

PROMISe III Site Visit Template

Pharmacy Name:			
Pharmacy Approval Number:			
Name of Pharmacist:			
Date of Visit:			
Time of Visit:		Start	
Name of Site Visitor:			

- | | | |
|--|------------------------------|-----------------------------|
| Have you been provided with sufficient information/updates about the project?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the on-line training video viewed (if training night not attended)?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any problems with PROMISe surveys, computer program, or web-site?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any difficulties using the D.O.C.U.M.E.N.T. classification system?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you using the materials from your PROMISe training folder?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need any more materials? If so, which materials do you need?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If there were any problems, please list comments:

Any questions in relation to the PROMISe III project? ☐ Yes ☐ No

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Dispensary / pharmacist visibility and accessibility:

	Dispensary visible?	Pharmacist/s visible?
From public front entry	<input type="checkbox"/>	<input type="checkbox"/>
From public back entry	<input type="checkbox"/>	<input type="checkbox"/>
From any other public entry	<input type="checkbox"/>	<input type="checkbox"/>

Is the pharmacist/s easily accessible by the public?: ☐ Yes ☐ No

Comments:	
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Does the pharmacy possess a confidential counselling area?:

☐ Yes (closed office with door) ☐ Yes (temporary area with screen) ☐ No

How often is this counselling location used?: Average number of times per week

Is the counselling area used during the site visit?: ☐ Yes ☐ No

Number of dispensing system terminals:

Able to attach a staff roster using the accompanying template?

☐ Yes ☐ No

Number of FTE dispensing staff (including pharmacists):

	FTE
	FTE
	FTE

Number of FTE pharmacists available:

Number of FTE pre-registration pharmacists:

Comments:	
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How often does limited access to a dispensing terminal affect your dispensary workflow?

☐ Frequently (>8 times per day) ☐ Occasionally/sometimes (3-8 times per day)
☐ Rarely/never (<3 times per day)

Are any health promotion posters or professional services advertised?:

☐ Yes ☐ No

If yes, please list below:

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Workflow roles/responsibilities for dispensing (approximate standard procedure):

	Non-dispensary staff	Dispensary assistants	Pre-reg and pharmacists	Total
Collecting prescription & patient details:	%	%	%	100%
Processing prescription through computer:	%	%	%	100%
Collecting stock for prescription:	%	%	%	100%
Labelling prescription:	%	%	%	100%
Checking prescription:	%	%	%	100%
Handing out prescription:	%	%	%	100%
Counselling patient:	%	%	%	100%
Collecting payment for prescription:	%	%	%	100%

Provision of report (Top 10 interventions in your pharmacy)?:

☐ Yes

☐ No

General comments (including general "feel" and pace of the pharmacy, etc.):