



Practice Site Data Collection Form Advanced Community

DIRECTIONS: Please complete all the information on this form and return to the Director of Experiential Education at the School of Pharmacy by email, fax or mail. Email this form by saving and sending it as an attachment OR for those with Outlook, click on the "Submit by Email" button at the top of your page. Please make the subject line: "Practice Site Data Collection Form".

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SITE CONTACT INFORMATION

Site Name: _____

Site Address: _____

City State Zip

Phone Number: _____ Fax Number: _____ Email: _____

Practice Site Preceptor Name: _____ Practice Site Preceptor Title: _____

PRACTICE SITE INFORMATION

Type of Practice (Choose One):

If Other, please describe here: _____

Select Appropriate Location (Choose One):

Patient Types (Select all that apply): Acute Ambulatory Extended Care Other _____

Description of Practice Site (Please briefly describe your practice site. This description will be used to help students select their site.)

Socioeconomic status of patient population: Insured (%) _____ Medicaid (%) _____ Uninsured(%) _____

Briefly state practice site mission

PRACTICE SITE INFORMATION (Continued)

Pharmacy adequately staffed to provide pharmaceutical care? HIPPA compliant

Is patient-centered care a primary focus of the practice? Patient number and variety are sufficient for educational purposes

Indicate patient mix: Pediatric (%) _____ Geriatric (%) _____ Hospice (%) _____ General Adult (%) _____ Other (%) _____ N/A _____

If Other, please describe here: _____

Staffing: Pharmacist FTE _____ Total Technician FTE _____ Number of Technicians with CPT _____

Briefly describe how the staffing model supports patient care vision (include description of specialized roles of both pharmacist and technician)

Pharmacist(s) practice as part of a inter-professional health care team.

If Yes, describe:

Uses collaborative practice agreement (i.e. working under prescriber protocol)

If Yes, describe:

Activities that the students actively engage in (select all that apply): Other: _____

Counseling Management Drug Information Services OTC Counseling MTM Services (consultations/testings)

In-Window Compounding Computer Order Entry Putting Orders Away Prescription Order Fulfillment/Dispensing

Medication Therapy Management (MTM) in:

Immunizations (%) _____	Anticoagulation (%) _____	Hypertension (%) _____	Compounding (%) _____
Medication Counseling (%) _____	Asthma (%) _____	Metabolic Syndrome (%) _____	Durable Medical Equip. (%) _____
Health Screening (%) _____	Diabetes (%) _____	Smoking Cessation (%) _____	Emergency Contraception (%) _____
OTC Counseling (%) _____	CHF (%) _____	Weight Loss (%) _____	
Polypharmacy (%) _____	Hyperlipidemia (%) _____	Women's Health (%) _____	
Skilled Nursing Home Counseling (%) _____	Home IV & Hyperalimenation (%) _____	Other (%) _____	

PRACTICE SITE INFORMATION (Continued)

Laboratory / Clinical Data Obtained at the Practice Site

- Blood Glucose HbA1C Blood Pressure Bone Density Lipid Panel Vital Signs INR
- Other _____

CLIA- Waived Site

Describe the pharmaceutical care documentation system and documentation format used (e.g. SOAP notes)

Describe the feedback procedure- How is the information provided to the patient and the patient's physician?

Briefly describe the patient care work flow for MTM- How are they referred / recruited?

Briefly describe billing for MTM, include success:

Marketing for patient care services (select all that apply):

- Other _____
- Physician Visit Physician Phone Call Newspaper Ad Radio/TV Ads Counter Leaflet Point of Care Recruitment

Patient Care Services Target Population (choose one) List Special: _____

Site Recognition (Select all that apply): ADA JCAHO List Other: _____

Ownership or administration supportive of education mission

Comments:

Ownership or administration encourages CQI programs & staff development

Describe: