## Appendix 1

1.1.Hospital location:				
□ Beirut □Mount Lebanon □	South Lebanon □North	Lebanon □Bekaa	□Nabatieh	
<b>1.2.Type of hospital:</b> □Public	□Private	□Univ	versity	
1.3. Number of beds served by	the hospital:			
1.4. Number of ICU/CCU beds so	erved by the hospital:	•••••		
1.6.Is there a specialty unit in y	our hospital?			
☐ Oncology ☐ Transplantation	□ Burns unit □Psychia	try □Geriatric □O	ther:	
1.7.Pharmacy opening hours pe	er day			
□Monday to Friday	Number of hours per day	y :		
□Saturday	Number of hours per day	y :		
□Sunday	Number of hours per day	y :		
1.8.Is the pharmacy open 24 h	ours service? □Yes	□No		
1.9.Is there a pharmacist night	shift services in the hosp	oital?□Yes	□No	
<b>1.10.Is there an on-call pharmacy service?</b> □Yes □No				
□Chief pharmacist □Assistant	t pharmacist 🛮 Clinical pl	harmacist □Pharm	acy technician	
1.11.Is your hospital affiliated to any of the following teaching programs? (ie. routine training site for students, residents, interns, or other trainees?)				
□University School of Pharmacy	/ □Nursin	g School	□School of medicine	
□None	□Other:			
1.12.Is the Pharmacy Department involved in the training any of these groups?				
□Undergraduate pharmacists	□Pharm.D	□ <b>P</b>	Pharmacy support staff	
□None	□Other:			

# **Part 2: Pharmacy staff Workforce**

<b>2.1.Pharmacist Gender:</b> Number of Females:				□Num	ber of N	Males:	
2	2.2.Non-Pharmacy Staff Gender: □ Number of Females: □ Number of Males:						
2	2.3. Pharmacist qualifications						
		B.S. Pharm	Pharm.D	MS	МВА	МРН	Post-graduate certificate or diploma
	Chief pharmacist						
	Assistant pharmacist						

### 2.3.Non-Pharmacist staff qualifications

Oncology pharmacist

Research pharmacist

Clinical pharmacist

	Number of Non-Pharmacist staff	Specify
Diploma		
Certificate		
Other		

#### 2.4.Age profile: Number of Pharmacist in the following age range

Under 35	35-44	45-54	55-64	65 and above

#### 2.5. Working schedule

	<b>Pharmacist</b>	# Years of practice	# Non Pharmacist staff	# Years of practice
Full time	Chief: Assistants:			
	Clinical:			

Part time			
6. Organizational chart: Chief pharmacist reports to			
General director or CEO □Medical director /Cl	MO□Financial director/CFO □Other:		
art 3: System /Services			
1. Which of the following services are under the co	ontrol of a pharmacist?		
Reviewing medication order	Selection, Purchasing and procurement of		
<u> </u>	sterile medical supplies		
Disease prevention and wellness programs (smoking cessation, vaccination)	Distribution of sterile medical supplies		
Consultation on medication management and uses	Blood derivatives		
Restricted Antibiotics and Antimicrobial stewardship	Investigational drugs		
Medications selection and procurement	Purchasing diagnostic tests		
Medication dispensing	Purchasing Medical gases		
Waste management	Purchasing radiopharmaceutical products		
IV admixture hazardous medications	TPN admixture		
Compounding IV admixtures	Infection control		
Pharmacokinetic consultation	Patient care rounds		
Pharmacotherapy consults	Enteral nutrition		
Patient counseling	Other:		
2.Is Pharmacy documenting in the medical record?	P □Yes □No		
3.How are medication orders received by the phare	macy department?		
Written physician order sent by fax or scan □A cop	y of a written physician order		
Computerized Physician order entry □ Transcribed ph	nysician order by a nurse		
4. How areyour clinical pharmacy services organize	d?		
Centralised: pharmacists visit patient care areas at le	east once daily		
Centralised: pharmacists visit patient care areas reg	ularly, but not every day		
Decentralised: pharmacists spend at least 50% of the	eir time in patient care areas		
Other:			

□Not applicable:
<b>3.5.</b> Are there any pharmacist-led outpatient clinics in your hospital? □Yes Specify:□No
3.6. What standards do you operate to in relation to compounding/IV preparation, if relevant?
□USP 797 □USP 800 □GMP □Other:
<b>3.7.Is there a formulary in place in your hospital?</b> □Yes □No □In progress
<b>3.8.If Yes, how often is the formulary updated?</b> Every year
3.9. Who is the governing body for formulary management and updates?
□P&T □Chief pharmacist□General director□Other
<b>3.10.Is</b> the pharmacy department team responsible for monitoring formulary compliance? $\Box$ Yes $\Box$ No
3.11. Does the hospital have an external quality certification? (e.g. ISO, JCI)
□Yes Specify:□No □In progress
<b>3.12.</b> Does your pharmacy issue any of the following educational materials?
Newsletter, how often:
□Flyers/Brochures, how often:
□Guidelines/Charts/Protocols:
□Other, please specify & how often:
Which ones are for externalcirculation targeting the public and patients?
Part 4: Budget
<b>4.1.Does the chief pharmacist participate in setting the yearly pharmacy budget?</b> □Yes □No
4.2. Does the pharmacy have a continuing education budget for:
a) Chief Pharmacist, b) All other pharmacists, c) Pharmacy technicians
Part 5: Quality management
<b>5.1.Does</b> the Pharmacy participate is setting the strategic planning of the hospital? □Yes □No
<b>5.2.Does</b> your Pharmacy have a designated Quality champion coordinating between the Pharmacy and the Quality department?
Who?

5.3.Is there an annual Quality Improveme of the hospital?	ent Plan(QII	P) targeting the st	_	<b>on and</b> Yes	the goals □No
5.4.If yes, does your QIP use SMART object pharmacy department?	ctives and r	relevant KPIs for c	ontinuous im <sub>l</sub> □No	provem	ent of the
5.5. How often is your QIP monitored?			•••••		
Part 6: Interprofessional r	relation	nships			
6.1.Do hospital leaders support the role o	f pharmaci	sts in patient care	??□Yes □No	□Par	tly
6.2. Which, of the following multidiscipling representative of the pharmacy department	-	or committees in	clude(s) a pha	rmacist	or other
□Antimicrobial stewardship □P&T□Ethics/	/research□I	Infection control	□Quality i	mprove	ement
$\square$ Health and safety $\square$ Medication safety $\square$ R	isk manage	ement □None			
□Other:					
6.3. Which of the previously mentioned of	ommittees	is chaired by chie	f pharmacist?.		
<b>6.4.Is there collaboration between the ho following discharge?</b> □Planned discharge		•	• · ·	•	oatients None
6.5.Does the pharmacy perform medicati	ion reconci	liation?			
□ upon admission □ Upon transfer	. □Upo	on discharge	□Not applica	able	
□Yes, for all patients □Yes, for high risk pa	ntient's	□For ER patier	nts		
6.6.Does the pharmacy collaborates with	other hosp	oital pharmacies fo	or patient care	?	
□Yes, occasional □Yes, routinely		□No			
Part 7: Technology					
7.1. Which of the following computer sup	port techn	ology is available	in your pharm	nacy de	partment?
Computer systems				Availa	ıble
Intranet					
Internet					
Online medicines information and resources	5				
Integrated clinical decision support tool e.g I Medication errors reporting software, Patier	_	tion,Drug informati	on database,		

7.2	Computer	technology	v in vour	denartmen	t serves for :
/	COILIDATE	LECHINOIDE	v III voui	uebai tilleli	LJEIVEJIUI .

□ Receiving and processing physician orders	□Billing and invoicing□Stock control and distribution
□Interdepartmental Communication□Resea	rch and use of databases □ Patient follow-up
□Screening drug interaction □ Patient medica	ation profiling □ Drug Information
□Dosage calculation □Preparing financial rep	ort Data analysis
□ Electronic health record	□ Medication errors reporting reports
□Intervention reporting system	