

Appendix 1: Pharmacist activities collection tool. © 2014 Alberta Health Services. Reproduced with permission.

Pharmacist Activities Collection Tool

Day (circle one): Mon Tue Wed Thurs Fri

CR - Chart review

DC - Discharge/seamless care activities

DOC - Documentation

MR - Medication

reconciliation/history

NC - Lab/Netcare review

OT - Other (*write activity*)

PE - Patient/family education

PR - Paper rounds

PT - Patient assessment

RR - RAPID rounds

TDM - TDM

TR - Team rounds

Time	Activity – enter code(s)	Location of Activity (check one)
700		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
715		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
730		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
745		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
800		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
815		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
830		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
845		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
900		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
915		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
930		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
945		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1000		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1015		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1030		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1045		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1100		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
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1645		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1700		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____
1715		<input type="checkbox"/> Office <input type="checkbox"/> 1° Unit <input type="checkbox"/> 2° Unit <input type="checkbox"/> Other _____

Please number patients and indicate new or old