



**[WORKFORCE INTRODUCTION HERE]**



1. Are you currently licensed as a pharmacist in California?

- Yes  
 No

2. Is your primary practice setting located in California?

- Yes  
 No

3. Which of the following best describes your primary practice setting?

4. Are you the designated pharmacist-in-charge?

- Yes  
 No

5. Are you in a management position for your employer, e.g., pharmacy manager, district manager?

- Yes  
 No

6. Do you work at multiple worksites for a single employer or through a relief agency?

- Yes  
 No



7. Please describe your typical work shift at your primary work site (e.g, day shift, swing shift, night shift, etc.)

8. Approximately how long is a typical shift at your primary work site?

- 8 hours
- 10 hours
- 12 hours
- Other (please specify)

9. Please provide the number of staff that work during a typical shift at your primary work site

Number of Pharmacists

Number of Interns

Number of Pharmacy  
Technicians

Number of Unlicensed  
Clerk/Typists

Not Applicable for my  
primary worksite

10. What is the average prescription volume during a typical shift at your primary worksite?

- Less than 50
- 50 – 100 prescriptions
- 101 – 150 prescriptions
- 151 – 200 prescriptions
- 201 – 250 prescriptions
- 251 – 300 prescriptions
- Over 300 prescriptions
- Not Applicable for my primary worksite

11. Does your primary work-site perform sterile compounding?

- Yes
- No

If yes, please specify the average number of preparations compounded in a typical shift.

12. Does your primary work-site perform non-sterile compounding?

- Yes
- No

If yes, please specify the average number of preparations compounded in a typical shift.

13. Which of the following additional patient services are provided at your primary work site? (Please select all that apply.)

- Immunizations
- Hormonal contraception
- Travel medications
- Naloxone
- Smoking cessation
- CLIA waived tests
- Administer medication and biologicals
- Not Applicable for my primary worksite
- Other (please specify)

14. If your primary worksite provides immunizations, please indicate the average number administered during a typical work shift.

15. Does your primary work site use an automated drug delivery system such as Script Pro or Yuyama?

- Yes
- No
- Not Applicable for my primary worksite

If yes, (please specify type)

16. Does your primary worksite employer use workload metrics in the following areas? (Please select all that apply.)

- Number of immunizations administered.
- Number of refill requests
- Number of patients enrolled in an auto-refill program
- Number of prescriptions filled
- Number of M<sub>1</sub> completed
- Average time to fill a new prescription
- Average time to fill a refill prescription for a patient who is waiting
- No workload metrics are used
- Other (please specify)

17. Does your primary worksite have a work queue that monitors the dispensing time for a prescription?

- Yes
- No
- Not Applicable for my primary worksite

18. Does your employer at your primary worksite require other non-dispensing related duties (ringing up patients, making patient calls, developing staff schedules, meetings, etc.)?

- Yes
- No

Please detail the duties and the estimated percentage of your work shift dedicated to those duties.



19. On average, what is the number of medication errors that occur during a month at your primary worksite?

- Not Applicable for my primary worksite
- Insert Number

20. In your opinion, are medication errors appropriately documented and evaluated consistently with the Board's quality assurance requirements at your primary worksite?

- Yes
- No
- Not Applicable for my primary worksite

If no, please explain

21. Of the documented medication errors that occurred at your primary worksite, what were the cause for errors? (Please check all that apply.)

- Incorrect drug
- Incorrect strength
- Incorrect directions
- Incorrect prescriber
- Incorrect quantity
- Incorrect patient name
- Patient received prescription intended for another patient

22. Do you believe you have sufficient time to provide appropriate patient consultation?

- Yes
- No
- Not Applicable, my position does not require patient consultation

Additional Comments

23. Do you believe the pharmacy staffing in your primary worksite is appropriate to ensure adequate patient care?

Yes

No

24. Please provide any additional information you believe is important for the Board to understand about your worksite, that could impact patient care and medication errors.