# Pharmacist Survey

**Introduction**

Thank you for taking the time to complete this evaluation on Curtin University’s Dementia MedsCheck pilot service. You will remain anonymous. The survey does not contain any questions that enable us to identify you.

Your opinions and experiences are valuable to our research.

Please click the link below to read the *Patient Information Statement*

**Participant Consent**

* I have read the information statement linked above and I understand its contents
* I believe I understand the purpose, extent and possible risks of my involvement in this project
* I voluntarily consent to take part in this research project
* I have had an opportunity to ask questions and I am satisfied with the answers received
* I understand that this project has been approved by Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007)
* I understand I will receive a copy of this information statement and consent form.

***How many***  ***MedsCheck Plus consultations have you performed?***

[ ]  1-2

[ ]  3-4

[ ]  5-6

[ ]  >6

[ ]  I’ve not performed a *MedsCheck Plus* - ***Thank you for your time! We are sorry but you do not qualify for the remainder of the survey.***

**Pharmacist Information**

***What is your gender?***

[ ]  Male

[ ]  Female

[ ]  Non-binary

[ ]  Other Click or tap here to enter text. (Prefer to self describe)

***What is your age?***

[ ]  18-24

[ ]  25-34

[ ]  35-44

[ ]  45-54

[ ]  55-64

[ ]  65-74

[ ]  75 or older

[ ]  I would prefer not to say

***Do you identify as: (please select all that apply)***

[ ]  Aboriginal and/or Torres Strait Islander

[ ]  Culturally and linguistically diverse

[ ]  Person with disabilities

[ ]  LGBTIQA+

[ ]  On a temporary visa

[ ]  None of the above

***What is the postcode of your primary place of residence?***

Click or tap here to enter text.

***Which of the following best describes your role in this pharmacy?***

[ ]  Community Pharmacist

[ ]  Pharmacy Manager

[ ]  Community Pharmacy Proprietor

[ ]  Intern Pharmacist

[ ]  Other Click or tap here to enter text.

***Location of the pharmacy***

[ ]  Major shopping centre

[ ]  Small shopping Centre

[ ]  Shopping strip

[ ]  Medical Centre

[ ]  Other Click or tap here to enter text.

***How many MedsCheck consultations have you performed?***

[ ]  1-2

[ ]  3-4

[ ]  5-6

[ ]  >6

On average, how many minutes were spent

* Face-to-face during ***initial*** *MedsCheck Plus* consultation Click or tap here to enter text.
* Preparing for ***initial***  *MedsCheck Plus* consultation Click or tap here to enter text.

*(This includes the time required to confirm eligibility, organise the consultation, make reminder phone calls to the patient, gather information and complete documentation prior to the consultation, access medication lists from other pharmacies etc.)*

* Finalising and sending the report Click or tap here to enter text.

On average, how many minutes were spent

* Face-to-face during ***follow-up*** *MedsCheck Plus* consultation Click or tap here to enter text.
* Preparing for ***follow-up*** *MedsCheck Plus* consultation Click or tap here to enter text.

*(This includes the time required to organise the consultation, make reminder phone calls to the patient, gather information and complete documentation prior to the consultation, access medication lists from other pharmacies etc.)*

* Finalising and sending follow-up report Click or tap here to enter text.

On average, what time of the day did you perform the  *MedsCheck Plus* service?

[ ]  Before 9am

[ ]  9-12pm

[ ]  12-3pm

[ ]  3-6pm

[ ]  After 6pm

Using the rating scale below, please indicate the effect/impact  *MedsCheck Plus* will have on the pharmacy’s workload if the program becomes part of standard practice:

[ ]  No impact [ ]  Small impact [ ]  Moderate impact [ ]  large impact [ ]  Unmanageable increase in workload

Was new infrastructure or changes required in order to provide a  *MedsCheck Plus* consultation?

[ ]  No

[ ]  Yes – Please enter approx. dollar value

 $ Click or tap here to enter text.

*Please provide a brief description of the changes required* Click or tap here to enter text.

**The following statements are designed to assess the training you received. Select the most appropriate option.**

***Have you previously had any training on dementia?***

[ ]  Yes

[ ]  No

***It is helpful for myself and other pharmacists to receive training to notice, act and connect with those people living with dementia and +/- their carer***

[ ]  Strongly agree [ ]  Somewhat agree [ ]  Neither agree nor disagree [ ]  Somewhat disagree [ ]  Strongly disagree

***The training provided me with the confidence to assist a person living with dementia and +/- their carer***

[ ]  Strongly agree [ ]  Somewhat agree [ ]  Neither agree nor disagree [ ]  Somewhat disagree [ ]  Strongly disagree

***All community pharmacists should undergo dementia training***

[ ]  Strongly agree [ ]  Somewhat agree [ ]  Neither agree nor disagree [ ]  Somewhat disagree [ ]  Strongly disagree

***Community pharmacist are well place to improve awareness of an access to dementia support services and resources***

[ ]  Strongly agree [ ]  Somewhat agree [ ]  Neither agree nor disagree [ ]  Somewhat disagree [ ]  Strongly disagree

**The following questions will assess how you determined the eligibility of patients? (Please choose up to 3 methods of identification)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Main form of identification*** | ***2nd form of identification*** | ***3rd form of identification*** |
| ***Patients were identified through dispensing records at the pharmacy*** |[ ] [ ] [ ]
| ***Patients were identified due to background knowledge of their circumstances possessed by either pharmacists or pharmacy staff.*** |[ ] [ ] [ ]
| ***Patients were identified whilst counselling them on their dispensed medicines.*** |[ ] [ ] [ ]
| ***Patients were identified through incidental conversations with pharmacists or pharmacy staff/information provided to pharmacists or pharmacy staff by patients and or their family.*** |[ ] [ ] [ ]
| ***Patients were identified through the provision of other services in the pharmacy (ie previous MedsCheck, DAA)*** |[ ] [ ] [ ]
| ***Other***  |[ ] [ ] [ ]

***How confident did you feel identifying a patient suitable for the MedsCheck Plus******service?***

[ ]  Not at all confident [ ]  Not confident [ ]  Unsure [ ]  Somewhat confident [ ]  Confident

***How many patients did you identify as possibly able to benefit from a MedsCheck Plus service?***

[ ]  1-2

[ ]  3-4

[ ]  5-6

[ ]  >6

*Please use the following information as a guide when answering the following questions:*

Examples of patients who may benefit from a *MedsCheck Plus*

* Patients taking known medications that are to treat dementia or its symptoms; or
* Patients presenting with memory complaints or communication difficulties related to cognitive function or
* Carers suspecting the presence of the above conditions

 *MedsCheck Plus* Program eligibility criteria:

*To qualify for a Dementia MedsCheck, the patient must meet the following:*

* Medicare and/or Department of Veterans’ Affairs (DVA) cardholder; **and**
* Identified or suspected dementia or mild cognitive impairment; **and**
* Living at home in a community setting

*The patient may also qualify for at least one of the following***:**

* General Practitioner referral for Dementia MedsCheck; **or**
* Other health care professional referral for Dementia MedsCheck; **or**
* Support Organisation referral

**With reference to the current target group, in your opinion, does the eligibility criteria correctly capture the patients who are likely to benefit from a *MedsCheck Plus*?**

[ ]  No

[ ]  Yes – Please describe below any other criteria that you think is necessary

 Click or tap here to enter text.

**The following statements are designed to assess the attendance of the service**

***How many patients (due to their own reasons) did NOT attend their scheduled appointment at the pharmacy and did not reschedule?***

[ ]  No appointments missed

[ ]  Appointments missed -

Please specific the number of missed appointments Click or tap here to enter text.

***How did you respond when patients did NOT attend their scheduled appointment?***

[ ]  I phoned the patient with the aim of rescheduling the appointment

[ ]  I phoned the carer with the aim of rescheduling the appointment

[ ]  I did not respond

[ ]  Other Click or tap here to enter text.

[ ]  Not applicable

***How many patients did NOT bring their medication to the appointment?***

[ ]  All patients brough their medication to the appointment

[ ]  Some patients did not bring their medication

 Please specific the approximate number of patients Click or tap here to enter text.

***How did you respond when patients forgot to bring their medication?***

[ ]  I rescheduled the appointment

[ ]  I conducted the *MedsCheck Plus* using the pharmacy dispensing history and the patient/carers recall of how they take their medication

[ ]  I conducted the *MedsCheck Plus* and relied on the patients memory

[ ]  I contacted the patients general practitioner to obtain prescribing history then carried out the consultation

[ ]  I conducted the carer of the patient to obtain a medication history then caried out the consultation

[ ]  Other Click or tap here to enter text.

[ ]  Not applicable

**The following statements describe some characteristics of a person living with dementia. Based on your experience, how did each characteristic affect the time spent in the** ***MedsCheck Plus* consultation?**

***Patients with multiple prescribers***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Patients attending with their carer***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Patients living by themselves***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Patients with a recent change to their medication regimen***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Patients with behavioural issues***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Patients with dexterity, vision or hearing problems***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Patients who experienced a recent significant medical event***

[ ]  Substantially shorter than average [ ]  Shorter than average [ ]  No effect on the time spent providing the service [ ]  Longer than average [ ]  Substantially longer than average
[ ]  Don’t know

***Any other factors that appear to be correlated with longer than average consultation time:***

 Click or tap here to enter text.

**The following statements describe the extent which you feel confident discussing the following areas with patients:**

***Information relating to medication***

[ ]  Not at all confident [ ]  Not confident [ ]  Unsure [ ]  Somewhat confident [ ]  Confident

***Information on how compliance can be improved***

[ ]  Not at all confident [ ]  Not confident [ ]  Unsure [ ]  Somewhat confident [ ]  Confident

***Information on maintaining independence with medication management***

[ ]  Not at all confident [ ]  Not confident [ ]  Unsure [ ]  Somewhat confident [ ]  Confident

***Dementia- specific support services available (e.g. Dementia Australia, Alzheimer’s WA)***

[ ]  Not at all confident [ ]  Not confident [ ]  Unsure [ ]  Somewhat confident [ ]  Confident

**The following statement relates to any support services or other HCPs you referred the patient/carer to:**

***While performing a MedsCheck Plus, if you did not have the expertise to provide advice relating to a certain issue, did you refer the patient/carer to another individual/organisation? (Select all that apply)***

[ ]  No

[ ]  Yes, General Practitioner

[ ]  Yes, Support Organisaiton (ie Dementia Australia, Alzheimer’s WA)

[ ]  Yes, Psychologist

[ ]  Yes, Other Click or tap here to enter text.

***Are there other professional development needs that you think is necessary for pharmacists and pharmacy staff to deliver this service more effectively? If so, please describe***

Click or tap here to enter text.

**The following statement aim to capture the pharmacists’ perspective on the benefit of *MedsCheck Plus* conducted with the patient and +/- carer**

***To what extent do you believe MedsCheck Plus* *achieved the following outcomes for your patients +/- carer?***

***Patient/carer have an improved understanding of what conditions their medication are for***

[ ]  Very likely [ ]  Somewhat likely [ ]  Not sure [ ]  Somewhat unlikely [ ]  Very unlikely

***Patient/carer compliance with their medicine has improved***

[ ]  Very likely [ ]  Somewhat likely [ ]  Not sure [ ]  Somewhat unlikely [ ]  Very unlikely

***Patient/carer has a better understanding of what services are available to them***

[ ]  Very likely [ ]  Somewhat likely [ ]  Not sure [ ]  Somewhat unlikely [ ]  Very unlikely

***Please specify any other patient outcomes you think were achieved***

Click or tap here to enter text.

***As a result of the MedsCheck Plus, did you refer the patient or provide the patient with any of the below pharmacy provided services?***

[ ]  No referrals made to other pharmacy services

[ ]  Home Medicines Review (HMR)

[ ]  Dose Administration Aid

[ ]  Stage supply of pharmaceuticals

[ ]  Other

 Click or tap here to enter text.

**Is your pharmacy a HMR provider?**

[ ]  No

[ ]  Yes – please provide an approximate to referrals received in the last 12 months

 Click or tap here to enter text.

***Did you request that the patient’s GP refer them for a HMR?***

[ ]  No

[ ]  Yes 1-2 patients

[ ]  Yes, 3-4 patients

[ ]  Yes, 5+ patients

***Did you provide a report to the GP following the consultation?***

[ ]  No

[ ]  Yes

***If you provided a report to the GP, did you receive a response?***

[ ]  N/A – I did not provide a report to the GP

[ ]  Yes – please provide a brief description of response received Click or tap here to enter text.

***Would you be happy to offer the MedsCheck Plus in the future?***

[ ]  No

[ ]  Yes

***Please choose up to 3 reasons why you would not provide this service in the future***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Most important*** | ***2nd most important*** | ***3rd most important*** |
| ***The service is too costly to provide/remuneration is undervalued*** |[ ] [ ] [ ]
| ***I did not have enough time to provide the service to the required quality*** |[ ] [ ] [ ]
| ***Pharmacists’ require further professional development before able to provide this service effectively*** |[ ] [ ] [ ]
| ***I did not think the service benefited the patient*** |[ ] [ ] [ ]
| ***The pharmacy environment does not meet the needs of a person living with dementia*** |[ ] [ ] [ ]
| ***Other***  |[ ] [ ] [ ]

***Please choose up to 3 reasons why you would be happy to provide this service in the future***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Most important*** | ***2nd most important*** | ***3rd most important*** |
| ***I felt the patients benefited from the service*** |[ ] [ ] [ ]
| ***I received positive feedback from the patient about the service*** |[ ] [ ] [ ]
| ***I received positive feedback from the carer about the service*** |[ ] [ ] [ ]
| ***The service is adequately reimbursed*** |[ ] [ ] [ ]
| ***I felt these services enabled me to use my professional knowledge and skill more extensively*** |[ ] [ ] [ ]
| ***I feel that supporting a person living with dementia is a service that should be provided by a pharmacist*** |[ ] [ ] [ ]
| ***Other***  |[ ] [ ] [ ]

**THANK YOU FOR COMPLETING THE SURVEY. PLEASE POST IT BACK USING THE REPLY PAID ENVELOPE**