

# Wyoming Healthcare Commission

## Pharmacy Workforce Study

Please assist us in updating your pharmacy profile. Review and make and corrections or additions necessary. Please return by 11/01/2007 in the envelope provided or fax toll-free to (877) 290-0014. If you have any questions, please contact Rita toll-free at (877) 290-0021. Thank you for your assistance.

**Pharmacy/Business Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Practitioner in Charge:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Pharmacy Mailing Address:**

**Corporate Mailing Address:**

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(City) (State) (Zip)

**Pharmacy Street Address:**

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

**Preferred survey mailing address?**    \_\_\_ Business Address

\_\_\_ Corporate Address

**Pharmacy/Business Type: (select one)**

- \_\_\_\_\_ Independent Pharmacy (1 outlet)
- \_\_\_\_\_ Small Chain Pharmacy (2-11 outlets)
- \_\_\_\_\_ Large Chain Pharmacy (>11 outlets)
- \_\_\_\_\_ Clinic or Medical Building Pharmacy
- \_\_\_\_\_ Pharmaceutical Manufacturer
- \_\_\_\_\_ Pharmaceutical Wholesaler
- \_\_\_\_\_ School or College of Pharmacy
- \_\_\_\_\_ Other Governmental Agency
- \_\_\_\_\_ Long-term Care Facility Consultant
- \_\_\_\_\_ Number of licensed beds

- \_\_\_\_\_ Private Hospital (List number of licensed beds)
  - \_\_\_\_\_ Acute Beds
  - \_\_\_\_\_ Long-term care Beds
  - \_\_\_\_\_ Swing Beds
- \_\_\_\_\_ Teaching Hospital (List number of licensed beds)
  - \_\_\_\_\_ Acute Beds
  - \_\_\_\_\_ Long-term care Beds
  - \_\_\_\_\_ Swing Beds
- \_\_\_\_\_ Government/Military Hospital (List number of licensed beds)
  - \_\_\_\_\_ Acute Beds
  - \_\_\_\_\_ Long-term care Beds
  - \_\_\_\_\_ Swing Beds
- \_\_\_\_\_ Other Setting (Define) \_\_\_\_\_

### Questions:

Please note: All of the questions below are related to this pharmacy location only. (FT=Full-time; PT=Part-time)

1. How many Pharmacists are employed?    \_\_\_\_\_ FT (>=40 hrs/wk)    \_\_\_\_\_ PT (30-39 hrs/wk)    \_\_\_\_\_ PT (<=29 hrs/wk)
2. How many Pharmacist positions do you have open?    \_\_\_\_\_ FT (>=40 hrs/wk)    \_\_\_\_\_ PT (30-39 hrs/wk)    \_\_\_\_\_ PT (<=29 hrs/wk)
  - a. How many positions have been open more than one year?    \_\_\_\_\_ FT (>=40 hrs/wk)    \_\_\_\_\_ PT (30-39 hrs/wk)    \_\_\_\_\_ PT (<=29 hrs/wk)
  - b. How many positions have been open six months to one year?    \_\_\_\_\_ FT (>=40 hrs/wk)    \_\_\_\_\_ PT (30-39 hrs/wk)    \_\_\_\_\_ PT (<=29 hrs/wk)
  - c. How many positions have been open three to six months?    \_\_\_\_\_ FT (>=40 hrs/wk)    \_\_\_\_\_ PT (30-39 hrs/wk)    \_\_\_\_\_ PT (<=29 hrs/wk)
  - d. How many positions have been open less than three months?    \_\_\_\_\_ FT (>=40 hrs/wk)    \_\_\_\_\_ PT (30-39 hrs/wk)    \_\_\_\_\_ PT (<=29 hrs/wk)

3. How many Pharmacist faculty positions do you have open? \_\_\_\_\_ FT (>=40 hrs/wk) \_\_\_\_\_ PT (30-39 hrs/wk) \_\_\_\_\_ PT (<=29 hrs/wk)
4. How many Pharmacist Residency positions do you have open? \_\_\_\_\_ FT (>=40 hrs/wk) \_\_\_\_\_ PT (30-39 hrs/wk) \_\_\_\_\_ PT (<=29 hrs/wk)
5. How many Pharmacist Technicians are employed? \_\_\_\_\_ FT (>=40 hrs/wk) \_\_\_\_\_ PT (30-39 hrs/wk) \_\_\_\_\_ PT (<=29 hrs/wk)
6. How many Pharmacist Interns are employed? \_\_\_\_\_ FT (>=40 hrs/wk) \_\_\_\_\_ PT (30-39 hrs/wk) \_\_\_\_\_ PT (<=29 hrs/wk)
7. Do you use automated Pharmacy fills? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Do you use robotics? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Do you central fill? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. On average, how many prescriptions/chart orders are filled per week? \_\_\_\_\_ Prescriptions/Chart Orders
11. How many hours per weeks is this location open? \_\_\_\_\_ Hours per week
12. What days of the week is this location open? *(Select one)*
- \_\_\_\_\_ Sunday - Saturday (7 days/week, 24 hours a day) \_\_\_\_\_ Monday - Friday (5 days/week)
- \_\_\_\_\_ Sunday - Saturday (7 days/week) \_\_\_\_\_ Other (Define) \_\_\_\_\_
- \_\_\_\_\_ Monday - Saturday (6 days/week)
13. Rank the following issues beginning with 1 (most important) and ending with 9 (least important) in the order of importance to your business.
- \_\_\_\_\_ Pharmacist Shortages \_\_\_\_\_ Using Electronic Information
- \_\_\_\_\_ Other Manpower Shortages \_\_\_\_\_ Mail Order/Internet Competition
- \_\_\_\_\_ 3rd Party Payers \_\_\_\_\_ Technology
- \_\_\_\_\_ Pharmacy Laws/Regulations \_\_\_\_\_ Other (Define) \_\_\_\_\_
- \_\_\_\_\_ Pharmacy Reimbursement
14. Is this pharmacy for sale or do you anticipate closing this pharmacy in the next two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### Pharmacists Working at this Site:

*Please include all pharmacists; full-time, part-time, relief, on-call, etc.*

- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
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- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed
- Name: \_\_\_\_\_ Average hours/week at this site: \_\_\_\_\_ Not employed

Survey Completed by: \_\_\_\_\_

All information is correct:

Date: \_\_\_\_\_