**TABLE C: PGY1 COMMUNITY-BASED PHARMACY - PRACTICE ENVIRONMENT INFORMATION**

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| **NAME OF PROGRAM OPERATOR:** |
| **Name of Primary Practice Site:** (If multi-site, complete a separate Table C for each primary practice site) |
| **External Accrediting Body: Date Last Reviewed:** |

| **Community pharmacy sites** **PLEASE CUSTOMIZE TO YOUR FACILITY/ORGANIZATION** | Practice site Name #1 | Practice site Name #2 | PRACTICE SITE Name #3 | PRACTICE SITE Name #4 | PRACTICE SITE Name #5 |
| --- | --- | --- | --- | --- | --- |
| Percent of Resident’s Time |  |  |  |  |  |
| Number of hours practice location is open per week |  |  |  |  |  |
| Total number of full-time pharmacists at location (EXCLUDING resident(s)) |  |  |  |  |  |
| Number of PGY1 Community-based residents |  |  |  |  |  |
| 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) |  |  |  |  |  |
| Does the practice site provide patient-centered dispensing? **(Y or N)** |  |  |  |  |  |
| If YES, average number of prescriptions filled/week |  |  |  |  |  |
| Comprehensive Medication Reviews* Average number of patient encounters for CMR performed MONTHLY *(Not including disease state management patients)*(5.3.a.1)
 |  |  |  |  |  |
| Targeted Medication Reviews (TMR)* Average number of TMR MONTHLY(5.3a.2)
 |  |  |  |  |  |
| List the CPAs and/or protocols used at each practice site; specify if CPA or protocol (5.3.a.3) |  |  |  |  |  |
| Administer medications (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
 |  |  |  |  |  |
| 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 ManagementAVERAGE 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
 |  |  |  |  |  |
| Educational programs about medications, medication therapy, health, and to patients and caregivers. Indicate the number of patients MONTHLY at each practice site for the areas below: (5.3.a.5) |  |  |  |  |  |
| * Medications
 |  |  |  |  |  |
| * Medication therapy management
 |  |  |  |  |  |
| * Health
 |  |  |  |  |  |
| * Other
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| 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
 |  |  |  |  |  |
| AVERAGE MONTHLY NUMBER of patient encounters for the following Care Transitions at each practice site: |  |  |  |  |  |
| * Medication Reconciliation
 |  |  |  |  |  |
| * Medication Management
 |  |  |  |  |  |
| **TECHNOLOGY SYSTEMS**Please indicate with an “X” if a technology is used at the Practice Site |  |  |  |  |  |
| Dispensing robots |  |  |  |  |  |
| Bar code scanning |  |  |  |  |  |
| Prescription Drug Monitoring Programs (PDMP) |  |  |  |  |  |
| Medication Therapy Management (MTM) Platforms (e.g., Outcomes) |  |  |  |  |  |
| Dispensing System |  |  |  |  |  |
| Electronic CD Register |  |  |  |  |  |
| Refrigerator temperature monitoring |  |  |  |  |  |
| Immunization Registries |  |  |  |  |  |
| Adverse Drug Reaction/Error Reporting |  |  |  |  |  |
| Clinical documentation platform |  |  |  |  |  |