect | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 3. Technicians in this pharmacy receive the training they need to do their jobs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 4. Staff in this pharmacy clearly understand their roles and responsibilities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 5. This pharmacy is free of clutter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 6. Staff in this pharmacy have the skills they need to do their jobs well..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 7. The physical layout of this pharmacy supports good workflow..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 8. Staff who are new to this pharmacy receive adequate orientation..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 9. Staff work together as an effective team | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 10. Staff get enough training from this pharmacy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 2. We encourage patients to talk to pharmacists about their medications | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 3. Staff take adequate breaks during their shifts..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 4. We have clear expectations about exchanging important prescription information across shifts..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 5. Staff feel comfortable asking questions when they are unsure about something | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 6. We have standard procedures for communicating prescription information across shifts..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 7. Our pharmacists spend enough time talking to patients about how to use their medications..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 8. Staff in this pharmacy discuss mistakes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 9. We feel rushed when processing prescriptions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 10. It is easy for staff to speak up to their supervisor/ manager about patient safety concerns in this pharmacy..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 11. Our pharmacists tell patients important information about their new prescriptions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 12. We have enough staff to handle the workload..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 13. When patient safety issues occur in this pharmacy, staff discuss them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 14. The status of problematic prescriptions is well communicated across shifts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 15. In this pharmacy, we talk about ways to prevent mistakes from happening again | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 16. Interruptions/distractions in this pharmacy (from phone calls, faxes, customers, etc.) make it difficult for staff to work accurately | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |

SECTION C: Patient Safety and Response to Mistakes

| How much do you agree or disagree with the following statements? | Strongly Disagree ▼ | Disagree ▼ | Neither Agree nor Disagree ▼ | Agree ▼ | Strongly Agree ▼ | Does Not Apply or Don't Know ▼ |
|---|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------------------|
| 1. Staff are treated fairly when they make mistakes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 2. When a mistake happens, we try to figure out what problems in the work process led to the mistake | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 3. This pharmacy places more emphasis on sales than on patient safety..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 4. This pharmacy helps staff learn from their mistakes rather than punishing them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 5. When the same mistake keeps happening, we change the way we do things..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 6. This pharmacy is good at preventing mistakes..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 7. We look at staff actions <u>and</u> the way we do things to understand why mistakes happen in this pharmacy..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 8. Staff feel like their mistakes are held against them .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 9. The way we do things in this pharmacy reflects a strong focus on patient safety | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 10. Mistakes have led to positive changes in this pharmacy..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 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 <u>could cause harm but does not</u> , how often is it documented? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 2. When a mistake reaches the patient but has <u>no potential to harm</u> the patient, how often is it documented? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| 3. When a mistake <u>that could have harmed the patient is corrected BEFORE the medication leaves the pharmacy</u> , how often is it documented? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 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 |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

SECTION F: Background Questions

1. How long have you worked in this pharmacy?

- | | |
|--|---|
| <input type="checkbox"/> a. Less than 6 months | <input type="checkbox"/> d. 3 years to less than 6 years |
| <input type="checkbox"/> b. 6 months to less than 1 year | <input type="checkbox"/> e. 6 years to less than 12 years |
| <input type="checkbox"/> c. 1 year to less than 3 years | <input type="checkbox"/> f. 12 years or more |

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

- | | |
|---|---|
| <input type="checkbox"/> a. 1 to 16 hours per week | <input type="checkbox"/> c. 32 to 40 hours per week |
| <input type="checkbox"/> b. 17 to 31 hours per week | <input type="checkbox"/> 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.