

Preliminary Recommendations from the Class C Taskforce

1. Change the law to allow a hospital that has an ongoing clinical pharmacy program to permit pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit-dose distribution systems for patient admitted to the hospital whose orders have previously been reviewed and approved by a pharmacist. The pharmacy shall have on file a description of the clinical pharmacy program(s) prior to initiating a technician checking technician program. Hospital pharmacies that have a technician checking technician program shall deploy pharmacists to the inpatient care setting to provide clinical services.
2. Specify in the law that, the Board can adopt rules stipulating what activities should be allowed in the technician-check-technician program and what activities require verification by a pharmacist. Additionally, the Board rule should specify that the program must not be used as a mechanism to reduce pharmacist staff.
3. Change to law to allow technicians to work unsupervised in Class C facilities of less than 50 beds, provided that their “finished” work is checked by a pharmacist prior to releasing the work from the pharmacy.
4. The Pharmacy Act should be amended to establish a long-term approach to increasing technician education by requiring individuals to complete a Board-approved educational program beginning in 2015. The Board should further consider exempting technicians registered prior to 2015 from these new educational requirements.
5. The Board should consider a change in the Pharmacy Act such that a newly licensed Class C pharmacy in an institution licensed for more than 50 beds is required to be under the continuous on-site supervision of a pharmacist during the time the pharmacy is open for pharmacy services. Upon each renewal of the pharmacy license, the bed size will be determined using an “adjusted patient days” calculation.
6. The Board should consider a change to the retrospective review of orders by a pharmacist in a Class C pharmacy located in a facility of 50 beds or less as follows:
 - a. if 90% of orders are reviewed prospectively by a pharmacist each month then the remainder can be reviewed retrospectively by a pharmacist every 7 days during their normal weekly visit to the pharmacy; however,
 - b. if less than 90% of orders are reviewed prospectively by a pharmacist each month, then a pharmacist must visit the pharmacy and retrospectively review orders every 72 hours.
7. Medications, excluding IV admixtures, may be distributed without a pharmacist or technician double check provided a machine-readable product identifier such as bar coding is used in the final verification process before distribution and any previous manipulations of the product such as repackaging or extemporaneous compounding has been checked by the pharmacist. Patient specific orders for medication must have been reviewed and approved by the pharmacist. Such process must be defined by organizational policies and procedures to ensure accuracy. The process must be conducted under the general supervision of a pharmacist or pharmacy technician. Quality assurance audits must be conducted to ensure accuracy of the process.