



Demographics

In what type of community does your practice or organization reside?

- Urban
- Suburban
- Rural
- Other

Which of the following best describes your practice setting for which this assessment is focused?

- Hospital/Health System or other inpatient facility
- Outpatient/Ambulatory Clinic
- Community
- Other: patient care
- Other: not patient care

What is the bed size of your facility?

- Does not apply to my practice setting
- Small (fewer than 100 beds)
- Medium (100 to 499 beds)
- Large (500 or more beds)
- I don't know

Ownership of my practice site or organization is:

- For-profit
- Nonprofit
- Government (federal, state, local)

Considering your payer mix, which group represents the largest segment that influences the overall indicator for net revenue?

- Private insurance/self-pay
- Government insurance
- Uninsured/uncompensated care
- I don't know
-

Does not apply

Is there a medical residency program at your practice site?

- Yes
- No

Is there a pharmacy residency program at your practice site? (Check all answers that apply):

- PGY1 Pharmacy
- PGY2 Specialty
- PGY1/2 or 24 month program
- There is no pharmacy residency at my/our practice site

Which title most accurately represents your role within your practice or organization?

- Chief Pharmacy Officer/VP of Pharmacy Services
- Director of Pharmacy
- Associate or Assistant Director of Pharmacy
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist-Generalist
- Clinical Pharmacist-Specialist
- Faculty/Academia
- Informatics/Technology Specialist
- Medication Safety Officer/Coordinator/Specialist
- Resident
- Student
- Pharmacy Technician
- Other

Assessment Questions

Recommendation A1. Pharmacists should collaborate with patients, families, and caregivers to ensure that treatment plans respect patients beliefs, values, autonomy, and agency.

At my practice site, pharmacists collaborate with patients, families, and caregivers to ensure treatment plans respect patients beliefs, values, autonomy, and agency.

- Always or almost always
- Most of the time
- Sometimes
- Rarely
- Never
- N/A

Recommendation A2. The pharmacy workforce should lead medication reconciliation processes during care transitions (e.g., emergency department, upon admission and discharge, ambulatory care setting, community pharmacy, long term care).

Check all answers that apply: The pharmacy workforce at my practice site leads medication reconciliation processes during care transitions:

Recommendation A4. Pharmacist documentation related to patient care must be available to all members of the healthcare team, including patients, in all care settings.

In my practice, the documentation made by pharmacists related to patient care is available to (Check all answers that apply):

- Other members of the patient s healthcare team
- The patient
- Healthcare providers external to my practice site
- Community pharmacies or other external pharmacy service providers
- Pharmacists at my site do not document

Recommendation A5. The pharmacy workforce should partner with patients and the interprofessional care team to identify, assess, and resolve barriers to medication access, adherence, and health literacy.

At my practice site, the pharmacy workforce partners with patients and the interprofessional care team to identify, assess, and resolve barriers to:

	Always or almost always	Most of the time	Sometimes	Rarely	Never	N/A
Medication access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation A6. Patients must have access to a pharmacist in all settings of care.

At my practice site, patients have access to a pharmacist:

- Always or almost always
- Most of the time
- Sometimes
- Rarely
- Never
- N/A

Recommendation A7. The pharmacy workforce, in all care settings, must have access to complete patient medical records and related health information.

At my practice site, in compliance with privacy laws, my access to patient medical records and related health information would be described as:

- Complete access
- Mostly complete access, some aspects of the record are not available
- Partial access, many aspects of the record are not available
- Limited to pharmacy specific data only

Recommendation A9. The pharmacy workforce should lead medication education for patients and caregivers that optimize outcomes, including in care transitions.

At my practice site, medication education for patients and caregivers, including during **care transitions**, is led by the **pharmacy workforce**.

- Always or almost always
- Most of the time
- Sometimes
- Rarely
- Never
- N/A

Recommendation A10. Pharmacists should play an active role in ensuring that ethical principles drive clinical and business decisions related to medication use.

At my practice site, when ethical dilemmas arise in clinical or business practices associated with medication use, pharmacists:

- Lead the decision-making process
- Are active partners in the decision-making process, but do not lead it
- Are sometimes consulted in the decision-making process
- Are generally not involved in the decision making
- N/A

Recommendation A12. Health systems should support innovative models for providing a safe and appropriate level of pharmacy services for small and rural hospitals or other alternative practice settings.

At my practice site, the pharmacy workforce supports innovative models for providing a safe and appropriate level of pharmacy services for small and rural hospitals or other alternative practice settings:

- Always or almost always
- Most of the time
- Sometimes
- Rarely
- N/A

Recommendation A14. Pharmacists should lead and advocate for comprehensive medication management in all healthcare settings.

Pharmacists at my practice site lead and advocate for **comprehensive medication management** (choose all that apply):

- Always or almost always
- Most of the time
- Sometimes
- Rarely
- Never
- N/A

Recommendation B1. All pharmacists should have an individualized continuing professional development plan.

In my practice, individualized **continuing professional development** plans for pharmacists are:

- Required
- Encouraged
- Optional
- Not utilized

Recommendation B2. Pharmacists should leverage and expand their scope of practice, including prescribing, to optimize patient care.

In my practice, pharmacists have prescriptive authority (Select option that best describes your response):

- Independently through a credentialing and privileging process
- Through a collaborative practice agreement or medical staff approved protocols
- No, but we are permitted to adjust dosing
- Pharmacists in my practice do not have prescriptive authority

Recommendation B3. Pharmacists should participate in and assume key roles on emergency response teams.

The level of involvement of pharmacists at my practice site with emergency response teams is best described as:

- They are required team members 24/7, with defined responsibilities
- They are required team members during limited hours, with defined responsibilities
- They participate when available, providing assistance as needed
- Pharmacists do not participate in or assume roles on emergency response teams at my site
- My site does not have emergency response teams

Recommendation B6. Pharmacy practice leaders should ensure that their workforce has the necessary knowledge and competency to adapt to emerging healthcare needs.

At my practice site, my leadership ensures our **pharmacy workforce** is competent to adapt to emerging healthcare needs.

- With an active and effective formal competency assessment program that is reevaluated and updated at least annually
- With a formal competency assessment program that is mostly static
- With ad hoc or informal competency assessments, addressing problems as they arise
- My practice site treats this as an individual responsibility

Recommendation B7. Pharmacists practicing in specialty areas should be board-certified through the Board of Pharmacy Specialties or other appropriate body.

Board-certification through the Board of Pharmacy Specialties or other appropriate body for pharmacists practicing in specialty areas my practice site is:

- Required before being assigned to a specialty practice
- Required within a specified timeframe of being hired for or assigned to a specialty practice
- Strongly preferred, but not required
- Favored, but not a strong discriminator
- Not considered an important factor

Recommendation C1. Pharmacists should use health information technologies to advance their role in patient care and population health .

At my practice site, pharmacists use **health information technologies** to advance their role in patient care and **population health** is:

- Widespread and highly useful
- Moderate and useful
- Infrequent, but somewhat useful
- Infrequent and not very useful
- Not used

Recommendation C2. Pharmacy practice leaders should foster the development and application of advanced analytics (e.g., machine learning and artificial intelligence) in activities such as risk assessment, monitoring performance metrics, identifying patients in need of pharmacist care, optimizing medication use, and business management.

With respect to the development and application of advanced analytics in activities such as risk assessment, monitoring performance metrics, identifying patients in need of pharmacist care, optimizing medication use, and business management, my practice site would be best described as:

- Significant and meaningful programs that are in use in practice now
- Significant and meaningful efforts currently underway
- Nothing implemented yet, but have current plans to explore possibilities
- No current or planned activity in these efforts

Recommendation C3. Pharmacy practice leaders should be engaged in assessing emerging patient care technologies (e.g., mobile applications, monitoring devices, digital wearables or ingestibles, blockchain technology) to support optimal medication use outcomes.

At my practice site, the pharmacy workforce utilizes patient care technologies to support optimal medication use outcomes including (check all that apply):

	Significant and meaningful programs are in use	Significant and meaningful efforts are currently underway	Nothing implemented yet, but have current plans to explore possibilities	No current or planned activity in these efforts
Mobile applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital wearables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ingestibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blockchain technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recommendation C4. The pharmacy workforce should be competent in health information technology (including but not limited to analytics, automation, and clinical applications of technology) with ongoing education and training embedded at all stages of career development.

My practice site's commitment to providing or requiring ongoing education and training embedded at all stages of my expected career path ensuring that I am competent in **health information technology** (including but not limited to analytics, automation, and clinical applications of technology) would be best described as:

- Comprehensive
- Significant
- Moderate
- Limited
- Absent

Recommendation C5. Virtual pharmacy services (e.g., telehealth) should be deployed to optimize operational and clinical services that extend patient care services and enhance continuity of care.

My practice site utilizes virtual pharmacy services (e.g., telehealth) to optimize operational and clinical services that

extend patient care services and enhance continuity of care.

- Frequently
- Somewhat
- Rarely
- Not at all
- N/A

Recommendation C6. The pharmacy enterprise must have sufficient resources to develop, implement, and maintain technology-related medication-use safety standards.

The resources that my practice setting has to develop, implement, and maintain technology-related medication-use safety standards are:

- Sufficient, all or almost all of our needs are met
- Reasonable, but more would be useful
- Limited, we have some, but have a great need for more
- Insufficient

Recommendation C7. Pharmacy departments should have access to an analytics resource, such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists.

In my practice setting, access to an analytics resource, such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists is:

- Excellent, as much as we can currently utilize
- Good, but more would be useful
- Somewhat limited, we have significant challenges in this area
- Extremely limited or none

Recommendation C8. Pharmacy departments should use technology to ensure the safe compounding of sterile products.

My practice setting's use of technology to ensure the safe compounding of sterile products (CSPs) would be described best as:

- Excellent, as much as we likely need, any more would not be likely to add value
- Good, but more would be useful
- Somewhat limited, we have significant challenges in this area
- Extremely limited or none
- My site outsources CSPs or does not provide CSP services

Recommendation D1. Pharmacy technicians should participate in advanced roles in all practice settings to promote efficiency and improve access to patient care.

At my practice site, pharmacy technicians are utilized in advanced roles in the following settings to promote efficiency and improve access to patient care (choose all that apply):

- To the full extent legally allowed
- Greatly, but not to the full extent legally allowed
- Somewhat
- Rarely or never
- N/A

Recommendation D2. Pharmacy technicians should have complete responsibility for advanced technical and

supporting activities (e.g., order fulfillment, tech-check-tech, regulatory compliance, supply chain management, diversion prevention, revenue cycle management, patient assistance programs).

At my practice site, pharmacy technicians are completely responsible for the following advanced technical and supporting activities (Check all answers that apply):

- Order fulfillment
- Tech-check-tech product verification
- Regulatory compliance
- Supply chain management
- Controlled substance management
- Diversion prevention
- Revenue cycle management
- Patient assistance programs
- Obtaining medication history
- Hazardous drug management
- Automated dispensing cabinet management
- Technician training program preceptor
- Sterile processes training and testing
- None of the above

Recommendation D3. All newly hired technicians should have completed an ASHP/ACPE-accredited technician education and training program.

Training of newly hired technicians in my practice setting would be best described as:

- Completion of an ASHP/ACPE-accredited education and training program
- Completion of an externally provided, structured education and training program (non-ASHP/ACPE-accredited)
- Completion of a non-accredited in-house education and training program (e.g., didactic, lecture, self-study and a written exam)
- Participation in on-the-job training, but no formalized, comprehensive training program

Recommendation D4. Health systems should require technicians to be certified by the Pharmacy Technician Certification Board.

Certification by the Pharmacy Technician Certification Board (PTCB) for my practice site's pharmacy technicians is:

- Required for all
- Certification is required for all, but we also accept non-PTCB certification
- Required for some
- Not required

Recommendation D6. A scope of practice including core competencies should be developed and defined for pharmacy technicians in acute care and ambulatory care settings.

My practice setting has developed and defined the pharmacy technicians scope of practice, including core competencies:

- In both acute-care and ambulatory-care settings
- In the ambulatory-care setting only
- In the acute-care setting only
- In neither the acute-care nor the ambulatory-care setting

Recommendation E1. Pharmacists should advance the use of pharmacogenomic information for personalized medication treatment.

Pharmacists at my practice site use pharmacogenomic information for personalized medication treatment of

patients.

- Frequently
- Somewhat
- Rarely
- Not at all

Recommendation E2. Pharmacists should assume leadership roles in medication stewardship activities at the local, state, and national levels.

Pharmacists in my practice setting are actively involved in leadership roles for medication stewardship activities at the local, state, and/or national levels.

- Frequently
- Somewhat
- Rarely
- Not at all

Recommendation E3. Pharmacy must be an active and accountable partner in the financial stewardship (e.g., minimizing waste, using cost-effective therapies, managing the supply chain) of care delivered in all settings.

At my practice site, pharmacy is an active and accountable partner in the financial stewardship of care delivered in all settings.

- Always or almost always
- Most of the time
- Sometimes
- Rarely

Recommendation E4. Pharmacy practice leaders should ensure evidence-based medication use by continually analyzing and reporting use patterns and outcomes.

At my practice site, we ensure evidence-based medication use by continually analyzing and reporting use patterns and outcomes:

- Always or almost always
- Most of the time
- Sometimes
- Rarely

Recommendation E6. Health systems should support the well-being and resiliency of their staffs.

My practice site's support of the well-being and resiliency of our staff would be best described as:

- Sustaining: culture of commitment with adequately resourced infrastructure
- Improving: meaningful steps taken at the systems level to advance solutions for well-being and resilience
- Developing: resources and programming developed to educate on well-being and resilience
- No action identified

Recommendation E10. The pharmacy workforce should assess and mitigate risk in medication-use systems across all settings.

In my practice setting, our pharmacy workforce assesses and mitigates risk in medication-use systems:

- With a formal risk management approach, effective formal risk assessments, the risk assessment program is continuous and includes a review of errors reported by external entities to identify internal risk is reevaluated and

updated at least annually

- With a formal risk management approach, the risk assessment program is mostly static
- With reactive or informal risk assessments, addressing problems as they arise
- My practice site does not perform risk assessments