

## UC Davis Medical Center Outpatient Pharmacy Patient Survey

The Pharmacy Department kindly asks that you complete this survey. This information is needed to help us provide the best possible service to you. Please tell us what we do well and where we need to improve.

Please circle one answer for each question.

### Visits to the pharmacy

1) How often do you visit this pharmacy?

- a. Less than once a month
- b. Once a month
- c. Twice a month
- d. More that twice a month



### Circle the Pharmacy You Visit

Ambulatory Care Pharmacy

Cancer Center Pharmacy

Primary Care Center Pharmacy

2) How many different prescription medications do you take **every** day?

- a. None
- b. 1-2
- c. 3-4
- d. 5-6
- e. 7 or more
- f. Other \_\_\_\_\_

3) Do you have insurance that helps to pay for outpatient prescriptions?

- a. MediCal
- b. MediCal Managed Care
- c. Sacramento County Care Program (CMISP, MIA)
- d. Commercial insurance (HealthNet, Etna, WHA, PacifiCare)
- e. No insurance or MediCare, I pay for all medications
- f. Other \_\_\_\_\_

### Service at the Pharmacy

a) Interactions with pharmacy personnel

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The pharmacy personnel I met today were courteous, respectful, sensitive and friendly.						
You received the high level of pharmacy services you expected today.						
The pharmacist used "plain" language to explain the medication.						
It is important that a pharmacist speaks with me on <b>new</b> prescriptions only.						
It is important for a pharmacist to speak with me on <b>new and refill</b> prescriptions.						
I feel that I have enough privacy at the window with the pharmacy personnel.						
The cashier thanked me when I picked up my prescriptions.						

b) Pharmacy Operations

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The hours that the pharmacy is open serves my needs.						
I would be interested in using the UCDCM mail order pharmacy if it were available.						
The waiting area is comfortable.						
The pharmacy had the medications that were prescribed.						
The pharmacy was able to accept my insurance.						
Using the telephone prescription refill line is convenient.						
Reaching the Pharmacy by phone is easy and reliable.						

PLEASE CONTINUE ON OTHER SIDE

**Time at the Pharmacy**

- 1) How long were you in line to drop-off a prescription or request a refill?
  - a. 0-1 minutes
  - b. 1-5 minutes
  - c. 6-10 minutes
  - d. 11-20 minutes
  - e. More than 20 minutes



**Circle One**

Did you feel this amount of time was:

- € A short amount of time to wait
- € An average amount of time to wait
- € A long amount of time to wait
- € Much too long a time to wait

- 2) How long were you in line to pick-up a prescription?
  - a. 1-5 minutes
  - b. 6-10 minutes
  - c. 11-20 minutes
  - d. More than 20 minutes



Did you feel this amount of time was:

- € A short amount of time to wait
- € An average amount of time to wait
- € A long amount of time to wait
- € Much too long a time to wait

- 3) What was the **total time** spent waiting for your prescription to be filled?
  - a. 1-10 minutes
  - b. 11-20 minutes
  - c. 21-30 minutes
  - d. 31-60 minutes
  - e. More than 1 hour
  - f. More than 2 hours



Did you feel this amount of time was:

- € A short amount of time to wait
- € An average amount of time to wait
- € A long amount of time to wait
- € Much too long a time to wait

- 4) If you telephoned the pharmacy to request a refill, was the refill ready when you arrived?
  - a. Yes
  - b. No
  - c. Not applicable

**Choosing a pharmacy**

- 1) Why did you choose to visit this pharmacy? (Circle all that apply.)
  - a. It is close to my home or work
  - b. I am a UCDMC employee
  - c. A doctor recommended it to me
  - d. It provides good services
  - e. It has a good reputation
  - f. It is associated with a teaching hospital
  - g. I chose it for financial reasons
  - h. Other \_\_\_\_\_
- 2) Will you visit this pharmacy again?
  - a. Yes
  - b. No

**Overall Satisfaction with Pharmacy Services**

- 1) How satisfied are you with the overall service at the pharmacy?
  - a. Very satisfied
  - b. Satisfied
  - c. Neutral
  - d. Dissatisfied
  - e. Very dissatisfied

How can we improve our service to you?/Comments: \_\_\_\_\_

**PLEASE RETURN THIS SURVEY TO THE CASHIER WHEN YOU PICK-UP YOUR PRESCRIPTION. Thank You.**

# UC Davis Medical Center Outpatient Pharmacy Team Survey

(Circle one for each question)

1. Primarily, I work in:

ACC Rx

CC Rx

PCC Rx

2. How stressful would you say it is to work in this place?

Very stressful

A little stressful

Somewhat stressful

Not stressful

3. How would you rate other team member's attitudes about working here, or their morale?

Excellent

Good

Poor

Very Good

Fair

Not Sure

4. I would recommend this pharmacy practice as a great place to work.

Strongly agree

Not sure

Strongly disagree

Agree

Disagree

5. How easy is it for you to ask a coworker/supervisor a question about the way we care for patients?

Very easy

Difficult

Easy

Very difficult

6. What would make this pharmacy much better for patients?

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7. What would make this pharmacy much better for those who work here?

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Please Complete Other Side

# UC Davis Medical Center Outpatient Pharmacy Staff Assessment

3/2003

This is a staff survey to help assess various OPRx Core Practices. Please do not indicate your name but do indicate whether you are a pharmacist, technician, or clerk. Please rate each process by putting a tic mark under the heading which most closely matches your understanding of the process. Also mark if the process is a source of patient complaint.

**Circle One:** Pharmacist    Technician    Clerk                      **Circle One:** PCCRx    CCRx    ACCRx

Process	Works Well	Not a Problem	Small Problem	Somewhat a Problem	Totally Broken	Cannot Relate	We're Working On It	Source of Patient Complaint	
Answering Telephones									
Baker Automated System									
Billing for Rx's									
Cashiering Process									
Customer Service									
Discharge Prescription Process									
Inventory Control									
Order Entry Process									
Orientation of patients to Pharmacy									
Patient Rx Education/Counseling									
Prescription Mailing Process									
Prescription Renewal Process									
Prior Authorization Process									
Rx Refill Process									
Rx Refill Request Line									
Workload and Staff Allocation									

Complete Other Side.

Adapted from Assessing Your Practice Workbook

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