

DATA COLLECTION METHODOLOGY

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An initial list of hospital pharmacies was prepared based on respondents to previous surveys, hospital pharmacies identified by the members of the Editorial Board of the Hospital Pharmacy in Canada Annual Report, hospital pharmacies on the mailing list of the Hospital Pharmacy in Canada Annual Report, and the membership list of the Association of Canadian Academic Healthcare Organizations (ACAHO). The Editors were responsible for verifying the current name and e-mail address of the Director of Pharmacy and the hospital's Chief Executive Officer for each facility on the list from the province(s) that they represent. At this point, the Editors also attempted to confirm each hospital's eligibility to participate in the survey, based on the qualifying criteria of 50 or more acute beds.

A final list of 230 hospitals was then prepared, based on the information collected. It was later learned that 7 of these hospitals had fewer than 50 acute beds and therefore did not qualify. Among the 223 potentially qualified hospitals there were 47 teaching hospitals that were members of the ACAHO.

The Hospital Pharmacy in Canada survey was announced in e-mails sent to Directors of Pharmacy and to CEOs of the initial selection of 230 hospitals on May 8 and May 15, 2008. A second e-mail was sent only to the Directors of Pharmacy on May 19, 2008. This e-mail contained the identification code and the password required to log on to the survey web site. At the end of May, the editors followed up with potential respondents to ensure that the identification codes and passwords were received, and to encourage the potential respondents to participate in the 2007/08 survey.

On June 6, June 23, July 7 and July 11, reminder notices were emailed to Directors of Pharmacy who had not completed the on-line survey, asking them to participate in the survey. In addition, in early July the editors (listed on Page iii of this report) contacted hospital pharmacies that had not yet responded, in order to explain the importance of participation in this national survey.

The respondent identification code and the password enabled a respondent to log on to the survey website at any time and to complete any part of the questionnaire. The first page of the website contained instructions for completing the survey. The survey questions were distributed over 22 web pages. From any page a respondent was able to move to any other page of the online survey. At the beginning of every webpage there was a list of definitions of terms used in the questions on that page. These definitions also popped up when the mouse cursor was moved over one of these terms in the text of the question. A respondent was also able to change the language of the questionnaire and respond to questions in English or French. Online survey completion was interactive. If secondary questions were to be skipped in the event of a "no" or "yes" answer to the screening question, the on-line program presented a modified version of the questionnaire page, without the non-applicable questions, after a screening question had been answered and saved. The program also warned respondents if they had entered non-numeric information in fields that required numeric answers. To avoid problems resulting from an inconsistent use of periods or commas for decimal indicators, numeric information requiring a decimal place had to be entered in two fields, one for the whole number part and another one for the decimal part of the number.

After the survey website was closed for survey participation, a new site was created, for the exclusive use of the Managing Editors, that included the data that had been entered by the 176 respondents who had logged on, entered, and saved responses to some or all questions by August 1, 2008. After selecting a responding hospital pharmacy for review a managing editor was presented with a summary page showing 19 different ratios (for example: calculated occupancy rate, calculated length of stay, budgeted staff hours per inpatient day, technician to pharmacist ratio). If a ratio looked unreasonable the responding hospital was contacted for an explanation or the corresponding answers were excluded from the analysis. Three hospitals were excluded from the analysis because too many of their answers were inconsistent or outside a reasonable range. Another 7 hospitals were excluded because they had answered fewer than 25% of the key questions in Sections A to N of the survey questionnaire. The remaining 166 hospital pharmacies were considered qualified respondents. Using the 223 potentially qualified hospitals who were invited to participate in the survey, the resulting response rate was then 74%. The response rate for teaching hospitals was 85% (40/47) and the response rate for non-teaching hospitals was 72% (126/176). The actual response rate may be higher because it is not known if those hospitals who never logged on to the survey website or who never answered any question were hospitals with fewer than 50 acute beds, who were not qualified to participate in the survey.