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# How to Complete the Hospital Pharmacy in Canada 2023/24 Survey

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# WEBINAR OUTLINE

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Background

Potential Respondents –Who's Invited?

Large Hospital Survey

Small Hospital Survey

Data Requirements

Benchmarking – Large Hospital Survey only

Survey Navigation

Questions

# Survey Board Members



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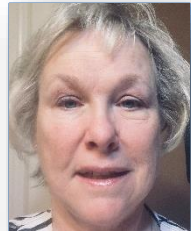
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Pharmacists  
CSHP LIAISON



**Hira Tauqeer**  
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# BACKGROUND

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Leger – new online survey provider

Dates - Launch Oct 15, 2024, and Deadline Nov 29, 2024

Survey is bilingual – you choose which language to complete it

## [HPC Survey Website](#)

- Previous reports (last one 2020/21)
- Survey questions
- Definitions
- Benchmarking table (for large hospitals only)

Sponsors



# WHO'S INVITED?

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Hospitals with 1-49 acute care beds → Small Hospital Survey

Hospitals with 50 or more acute care beds → Large Hospital Survey

Pediatric hospitals – data presented separately in the report

Excluded: oncology centres, rehabilitation centres, stand alone mental health facilities

# WHO'S INVITED?

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## Multisite facilities

- Can report collectively OR complete a survey for each site individually
- If you report for multiple sites, and some are small (less than 50 acute care beds), they can also respond to the small hospital survey (shorter survey with specialized questions)

## Unique survey link

- ONE unique link provided for each of your facilities
- If responding for multiple sites, list all of them in the Hospital Information section at the start of the survey

# LARGE HOSPITAL SURVEY

(more than 50 acute care beds)

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Hospital Information

Clinical Pharmacy Services

Drug Distribution Systems

Human Resources

Benchmarking

Pharmacy Technician Practice

Technology

**Hot Topics - NEW**

Unique Link – must be used to enter data

- Emailed to Pharmacy Director or delegated contact
- Multiple staff members can enter data

Navigation - back and forth within a section, and between sections

Dashboard - indicates progress to completion

Data retained – if you leave the survey; can exit and return multiple times to enter data

FINISH – do not hit “Finish” for any section until done; otherwise, data will be incomplete for that section

SUBMIT – once completed all sections, and email Leger to request a summary of your survey responses

# SMALL HOSPITAL SURVEY

## (1-49 acute care beds)

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Hospital Information

Hours of Operation

Pharmacy services provider

After hours coverage

Drug Distribution Systems

Human Resources

Medication order entry

Pharmacy Practice model

Technologies

**Hot Topics - New**

Unique Link – must be used to enter data

- Emailed to Pharmacy Director or delegated contact
- Multiple staff members can enter data

Navigation - back and forth between sections

Data retained – if you leave the survey; can exit and return multiple times to enter data

FINISH – do not hit “Finish” for any section until done; otherwise, data will be incomplete for that section

SUBMIT – once completed, and email Leger to request a summary of your survey responses

# DATA REQUIREMENTS

## (fiscal year 2023/24)

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- Acute Care Beds in service on **March 31, 2024**
- Non-acute care beds in service on **March 31, 2024**
- Total acute care inpatient days for the period from **April 1, 2023 to March 31, 2024**
- Total non-acute care inpatient days for the period from **April 1, 2023 to March 31, 2024**
- Average acute care length of stay (LOS) for the period from **April 1, 2023 to March 31, 2024** (Note: if the acute care average LOS exceeds 18 days, please verify that the data is correct)
- Inventory turnover **ratio** for the period from **April 1, 2023 to March 31, 2024**. (Note: If the inventory turnover **ratio** exceeds 15 times per year, please verify that the data is correct)

# DATA REQUIREMENTS *(continued)*

## (fiscal year 2023/24)

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- Total inpatient acute care drug costs for the period from **April 1, 2023 to March 31, 2024**
- Total Inpatient non-acute care drug costs for the period from **April 1, 2023 to March 31, 2024**
- Current annual budgeted hours per FTE (e.g. 2080, 2015, 1950, etc.) for each category of staff (e.g. pharmacists, pharmacy technicians, pharmacy assistants, etc.) for the period from **April 1, 2023 to March 31, 2024**
- Annual starting and top salaries **as of March 31, 2024** for each category of staff (e.g. pharmacists, pharmacy technicians, pharmacy assistants, managers, etc.)

# Benchmarking Sample

E1a1



Need help? Table of Contents Change language



5%

## Inpatient Services/Programs

Please indicate the number of **inpatient beds**, **patient days** and **inpatient admissions** for the following inpatient services/ programs.

If you know the breakdown by inpatient services/programs, please enter for each. If you do not have the following inpatient service/program at your facility, please select 'Not applicable'. If you are only aware of the total across all services/programs, you may enter that at the bottom of the screen.

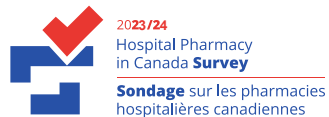
Do not enter commas or decimals. Please round up or down as required

|   | Number of inpatient beds | Number of patient days | Number of inpatient admissions | Not applicable           |
|---|--------------------------|------------------------|--------------------------------|--------------------------|
| Adult Critical Care (ICU, CCU, etc.)                      | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Pediatric</a> Critical Care (e.g. NICU, PICU) | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Medicine</a>                                  | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Surgery</a>                                   | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| Pediatric   | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Oncology</a>                                  | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| Bone Marrow Transplant                                    | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Obstetrics / Gynecology</a>                   | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Long Term Care</a>                            | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| Rehabilitation  | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |
| <a href="#">Other</a>                                     | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |

Please indicate the number of **inpatient beds**, **patient days** and **inpatient admissions** for the following inpatient services/ programs.

|   | Number of inpatient beds | Number of patient days | Number of inpatient admissions | Not applicable           |
|---|--------------------------|------------------------|--------------------------------|--------------------------|
| Enter total, if breakdown not available | <input type="text"/>     | <input type="text"/>   | <input type="text"/>           | <input type="checkbox"/> |

« Back Continue »



E1b1



Need help? Table of Contents Change language



16%

## Inpatient Services/Programs

Please indicate the number of **pharmacist paid hours** for the following **inpatient** services/ programs.

If you know the breakdown by inpatient services/programs, please enter for each. If you are only aware of the total across all services/programs, you may enter that at the bottom of the screen.

Do not enter commas or decimals. Please round up or down as required

|   | Central drug distribution activities excluding pharmacy residents | Decentralized services including clinical services excluding pharmacy residents | Not applicable           |
|---|---|---|--------------------------|
| Adult Critical Care (ICU, CCU, etc.)                      | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Pediatric</a> Critical Care (e.g. NICU, PICU) | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Medicine</a>                                  | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Surgery</a>                                   | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| Pediatric   | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Oncology</a>                                  | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| Bone Marrow Transplant                                    | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Obstetrics / Gynecology</a>                   | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Long Term Care</a>                            | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| Rehabilitation  | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |
| <a href="#">Other</a>                                     | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |

Please indicate the number of **pharmacist paid hours** for the following **inpatient** services/ programs.

|   | Central drug distribution activities excluding pharmacy residents | Decentralized services including clinical services excluding pharmacy residents | Not applicable           |
|---|---|---|--------------------------|
| Enter total, if breakdown not available | <input type="text"/> Hours  | <input type="text"/> Hours  | <input type="checkbox"/> |

« Back Continue »


# Survey Navigation

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Info

**Leger**

[Need help?](#) [Table of Contents](#) [Change language](#)

2023/24 Hospital Pharmacy in Canada **Survey**  2023/24 **Sondage** sur les pharmacies hospitalières canadiennes

Canadian Society of Hospital Pharmacists Société canadienne des pharmaciens d'hôpitaux

 12%

Section A – Hospital Information

# Survey Navigation: Landing Page

Leger



70%

This survey will consist of **8 sections** for you to complete in which ever order you choose. You will be provided with a list of each section/table of contents, which will serve as your hub to select the section you would like to complete. You may complete the sections in which ever order you like and will be able to move back and forth between questions within each section. If at any time you wish to return to the table of contents, there will be a button provided on each page to do so.

Once you have completed the section you will be asked to **confirm submission**. Once confirmation is given for submission **you will not be able to access the completed section again so please make sure all answers are finalized** before doing so. Once submitted, you will be taken back to the list of sections to choose from to complete the remainder of the survey.

If at any point you wish to leave and come back to the survey later, you may do so. Please use the **same link** to access the survey again, and you will be directed back to the list of sections for you to select where you would like to continue from.

## Table of Contents

Click on a button to select.

|   |             |
|---|-------------|
| Section A – Hospital Information:         | Not Started |
| Section B – Clinical Pharmacy Practice:   | Not Started |
| Section C – Drug Distribution Systems:    | Not Started |
| Section D – Pharmacy Human Resources:     | Not Started |
| Section E – Benchmarking:                 | Not Started |
| Section F – Pharmacy Technician Practice: | Not Started |
| Section G – Technology:                   | Not Started |
| Section H – Hot Topics:                   | Not Started |

If at any point you have any questions or concerns, please do not hesitate to contact via email:

For technical support please contact: (Dima Ostrikov, [dOstrikov@leger360.com](mailto:dOstrikov@leger360.com))

Inquiries for survey question clarification please email: [HPCsurvey@cshp.ca](mailto:HPCsurvey@cshp.ca)



# Survey Navigation: Submitting Your Data

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Once a section is submitted, it will indicate, COMPLETED on the Dashboard.

Once you have completed the section you will be asked to **confirm submission**. Once confirmation is given for submission **you will not be able to access the completed section again** so **please make sure all answers are finalized** before doing so. Once submitted, you will be taken back to the list of sections to choose from to complete the remainder of the survey.

|   |                 |
|---|-----------------|
| Section A – Hospital Information:         | Completed!      |
| Section B – Clinical Pharmacy Practice:   | In Progress:95% |
| Section C – Drug Distribution Systems:    | In Progress:1%  |
| Section D – Pharmacy Human Resources:     | In Progress:83% |
| Section E – Benchmarking:                 | In Progress:94% |
| Section F – Pharmacy Technician Practice: | In Progress:1%  |
| Section G – Technology:                   | In Progress:88% |
| Section H – Hot Topics:                   | In Progress:1%  |

# Survey Navigation: Completing the survey

This survey will consist of **8 sections** for you to complete in which ever order you choose. You will be provided with a list of each section/table of contents, which will serve as your hub to select the section you would like to complete. You may complete the sections in which ever order you like and will be able to move back and forth between questions within each section. If at any time you wish to return to the table of contents, there will be a button provided on each page to do so.

Once you have completed the section you will be asked to **confirm submission**. Once confirmation is given for submission **you will not be able to access the completed section again** so **please make sure all answers are finalized** before doing so. Once submitted, you will be taken back to the list of sections to choose from to complete the remainder of the survey.

If at any point you wish to leave and come back to the survey later, you may do so. Please use the **same link** to access the survey again, and you will be directed back to the list of sections for you to select where you would like to continue from.

## Table of Contents

Click on a button to select.

| Finished!                                 | Click to continue. |
|---|--------------------|
| Section A – Hospital Information:         | Completed!         |
| Section B – Clinical Pharmacy Practice:   | Completed!         |
| Section C – Drug Distribution Systems:    | Completed!         |
| Section D – Pharmacy Human Resources:     | Completed!         |
| Section E – Benchmarking:                 | Completed!         |
| Section F – Pharmacy Technician Practice: | Completed!         |
| Section G – Technology:                   | Completed!         |
| Section H – Hot Topics:                   | Completed!         |

If at any point you have any questions or concerns, please does hesitate to contact via email:

For technical support please contact: (Dima Ostrikov, [dOstrikov@leger360.com](mailto:dOstrikov@leger360.com))

Inquiries for survey question clarification please email: [HPCsurvey@cshp.ca](mailto:HPCsurvey@cshp.ca)

Thank you for participating in the 23rd Hospital Pharmacy in Canada Survey!

A record of your responses to the survey can be provided upon request. If you are interested, please email Dima Ostrikov at [dOstrikov@leger360.com](mailto:dOstrikov@leger360.com)

Additional comments related to the 2023/24 Hospital Pharmacy in Canada Survey:

Finish

# Survey Navigation: How to get help

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**Leger**

Need help?



Hit the Need Help? Button and complete the form with your personal information for assistance with technical issues or content questions.

You can also email, [HPCSurvey@cshp.ca](mailto:HPCSurvey@cshp.ca) for content questions/clarifications.

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# Questions?

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