**TABLE C: COMMUNITY-BASED PHARMACY - PRACTICE ENVIRONMENT INFORMATION**

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

***For PGY1 Community-based programs sponsored by a College of Pharmacy with more than one primary practice site, submit one grid for EACH primary practice site. On the same grid as the primary practice site, include all participating sites used for required direct patient care learning experiences relative to the primary practice site (i.e., limit each service grid submitted to ONE primary practice site with applicable participating sites).***

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

|  |  |
| --- | --- |
| **NAME OF PROGRAM OPERATOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Survey Grid Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| If participating practice sites are used to provide required direct patient care learning experiences, list all required direct patient care learning experiences conducted at the primary practice site: | |
| Average number of hours per week of residency program administration time allocated for RPD: \_\_\_\_\_\_\_\_\_ | |
| 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 Pharmacy Residents report to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your practice site part of a health-system or regional/national organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, describe the pharmacy reporting structure and level of alignment of pharmacy services within the organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Community pharmacy sites**  ADD THE NAMES OF COMMUNITY PHARMACY SITES SPECIFIC TO THE PROGRAM IN THE COLUMNS TO THE RIGHT  **For each “yes”/“no” question, place a “Y” or “N” in the column for each practice site** | Practice SITE NAME #1 | Practice SITE NAME #2 | PRACTICE SITE Name #3 | PRACTICE SITE Name #4 | PRACTICE SITE Name #5 |
| --- | --- | --- | --- | --- | --- |
| Indicate if primary practice site or participating site used for staffing/service commitment | **Primary**  **Participating** | **Primary**  **Participating** | **Primary**  **Participating** | **Primary**  **Participating** | **Primary**  **Participating** |
| IF RPD does NOT practice at the practice site, name of qualified RPh preceptor at this site who is responsible for overseeing the resident(s) and collaborating with the RPD: |  |  |  |  |  |
| Number of PGY1 Community-based residents |  |  |  |  |  |
| Percent of Resident’s Time |  |  |  |  |  |
| Pharmacy Department Hours of Operation |  |  |  |  |  |
| DAY SHIFT WEEKDAYS: Number of Pharmacists |  |  |  |  |  |
| DAY SHIFT WEEKENDS: Number of Pharmacists |  |  |  |  |  |
| EVENING SHIFT WEEKDAYS: Number of Pharmacists |  |  |  |  |  |
| EVENING SHIFT WEEKENDS: Number of Pharmacists |  |  |  |  |  |
| OVERNIGHT SHIFT WEEKDAYS: Number of Pharmacists |  |  |  |  |  |
| OVERNIGHT SHIFT WEEKENDS: Number of Pharmacists |  |  |  |  |  |
| Number of college of pharmacy or faculty members practicing/precepting at practice site |  |  |  |  |  |
| Number of vacant full-time pharmacist positions |  |  |  |  |  |
| Number of vacant pharmacy technician positions |  |  |  |  |  |
| Yearly number of student pharmacists completing an advanced pharmacy practice experience (APPE) |  |  |  |  |  |
| External Accrediting Body and Date Last Reviewed |  |  |  |  |  |
| Does the practice site provide patient-centered dispensing? |  |  |  |  |  |
| If YES, average number of prescriptions filled/week |  |  |  |  |  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Is PTCB/national certification required? |  |  |  |  |  |
| Is completion of an ASHP/ACPE-accredited Pharmacy Technician Training at the practice site required? |  |  |  |  |  |
| Is State Board registration/licensure required? |  |  |  |  |  |
| Is a career ladder in place for the technician workforce? |  |  |  |  |  |
| 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 site 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| 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 site 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)  *Indicate any of the processes employed using the below numerical designation in each of the applicable site 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: |  |  |  |  |  |
| Pharmacy has implemented systems for reporting, analyzing, and monitoring medication safety events. (5.2.f) |  |  |  |  |  |
| Has a medication safety committee been implemented? (5.2.f) |  |  |  |  |  |
| List the most recent root cause analysis/safety process review, including date, conducted at the site (5.2.f) |  |  |  |  |  |
| Comprehensive Medication Reviews (CMRs)   * Average number of patient encounters for CMR performed MONTHLY *(Not including disease state management patients managed under protocol or CPA)*(5.3.a.1) |  |  |  |  |  |
| Targeted Medication Reviews (TMRs)   * Average number of TMRs MONTHLY(5.3a.2) |  |  |  |  |  |
| List the CPAs and/or protocols used at each practice site; specify if CPA or protocol (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 site 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*** |  |  |  |  |  |
| Percentage of Virtual/Telephonic Patient Encounters |  |  |  |  |  |
| Percentage of Virtual/Tele-precepting in Resident LEs |  |  |  |  |  |
| Medication Administration (other than immunizations)  AVERAGE MONTHLY NUMBER of administered medications for each medication listed below. If not administered at the site, mark NA. (5.3.b.2) |  |  |  |  |  |
| * Long-acting antipsychotics |  |  |  |  |  |
| * B12 shots |  |  |  |  |  |
| * Hormonal Contraceptives |  |  |  |  |  |
| * MAT |  |  |  |  |  |
| * Other (list) |  |  |  |  |  |
| Prescribe medications (other than immunizations)  Average MONTHLY number of each medication listed below prescribed at each practice site. If not prescribed at the site, mark NA. (5.3.b.2) |  |  |  |  |  |
| * HIV PEP/PREP |  |  |  |  |  |
| * Antivirals |  |  |  |  |  |
| * Antibiotics |  |  |  |  |  |
| * Naloxone |  |  |  |  |  |
| * Oral contraceptives |  |  |  |  |  |
| * Injectable contraceptives |  |  |  |  |  |
| * Tobacco cessation products |  |  |  |  |  |
| * Minor ailments |  |  |  |  |  |
| * Other |  |  |  |  |  |
| Chronic Condition Management/Disease State Management  AVERAGE MONTHLY NUMBER of patient encounters for management of each condition listed below at each practice site. (5.3.a.3) |  |  |  |  |  |
| * Diabetes |  |  |  |  |  |
| * Hypertension |  |  |  |  |  |
| * Dyslipidemia |  |  |  |  |  |
| * Asthma |  |  |  |  |  |
| * COPD |  |  |  |  |  |
| * Heart failure |  |  |  |  |  |
| * Arthritis |  |  |  |  |  |
| * Pain management |  |  |  |  |  |
| * Alzheimer disease |  |  |  |  |  |
| * End-stage renal disease |  |  |  |  |  |
| * Mental health |  |  |  |  |  |
| * Other |  |  |  |  |  |
| PERCENT of patients for which a pharmacist provides medication education at time of dispensing (not just an offer to counsel) (5.3.a.5) |  |  |  |  |  |
| Indicate any medications, patient populations, or situations for which the site requires a pharmacist to provide medication education/counseling (e.g., medication initiation, medication changes, high-risk medications, high-risk patients, etc.) (5.3.a.5) |  |  |  |  |  |
| NUMBER of each immunization listed below administered MONTHLY at each practice site. If immunization type is not conducted at the site, mark NA. (5.3.a.7) |  |  |  |  |  |
| * Influenza |  |  |  |  |  |
| * Hepatitis B |  |  |  |  |  |
| * Hepatitis A |  |  |  |  |  |
| * Pneumococcal |  |  |  |  |  |
| * Zoster |  |  |  |  |  |
| * Tdap |  |  |  |  |  |
| * COVID-19 |  |  |  |  |  |
| * Meningococcal |  |  |  |  |  |
| * HPV |  |  |  |  |  |
| * Travel vaccines |  |  |  |  |  |
| * Other (list) |  |  |  |  |  |
| NUMBER of each disease prevention and wellness activity listed below (other than immunizations) provided MONTHLY at each practice site. If not conducted at the site, mark NA. (5.3.a.7) |  |  |  |  |  |
| * Tobacco cessation |  |  |  |  |  |
| * Weight loss |  |  |  |  |  |
| * Naloxone education |  |  |  |  |  |
| * Health Screenings |  |  |  |  |  |
| * Risk assessment |  |  |  |  |  |
| * Medication take-back |  |  |  |  |  |
| * Travel Medicine |  |  |  |  |  |
| * Disease prevention education |  |  |  |  |  |
| * Other (list) |  |  |  |  |  |
| Average MONTHLY number of point-of-care tests conducted in each of the following categories at each practice site and average number of tests. If not conducted at the site, mark NA. (5.3.b.1) |  |  |  |  |  |
| * COVID |  |  |  |  |  |
| * Influenza |  |  |  |  |  |
| * Streptococcus |  |  |  |  |  |
| * HIV |  |  |  |  |  |
| * Blood glucose |  |  |  |  |  |
| * Cholesterol |  |  |  |  |  |
| * INR |  |  |  |  |  |
| * A1c |  |  |  |  |  |
| * Liver function |  |  |  |  |  |
| * Other (list) |  |  |  |  |  |
| AVERAGE MONTHLY NUMBER of physical assessments conducted in each of the following categories at each practice site If not conducted at the site, mark NA. (5.3.b.1) |  |  |  |  |  |
| * Blood pressure |  |  |  |  |  |
| * Pulse |  |  |  |  |  |
| * Oximetry |  |  |  |  |  |
| * Other (list) |  |  |  |  |  |
| AVERAGE MONTHLY NUMBER of patient encounters for the following Care Transitions at each practice site: |  |  |  |  |  |
| * Medication Reconciliation |  |  |  |  |  |
| * Medication Management |  |  |  |  |  |
| **TECHNOLOGY SYSTEMS**  *Note the name of the technology/system used below (as applicable to site); if technology is not used, mark as N/A* |  |  |  |  |  |
| Dispensing robots |  |  |  |  |  |
| Bar code scanning |  |  |  |  |  |
| Prescription Drug Monitoring Programs (PDMP) |  |  |  |  |  |
| Medication Therapy Management (MTM) Platforms (e.g., Outcomes) |  |  |  |  |  |
| Dispensing system |  |  |  |  |  |
| Refrigerator temperature monitoring |  |  |  |  |  |
| Immunization Registries |  |  |  |  |  |
| Adverse Drug Reaction/Error Reporting |  |  |  |  |  |
| Clinical documentation platform |  |  |  |  |  |
| 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., IV room remodel, pharmacy expansion) within the next three years at site and anticipated timeframe: |  |  |  |  |  |