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Example Documents to Serve as Evidence for Addressing Accreditation Survey Findings in Report Response

All responses must include a narrative which includes acknowledgment of current status as identified on survey, actions taken to resolve a finding or to make progress on a finding, a plan to fully resolve the finding including a detailed timeline if the finding is not fully resolved during the report response timeframe, and delineation of the responsible party as applicable. Additionally, evidence must be provided for each finding to demonstrate either resolution or progress made in addressing the finding.

Below are examples of evidence which should be provided for each of the cited standards as applicable to the program's report. This list is not all-inclusive and is intended as a guide to help programs understand documentation to be provided for the most common reasons that each standard is cited. The below table outlines the evidence that is strongly encouraged to submit in order to show compliance as part of the response to the citations a program received when surveyed under the 2023 Standard.

*****Note: Surveyors and Commission on Credentialing (COC) members do not have access to the surveyed program's PharmAcademic™ records at the time of report response review. If documentation from PharmAcademic™ is applicable to the citing, it must be included as a PDF in the bookmarked appendix of the report response.**

2023 Standard (ALL Programs)	Standard Summary	Example Documents/Evidence to Submit
1.1 1.1.a – 1.1.f	Procedures for recruitment, review, interview, and ranking of applicants to residency program	• Revised procedure for screening and ranking of applicants (To include all steps involved in application review, how decisions are made for interview invitation, interview process, ranking process for all phases of recruitment (Phase I, II); For PGY2 programs, describes early commitment procedure if applicable • Revised applicant review, interview questions, and interview scoring tools/rubrics with objective pre-determined criteria (clear definitions/criteria for ratings)
1.2.a	For all residency applicants, requirement of completion of ACPE-accredited (or candidate-status) degree program or Foreign Pharmacy Graduate Equivalency Committee (FPGEC)	• Documentation of applicant selection process and/or program promotional material that indicates requirement of completion of ACPE-accredited or candidate-status degree program or FPGEC certificate

	certificate from the National Association of Boards of Pharmacy (NABP)	
1.2.b 2.7, 2.7.a	For PGY2 residency applicants, requirement of completion of ASHP accredited or candidate-status PGY1 residency	• Documentation of applicant selection process and/or program promotional material that indicates requirement of completion of ASHP-accredited to candidate-status PGY1 residency • Documented process for verification of PGY1 program completion, including timeframe for verification and consequences for incoming residents not completing PGY1 program • Evidence of verification of PGY1 program completion for current resident(s)
1.2.c	For all residency applicants, requirement of licensure or eligibility for licensure within state or jurisdiction in which the program is conducted	• Revised program licensure policy
1.3	Requirement that the residency program adheres to the *Rules for the ASHP Pharmacy Resident Matching Program*	• Narrative that addresses the element of the finding • Submit evidence of Match notification letter sent to matched candidate within 30 days of the release of Match results; Submit evidence of Match notification letter for resident selected through Early Commit process • Documentation of applicant selection process and pre-determined criteria used to select applicants to interview and rank that incorporates compliance with the *Rules for the ASHP Pharmacy Resident Matching Program*
2.1	Requirement that the residency program is a minimum of 52 weeks and a full-time practice commitment or equivalent and that non-traditional residency programs have a description of the program's design and duration used to meet the required CAGOs	• Program structure and residents' schedules from PharmAcademic™ illustrating a minimum 52 weeks full-time practice commitment or equivalent (i.e., each timeframe during the residency year is covered by a learning experience and evaluation) • For 24-month PGY1/PGY2 residency programs, structure and resident schedule must show 52 weeks of completed training prior to beginning PGY2 program • For non-traditional programs, documented program structure must include providing a minimum of 52 weeks of residency training and meet the same accreditation requirements as traditional residency programs
2.2	Documentation of the program's policies for professional, family, and sick leaves (total time away from program) and the consequences of	• Revised leave policy defining leave time, including extended leave, ensuring that time away from the residency program does not exceed a combined total of the greater of either 37 days per 52-week training

2.2.a, 2.2.a.1, 2.2.b, 2.2.b.1, 2.2.b.2	any such leave on residents' ability to complete the residency program	period or the minimum number of days allowed by applicable federal and/or state laws without requiring extension of the program; if extension of the program is permitted, defines maximum duration of extension and status of salary and benefits during extension; if extension of the program is not permitted and time away exceeds allotted time, outlines that residents will not receive certificate of completion
2.3, 2.3.a - 2.3.d	Documentation of the program's duty-hour and moonlighting policies that are in compliance with the *ASHP Duty Hour Requirements for Pharmacy Residencies*	• Revised duty-hour and moonlighting policies (to reference or include hyperlink to ASHP Duty Hour Requirements for Pharmacy Residencies and address requirements such as type and maximum amount of moonlighting allowed, requirement for approval, and plan for how to handle effects of moonlighting on resident performance if moonlighting is allowed) • Documentation of compliance with duty-hour and moonlighting policies (e.g., monthly attestations, work hours/schedules, or timesheets)
2.4.a - 2.4.b	Requirements for licensure and consequences of failure to obtain licensure within 120 days of the program's start date	• Revised program licensure policy (to include clearly-stated deadline for licensure prior to or within 120 days after program start date, and information for how the program will be modified if extension is permitted)
2.5 2.5.a, 2.5.a.1, 2.5.b – 2.5.d	Documentation of the program's requirements for successful completion and expectations of the residency program	• Revised completion requirements policy that defines minimum threshold for resident performance on CAGOs (% or number of objs marked as ACHR, how many objs may be rated as NI/minimum rating for remainder of objs), quantified required deliverables as defined by the CAGOs and/or Appendix, and other requirements as defined by program (e.g., minimum staffing commitment, certificate programs, presentations, written education, etc.)
2.6	Documentation of the program's policy on dismissal from the residency program	• Revised remediation/disciplinary action policy that addresses issues not specifically covered by the organization's disciplinary action policy and defines consequences of failure to progress during residency (withholding completion certificate, extending the program, dismissal); Defines max time of program extension and status of salary and benefits during extension if extension is allowed
2.8, 2.8a - 2.8h	Documented policies are provided to applicants invited to interview	• Explanation/evidence (e.g., copy of email provided to applicants invited to interview with attached policies, manual, or link to electronic copies) of how all policies (Leave, duty-hour, licensure, remediation/disciplinary, and requirements for completion policies) and the program start date with

		term of appointment, stipend and benefit information (includes vacation, holiday, professional, and sick leave allotment and whether health insurance is available), and financial support for required professional meeting attendance are provided to applicants invited to interview at the time that the initial invitation to interview is extended; If applicable, must also include the number of the required learning experiences not conducted at the primary practice site and if financial support (reimbursement for mileage, tolls, parking, etc.) is provided to residents for such (per Accreditation Regulations)
2.9, 2.9.a 2.9.b (PGY2 Only)	Provision of residents accepted into the program with a letter outlining their acceptance to the program, pre-employment requirements for the organization, requirements for successful completion, expectations of the residency program, and other relevant information within 30 days of the Match	• Written communication (with date included) from the program to each matched candidate or revised template of such written communication (e.g., acceptance letter or email) that contains general information about the hiring process including pre-employment requirements and confirmation of the program start date and term of appointment. PGY2 programs to include information related to verification of PGY1 residency completion • Evidence (e.g., signed letter) that resident has accepted the Match results via return correspondence by the date determined by the program and prior to the start of the residency program
2.10	Residents' acceptance of terms and conditions of the residency program including requirements for successful completion, and expectations of the residency program documented prior to the beginning of the residency	• Narrative that addresses how the RPD or designee reviews all program policies listed in Std 2.8 with matched residents • Documentation demonstrating that acceptance of the residency program policies is obtained within 14 days from the start of the residency (e.g., signed attestation, acknowledgment/attestation signatory page from residency manual, etc.)
2.11	Requirement to develop residency manual	• Residency manual for program that includes info on practice site, program structure, program participants and roles, completion requirements, all required residency policies outlined in Std 2 or a link/information on where to access such policies, program's overall evaluation strategy and required evaluations, defined ratings scale for evaluations, and other pertinent information (e.g., residency project guidelines)
2.12, 2.12.a, 2.12.b, 2.12.b.1	Requirement for the resident program to provide residents with an area to work, references, relevant technology, access to extramural	• Narrative that addresses the element of the finding • Residency program manual (if information relevant to the finding is included in the manual)

	educational opportunities, and sufficient financial support to fulfill requirements of the program	• Photo(s) of resident workspace (if applicable to finding)
2.13, 2.13.a-2.13.b	RPD awards certificate of completion to those who complete the program's requirements; RPD documents residents' completion of the program's requirements	• Documentation (i.e., completion requirements checklist, ACHR report for individual residents from PharmAcademic™, etc.) illustrating that completion requirements were met for resident graduates • Documentation (i.e., completion requirements checklist, ACHR report for individual residents from PharmAcademic™, etc.) in progress for current residents • Definition/criteria/procedure for determining ACHR
ALL: 2.14, 2.14.a-2.14.b PGY1 (MC): 2.14.c PGY1 (Comm): 2.14d	Requirements for the residency program completion certificate to be issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*, signed by the RPD and CEO/designee, reference to ASHP accreditation status, and to partnership with APhA (PGY1 Community-based programs only) or AMCP (PGY1 Managed Care programs only)	• Certificate containing all required elements outlined in the *ASHP Regulations on Accreditation of Pharmacy Residencies* • If program is in candidate status, include template for both candidate-status and accredited-status certificates
2.15, 2.15.a-2.15.c	RPD maintain program's compliance with provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* throughout the accreditation cycle	• Narrative that addresses the element of the finding • If program-type naming convention is cited, revised document(s) illustrating compliance • If use of PharmAcademic™ for residency program management is cited, evidence from PharmAcademic™ illustrating use for the area not used adequately at time of survey (e.g., LEDs, resident schedules, learning experience evaluations, resident development plans, resident close-out documentation) • If retention of records is cited, evidence illustrating retention of record of each residents' program application, acceptance letter, acceptance of program policies, licensure, deliverables, completion requirements documentation, and signed residency certificate since time of last accreditation site survey (e.g., screenshot of electronic portfolio, etc.)
2.16.a, 2.16.a.1-2.16.a.7, 2.17, 5.1.b, 5.1.c, 5.2.b, 5.2.e	Outlines requirements for residency programs that are conducted by more than one organization, including the naming of a single	(IF MORE THAN 1 ORGANIZATION SHARES RESPONSIBILITIY FOR THE FINANCIAL AND/OR MANAGEMENT OF THE PROGRAM)

	RPD and the execution of an agreement between both parties Outlines requirements of the sponsoring organization and practice sites conducting the residency program Outlines requirement that multiple-site residency programs must be in compliance with the ASHP Accreditation Policy for Multiple-Site Residency Programs	• Signed agreement/memorandum of understanding (MOU) that identified program operator, designates a single RPD for the management of the residency program, includes RPD responsibilities, RPD's accountabilities to the Program Operator; documented mechanism for RPD to achieve consensus on evaluation/ranking of applicants; mechanism to designate site coordinators; method for coordinating conduct of the program within all organizations; method of evaluation to ensure terms of agreement are met (Signed agreements/memorandums of understanding must be in place for each site that the program operator partners with—Submit for each site surveyor team identified as not fully compliant at time of survey) • Revised program structure, description of each practice site and amount of time resident spends at each practice site, resident schedule from PharmAcademic that is consistent across program documentation and that illustrates compliance with the ASHP Accreditation Policy for Multiple-Site Residency programs
3.1 3.1.a, 3.1.a.1, 3.1.a.2, 3.1.a.3	Requirement for written description of program structure Written description of program structure must include required and elective learning experiences (if applicable) and duration of each learning experience	• Program structure description (from manual website and/or marketing materials) From PharmAcademic™ provide the following: • "TE assignment report for the program" (T/E grid) • Screenshot of Learning Experiences tab • Resident schedules • Program structure description (from manual website and/or marketing materials) illustrating at least ½ of the residency year is scheduled in required learning experiences. For learning experiences 12 wks or more in duration with a specific time scheduled on a recurring basis, include clear documentation of such
3.1.a.4	RPDs must orient residents to the residency program	• Orientation LED for the program (***must*** be downloaded from PharmAcademic™) • Program structure description (from manual website and/or marketing materials) including orientation as a required LE • Current Resident's schedule from PharmAcademic™ including Orientation assigned as a LE

3.1.b, 3.1.b.1, 3.1.b.1.a, 3.1.b.1.b, 3.1.b.1.c	Residency program's educational competency areas, goals, and objectives (CAGOs) support the achievement of the residency's purpose. The CAGOs for each individual residency program are required by the Standard and must be included in the residency program's design. The program's structure must facilitate achievement of the educational goals and objectives. If CAGOs for a residency program includes a required Appendix, program structure ensures that requirements in Appendix are met.	• Program structure description (from manual website and/or marketing materials) • Evidence of Tracking of the appendix (if applicable) From PharmAcademic™ provide the following: • "TE assignment report" for all/current residents • "TE assignment reports for the program"—one report filtered for "ALL" learning experiences and one report for just the "Required" learning experiences • "TE assignment report" including the resident-specific curricular sets if applicable for all/current residents • Screenshot of Learning Experiences tab
3.1.c.1, 3.1.c.4	The residency program structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems. Residency programs that are based in certain practice settings (long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity. No more than 1/3 of the 52-week PGY1 residency program may deal with a specific disease state or patient population	• Program structure description (from manual website and/or marketing materials) • Sample Resident schedules • Current resident schedules for all/current residents from PharmAcademic™ • If cited for lack of disease state variety, provide evidence of resident involvement in the management of multiple disease states through various patient encounters (e.g., de-identified patient care notes)

3.1.c.2	Residents gain practice and experience in longitudinal patient care delivery and the development of extended patient relationships	• Program structure description (from manual website and/or marketing materials) • Sample Resident schedules • Current resident schedules for all/current residents from PharmAcademic™ • Narrative of the intentionality of incorporating in opportunities for residents to gain experience in longitudinal patient care • 2 de-identified patient care notes/documentation from patient health record demonstrating at least two consecutive encounters with the same patient
3.1.c.3	For PGY1 and any PGY2 program in direct patient care, residents must spend 2/3 or more of the program in direct patient care activities	• Program structure description (from manual website and/or marketing materials) • Sample Resident schedules • Current resident schedules for all/current residents from PharmAcademic™ • "Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program • Narrative of the intentionality of incorporating in opportunities for residents to gain sufficient experience in direct patient care in the areas cited during survey
3.1.c.5	PGY2 Only: Residents are provided with sufficient opportunities to provide direct patient care to patients with the required disease states and conditions as outlined in the Appendix to the CAGOs	• Disease state appendix for applicable PGY2 program completed for most recent graduate resident and in progress with tracking/documentation for current resident(s) • Revised LEDs and/or structure illustrating how gaps in depth and breadth of patient care for required disease states are addressed in the program design to ensure that residents get adequate training to develop competence in the management of such disease states/conditions • De-identified progress notes or documentation of patient interventions demonstrating resident work in the disease states/conditions noted to not be adequately incorporated into the program design at time of survey
3.2, 3.2.a, 3.2.a.1-3.2.a.6	Learning experience descriptions must be documented and include a general description of the practice area, including the role of the pharmacists in the practice area, expectations of	• Submit Revised learning experience descriptions for at least three required and two elective learning experiences with all required elements as required by the standards (***NOTE: Your survey team may delineate specific LEDs and/or a different number of LEDs to submit in your report

	residents, educational goals and objectives assigned to the learning experience, a list of activities that will facilitate the achievement of each goal, and a description of evaluations that must be completed by preceptors and residents.	response; All LEDs *must* be downloaded from PharmAcademic™***). Use the learning experience template to assure all required elements are included. • Include one additional required learning experience that may be repeated as an elective demonstrating how the elective experience is different from the require, if applicable. • "Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program ***NOTE: This report is not to be submitted in lieu of the full LEDs from PharmAcademic™ as full LED is required to see objectives and activities***
3.2.b	Preceptors must orient residents to the learning experience using the learning experience description.	• Submit plan and evidence of preceptors using the learning experience description to orient residents to the learning experience, including but not limited to the learning experience evaluations completed during report response timeframe by residents from PharmAcademic™, any re-education of preceptors, revised program strategies and expectations
3.2.c	During learning experiences, preceptors will use the four preceptor roles as needed based on resident's needs.	• Submit plan and supporting evidence of preceptors using the 4 preceptor roles based on resident's needs. Specifically, progression included in learning experience descriptions appropriate to the PGY1 or the PGY2 year as applicable. •"Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program
3.3, 3.3.a, 3.3.b, 3.3.b.1 - 3.3.b.2, 3.3.c	Outlines requirements and components of the initial resident self-assessment and initial resident development plans	• Download from PharmAcademic™ of entering resident(s) self-assessments • Download from PharmAcademic™ of initial and quarterly updates to development plans • Screenshot of PharmAcademic™ of "Development Plan" tab showing upload finalized copies of initial and quarterly updates to resident(s') development plan(s) • If completion checklist is not part of the program's resident development plan, submit evidence tracking completion requirements at the same time the development plan update is documented
3.3.d, 3.3.d.1, 3.3.d.1.a – 3.3.d.1.e, 3.3.d.2,	Outlines requirements and components of quarterly resident self-assessment and development plan updates	• Download from PharmAcademic™ of resident(s) quarterly self-assessments • Download from PharmAcademic™ quarterly updates to development plans

3.3.d.2.a – 3.3.d.2.d		• Screenshot of PharmAcademic™ of "Development Plan" tab showing upload of quarterly updates to resident(s') development plan(s)
3.3.e	Outlines requirements of RPD's oversight of resident progression	• Documentation of current resident' progress towards completion of program requirements (i.e., Completion Requirements Checklist) at the same time the RDP is updated. Documentation can be in the RDP or in a separate document (program preference)
3.4.a, 3.4.a.1	Outlines requirements for formative assessment of feedback	• Examples of formative evaluations (i.e., downloads from the "Feedback" tab in PharmAcademic™) if applicable • Submit the plan for and evidence of improvement in ongoing feedback to residents. Examples may include preceptor evaluations of residents, evaluations of resident's presentations or work products, and examples of how residents have improved based on formative feedback
3.4.a.2	Outlines requirement for preceptors to make adjustments to learning activities in response to observations and assessments of resident	• At least three (3) examples of adjustments made to residents' activities in response to preceptor observation of need (e.g., addition of/changes in LE activities, addition of objectives assigned to be TE, extension of LEs, shortening or changing the focus of Orientation for resident w/past experience at site, changing expectations of resident with expected progression in LE, etc.) • Narrative and examples of formative feedback that resulted in adjustments to activities which could be from the formative feedback button in PharmAcademic™, preceptor evaluations of residents, resident evaluations of preceptors and/or learning experiences or development plans or other examples of preceptors providing formative feedback to residents that includes adjustments to resident activities based on resident performance
3.4.b, 3.4.b.1, 3.4.b.2, 3.4.b.2.a, 3.4.b.2.b	Outlines requirements for summative evaluations	• Downloads of multiple examples of summative evaluations of residents from PharmAcademic™ documenting qualitative written comments (see Guidance) • "Overall Evaluation Status" report from PharmAcademic™ for the current residents • Screen shot of program dashboard →Evaluation Tools • "Send Back for Edit" report from PharmAcademic™

3.4.b.1.a	Outlines requirements for summative evaluations for experiences greater than 12 weeks in duration	• Downloads of longitudinal summative evaluations of residents from PharmAcademic™ documenting qualitative written comments (see Guidance for 3.4.b.2.a) • "Overall Evaluation Status" report from PharmAcademic™ for the current residents
3.4.b.3	Outlines requirements for summative evaluations when there is more than one assigned preceptor	• Program's evaluation strategy summarizing how multiple preceptors will provide input • Downloads from PharmAcademic™ of team-based evaluations
3.5.a	Outlines requirements for evaluation of preceptor(s) by the resident	• Examples of resident evaluations of preceptors • "Overall Evaluation Status" report from PharmAcademic™ for the current residents • Screen shot of program dashboard →Evaluation Tools • Revised residency manual section outlining program's evaluation strategy and resident responsibilities (if applicable to reason cited)
3.5.b, 3.5.b.1	Outlines requirements for evaluation of learning experiences by the resident	• Examples of resident evaluations of learning experiences • "Overall Evaluation Status" report from PharmAcademic™ for current residents • Screen shot of program dashboard →Evaluation Tools • Revised residency manual section outlining program's evaluation strategy and resident responsibilities (if applicable to reason cited)
4.1, 4.1.a, 4.2.a, 4.2.b	Outlines requirements for residency program leadership	• APR (using current APR form from the ASHP website) of RPD including title and association with the practice site or sponsoring organization • Residency program coordinator or designee(s) role and terms if applicable
4.1.a.1	Outlines that RPD may delegate administrative duties/conduct of program to one or more individuals with oversight	• Outline role and responsibilities of residency program coordinator/designee(s), identifying name and title of such individual(s) • Preceptor roster that includes areas precepted as well as area of daily practice
4.1.b	Residency program provides qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill accreditation standards requirements	• Narrative describing actions taken or plans to ensure a sufficient number of preceptors are available to facilitate the achievement of CAGOs and to guide residents using the four preceptor roles for each learning experience • APR forms for new preceptors

		• Updated preceptor roster with area of daily practice AND learning experiences precepted • Residents' evaluations of preceptors and learning experiences
4.2, 4.2.a, 4.2.b, 4.3, 4.3.a - 4.3.f	Outlines RPD eligibility requirements and qualifications	• RPD APR • Documented development plan for how program will ensure that RPD will meet qualifications if not resolved during report response time
4.4.a, 4.4.a.1, 4.4.a.2	Outlines RPD's responsibility of establishing and chairing a residency advisory committee specific to the residency program	• Outline of RAC membership (note that multisite residencies must include RPD and site coordinators in RAC membership) and meeting cadence (minimum of quarterly) • RAC Mtg minutes including attendance, agenda, and minutes outlining documented decisions.
4.4.b, 4.4.b.1, 4.4.b.1.a – 4.4.b.1.e	Outlines requirements of annual program review	• Documentation of assessment of the residency program including an assessment of methods for recruitment that promote diversity and inclusion (4.4.b.1.a); refer to guidance for 4.4.b.1.a – 4.4.b.1.e. • RAC mtg meetings or a separate assessment documenting review of recruitment and applicant selection process; program requirements and policies; structure, design, and conduct; review of learning experiences; review of residents' evaluations of preceptors and learning experiences; and other program improvement opportunities. Must include input from both residents and preceptors and document program improvement opportunities and changes made.
4.4.b.2	Outlines requirements of implementation of quality improvement plan for residency program	• Formal program evaluation documenting improvements (including date of assessment and participants involved in program assessment) • Evidence of changes made based upon the annual assessment of the residency program/ plans for implementation of changes based on the assessment
4.4.c, 4.4.c.1 – 4.4.c.3	Outlines requirements of criteria for the appointment and reappointment of preceptors and documentation of such decisions	• Process and criteria for appointment and reappointment of preceptors • Examples of documentation demonstrating implementation (e.g., tracking of any program-determined preceptor requirements, completed preceptor reappointment packet, RAC mtg minutes documenting appointment/ reappointment) and documented evidence demonstrating that preceptors are reappointment at a minimum of every 4 yrs

4.4.d, 4.4.d.1	Outlines requirement of RPD to create and implement a preceptor development plan for the program	• Preceptor development plan (PDP) including a schedule of activities for each year • Provide documented programmatic expectations for preceptor development (e.g., define required participation in development activities) and evidence of tracking
4.5.a, 4.5.b	Outlines pharmacist preceptors' eligibility requirements	• Updated APR for cited preceptors and corresponding preceptor development plan if needed (Individual preceptor development plan must be documented for any preceptor who does not meet qualifications) • If preceptor does not meet eligibility requirements at time of survey report response, submit revised preceptor roster indicating preceptor change(s) for applicable learning experiences (and APRs for any newly assigned preceptors)
4.6, 4.6.a - 4.6.d, 4.7	Outlines pharmacist preceptors' qualifications requirements	• Updated APR for cited preceptors and corresponding preceptor development plan if needed (Preceptor development plan for preceptors who did not meet qualifications at time of survey with contents of plan to ensure that preceptor meets qualifications within two years are required) • Organization's privileging policy and applicable collaborative practice agreements/protocols if privileging is used to demonstrate current knowledge/expertise in the area(s) of pharmacy practice to meet 4.6.a • Preceptor roster and APRs for any new preceptors added to preceptor pool during report response time if applicable
4.7.a	Outlines preceptorship requirement to maintain continuity of practice during the time of the residents' learning experience	• Updated APR for cited preceptors and corresponding preceptor development plan if needed (Individual preceptor development plan must be documented for any preceptor who does not meet eligibility and/or qualifications) • Preceptor roster • Examples of residents' evaluation of preceptor(s) and learning experience(s) from PharmAcademic™ for the preceptor(s) for whom this was cited during the survey
4.8, 4.8.a.1, 4.8.b - 4.8.d	Outlines requirements surrounding use of non-pharmacist preceptors in the residency program	• Residents' schedules from PharmAcademic™ indicating the learning experience and non-pharmacist preceptor(s) • Residents' development plans outlining documentation of the residents' readiness to practice independently

		• Non-pharmacist precepted learning experience description(s) from PharmAcademic™ indicating the learning experience is precepted by a non-pharmacist • Evaluation(s) from PharmAcademic™ for learning experience(s) precepted by non-pharmacist preceptors that reflects input from the non-pharmacist preceptor
5.1.a.1	Outlines that the scope of pharmacy services is documented	• Documented scope of pharmacy services that illustrates the integration of pharmacy services across the organization and collaboration with other healthcare providers (as appropriate for the setting)
5.1.a.2	Requires that the pharmacy is led and managed by a professional, legally qualified pharmacist and outlines the components required to illustrate a well-defined organizational structure that supports the safe and effective provision of services	• Organizational chart for the pharmacy practice site(s) cited at time of survey that depicts pharmacist leader and reporting structure
5.1.a.3, 5.1.a.3.a	Outlines the requirement that the pharmacy leaders have documented plan with short- and long-term goals based on assessment of needs and communicates such plan to all departmental staff and appropriate organizational leaders	• Pharmacy strategic plan that includes short-term (1yr) and long-term (3yr) goals • Evidence demonstrating how pharmacy strategic plan is shared with all departmental staff and organizational leaders (e.g., meeting minutes, staff education materials, written communication of plan, etc.) • Evidence of implementation of pharmacy strategic plan (e.g., tracking of strategic plan initiatives, timelines, meeting minutes)
5.1.a.4	Outlines that the pharmacy leaders hold decision-making roles in the planning and management of medication-use systems	• Organizational chart for the organization that depicts pharmacy leadership and reporting structure • List of organization's committees and identification of pharmacy involvement • Strategic planning documents for the organization and pharmacy practice site that demonstrates pharmacy involvement
5.1.a.5	Outlines that the scope and quality of pharmacy services provided to patients at the practice site aligns with best practices and extends to all areas where medications are prescribed, dispensed, administered, and monitored	• GAP analysis, ROI/business plan, and/or detailed project plan to expand pharmacy services into the areas or patient care populations identified by survey team • Position request, position request approval and posting, new/revised job description demonstrating expansion of pharmacy services if new positions required to accomplish such expansion of services

		• Revised staff schedule, staff education, training materials if able to accomplish expansion of services with existing pharmacy resources • De-identified patient care notes/documentation from EMR/patient care record demonstrating expansion of pharmacy services in cited area(s) *(examples from any pharmacists other than residents)*
5.1.a.6	Outlines that pharmacy leaders ensure the appropriate use of personnel	• Documented scope of pharmacy services that describes the services that pharmacy technicians provide at the practice site • Policies/procedures for tech-check-tech, immunization administration by technicians, medication history intake by technicians • Education/training materials/checklists developed to initiate or expand technician practice within the practice site
5.1.a.7	Outlines that pharmacy leaders ensure that pharmacists provide patient-centered care plans and manage medication therapy	• New or revised protocols, medication use guidelines and/or CPAs incorporating evidence-based guidelines developed or implemented during report response time (submit draft(s) if not fully completed)
5.1.a.8	Outlines that pharmacy services are integrated and provided collaboratively between internal and external areas of the practice	• Documented scope of pharmacy services that illustrates the integration of pharmacy services across the organization and collaboration with other healthcare providers • De-identified patient care notes/documentation from EMR/patient care record demonstrating coordination across all areas where pharmacy services are provided (e.g., acute care, ambulatory care, outpatient pharmacy, home health, infusion centers, population health) *(examples from any pharmacists other than residents)*
5.1.b	Outlines that residency programs are conducted in practice settings that have sought and accepted outside appraisal of facilities and patient care practices conducted by a recognized organization appropriate to the practice setting	• Report(s) and/or certificates from external organization's appraisal of facility and patient care practices
5.1.c.1	Outlines that pharmacy leaders ensure recruitment of pharmacy personnel includes methods to promote diversity and inclusion	• Narrative outlining measures taken to promote diversity and inclusion (recruitment methods, interview procedures to reduce implicit bias, etc.) • Brochures, promotional materials, website copy, etc. that demonstrate such measures as applicable
5.1.c.2	Outlines that pharmacy leaders provide resources for ongoing professional development for pharmacists and technicians	• Evidence of resources provided such as documentation of provision of continuing education, technician career ladder process, conference time allocation/approval, support for involvement in local/state/national

		pharmacy organizations, reimbursement for professional meetings, professional certifications, and continuing education, etc.
5.1.c.3, 5.1.c.4	Outlines that pharmacy leaders ensure the competence of pharmacists and pharmacy technicians is validated through an ongoing formalized process	• New education/training materials/documentation provided to pharmacy staff for area(s) cited at time of survey • Competency requirements and tracking tool (consider use of checklists, etc.) • Peer review/audits conducted for pharmacists practicing under CPAs or protocols
5.1.c.5	Outlines that pharmacy leaders provide resources for assessing and supporting staff well-being and resilience	• Narrative outlining measures taken to assess and support well-being and resilience in the pharmacy department (does not need to be pharmacy-specific and can utilize organizational resources and initiatives) • Evidence of resources may include brochures, webinars, employee assistance programs, trainings, fitness activities, meditation activities, vendor partnerships and seminars available to all department associates
5.1.c.6, 5.1.c.7	Outlines that pharmacy leaders provide program administration time to the RPD to support residency training and for the ongoing management and improvement of the residency program	• Submit RPD schedule overview/FTE allocation explanation demonstrating RPD time allocation to residency program management • Submit action plan/CQI plan for residency program that documents changes discussed and outlines which changes have been implemented/will be implemented with timeline to do so
5.1.d, 5.1.d.1 – 5.1.d.3	Outlines that the pharmacy department has sufficient resources to support its work including access to appropriate resources necessary to provide scope of services, space to facilitate medication-use processes safely and efficiently, and space to provide confidential patient care services and discussions	• Narrative and purchase order/invoice, and/or photos illustrating additional access to appropriate resources to provide scope of services that were noted as unavailable at time of survey • Photos and/or architectural rendering of space(s) cited at time of survey (i.e., medication storage areas for hazardous, high-alert, look-alike sound-alike, sterile compounding area, non-sterile compounding area, etc. as cited on report) • Revised policy/procedure addressing changes to areas cited on report • Policy/procedure and description of technology used for ensuring pharmacy services/counseling provided virtually are conducted in a space and manner to preserve patient confidentiality • Audits/reports demonstrating compliance with USP <795>, USP <797>, USP <800> if cited on report

5.2.a	Outlines requirement that pharmacists are responsible for oversight of all medications used within the organization	• Revised policies/procedures demonstrating pharmacy responsibility in all aspects of medication management across the organization (e.g., storage of medications in all areas including samples, defined list of high alert medications, limited distribution drugs, REMS, controlled substance handling and diversion monitoring, automated dispensing systems, medication disposal, drug recall procedures, control of outsourced medications, oversight of code cart medication tray exchange process, refrigerator temperature monitoring, etc.) as applicable to the citation at time of survey
5.2.b, 5.2.b.1 – 5.2.b.7, 5.2.c, 5.2.d	Outlines that medication-use policies reflect current best practices and guidelines, that all such policies are followed, and that they are routinely reviewed, updated, and available to all staff	• Submit revised policies/procedures for elements specifically cited/outlined at time of survey • Submit staff education/communication conducted on rules/regulations and best practices specifically cited/outlined in conjunction with this finding as applicable • Submit LASA and HAM lists if cited at time of survey • Submit HD list if cited at time of survey • Submit photos illustrating resolution where applicable (e.g., LASA, HAM, HD med storage and labeling, etc.) if cited at time of survey • Submit revised ADC medication override list if cited at time of survey • Other forms of evidence possible depending on citation may include, but are not to be limited to, monthly/qtrly inspection audits assessing for compliance medication management compliance; review and analysis of medications requiring splitting of tablets, dispensing of multi-dose bottles/vials, and/or medications requiring compounding/mixing outside after dispensing from the pharmacy; staff education; communication to stakeholders, etc. • Other forms of evidence possible depending on citation may include, but are not to be limited to, detailed project plan with key stakeholders, communication with key stakeholders, signed vendor agreements, screenshots of EMR or other technology (de-identifying patient-specific info) showing resolution or progress/testing, etc.
5.2.e, 5.2.e.1, 5.2.e.2	Outlines the requirements for the use of information technology and automation consistent with established best practices,	• Detailed project implementation plan for areas cited in report (include agreements/purchase order(s), communication with vendor, documentation of capital budget requests, etc. as applicable)

	supporting the sharing of patient data across information systems and patient care settings, and ensuring compliance with established best practices/benchmarks	• Revised policies/procedures outlining measures in place to ensure safe medication use if technology isn't optimized to best practice level (e.g., revised criteria for medication override, revised criteria for medication order auto-verification processes, hard stops in the system, etc.) • Staff education on implementation of new/expanded technology • Minutes from meetings where applicable discussion occurs • Audits/dashboards demonstrating implementation and analysis of technology [e.g., BCMA compliance in cited area(s); CPOE compliance in cited area(s); CQI reports for IV Smart Pump compliance, barcode dispensing/robotic use in medication dispensing process; override order reviews; misfill rates] • Revised automated dispensing cabinet override medication list
5.2.f	Outlines that pharmacists have a leadership role in the medication safety program and in the data collection, analysis, and implementation of medication safety-related action plans	• Meeting minutes that evidence pharmacist(s) leadership in the medication safety program and initiatives within the practice site (Medication Safety Committee, Patient Safety Committee, or similar committee) • Written materials, education, and/or presentations that pharmacists have developed or collaborated on related to medication safety initiatives • If cited for lack of monitoring and review, submit revised process for reporting, analyzing, and monitoring events with data collected and changes implemented
5.2.g	Outlines that pharmacy personnel are involved in the development, review, approval, dissemination, and implementation of medication-related protocols/guidelines and initiatives	• New or revised treatment protocols/pathways/guidelines, order sets, and initiatives developed by, or in collaboration with, pharmacy personnel • Meeting minutes demonstrating pharmacy personnel involvement in development, implementation, and/or review of treatment protocols/pathways/guidelines, order sets and other medication-related initiatives
5.2.g.1, 5.2.g.2	Outlines requirements for implementation of procedures to document patient outcomes data, ensure clinical pharmacy services are safe and effective, and the development and implementation of pharmacy service improvement initiatives to respond to such assessments	• Revised policies and procedures if applicable to finding • Patient care outcomes and metrics demonstrating quality, safety, and effectiveness of pharmacy services (% of patients at established therapeutic goals for various disease states/conditions, % of therapeutic recommendations accepted, medication usage evaluations assessing the use/effectiveness of pharmacy protocols/CPAs, stewardship program reporting metrics, capture rate of eligible patients, patient satisfaction, etc.)

		• Pharmacy continuous quality improvement plans based on performance improvement initiatives and metrics collected
5.2.h	Outlines that pharmacy develops and manages an evidence-based formulary	• Minutes from formulary committee or Pharmacy & Therapeutics Committee meetings demonstrating pharmacy involvement and leadership • Documents demonstrating formulary decisions (i.e., formulary interchange policies/formulary lists, drug class reviews with decisions/recommendations documented, MUEs/DUEs completed by pharmacists, etc.
5.3.a, 5.3.a.1	Outlines the requirement that pharmacists provide comprehensive and collaborative care that encompasses all medication-related issues in patients	• GAP Analysis, business proposal/ROI for expansion of pharmacy services in area(s) cited • Documentation of new position request, new position description, future state workflow/schedule for planned expansion of pharmacy services, meeting minutes illustrating discussions/planning in area(s) cited • Pharmacist schedules demonstrating expansion of services in area(s) cited • Audits/dashboards/reports demonstrating increased levels (through volume of interventions, patient outcomes, etc.) of comprehensive patient care provided by pharmacists
5.3.a.2	Outlines that pharmacists use clinical decision support tools to identify and prioritize patients requiring optimization of their medication therapy	• Detailed project implementation plan for gaps in clinical monitoring tools/clinical decision support services cited in report (include agreements/purchase order(s), communication with vendor, documentation of capital budget requests, etc. as applicable) • Audits/dashboards/reports illustrating work on population health initiatives, medication therapy management that includes comprehensive and targeted reviews and interventions (e.g., EqUIPP or STAR ratings dashboards, reports from clinical surveillance software, etc.) • 2 De-identified examples of comprehensive medication reviews and targeted medication reviews and interventions documented by pharmacists during report response time as applicable to area(s) cited
5.3.a.3	Outlines that pharmacists utilize evidence-based treatment protocols, medication use guidelines, and/or other systematic approaches to disease management	• New or revised protocols, medication use guidelines and/or CPAs incorporating evidence-based guidelines developed or implemented during report response time (submit draft(s) if not fully completed)

		• De-identified patient care notes/documentation from EMR demonstrating implementation of protocols, medication-use guidelines, and/or CPAs if available
5.3.a.4	Outlines requirement that pharmacists are responsible for collaboration with other healthcare professionals to ensure safe medication-use systems and optimal drug therapy	• Documented scope of pharmacy services that illustrates the integration of pharmacy services across the organization and collaboration with other healthcare providers which outlines interdisciplinary team rounds • Patient care outcomes measures and monitoring, benchmarks • De-identified patient care notes/documentation from EMR/patient care record demonstrating targeted medication interventions *(examples from any pharmacists other than residents)* • De-identified patient care notes/documentation from EMR/patient care record demonstrating pharmacist communication with other healthcare providers on patient care items *(examples from any pharmacists other than residents)*
5.3.a.5	Outlines the requirement that pharmacists collaborate with the patient, family, and caregivers to manage medication-related needs and education	• Education materials developed/provided to patients/caregivers (written education, presentation slides for group classes, etc.) • Revised policy/procedure for patient/caregiver counseling/education provided by pharmacy personnel • Revised policy/procedure for facilitation or referral of patient for enrollment in patient assistance programs • Audits/dashboards tracking patient/caregiver education/counseling
5.3.a.6	Outlines that pharmacists and pharmacy technicians are involved in transitions of care services	• Policy/procedure for care transitions implemented and/or expanded at practice site during report response time • De-identified documentation of interventions for care transitions (med hx intake, med rec, etc.) provided during report response time • Pharmacist and/or pharmacy technician schedules illustrating implementation or expansion of transitions of care services coverage
5.3.a.7	Outlines that pharmacists provide disease prevention and other health and wellness services	• Policies/procedures for health and wellness services at the practice site implemented and/or expanded at practice site during report response time • De-identified documentation of health and wellness services provided to patients (e.g., immunization forms, health screening forms, naloxone dispensing & education program, etc.)

		• Class schedules/pharmacist schedules for health and wellness classes provided (e.g., diabetes, nutrition, weight management, smoking cessation, etc.), immunization clinics, health fairs • Promotional flyers/education materials for medication take back programs, naloxone dispensing program, etc. that pharmacists are involved with at the practice site
5.3.a.8	Outlines that pharmacy services are available during the time patient care services are provided in the practice setting	• GAP analysis, business plan/ROI for expanding pharmacy services (on-site or remotely) to ensure availability during the time patient care services are provided in the practice setting • Evidence of access to services provided remotely when the pharmacy is closed (e.g., contracted pharmacy services for prospective order verification and consult services) such as contracts/agreements, policy/procedures • Evidence of security measures in place when pharmacy is closed (access to the physical pharmacy is restricted) such as policy/procedures, optimization of use of automated dispensing cabinets, etc.
5.3.b	Outlines elements of patient care services that are provided by pharmacists in collaboration with other healthcare providers	• Pharmacy staffing workflow/assignments, schedules demonstrating extension of patient care to areas cited in report—address specific additions/changes to workflow, assignments, RPh role/responsibilities/score addressed during report response time
5.3.b.1	Outlines the requirement that pharmacists prospectively participate in the development of individualized medication regimens and treatment plans	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating implementation of the JCPP Pharmacists' Care Process or expansion of pharmacists' work using the JCPP Pharmacists' Care Process [Collect, Assess, Plan (initiate/modify/discontinue therapy), Implement, Follow-Up] in area(s) cited in report • Pharmacy staffing workflow/assignments, schedules demonstrating extension of patient care to areas cited in report—address specific additions/changes to workflow, assignments, RPh role/responsibilities/score addressed during report response time • New or revised protocols or CPAs incorporating physical assessments, point of care testing, ordering of lab tests, etc. developed or implemented during report response time (submit draft(s) if not fully completed)

5.3.b.2	Outlines the requirement that pharmacists implement and monitor treatment plans for patients, identify and resolve medication-related problems, and participate in individual and population-based patient care services and disease state management that involves the initiation and modification of drug therapy based on collaborative practice agreements or treatment protocols	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating the Plan component of the JCPP Pharmacists' Care Process where pharmacists initiate/modify/discontinue medication therapy within the scope of practice under approved protocols and/or CPAs • New or revised protocols or CPAs developed or implemented during report response time (submit draft if not fully completed)
5.3.b.3	Outlines the requirement that pharmacists monitor and evaluate the effectiveness of the patient-centered care plan and modified as needed	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating the Follow-Up component of the JCPP Pharmacists' Care Process where pharmacists monitor and evaluate the care plan, including ordering of appropriate follow-up (labs/tests, appts, etc.)
5.3.b.4	Outlines the requirement that pharmacists document patient care recommendations, treatment plans, and other activities in the patient's permanent medical record	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating adequate documentation of pharmacist activities and patient care plan in the appropriate section of the permanent medical record applicable to the practice setting