

General Demographics

All questions in the demographics section must be completed.

Please select the **one category** that best describes the facility completing this assessment.

- Hospital
- Long-term care
- Ambulatory surgery center
- Emergency care/urgent care facility
- Dental surgery center
- Endoscopy center
- Diagnostic testing center
- Outpatient clinic or treatment center
- Other outpatient facility: (please specify) _____

For **hospital** or **long-term care** participants, please complete the **General Demographics for Hospitals and Long-Term Care**. For **all other** participants, please complete the **General Demographics for Outpatient Facilities** (beginning on the bottom of page 22).

► General Demographics: Hospitals and Long-Term Care

General

- 1) Please select the **one category** that best describes the number of inpatient beds currently staffed for use in your facility, based on average inpatient census.
 - Up to 25 beds
 - Is your facility a critical access hospital (CAH)? Please see the following for criteria that must be met in order for a hospital to be designated a CAH: www.ismp.org/sc?id=2816.
 - Yes
 - No
 - 26 to 99 beds
 - 100 to 299 beds
 - 300 to 499 beds
 - 500 beds and over
- 2) Please select the **one category** that best describes the location of your facility.
 - Urban
 - Rural

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3) Please select the one category that best describes the type of organization that is responsible for establishing policy for the overall operation of your facility.

- Non-government, not-for-profit
- Investor-owned, for-profit
- Government, non-federal

Type?

- State
- County
- City
- Other

- Government, federal

Type?

- Military
- Public Health Service
- Veterans Affairs
- Other

4) Please select the one category that best describes the type of service that your facility provides to the majority of its admissions.

- Long-term care
- Acute long-term care
- General medical and surgical
- Specialty: Pediatrics and/or neonatal
- Specialty: Rehabilitation
- Specialty: Behavioral health
- Specialty: Oncology
- Specialty: Women and children
- Other: (please specify) _____

5) Does your facility provide any of the following services? (select all that apply)

- Trauma services (select for any level of service)
- Labor and delivery services
- General pediatric services (inpatient)
- Pediatric intensive care services
- Neonatal intensive care services (select for any level of service)
- Oncology services (select even if chemotherapy is administered infrequently)
- Transplant services
- Cardiac catheterization
- Hemodialysis
- Behavioral health services
- Long-term care services
- We do NOT provide any of the services listed

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6) Is your facility part of a larger healthcare system with common ownership and/or governance?

- Yes
 How many facilities comprise your health system?
 2-5
 6-10
 11-30
 31 or more

No

7) Please select if your facility is located in the US/US territory, at a US military foreign site, or in a non-US country.

- US/US territory
 Please specify the US state or US territory in which your facility is located.

US military foreign site

Non-US country

Please specify the non-US country in which your facility is located.

Training Programs

8) Does your facility have a physician residency-training program that has been approved by the American Osteopathic Association (AOA) and/or the Accreditation Council for Graduate Medical Education (ACGME)?

- Yes
 Setting?
 Community teaching hospital
 Academic medical center
 Other: (please specify) _____

No

9) Does your facility have a pharmacy residency-training program that has been accredited, or is pending accreditation, by the American Society of Health-System Pharmacists (ASHP)?

- Yes
 No

10) Does your facility serve as a clinical site to train students from an accredited program?

- Yes
 Select all that apply
 Medical students
 Registered nursing students
 Licensed practical nursing students
 Advanced practice nursing students (master's or doctorate degree)
 Radiology technician students
 Respiratory therapy technician students
 Pharmacy students
 Other: (please specify) _____

No

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Pharmacy Services

11) How are pharmacy services managed in your facility?

- Internally
- Externally

12) Is a pharmacist physically present onsite in the facility 24 hours a day, 7 days per week, to review orders and dispense medications?

- Yes
- No
 - During hours when the pharmacy is not open and/or a pharmacist is not onsite, is remote pharmacist order entry and order review/verification a service that is provided?**
 - Yes, during all hours that the pharmacy is not open and/or a pharmacist is not onsite
 - Yes, during some hours that the pharmacy is not open and/or a pharmacist is not onsite
 - No

13) Beyond the central pharmacy, are there satellite pharmacies located and operated in the facility?

- Yes
 - Locations?** (select all that apply)
 - Emergency department
 - Surgical suites
 - Oncology unit
 - Pediatric unit
 - Intensive care, adult
 - Intensive care, pediatrics
 - Intensive care, neonatal
 - Long-term care
 - Other: (please specify) _____
- No

Specialty Staff

14) Does your organization employ one or more full-time or part-time MEDICATION SAFETY OFFICERS (i.e., an individual dedicated to medication safety)?

- Yes
 - Employment?**
 - At least one person full time
 - One person part time
 - More than one person part time
 - Profession?** (select all that apply)
 - Physician
 - Pharmacist
 - Nurse
 - Other: (please specify) _____
- No

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15) Does your facility employ or contract with HOSPITALISTS/INTENSIVISTS, physician assistants, or advanced practice nurses who work in-house following patients in the organization and prescribing medications?

- Yes
- Coverage?** (select all that apply)
- Part-time coverage: Specialty unit(s)
 - Part-time coverage: General unit(s)
 - Part-time coverage: Facility-wide
 - Full-time coverage (24/7): Specialty unit(s)
 - Full-time coverage (24/7): General unit(s)
 - Full-time coverage (24/7): Facility-wide
- No

Available Technology

16) Has your facility implemented EHRs?

- Yes, EHRs have been implemented facility-wide (inpatient and outpatient)
- Yes, EHRs have been implemented, but only in some locations
- Scope of implementation?** (select all that apply)
- EHRs are used for patients/residents admitted to inpatient units
 - EHRs are used for emergency department patients
 - EHRs are used for patients/residents in some outpatient units/clinics
 - EHRs are used for patients/residents in all outpatient units/clinics
 - Other: (please specify) _____
- No

17) Does your facility use SMART INFUSION PUMPS with DOSE ERROR-REDUCTION SOFTWARE (DERS) that is capable of alerting the user to unsafe doses or infusion rates?

- Yes
- Uses?** (select all that apply)
- General purpose
 - PCA
 - Epidural administration
 - Small volume infusions via a syringe
 - Chemotherapy
 - Operating room/anesthesia use
 - Other specialty uses: (please specify) _____

Interoperability? Are the SMART INFUSION PUMPS interoperable with the facility's EHR (i.e., BARCODE SCANNING TECHNOLOGY is used to transmit prescriber-ordered, pharmacist-reviewed infusion parameters to prepopulate the infusion pump, and IV infusion data is sent back to the EHR)?

- Yes
- No
- No

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18) Does your facility use a COMPUTERIZED PRESCRIBER ORDER ENTRY system?

Yes

Scope of implementation? (select all that apply)

- Used in all inpatient (or long-term care resident) areas
- Used in all inpatient areas except for chemotherapy and/or PN orders
- Used only in some inpatient (or long-term care resident) areas
- Used in the emergency department
- Used in the operating room
- Used in the post-anesthesia care unit
- Used in all outpatient areas (e.g., ambulatory surgical and medical procedure units, oncology clinics, dialysis units)
(Exclude the emergency department, which is listed separately)
- Used only in some outpatient areas (Exclude the emergency department, which is listed separately)
- Other: (please specify) _____

No

19) Does your facility provide stat centralized (within the facility setting) laboratory services and test results (excluding POINT-OF-CARE bedside testing) 24 hours a day, 7 days per week, to ensure safe and timely monitoring of medication therapy?

Yes

No

► General Demographics: Outpatient Facilities

General

1) Please select the one category that best describes the average number of patient visits per month to your facility.

- Less than 100
- 100 to 499
- 500 to 1,499
- 1,500 to 2,499
- 2,500 to 3,999
- 4,000 to 4,999
- 5,000 and over

2) Please select the one category that best describes the location of your facility.

- Urban
- Rural

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3) Please select the one category that best describes the type of organization that is responsible for establishing policy for the overall operation of your facility.

- Non-government, not-for-profit
- Investor-owned, for-profit
- Government, non-federal

Type?

- State
- County
- City
- Other

- Government, federal

Type?

- Military
- Public Health Service
- Veterans Affairs
- Other

4) Please select the one category that best describes the type of service that your facility provides to the majority of its patients.

- General medical
- Specialty: Emergency or urgent care
- Specialty: Ambulatory surgery
- Specialty: Endoscopy
- Specialty: Oncology/infusion
- Specialty: Hemodialysis
- Specialty: Anticoagulation
- Specialty: Pain management
- Other: (please specify) _____

5) Please select if your facility is located in the US/US territory, at a US military foreign site, or in a non-US country.

- US/US territory
- Please specify the US state or US territory in which your facility is located.**

- US military foreign site
- Non-US country
- Please specify the non-US country in which your facility is located.**

Training Programs

6) Does your facility serve as a clinical site to train healthcare students/residents from an accredited program?

- Yes
- Select all that apply**
 - Medical residents from a program approved by the American Osteopathic Association (AOA) and/or the Accreditation Council for Graduate Medical Education (ACGME)?
 - Medical students
 - Pharmacy residents from a program accredited by the American Society of Health-System Pharmacists (ASHP)

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- Pharmacy students
 - Registered nursing students
 - Licensed practical nursing students
 - Advanced practice nursing students (master's or doctorate degree)
 - Radiology technician students
 - Respiratory therapy technician students
 - Other: (please specify) _____
- No

Pharmacy Services

7) How are pharmacy services provided for medications administered in your facility? (select all that apply)

- Facility has an onsite pharmacy
- Facility receives pharmaceuticals from an affiliated hospital or health system
- Facility receives pharmaceuticals from an outsourced provider not affiliated (other than by contract) with the facility
- Facility has no pharmacy services since medications are not administered in the facility
- Other: (please specify) _____

8) Is a pharmacist physically present onsite during all hours of operation to review orders and dispense medications to be administered to patients onsite?

- Yes
- No
- During hours when a pharmacist is not onsite, is remote pharmacist order entry and order review/verification a service that is provided?**
 - Yes, during all hours that a pharmacist is not onsite
 - Yes, during some hours that a pharmacist is not onsite
 - No

9) Is a pharmacy onsite to dispense medications to patients for administration at home?

- Yes
- No

Specialty Staff

10) Does your facility employ one or more full-time or part-time MEDICATION SAFETY OFFICERS (i.e., an individual dedicated to medication safety)?

- Yes
 - Employment?**
 - At least one person full time
 - One person part time
 - More than one person part time
 - Profession?** (select all that apply)
 - Physician
 - Pharmacist
 - Nurse
 - Other: (please specify) _____
- No

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Available Technology

11) Has your facility implemented EHRs?

- Yes
- No

12) Does your facility use a COMPUTERIZED PRESCRIBER ORDER ENTRY system?

- Yes
- No

13) Does your facility use SMART INFUSION PUMPS with DOSE ERROR-REDUCTION SOFTWARE (DERS) that is capable of alerting the user to unsafe doses or infusion rates?

- Yes

Uses? (select all that apply)

- General purpose
- PCA
- Epidural administration
- Small volume infusions via a syringe
- Chemotherapy
- Operating room/anesthesia use
- Other specialty uses: (please specify) _____

Interoperability? Are the SMART INFUSION PUMPS interoperable with the facility's EHR (i.e., BARCODE SCANNING TECHNOLOGY is used to transmit prescriber-ordered, pharmacist-reviewed infusion parameters to prepopulate the infusion pump, and IV infusion data is sent back to the EHR)?

- Yes
 - No
- No