

ASHP Program Number: Survey Response Template: Areas of Non- (NC) and Partial Compliance (NC)

There should be **ONE Table** for all findings (use Table 1 example). Table 2 is provided as an example for addressing findings common to all programs surveyed (e.g., residency policies, standard 5).

Table 1: For ALL Findings of Non- and Partial Compliance (findings should be in numerical order that align with the survey report)

Finding #	Statement of Non- or Partial Compliance	Action Plan or Description of Resolution	Appendices
	<p><i>The statements from the survey report should be copied and pasted in <u>this</u> column using the same numerical order as the survey report.</i></p>	<p><i>Briefly narrate the actions and associated timelines for resolution of the identified issue. If not resolved include the date of the action plan implementation, responsible party, and anticipated completion. Do NOT cut and paste data from the appendices referenced in the next column.</i></p>	<p><i>Documentation of all items described in the Action Plan /Resolution section. Documentation should be as thorough as possible. DO NOT refer to documents found in PharmAcademic - actual copies must be included in the response</i></p>
<p>PC (or NC)-1</p> <p><i>(The number refers to the numbering</i></p>	<p>EXAMPLE</p> <p>Not all learning experience descriptions include a general description including the practice area and the</p>	<p>EXAMPLE</p> <p><u>COMPLETED</u> (August 2023)</p>	<p>EXAMPLE</p> <p>Appendix A: Downloaded LEDs</p>

<p><i>of finding in the survey report. The number should be preceded by an NC or PC as appropriate). Please cut and paste exactly</i></p>	<p>role of the pharmacist in the practice area. [Standards 3.2.a.1 and 3.2.a.2]</p>	<p>Standard 3.2.a.1-3.2.a.6 shared with all preceptors at the July 2023 Residency Advisory Committee (RAC) meeting.</p> <p>All required learning experience descriptions (LEDs) have been updated by the preceptor and uploaded into PharmAcademic. All remaining (elective) LEDs are being revised by preceptors within the first quarter of the 2023-2024 residency year.</p> <p>Finalized learning experience descriptions to be included in the residency manual distributed to each resident at the beginning of the residency.</p>	<p>from PharmAcademic Orientation, Internal Medicine, Ambulatory Care, Critical Care, Administration and Medication Use Policy, Project, Presentations, and Pharmacy Service LEDs.</p> <p><i>An appendix can be referenced for multiple areas of NC or PC. If including a manual as an appendix, please designate the pages on which the relevant information can be found.</i></p>
<p>Add as many rows as needed</p>			

See Table 2 for examples of how to reference common appendices for findings that apply to all programs surveyed

Table 2: Example for Referencing Findings of Non- and Partial Compliance that Apply to All Programs Surveyed (e.g. residency policies, standard 5)

Finding #	Statement of Non- or Partial Compliance	Action Plan or Description of Resolution	Appendices
<p>PC (or NC)-1</p> <p><i>(The number refers to the numbering of finding in the survey report. The number should be preceded by an NC or PC as appropriate). Please cut and paste exactly</i></p>	<p>EXAMPLE</p> <p>The program’s leave policy and process for extension does not ensure that program extension of training to make up absences beyond allotted time are equivalent in competencies and time missed. [Std 2.2.a.1]</p>	<p>EXAMPLE</p> <p><u>COMPLETED</u> (October 2023)</p> <p>The organization’s Residency Oversight Committee revised the Residency Policy Manual and the Leave Policy based upon the survey feedback.</p>	<p>EXAMPLE</p> <p>Common Appendix: Updated Residency Policy Manual</p> <p><i>An appendix can be referenced for multiple areas of NC or PC. If including a manual as an appendix, please designate the pages on which the relevant information can be found.</i></p>
	<p>Medication-use technologies do not support sharing of patient data across information systems. Specifically, intravenous infusion pumps and the electronic health record are not integrated. [Std 5.2.e.1]</p>	<p>EXAMPLE</p> <p><u>IN PROGRESS</u> (October 2023)</p> <p>Representatives from BioMed, Pharmacy, Nursing, Risk Management/ Quality, Health Information Technology were identified by senior leadership and appointed to the Pump Interoperability Committee. The committee has developed a charter, plan, and timeline for implementation of bi-directional communication between infusion pumps.</p>	<p>EXAMPLE</p> <p>Common Appendix: Pump Interoperability Committee Charter and Timeline and minutes from October 2023 meeting</p>