ASHP Program Name & Number
Survey Response Template: Areas of Non- (NC) and Partial Compliance (NC)

There should be **ONE Table** for each program surveyed that includes all findings for the respective program surveyed. Examples and supporting appendices may vary when addressing findings that have a program-specific response (e.g., applicant review/interview rubrics in Standard 1, program completion requirement documentation in Standard 2, Standard 3 findings, etc.) vs. findings that have a response that is the same across all programs surveyed (e.g., residency policies in Standard 2, preceptor appointment/reappointment and preceptor development in Standard 4, pharmacy services in Standard 5). Findings should be in numerical order that align with each individual program's survey report. Evidence for findings that have a program-specific response should be included in a program-specific appendix. Evidence for findings that have the same response across all programs surveyed should be included in a "Common Appendix" and uploaded to Fabric for each program surveyed.

Table: For ALL Findings of Non- and Partial Compliance

Finding #	Statement of Non- or Partial Compliance *The statements from the survey report should be copied and pasted in this column using the same numerical order as the survey report.*	Action Plan or Description of Resolution *Briefly narrate the actions and associated timelines for resolution of the identified issue. If not resolved include the date of the action plan implementation, responsible party, and anticipated completion. Do NOT cut and paste data from the appendices referenced in the next column.*	Appendices *Documentation of all items described in the Action Plan /Resolution section. Documentation should be as thorough as possible.*
PC (or NC)-1	**EXAMPLE**	**EXAMPLE** <u>COMPLETED</u> (October 2023)	**EXAMPLE (for a finding that applies to more**

(The number refers to the numbering of finding in the survey report. The number should be preceded by an NC or PC as appropriate). Please cut and paste exactly	The program's leave policy and process for extension does not ensure that program extension of training to make up absences beyond allotted time are equivalent in competencies and time missed. **[Standard 2.2.a.1]**	The organization's Residency Oversight Committee revised the Residency Policy Manual and the Leave Policy based upon the survey feedback.	**than one program surveyed at the same organization)** Common Appendix: Updated Residency Policy Manual *An appendix can be referenced for multiple areas of NC or PC. If including a manual as an appendix, please designate the pages on which the relevant information can be found.*
PC (or NC)-2	**EXAMPLE** Elements of the formal written program structure (learning experience offerings, naming conventions, durations, etc.) are inconsistent with promotional material, learning experience descriptions built in PharmAcademic™, resident schedules, and other program documents. **[Standard 3.1.a]**	**EXAMPLE** <u>COMPLETED</u> (July 2024) The written program structure, promotional flyer, website, and listing of learning experiences within PharmAcademic™ were reviewed and revised to ensure consistency in naming convention, required vs. elective designation, and duration. Resident schedules within PharmAcademic™ were reviewed to ensure that the durations of the learning experiences are consistent with the program structure.	**EXAMPLE** Appendix A: Program Structure Appendix B: Promotional Flyer Appendix C: Screenshot of program structure on website See PharmAcademic™ for the list of learning experiences and the

			2024-2025 resident schedules
PC (or NC)-3	**EXAMPLE** Not all learning experience descriptions include a general description including the practice area and the role of the pharmacist in the practice area. **[Standards 3.2.a.1 and 3.2.a.2]**	**EXAMPLE** COMPLETED (August 2024) Standard 3.2.a.1-3.2.a.6 shared with all preceptors at the July 2024 Residency Advisory Committee (RAC) meeting. All required learning experience descriptions (LEDs) have been updated by the preceptor and uploaded into PharmAcademic. All remaining (elective) LEDs are being revised by preceptors within the first quarter of the 2024-2025 residency year.	**EXAMPLE** See revised LEDs in PharmAcademic™ for Orientation, Internal Medicine, Ambulatory Care, Critical Care, Administration, Project, and Pharmacy Service *An appendix can be referenced for multiple areas of NC or PC. If including a manual as an appendix, please designate the pages on which the relevant information can be found.*
PC (or NC)-4	Medication-use technologies do not support sharing of patient data across information systems. Specifically, intravenous infusion pumps and the electronic health record are not integrated. **[Standard 5.2.e.1]**	**EXAMPLE** IN PROGRESS (October 2023) Representatives from BioMed, Pharmacy, Nursing, Risk Management/ Quality, Health Information Technology were identified by senior leadership and appointed to the	**EXAMPLE (for a finding that applies to more than one program surveyed at the same organization)** Common Appendix: Pump Interoperability Committee Charter and

		Pump Interoperability Committee. The committee has developed a charter, plan, and timeline for implementation of bi-directional communication between infusion pumps.	Timeline and minutes from October 2023 meeting
Add as many rows as needed to address all findings of non- and partial compliance			