

Staffing Level Improvement Plan Template

Pharmacy Information

Pharmacy Name	
Pharmacy Licence #	
Date of Plan	
Prepared By	

Current Status Analysis

Refer to your most recent StaffWISE Scorecard provided by the NSPR.

	Value
Current Staffing Score	
Average Dispenses/Week	
Average Non-Dispensing Professional Activities/Week	
% New Fill Prescriptions	
% Refill Prescriptions	
% Use of Automation Technology	
% Use of Central Fill	
# of Staff Hours/Week	
% Pharmacist Only Hours Covered	
% Pharmacist or Pharmacy Technician Hours Covered	
% Other (any pharmacy team member) Hours Covered	

Potential Modifiable Primary Driver(s) of Staffing Score: (Check all that apply based on your analysis)

<input type="checkbox"/>	Low weekly staff hours
<input type="checkbox"/>	Not meeting minimum pharmacist or pharmacy technician hours
<input type="checkbox"/>	Low usage of automation technology
<input type="checkbox"/>	Low usage of central fill services
<input type="checkbox"/>	Other (please describe)

Improvement Strategy

Identify the specific actions you will take to improve your Staffing Score. You do not need to use all categories, but your plan must reasonably lead to improvement.

Staff Hours

Action Item	Target Implementation Date
e.g., hire Pharmacy Technician	May 30
e.g., Add overlap pharmacist on Mondays	April 12

Automation Technology

Action Item	Target Implementation Date
e.g., Use BlistAssist for compliance packaging	March 15
e.g., use MethaMeasure for methadone dispensing	Nov 20

Central Fill

Action Item	Target Implementation Date
e.g., expand central fill beyond compounding	Feb 1
e.g., use central Fill for all auto fills	Nov 20

Other Factors

Describe other factors that may contribute to your pharmacy's ability to meet its workload or other improvement actions that are not captured above.

Staff Engagement

The Pharmacy Staffing Level Policy requires staff involvement in this process. Examples of pharmacy staff feedback that should be obtained/sought include:

- To what extent is staffing adequate? (minimally, moderately, fully)
- To what extent is staffing impacting the quality of care at the pharmacy? (minimally, moderately, fully)
- What suggestions do you have to explore adequacy of staffing?

Consultation: How was the staff team consulted in the development of this plan?

	Staff Meeting held on: [Date]
	Survey/Feedback box used
	One-on-one discussions
	Other (please describe)

Summary of Staff Feedback:

Ongoing Feedback: What is the process for staff to raise staffing concerns moving forward without fear of repercussion?

	Standing Agenda Item at monthly meetings
	Anonymous feedback mechanism (box/digital form)
	"Open Door" policy with specific review times
	Other (please describe)

Monitoring & Review

This plan will be reviewed by the Pharmacy Manager and Owner on the following dates to track progress:

Review 1	[Date]
Review 2	[Date]
Review 3	[Date]
Review 4	[Date]

This plan has been developed to meet the staffing requirements of the Nova Scotia Pharmacy Regulator as set out in the Pharmacy Staffing Level Policy.

Pharmacy Manager Name	
Pharmacy Manager Signature*	
Owner's Representative Name	
Owner's Representative Signature*	

* I acknowledge and agree that typing my name in this field is equivalent to my signature.