



Practice Site Data Collection Form Ambulatory Care

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):

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.)

Is site an accredited pharmacy residency site? If Yes, recognized by: _____

Total number of pharmacy residents in training: _____

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

Briefly state practice site mission

PRACTICE SITE INFORMATION (Continued)

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: _____

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:

DESCRIPTION OF SERVICES

Medication Therapy Management (MTM) in: General MTM Specialized MTM

Specialized Medication Therapy Management (MTM) in: Other _____

- CHF Anticoagulation Hyperlipidemia Women's Health Medication Counseling
- Asthma Hypertension Metabolic Syndrome Immunizations Health Screening
- Diabetes Weight Loss Smoking Cessation Emergency Contraception Polypharmacy

Number of patients monitored per day per pharmacy practitioner: _____

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

Patients seen for MTMs: Walk-in (%) _____ Appointment (%) _____ Home Visit (%) _____

Laboratory / Clinical Data Obtained at the Practice Site

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

CLIA- Waived Site

PRACTICE SITE INFORMATION (Continued)

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?

Practice Site Payment Sources (Include all that apply): Medicare (%) _____ Medicaid (%) _____ Private (%) _____ Self-pay (%) _____

Briefly describe billing for MTM, include success:

Forms used for MTMs billing (include all that apply):

CMS 1500 Other If Other (separate by commas): _____

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: