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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NAME OF ORGANIZATION:** | | | | | | | | | | | | | | | | | | |
| % Residency Training conducted at this site: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **PLEASE CHECK ALL THAT APPLY: \_\_\_\_\_** Hospital Owned Clinics \_\_\_\_\_ Physician Owned Clinics // \_\_\_\_\_ On Campus \_\_\_\_\_Off-Site | | | | | | | | | | | | | | | | | | |
| Number of Vacant Pharmacist Positions: | | | | | | | | | | | | | | | | | | |
| External Accrediting Body (if applicable): Date Last Reviewed: | | | | | | | | | | | | | | | | | | |
| Residency Program Funding Sources: \_\_\_Organization \_\_\_CMS \_\_\_VA \_\_\_\_College \_\_\_\_Other (explain) | | | | | | | | | | | | | | | | | | |
| Current/planned capital expenditures/leases in next three years: | | | | | | | | | | | | | | | | | | |
| **AMBULATORY CARE service areas**  PLEASE ADD THE NAMES OF SERVICE AREAS SPECIFIC TO YOUR PRACTICE SITE TO THE COLUMNS TO THE RIGHT  (e.g., Family Medicine, GI, Pediatrics, Pain, Anticoagulation) | [ Clinic #1] | [ Clinic #2] | [ Clinic #3] | | [ Clinic #4] | [ Clinic #5] | [ Clinic #6] | [ Clinic #7] | [ Clinic #8] |  |  |  |  |  |  |  |  |  |
| Average Number of Patient Visits Per Week |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist Hours Per Day |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist Hours Per Week |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of Patient Encounters with Pharmacist Per Week |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| APPE Student Rotations offered |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Residency Learning Experiences offered |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Competence of pharmacists is validated (e.g., peer-review process, credentialing and/or privileging) (5.1.c.3) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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. (5.3.a.2) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacist practice under collaborative practice agreements. (5.3.a.3) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacists perform point-of-care testing. (5.3.b.1) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacists perform physical assessments. (5.3.b.1) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacists order laboratory tests. (5.3.b.1) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacists document patient care recommendations and treatment plans in patients’ permanent medical record. (5.3.b.4) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TECHNOLOGY SYSTEMS** | **Please answer the following questions with YES, NO, PARTIAL, or NA.**  **Additional information may be provided for “NO” or “PARTIAL” 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. |  | | |  | | | | | | | | | | | | | | |
| “Smart” infusion devices are used. |  | | |  | | | | | | | | | | | | | | |
| Computerized physician order entry (CPOE) is used in all areas. |  | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Please note the name of the technology/system used (as applicable to your facility); if technology is not used please mark as NA** | | | | | | | | | | | | | | | | | | |
| Refrigerator temperature monitoring |  | | | | | | | | | | | | | | | | | |
| Electronic Medication Administration Record |  | | | | | | | | | | | | | | | | | |
| IV workflow software |  | | | | | | | | | | | | | | | | | |
| “Smart” infusion devices integration with EMR |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |