**TABLE A: ACUTE CARE - PRACTICE ENVIRONMENT INFORMATION**

***Note: If the program’s residents have a required staffing learning experience/service commitment at a site other than the one outlined in this service grid (i.e., a participating site), then a service grid also needs to be completed for that site used for the staffing/service commitment experience***

*For sections asking for numbers/percentages, such values can be estimates.*

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| **NAME OF ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Survey Grid Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ORGANIZATIONAL DATA** | |
| Licensed Beds (total #): | |
| Total average Occupancy Rate (average %): | |
| Approximate number of Emergency Department visits per day: | |
| Approximate percentage of Emergency Department visits that result in an admission: | |
| Number of vacant Pharmacist positions: | |
| Number of vacant Pharmacy Technician positions: | |
| Pharmacy Department Hours of Operation: | |
| External Accrediting Body: Date Last Reviewed: | |
| Residency Program Funding Sources: Organization CMS VA College Other (explain): | |
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| **Acute Care SERVICE AREAS**  ADD THE NAMES OF PATIENT CARE UNITS/SERVICE AREAS AT THE PRACTICE SITE IN THE COLUMNS TO THE RIGHT  (e.g., Medical/Surgical, Emergency Department, Pediatrics, MICU, Infusion Center) | [ *Service Area* ] | | [ *Service Area* ] | | [*Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] |  |  |  |  |  |  |  |
| **Number of Beds in Service Area** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Average Patient Volume in Service Area** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **DECENTRALIZED PHARMACISTS** (e.g., *Unit-Based Pharmacists, Clinical Specialists)* | | | | | | | | | | | | | | | | | | | | |
| DAY SHIFT: **NUMBER OF DECENTRALIZED PHARMACISTS** present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| DAY SHIFT: **NUMBER OF HOURS/DAY** each DECENTRALIZED pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| DAY SHIFT: **NUMBER OF DAYS/WEEK** each DECENTRALIZED pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Multidisciplinary Rounds Participation** by **PHARMACISTS** (5.3.a.4) *(indicate covered patient care units/areas with an X)* |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **NUMBER OF DAYS/WEEK** Pharmacists participate in **multidisciplinary rounds** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| EVENING SHIFT: **NUMBER of HOURS/DAY** each pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| EVENING SHIFT: **NUMBER OF DAYS/WEEK** each pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **ACUTE CARE SERVICE AREAS**  ADD THE NAMES OF PATIENT CARE UNITS/SERVICE AREAS AT THE PRACTICE SITE IN THE COLUMNS TO THE RIGHT  (e.g., Medical/Surgical, Emergency Department, Pediatrics, MICU, Infusion Center) | [ *Service Area* ] | | [ *Service Area* ] | | [*Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] |  |  |  |  |  |  |  | |
| OVERNIGHT SHIFT: **NUMBER OF DECENTRALIZED PHARMACISTS** present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| OVERNIGHT SHIFT: **NUMBER OF DAYS/WEEK** each pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **TRAINING** | | | | | | | | | | | | | | | | | | | | |
| Resident learning experiences offered *(indicate with an “x”)* |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| APPE Student rotations offered *(indicate with an “x”)* |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **CENTRAL PHARMACY** | | | | | | | | | | | | | | | | | | | | |
| Pharmacy Practice Model | Is any order verification managed remotely?  Yes  No  % of orders verified remotely \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| DAY SHIFT: **NUMBER OF PHARMACISTS** | Weekday:\_\_\_\_\_\_  Weekend:\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| EVENING SHIFT: **NUMBER OF PHARMACISTS** | Weekday:\_\_\_\_\_\_  Weekend:\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| OVERNIGHT SHIFT: **NUMBER OF PHARMACISTS** | Weekday:\_\_\_\_\_\_  Weekend:\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
|  | **Answer the following questions with YES (Y), NO (N), PARTIAL (P), or NA.**  **Additional information MUST be provided for “NO” and “PARTIAL IMPLEMENTATION” responses**  (Questions apply to the pharmacy department as a whole and NOT per service area) | | | | | | | | | | | | | | | | | | | |
|  | **Y/N/P/ NA** | | | ***Additional information*** | | | | | | | | | | | | | | | | |
| Pharmacy Scope and Services  *(additional information not captured in above grid)* |  | | | List any additional clinical pharmacy specialists/pharmacists that are not included in the unit-based grid above (e.g., antimicrobial stewardship pharmacist, investigational drug pharmacist, transitions of care pharmacist):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List any clinical pharmacy services that are managed *remotely*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacy has a well-defined, documented organizational structure in which the pharmacist leader provides oversight and supervision of all pharmacy personnel. (5.1.a.2) |  | | | Leadership Position that Director/Chief of Pharmacy reports to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leadership Position that Pharmacy Residents report to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your hospital/practice site part of a health-system? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, describe the pharmacy reporting structure and level of alignment of pharmacy services within the system:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| The Practice site includes an outpatient/retail pharmacy (5.1.a.5) |  | | | If yes, is the outpatient/retail pharmacy owned/operated by this organization?  Yes  No | | | | | | | | | | | | | | | | |
| Pharmacy participates in antimicrobial stewardship activities. (5.1.a.5) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacists participate in medical emergencies 24 hours/day, 7 days/week (5.1.a.5) |  | | | *If partial or no, outline code coverage participation (hours of day and types of codes) for Pharmacists:* | | | | | | | | | | | | | | | | |
| Pharmacy technicians practice at the maximum level allowed by the state or jurisdiction. (5.1.a.6) |  | | | Outside of dispensing and compounding-related activities, select the following advanced practice activities that Pharmacy Technicians are responsible for:  Medication history intake  Prior authorization review  Immunization administration  Patient Assistance Programs  Chemotherapy preparation/mgmt.  Buyer/Inventory Control  Automation/IT Specialist  Supervisory Role(s)  Other advanced technician roles? Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are any of the following required for employment at the practice site?  PTCB/National Certification  Completion of an ASHP/ACPE-accredited Pharmacy Technician Training Program at the practice site  State Board registration/licensure  Is a Career Ladder in place for technician workforce?  Yes  No  Is Technician Product Verification (i.e., Tech-Check-Tech) allowed in the state/jurisdiction?  Yes  No  If allowed in the state/jurisdiction, has Technician Product Verification been implemented?  Yes  No | | | | | | | | | | | | | | | | |
| Pharmacy leaders ensure that pharmacists provide patient-centered care plans and manage medication therapy. (5.1.a.7)  *Note: For direct patient care PGY2 programs, must include pharmacist-managed protocols specific to area of practice in which PGY2 program is conducted* |  | | | Check off the following pharmacy dosing and monitoring consult services in place (Note: CPAs addressed separately in Standard 5.3.a.3):  IV to PO conversion Renal/hepatic dosage adjustments  Vancomycin management  Aminoglycoside management  Warfarin management  Heparin management  Argatroban management  DOAC management  Anticonvulsant management  Parenteral nutrition management  ED culture callbacks  Antimicrobial de-escalation/optimization  Other; Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PGY2 Direct Patient Care Programs:  PGY2 Program:\_\_\_\_\_\_\_\_\_; Protocol(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PGY2 Program:\_\_\_\_\_\_\_\_\_; Protocol(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PGY2 Program:\_\_\_\_\_\_\_\_\_; Protocol(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacy leaders provide resources for ongoing professional development for pharmacists and pharmacy technicians. (5.1.c.2) |  | | | Select any of the following that are provided:  Complimentary continuing education  Financial support for meeting/workshop attendance  Conference/education days  Financial support for certificate programs/certifications  Support for involvement in professional organizations  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacy leaders ensure the competence of pharmacists is validated through an ongoing formalized process. (5.1.c.3) |  | | | Select any of the following that are utilized:  Peer review process  Credentialing/privileging process  Annual *pharmacy-specific* competencies  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List two most recent competencies completed, including dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacy leaders ensure the competence of pharmacy technicians performing specialized functions is validated through an ongoing formalized process. (5.1.c.4) |  | | | Select any of the following that are utilized:  Peer review process  Audits/random sampling review  Annual *pharmacy-specific* competencies  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List two most recent competencies completed, including dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Automated dispensing cabinets (ADCs) are interfaced with the pharmacy’s clinical information system in all areas of the practice site. (5.2.e) |  | | | *If partial, identify which patient care areas’ ADCs are not interfaced:* | | | | | | | | | | | | | | | | |
| Pharmacy participates in the review and evaluation of the appropriateness of medications included on the facility’s override and auto-verify lists for automated dispensing cabinets. (5.2.e) |  | | | Identify patient care areas where auto-verification of medications occurs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is an auto-verify policy and medication list in place?  Yes  No  *If yes, are there exceptions to the auto-verification process for any of the following*:  Pediatric patient  Weight-based dosing  Severe drug allergy present to medication  Significant drug-drug interaction present w/medication  Verbal/telephone medication order  Medication order frequency other than “once”  Duplicate therapy  High-alert medications  Medications involved in stewardship programs  Other; Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Bar code medication administration (BCMA) is used in all areas of the facility. (5.2.e) |  | | | *If partial implementation, identify which patient care areas have not implemented BCMA (e.g., ED, procedural areas, infusion clinics, ambulatory care clinics, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | | | |
| CPOE is used throughout the organization. (5.2.e.1) |  | | | Are paper orders used for any patient care areas or medication order types? Yes  No  *If yes, identify which patient care areas or medication order types are not ordered via CPOE:*  Parenteral Nutrition (TPNs)  Chemotherapy  Outpatient Infusion  Pediatrics/NICU  Procedural areas  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do any patient care areas use a different electronic health record (EHR)/CPOE system from the organization’s primary EHR/CPOE system? Yes  No  *If yes, select the patient care areas:*  Oncology  Emergency Department  Labor & Delivery  Pediatrics/NICU  Procedural areas Ambulatory Clinics  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *For any above check-marked patient care areas with a separate EHR/CPOE system, are the separate EHRs integrated/allow for data sharing with each other?*  Yes  No | | | | | | | | | | | | | | | | |
| The use of information technology and automation is consistent with established best practices to optimize medication safety and efficiency in the medication-use process. (5.2.e)  Smart pumps are interfaced with the electronic health record. (5.2.e.1) |  | | | Are there any patient care areas where IV smart pumps are not utilized?  Yes  No  *If yes, identify patient care areas where IV smart pumps are not utilized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Describe who manages the IV smart pump library/dataset and the frequency of smart pump CQI data review:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If smart pumps are not interfaced with the EHR, is there a timeline and/or what is the timeline for implementation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | **Yes/NO/PARTIAL/NA** | | | ***Additional information*** | | | | | | | | | | | | | | | | |
| Pharmacy has implemented systems for reporting, analyzing, and monitoring medication safety events. (5.2.f) |  | | | Is there an interdisciplinary medication safety committee in place?  Yes No  Who is involved in the interdisciplinary medication safety committee?  Providers  Nursing  Pharmacy  Other; List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    What platform/system is used for medication event reporting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the most recent root cause analysis conducted at the site that pharmacy was involved with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacy services include the conduct of medication-use evaluations (MUEs). (5.2.g.1) |  | | | List the three most recent MUEs, including dates, completed (site or system-level):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacists provide prospective review of all medication orders. (5.3.a.1) |  | | | *Note: Prospective order review in this section is defined as the pharmacist review of the medication order occurring prior to the dispensing of the medication; This section is related to medication overrides at the ADC level. Auto-verification processes are addressed above in Standard 5.2.e.*  *If partial implementation only, select patient care areas where pharmacists do not routinely prospectively review medication orders outside of emergent situations (e.g., non-profiled ADCs):*  ED  OR/Procedural Areas  Psychiatry/Behavioral Health  Rehab Unit  ED “Hold” Patients/Boarded Patients | | | | | | | | | | | | | | | | |
| Pharmacists participate in population health services (i.e., increased immunization initiatives, medication adherence assessments, employee health assessments, targeted medication interventions based on pre-determined metrics/identified gaps in care, etc.). (5.3.a.2) |  | | | List examples and dates completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacists practice under collaborative practice agreements (e.g., chronic disease state management, ED insulin management, outpatient medication refill authorization, outpatient acute antimicrobial management, etc.). (5.3.a.3) |  | | | List the collaborative practice agreements (CPAs) in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Select the following activities that pharmacists perform under CPAs:  Start/stop medication therapy  Optimize/adjust medication therapy  Order medication refills  Order laboratory tests  Perform physical assessments  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If CPAs are not in place for ambulatory/outpatient pharmacy services, describe the pharmacist scope of practice in the ambulatory/outpatient setting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacists collaborate with the patient, family, and caregivers to manage patient care medication-related needs and education. (5.3.a.5) |  | | | % of patients where pharmacy personnel provide discharge medication education:\_\_\_\_\_\_\_\_\_\_\_\_\_  Select the situations where pharmacy personnel routinely provide patient/caregiver education (beyond an offer to counsel):  New medications  Medications w/dose changes  Medications requiring dosage form/administration education (e.g., pumps, injections, inhalers)  High-risk/targeted medications  High-risk patient populations (e.g., readmission risk, transplant)  Specific disease states  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacists and pharmacy technicians are involved in medication-related transitions of care activities. (5.3.a.6) |  | | | * % of patients where pharmacy personnel conduct medication history intake and/or participate in admission medication reconciliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * % of patients where pharmacists participate in discharge medication review/discharge medication reconciliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Is there a meds-to-beds service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capture Rate (%):\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacy services are provided 24 hours/day; 7 days/week (5.3.a.8) |  | | | *If partial or no, describe after-hours coverage for order verification, clinical consults, drug information, and medication management issues:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | | | |
| Pharmacists perform point-of-care testing, perform physical assessments, order laboratory tests (5.3.b.1) |  | | | List examples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Pharmacists document patient care recommendations and treatment plans in patients’ permanent medical record. (5.3.b.4) |  | | | Pharmacist documentation in the EHR is accessible to healthcare providers outside of pharmacy  Yes No  List when pharmacists are required to document in the EHR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **TECHNOLOGY SYSTEMS** | | **Note the name of the technology/system used (as applicable to your facility);**  **if technology is not used, mark as N/A**  (Questions apply to the pharmacy department as a whole and NOT per service area) | | | | | | | | | | | | | | | | | | |
| Automated dispensing cabinets |  | | | | | | | | | | | | | | | | | | | |
| Controlled substance storage |  | | | | | | | | | | | | | | | | | | | |
| Electronic Health Record |  | | | | | | | | | | | | | | | | | | | |
| Clinical surveillance & documentation platforms/medication adherence software/medication therapy management platforms |  | | | | | | | | | | | | | | | | | | | |
| “Smart” infusion devices |  | | | | | | | | | | | | | | | | | | | |
| IV workflow software |  | | | | | | | | | | | | | | | | | | | |
| Refrigerator temperature monitoring |  | | | | | | | | | | | | | | | | | | | |
| Robot |  | | | | | | | | | | | | | | | | | | | |
| IV Robot (syringe/bag) |  | | | | | | | | | | | | | | | | | | | |
| Packager |  | | | | | | | | | | | | | | | | | | | |
| Carousel |  | | | | | | | | | | | | | | | | | | | |
| List any planned changes/additions to technology systems within the next three years at site and anticipated timeframe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| List any current/planned capital expenditures/leases *unrelated* to technology (e.g., IV room remodel, pharmacy expansion) within the next three years at site and anticipated timeframe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |

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| **Residency Program**  ***(Using the rows below, list each residency program that uses this site and is currently being surveyed; add rows as needed)***  ***\*\*\*If any questions, consult with Lead Surveyor\*\*\**** | **Does RPD practice at this site?** | **IF RPD does NOT practice at this site, name of qualified RPh preceptor at this site who is responsible for overseeing the resident(s) and collaborating with the RPD** | **Average number of hours per week of residency program administration time allocated to RPD** | **Is this acute care site a Primary Practice Site or a Participating Site for a Staffing/Service Commitment learning experience (LE) in Residency Program?** | **Percentage of Residency Training Conducted at this Site** | **If participating sites are used to provide required direct patient care learning experiences, list all required direct patient care learning experiences conducted at this site:** |
| *Residency Program #1 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #2 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #3 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #4 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #5 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #6 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #7 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |
| *Residency Program #8 Name* | Yes  No |  |  | Primary Practice Site  Participating Site where Staffing/Service Commitment LE is completed |  |  |