**Table B: Ambulatory Care - Practice Environment Information**

***NOTE: Programs based in ambulatory care and/or community-based settings must complete the applicable service grid(s) for the primary practice site AND all participating sites used for required direct patient care learning experiences.***

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

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| **NAME OF ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Date Survey Grid Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NAME OF PRIMARY PRACTICE SITE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **CHECK ALL THAT APPLY:** [ ]  Hospital-owned Clinics [ ] Physician-owned Clinics [ ]  All sites listed below are on same campus  |
| Number of Vacant Pharmacist Positions:  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| External Accrediting Body (if applicable): Date Last Reviewed: |
| Residency Program Funding Sources: [ ] Organization [ ] CMS [ ] VA [ ] College [ ] Other (explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **AMBULATORY CARE Service Areas**ADD THE NAMES OF CLINICS SPECIFIC TO THE PRACTICE SITE IN THE COLUMNS TO THE RIGHT (e.g., Family Medicine, GI, Pediatrics, Pain, Anticoagulation)**For each “yes”/“no” question, place a “Y” or “N” in the column for each applicable practice site*****If MORE THAN 8 clinics USED, CONTINUE ONTO 2nd service grid*** | [Clinic #1 Name] | [Clinic #2 Name] | [Clinic #3 Name] | [Clinic #4 Name] | [Clinic #5 Name] | [Clinic #6 Name] | [Clinic #7 Name] | [Clinic #8 Name] |  |
| Clinic Hours of Operation |  |  |  |  |  |  |  |  |
| Average Number of Patient Visits Per Week |  |  |  |  |  |  |  |  |
| Pharmacist Hours Per Day |  |  |  |  |  |  |  |  |
| Pharmacist Hours Per Week |  |  |  |  |  |  |  |  |
| Number of Patient Encounters with Pharmacist Per Week |  |  |  |  |  |  |  |  |
| Percentage of Virtual/Telephonic Patient Encounters |  |  |  |  |  |  |  |  |
| APPE Student Rotations offered *(indicate with an “x”)* |  |  |  |  |  |  |  |  |
| Residency Learning Experiences (LEs) offered *(indicate with an “x”)* |  |  |  |  |  |  |  |  |
| Percentage of Virtual/Tele-precepting in Resident LEs |  |  |  |  |  |  |  |  |
| **AMBULATORY CARE Service Areas**ADD THE NAMES OF CLINICS SPECIFIC TO THE PRACTICE SITE IN THE COLUMNS TO THE RIGHT (e.g., Family Medicine, GI, Pediatrics, Pain, Anticoagulation) | [Clinic #1 Name] | [Clinic #2 Name] | [Clinic #3 Name] | [Clinic #4 Name] | [Clinic #5 Name] | [Clinic #6 Name] | [Clinic #7 Name] | [Clinic #8 Name] |
| If pharmacy technicians incorporated into the clinic(s), using the below numerical designation in each of the applicable site boxes to the right, indicate the following activities where pharmacy technicians are involved (5.1.a.6):1. Medication history intake
2. Immunization administration
3. Prior authorization review
4. Patient assistance programs
5. Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |  |  |  |  |  |
| If pharmacy technicians incorporated into the clinic(s), is PTCB/national certification required? (5.1.a.6) |  |  |  |  |  |  |  |  |
| If pharmacy technicians incorporated into the clinic(s), is completion of an ASHP/ACPE-accredited Pharmacy Technician Training Program at the practice site required? (5.1.a.6) |  |  |  |  |  |  |  |  |
| If pharmacy technicians incorporated into the clinic(s), is State Board registration/licensure required? (5.1.a.6) |  |  |  |  |  |  |  |  |
| If pharmacy technicians incorporated into the clinic(s), is a career ladder in place for the technician workforce? (5.1.a.6) |  |  |  |  |  |  |  |  |
| Pharmacy leaders provide resources for ongoing professional development for pharmacists and pharmacy technicians. (5.1.c.2)*Indicate any of the following resources provided using the below numerical designation in each of the applicable clinic boxes to the right:*1. Complimentary continuing education
2. Financial support for meeting/workshop attendance
3. Conference/education days
4. Financial support for certificate programs/certifications
5. Support for involvement in professional organizations
6. Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |  |  |  |  |  |
| **AMBULATORY CARE Service Areas**ADD THE NAMES OF CLINICS SPECIFIC TO YOUR PRACTICE SITE IN THE COLUMNS TO THE RIGHT (e.g., Family Medicine, GI, Pediatrics, Pain, Anticoagulation) | [Clinic #1 Name] | [Clinic #2 Name] | [Clinic #3 Name] | [Clinic #4 Name] | [Clinic #5 Name] | [Clinic #6 Name] | [Clinic #7 Name] | [Clinic #8 Name] |
| Pharmacy leaders ensure the competence of pharmacists is validated through an ongoing formalized process. (5.1.c.3)*Indicate any of the processes employed using the below numerical designation in each of the applicable clinic boxes to the right:*1. Peer review process
2. Credentialing/privileging process
3. Annual *pharmacy-specific* competencies
4. 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)*If pharmacy technicians incorporated into the clinic(s), indicate any of the processes employed using the below numerical designation in each of the applicable clinic boxes to the right:*1. Peer review process
2. Audits/random sampling review
3. Annual pharmacy-specific competencies
4. Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List two most recent competencies completed, including dates: |  |  |  |  |  |  |  |  |
| Pharmacists are involved in the reporting, analyzing, and monitoring of medication safety events in the clinics. (5.2.f)  |  |  |  |  |  |  |  |  |
| Pharmacists use clinical decision-support tools (CDTs) to identify and prioritize patients requiring optimization of medication therapy. (5.3.a.2)  |  |  |  |  |  |  |  |  |
| 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 for the applicable clinics:  |  |  |  |  |  |  |  |  |
| **AMBULATORY CARE Service Areas**ADD THE NAMES OF CLINIC SPECIFIC TO YOUR PRACTICE SITE IN THE COLUMNS TO THE RIGHT (e.g., Family Medicine, GI, Pediatrics, Pain, Anticoagulation) | [Clinic #1 Name] | [Clinic #2 Name] | [Clinic #3 Name] | [Clinic #4 Name] | [Clinic #5 Name] | [Clinic #6 Name] | [Clinic #7 Name] | [Clinic #8 Name] |
| Pharmacist practice under collaborative practice agreements. (5.3.a.3) List the CPAs and/or protocols used at each practice site; specify if CPA or protocol |  |  |  |  |  |  |  |  |
| Pharmacists practice under state-wide protocols. (5.3.a.3) |  |  |  |  |  |  |  |  |
| Pharmacists use evidence-based protocols and/or medication guidelines to manage patients. (5.3.a.3) |  |  |  |  |  |  |  |  |
| Pharmacists provide disease state management (DSM) services. (5.3.a.3) |  |  |  |  |  |  |  |  |
| For pharmacist-provided disease state management services, indicate the following activities that pharmacists perform under CPAs using the below numerical designation in each of the applicable clinic boxes to the right (5.3.a.3):1. Start/stop medication therapy
2. Optimize/adjust medication therapy
3. Administer medications
4. Order medication refills
5. Order laboratory tests (5.3.b.1)
6. Perform physical assessments (5.3.b.1)\*
7. Perform point-of-care testing (5.3.b.1)\*
8. Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* Performance of physical assessment and point-of-care testing may not necessarily require CPAs to be in place*** |  |  |  |  |  |  |  |  |
| Pharmacists document patient care recommendations and treatment plans in patients’ permanent medical record. (5.3.b.4) |  |  |  |  |  |  |  |  |
| **TECHNOLOGY SYSTEMS** | **Answer the following questions with YES, NO, PARTIAL, 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 clinic) |
|  | **Y/N/P/NA** | ***Additional information*** |
| Bar code medication administration (BCMA) is used in all areas. (5.2.e.) |  | *If partial implementation, identify which clinics and other patient care areas have not implemented BCMA (e.g., surgery centers, infusion clinics, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| “Smart” infusion devices are used. (5.2.e) |  | Are there any clinics or other 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Computerized physician order entry (CPOE) is used in all areas. (5.2.e) |  | Are paper orders used for any clinics/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:*[ ]  Chemotherapy [ ]  Immunizations[ ]  Surgery Center/Procedural Areas [ ]  Outpatient Infusion[ ]  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 [ ]  NoWho 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note the name of the technology/system used (as applicable to your facility); if technology is not used, mark as NA** |
| Automated dispensing cabinets |  |
| Refrigerator temperature monitoring |  |
| Electronic Health Record  | Platform:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is the EHR utilized in clinic(s) integrated with the EHR used in the health-system (if part of health-system)?[ ]  Yes [ ]  No |
| IV workflow software |  |
| “Smart” infusion devices  |  |
| List any planned changes/additions to technology systems at site and anticipated timeframe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List any current/planned capital expenditures/leases *unrelated* to technology (e.g., pharmacy space remodel, addition of dispensing pharmacy) 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 the clinic sites used, name of qualified RPh preceptor at each 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 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 |  |  |