**TABLE A: ACUTE CARE - PRACTICE ENVIRONMENT INFORMATION**

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| **NAME OF ORGANIZATION:** |
| % of Residency Training Conducted at this site: |
|  |
| **ORGANIZATIONAL DATA** |
| Licensed Beds (total #): |
| Total average Occupancy Rate (average %): |
| Approximate number of Emergency Department visits per day: |
| Approximate percentage of Emergency Department visits that result in an admission: |
| Number of vacant Pharmacist positions: |
| Number of vacant Pharmacy Technician positions: |
| External Accrediting Body: Date Last Reviewed: |
| Residency Program Funding Sources: \_\_\_Organization \_\_\_CMS \_\_\_VA \_\_\_\_College \_\_\_\_Other (explain) |
| Current/planned capital expenditures/leases in next three years: |
|  |

| **Acute Care SERVICE AREAS**  PLEASE ADD THE NAMES OF SERVICE AREAS AT YOUR PRACTICE SITE TO THE COLUMNS TO THE RIGHT  (e.g., Medical/Surgical, Emergency Department, Pediatrics, MICU, Infusion center) | [ *Service Area* ] | | [ *Service Area* ] | | [*Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] | [ *Service Area* ] |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Beds in Service Area** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Average Patient Volume in Service Area** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **UNIT-BASED PHARMACISTS** (*Note: Clinical Specialist data will be captured below)* | | | | | | | | | | | | | | | | | | | | |
| DAY SHIFT: **NUMBER OF UNIT-BASED PHARMACISTS** present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| DAY SHIFT: **NUMBER OF HOURS/DAY** each UNIT-BASED pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| DAY SHIFT: **NUMBER OF DAYS/WEEK** each UNIT-BASED pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| EVENING SHIFT: **NUMBER OF UNIT-BASED PHARMACISTS** present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Multidisciplinary Rounds Participation** by **UNIT-BASED** **PHARMACISTS** (5.3.a.4) (indicate covered areas with an X) |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **NUMBER OF DAYS/WEEK** UNIT-BASED Pharmacists participate in **multidisciplinary Rounds** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| EVENING SHIFT: **NUMBER of HOURS/DAY** each pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| EVENING SHIFT: **NUMBER OF DAYS/WEEK** each pharmacist is present in the service area |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **CLINICAL SPECIALISTS** | | | | | | | | | | | | | | | | | | | | |
| Clinical Specialists **HOURS/DAY** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Clinical Specialists **DAYS/WEEK** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Multidisciplinary Rounds Participation** by **CLINICAL SPECIALISTS** (5.3.a.4) (indicate covered areas with an X) |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **NUMBER OF DAYS/WEEK** CLINICAL SPECIALISTS participate in **multidisciplinary Rounds** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **TRAINING** | | | | | | | | | | | | | | | | | | | | |
| Resident learning experiences offered |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| APPE Student rotations offered |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **CENTRAL PHARMACY** | | | | | | | | | | | | | | | | | | | | |
| DAY SHIFT: **NUMBER OF PHARMACISTS** |  | | | | | | | | | | | | | | | | | | | |
| EVENING SHIFT: **NUMBER OF PHARMACISTS** |  | | | | | | | | | | | | | | | | | | | |
| OVERNIGHT SHIFT: **NUMBER OF PHARMACISTS** |  | | | | | | | | | | | | | | | | | | | |
|  | **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 service area) | | | | | | | | | | | | | | | | | | | |
|  | **Yes/NO/PARTIAL/NA** | | | ***Additional information*** | | | | | | | | | | | | | | | | |
| The Practice site includes an outpatient/retail pharmacy (5.1.a.5) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacy participates in antimicrobial stewardship activities. (5.1.a.5) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacists participate in medical emergencies 24 hours/day, 7 days/week (5.1.a.5) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacy technicians practice at the maximum level allowed by the state or jurisdiction. (5.1.a.6) |  | | |  | | | | | | | | | | | | | | | | |
| Automated dispensing cabinets (ADCs) are interfaced with the pharmacy’s clinical information system in all areas of the practice site. (5.2.e) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacy participates in the review and evaluation of the appropriateness of medications included on the facility’s override and auto-verify lists for automated dispensing cabinets. (5.2.e) |  | | |  | | | | | | | | | | | | | | | | |
| Bar code medication administration (BCMA) is used in all areas of the facility. (5.2.e) |  | | |  | | | | | | | | | | | | | | | | |
| CPOE is used throughout the organization. (5.2.e.1) |  | | |  | | | | | | | | | | | | | | | | |
| Smart pumps are interfaced with the electronic health record. (5.2.e.1) |  | | |  | | | | | | | | | | | | | | | | |
|  | **Yes/NO/PARTIAL/NA** | | | ***Additional information*** | | | | | | | | | | | | | | | | |
| Pharmacy has implemented systems for reporting, analyzing, and monitoring medication safety events. (5.2.f) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacy services include the conduct of medication-use evaluations. (5.2.g.1) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacists provide prospective review of all medication orders. (5.3.a.1) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacists participate in population health services. (5.3.a.2) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacists practice under collaborative practice agreements. (5.3.a.3) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacy services are provided 24 hours/day; 7 days/week (5.3.a.8) |  | | |  | | | | | | | | | | | | | | | | |
| Pharmacists perform point-of-care testing, perform physical assessments, 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 note the name of the technology/system used (as applicable to your facility);**  **if technology is not used please mark as NA**  (Questions apply to the pharmacy department as a whole and NOT per service area) | | | | | | | | | | | | | | | | | | |
| **Automated Dispensing Cabinets** |  | | | | | | | | | | | | | | | | | | | |
| **Controlled substance storage** |  | | | | | | | | | | | | | | | | | | | |
| **Electronic Medication Administration Record** |  | | | | | | | | | | | | | | | | | | | |
| **Adverse drug reaction/event reporting** |  | | | | | | | | | | | | | | | | | | | |
| **Clinical surveillance programs** |  | | | | | | | | | | | | | | | | | | | |
| **“Smart” infusion devices** |  | | | | | | | | | | | | | | | | | | | |
| **IV workflow software** |  | | | | | | | | | | | | | | | | | | | |
| **Refrigerator temperature monitoring** |  | | | | | | | | | | | | | | | | | | | |
| **Robot** |  | | | | | | | | | | | | | | | | | | | |
| **IV Robot (syringe/bag)** |  | | | | | | | | | | | | | | | | | | | |
| **Packager** |  | | | | | | | | | | | | | | | | | | | |
| **Carousel** |  | | | | | | | | | | | | | | | | | | | |