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

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| **NAME OF PROGRAM OPERATOR:** |
| **Name of Primary Practice Site:**  (Grids must be completed for all practice sites involved in residency program as applicable to training. PGY1 Community-Based Pharmacy residency programs sponsored by a College of Pharmacy that include more than one primary practice site must include a grid 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 Management  AVERAGE 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 |  |  |  |  |  |