

Guidelines for Establishing Pharmacist Peer Review Committees



**Texas State Board of Pharmacy
333 Guadalupe Street
Austin, TX 78701-3942**

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Guidelines for Establishing Pharmacist Peer Review Committees

Introduction

Source

In 1999, the 76th Legislature amended the Texas Pharmacy Act to allow pharmacy societies or associations and pharmacy owners or employers to establish pharmacy peer review committees. The amendment also provides for the proceedings and records of pharmacy peer review committees to remain confidential, unless the committee agrees to release, or the Board subpoenas, the information.

Texas is the first state in the nation to pass legislation to establish peer review committees which may be used to suggest improvements in pharmacy systems to enhance patient care, assess system failures, and make recommendations for continuous quality improvement purposes. The Texas State Board of Pharmacy supports the use of pharmacy peer review committees. Although the use of peer review committees is voluntary, when imposing a disciplinary sanction against a licensee for allegedly committing a dispensing error, the Board may consider as a mitigating factor whether or not the licensee has cooperated with, or established, an effective peer review process.

What is Peer Review?

A pharmacy peer review process goes beyond traditional personnel evaluations, risk management activities, or supervisory reviews of a pharmacy process. The peer review process is part of an outcome-based, continuous quality improvement process which involves:

- the setting and periodic re-evaluation of standards for quality by which a pharmacy operation will be evaluated;
- the collection of data necessary to identify when those standards are not being met and data necessary to evaluate the reason(s) the deficiency occurred;
- an objective review of the data by an appropriate peer review committee to make recommendations for quality improvement; and
- an appropriate feedback mechanism to ensure that the process is operating in a manner which continually improves the quality of care provided to patients.

Pharmacy peer review should not be a punitive activity nor a performance evaluation. In actuality, the properly designed peer review process is outcome-based. Specifically, the peer review process:

- identifies quality-related events which are below set standards;
- evaluates processes and determines the reasons why the events occurred;
- makes recommendations to lessen future occurrences of the event; and
- works with the individuals involved to implement those recommendations.

The ultimate goal is to continually assess pharmacy processes to prevent occurrences of adverse quality-related events.

Basic Steps to Implement Peer Review

1. Selecting Members for the Pharmacy Peer Review Committee

The composition of the committee is the responsibility of the entity which establishes the committee. The committee should include individuals familiar with pharmacy practice, continuous quality improvement, causes and prevention of adverse quality-related events, and the work environment. At a minimum, a peer review committee should consist of two or more people and be predominantly composed of peer pharmacists. Other members may include pharmacist-interns, pharmacy technicians, nurses, physicians, other health-care professionals, attorneys, consumers, and/or other personnel necessary for the proper functioning of the committee. Supervisors may participate in the committee but not for the purpose of performance evaluations.

2. Setting Quality Standards and Indicators

One of the initial duties of a pharmacy peer review committee is to establish standards for quality against which pharmacy services will be evaluated to determine whether pharmacy services are improving or declining. Once a standard has been established, indicators should be identified to measure whether the standard is being met. As with any quality improvement process, standards and indicators will continually evolve.

3. Developing Reporting Procedures and Forms

The pharmacy peer review committee should develop reporting procedures and forms for:

- an ongoing assessment of the pharmacy's activities against the quality standards; and
- an assessment of adverse quality-related events.

Procedures and forms should be designed to provide the information necessary for the next step in the process, an evaluation against the standard. For an ongoing assessment, the data collected should permit an evaluation of quality performance over time.

For an adverse quality-related event, the data collected should permit an evaluation of how the system failed. To be effective, adverse quality-related events must first be detected and documented, then reported to the peer review committee. Procedures should be established concerning how to report an adverse quality-related event and to whom the initial report must be given. Information concerning the event should be documented as soon as possible after discovery of the adverse event, while recall is still fresh.

4. Evaluating Activities Against the Standard

Information gathered during an ongoing assessment should be evaluated to determine whether the quality of pharmacy services is improving or declining. For an adverse quality-related event, the committee should direct an investigation and complete a root cause analysis to identify the basic or causal factors for the event.

The pharmacy peer review committee may decide not to review all assessment or incident reports, but rather, may wish to establish priorities and review only reports relating to those priorities. When determining priorities, the committee needs to consider activities that:

- occur frequently or affect a large number of patients (high-volume);
- place patients at risk (high-risk); or
- produce problems for patients or staff (problem-prone).

5. Making Recommendations / Maintaining Records

When needed, based upon the evaluations, the pharmacy peer review committee should make written recommendations to appropriate entities with the authority to evaluate and implement the recommendations. Although the pharmacy peer review process is intended to identify and make recommendations to improve performance through education, training, and changes to systems and processes, the committee may occasionally identify individuals who can no longer practice safely. In those situations, where the authority and actions within the facility may not be enough to protect the public, the committee should recommend to management, or other appropriate entity, that the individual be reported to the appropriate regulatory authority.

If a pharmacy peer review committee takes action that could result in censure, license suspension, restriction, limitation, or revocation by the board or denial of membership or privileges in a health-care entity, the affected pharmacist shall be provided a written copy of the recommendation of the pharmacy peer review committee and a copy of the committee's final decision, including a statement of the basis for the decision.

A complete, written record of the pharmacy peer review committee's review should be maintained by the committee for a minimum of two years. To maintain the confidentiality of peer review records, they must be kept separately from patient or drug order records.

6. Conducting Periodic Self-Audits

Peer review is a part of the facility's continuous quality improvement program. An essential component of any continuous quality improvement program is to periodically evaluate how well peer review is working to improve quality. Questions should be asked, such as:

- *Are the quality standards being met?*
- *Are the quality standards adequate?*
- *Do the results, over time, show an improvement in quality for the pharmacy?*

The self-audit provides feedback for the entire peer review system. These audits should be conducted at least annually, the results evaluated, and appropriate adjustments made to the standards or process. Changes will inevitably be made to improve the system and provide a way to measure quality performance.

Background Information and Illustrations for Basic Steps

Confidentiality

The Texas Pharmacy Act provides the following provisions regarding confidentiality of the peer review process. To maintain the confidentiality of the process, the records of a pharmacy peer review committee must be maintained separately from patient or drug order records.

- **Establishing Confidentiality**

All proceedings and records of a pharmacy peer review committee and all communications made to a pharmacy peer review committee are privileged, unless a judge determines the records are relevant to an anticompetitive action or a discrimination action under 42 U.S.C. §1983.

- **Permissive Release of Peer Review Records**

The final report and any other communications, records, or proceedings of a peer review committee may be released to another pharmacy peer review committee, appropriate state or federal agencies (including licensing entities) and national accreditation committees.

- **No Waiver of Confidentiality**

Disclosure to the affected pharmacist of any confidential information of the peer review committee does not constitute waiver of the confidentiality provision.

- **Not Subject to Subpoena (Other than a Texas State Board of Pharmacy Subpoena)**

Unless disclosure is required or authorized by law, records or determinations of or communications to a pharmacy peer review committee are not subject to subpoena or discovery and are not admissible as evidence in any civil judicial or administrative proceeding without waiver of confidentiality in writing by the committee. However, all persons must fully comply with a subpoena issued by the Texas State Board of Pharmacy for documents or information. Failure to comply with a subpoena issued by the Texas State Board of Pharmacy may result in disciplinary action by the Board or other appropriate licensing agency against the facility or individual. Disclosure of documents to the Texas State Board of Pharmacy in response to a Texas State Board of Pharmacy subpoena does not constitute waiver of confidentiality by the peer review committee.

Definitions

Adverse quality-related event -

(A) the inappropriate prescribing, dispensing, or distribution for administration of a prescribed medication including, but not limited to:

- (1) a variation from the prescriber's drug order, including:
 - (a) an incorrect drug;
 - (b) an incorrect strength;
 - (c) an incorrect dosage form;
 - (d) the drug to the wrong patient;
 - (e) inadequate or incorrect directions;
 - (f) inadequate or incorrect packaging;
 - (g) inadequate or incorrect labeling; and/or

- (2) a failure to identify and take appropriate action concerning:
 - (a) over-utilization or under-utilization;
 - (b) therapeutic duplication;
 - (c) drug-disease contraindications;
 - (d) drug-drug or food-drug interactions;
 - (e) incorrect drug dosage or duration of drug treatment;
 - (f) drug-allergy interactions;
 - (g) clinical abuse/misuse; and/or
- (B) failure to provide counseling or providing inadequate or incorrect counseling to a patient or patient's agent; and/or
- (C) providing inadequate or incorrect information to health-care professionals involved in a patient's care.

Continuous quality improvement - an ongoing process which improves the standards and procedures used to identify and evaluate quality-related events and to improve patient care.

Indicator - an objective, measurable activity used to monitor and evaluate whether a process is performed within a set standard.

Outcome-based - considers the result of the performance (or non-performance) of a function or process(es).

Pharmacy peer review committee -

- (A) a pharmacy peer review, judicial, or grievance committee of a pharmacy society or association that is authorized to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care; or
- (B) a pharmacy peer review committee established by the owner of a pharmacy or an employer of pharmacists that is authorized to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care.

Pharmacy peer review process - part of an ongoing, outcome-based, continuous quality improvement process which goes beyond traditional personnel evaluations, risk management activities, or supervisory reviews of a pharmacy process and involves:

- (A) the setting and periodic re-evaluation of standards for quality by which a pharmacy operation will be evaluated;
- (B) the collection of data necessary to identify when those standards are not being met and data necessary to evaluate the reason(s) the deficiency occurred;
- (C) an objective review of the data by an appropriate peer review committee to make recommendations for quality improvement; and
- (D) an appropriate feedback mechanism to ensure that the process is operating in a manner which continually improves the quality of care provided to patients.

Quality standard - an expected level of performance measured by specific criteria or indicators established by the pharmacy peer review committee.

Peer - an individual who is of equal standing with another.

Root cause analysis - A process of identifying the basic or causal factors that underlie the occurrence or possible occurrence of an adverse quality-related event. A root cause analysis focuses primarily on systems and processes, not individual performance.

Illustrations for Basic Steps - Suggestions

Peer review is one part of a continuous quality improvement program. Different practice settings will have different programs. The following charts list some of the considerations for each of the basic steps in the peer review process. This is not intended to be a complete discussion of the details of a peer review process. Any peer review process must be tailored to the individual practice setting. However, the following six steps are basic to the process and contain suggestions or examples to start the development process for a peer review program. Remember, to protect the confidentiality of peer review records, they must be kept separate from patient or drug order records.

1. Selecting Members for the Pharmacy Peer Review Committee		
Composition		Two or more people.
		Predominantly peers of the those involved in the provision of pharmacy services.
		To the extent possible, should be predominantly composed of people familiar with: (1) Pharmacy practice; (2) Continuous quality improvement; (3) Work environment; and (4) Causes and prevention of adverse quality-related events.
Examples of potential members		<ul style="list-style-type: none">• Pharmacists• Pharmacist-interns• Pharmacy technicians• Nurses• Physicians• Other health-care professionals• Attorneys• Representatives of Management (Not for purposes of performance evaluations)• Others, as necessary for the proper functioning of the committee
Non-Employee Members of the Committee		Obtain signed statement that they will maintain the confidentiality of the Peer Review Committee.

2. Setting Quality Standards and Indicators		
Establish Quality Standards	<ul style="list-style-type: none"> • Sufficient to permit a self-assessment of the quality of pharmacy services provided to patients served. • Sufficient to permit comparison for one period of time to another. • Establish a review date for each quality standard. 	
Establish Indicators	Each standard should have measurable indicators for specific actions which, when properly performed, result in a quality product.	

Community Pharmacy Examples - Selected Examples of Quality Standards and Indicators to properly dispense a prescription.

Quality Standards	Process	Indicator
1. All prescriptions will be valid, complete, and accurate.		
	Example for a Telephonic Prescription <ul style="list-style-type: none"> • Pharmacist notes all necessary information including the name of the caller on a telephone prescription pad designed for the purpose. • Echo, Verify, & Document - The pharmacist “echos” back the information received. • As each part of the prescription is echoed, the pharmacist places a check mark by that part of the prescription (Document). • The pharmacist then asks for verification of what the pharmacist echoed (Verify). • When the person calling verifies what the pharmacist repeated is correct, the pharmacist places a “V” on the prescription, initials it, and notes the date (Document). • If the prescription is rewritten, the notes with the documentation is stapled to the rewritten prescription. 	The % of telephoned Rx's properly echoed, verified, and documented,
2. Prescription data will be entered accurately.		
3. Prescriptions will be dispensed with the correct drug, vial, and closure.		
	Example to Ensure Selection of Correct Drug Triple Check System <ul style="list-style-type: none"> • <u>First check</u> - Pull the prescribed drug from stock by name/strength and NDC # • <u>Second Check</u> - Technician checks NDC # on stock bottle against NDC # on the original Rx, then circles NDC # on Rx • <u>Third Check</u> - Pharmacist checks drug name/strength and NDC # on stock bottle against the original Rx, then initials the Rx to the right of the circled NDC # 	The % of prescriptions with the NDC # circled and initialed.
4. All prescriptions will be accurately labeled and contain appropriate warnings as needed.		
5. Drug regimen reviews will be conducted to identify problems with medication therapy and steps taken to resolve the problems.		
6. All prescriptions will be given to the correct patient or patient's agent.		

7. Counseling will be conducted to improve patient compliance.

3. Developing Reporting Procedures and Forms	
Develop procedures for reporting the indicators established	Need to determine: <ul style="list-style-type: none"> • who is to make the report; • to whom the report should be made; • when the report should be made; and • what should be reported.
	Ongoing Assessment <ul style="list-style-type: none"> • The pharmacy peer review committee may focus on a small, manageable number of indicators. This focus group of indicators should change as needed to properly assess quality. • Frequency of measurement. • Size of the sample.
	Adverse Quality-Related Events <ul style="list-style-type: none"> • The person discovering an adverse quality-related event should be responsible for initiating the reporting process. • Report all indicators relating to processes involved in the event.
Develop reporting forms	For the ongoing assessments.
	For adverse quality-related events.
Documentation	Documentation of an adverse quality-related event should be made as soon as possible after discovery, while recall of the event is fresh.

<i>Community Pharmacy Example</i>	
Example of initial documentation for a dispensing error	Reporting form may contain: <ul style="list-style-type: none"> • name, age, and gender of the patient; • physician's name; • prescription number; • new or refill prescription; • if new prescription, how was it received by the pharmacy; • names of the drugs involved; • description of the error; • date and time of the error; • drug regimen review and counseling activities; • date and time the physician was notified (and how notified); • physician's instructions; • action taken; • person(s) involved in the error; and • person completing the report.
<i>Hospital Pharmacy Example</i>	

<p>Example of initial documentation for an inpatient medication incident</p>	<p>Reporting form may contain:</p> <ul style="list-style-type: none"> • name, age, gender, and location of the patient; • date and time of the incident; • description of the error; • prescribed route of administration and actual route of administration; • time lapse before discovery of incident; • physician's orders as written on order sheet; • additional intervention (if required); • adverse patient outcome or change in condition; • reported to whom and when; and • person completing the report.
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4. Evaluating Activities Against the Standard	
Determine what to review	Set priorities for what the peer review committee will review.
	<p>When establishing priorities, the committee needs to consider activities that:</p> <ul style="list-style-type: none"> • occur frequently or affect a large number of patients (high-volume); • place patients at risk (high-risk); and/or • produce problems for patients or staff (problem prone).
Discussions	Should be candid and non-punitive.
	Intended to determine where quality performance failed.
Evaluation of data	<p>Ongoing Assessments</p> <ul style="list-style-type: none"> • Determine if the indicators show improvement or decline in the quality of services.
	<p>Adverse quality-related events</p> <ul style="list-style-type: none"> • Conduct an investigation based on priorities established by the committee. • Complete a root cause analysis to identify the basic or causal factors that underlie the event.
Review and documentation of ongoing assessments and adverse quality-related events	<p>A written record should be made which contains at least:</p> <ul style="list-style-type: none"> • the date, location, and participants in the pharmacy peer review process; • a record of the facts relating to the event; • the root cause analysis; • the findings and determinations generated by the pharmacy peer review; • recommendations to appropriate entities; and • any actions or changes relating to individuals, systems, or processes that were made as a result of the recommendations, if any.

5. Making Recommendations / Maintaining Records		
	Reporting of recommendations	Determine the appropriate entity within the organization with the authority to evaluate and implement the recommendations.
	Protection of the Public	If the committee identifies an individual who can no longer practice safely, the peer review committee should recommend to management, or other appropriate entity, that the individual be reported to the appropriate regulatory authority.
	Records	A complete, written record of the pharmacy peer review committee's review should be maintained by the committee for a minimum of two years.
		To maintain the confidentiality of peer review records, they must be kept separate from patient or drug order records.
	Notification	If a pharmacy peer review committee takes action that could result in censure, license suspension, restriction, limitation, or revocation by the board or denial of membership or privileges in a health-care entity, the affected pharmacist shall be provided a written copy of the recommendation of the pharmacy peer review committee and a copy of the committee's final decision, including a statement of the basis for the decision.

6. Conducting Periodic Self-Audits		
	Conducted	At least annually or more frequently as determined by the committee.
	Periodically evaluate how well peer review is working to improve quality	Questions like the following should be asked: <ul style="list-style-type: none"> • Are the quality standards being met? • Are the quality standards adequate? • Do the results over time show an improvement in quality?
	Adjustments to the peer review process	Changes should be identified and made to any portion of the peer review process which does not facilitate improvement in quality performance.

Resources

As entities develop a peer review process as part of a continuous quality improvement program, they may need to access resources on these topics. Appendix B contains a partial list of resources.

Appendix A

TEXAS PHARMACY ACT Peer Review

AMENDMENT BY ACTS 1999, 76TH LEG., CH. 98, § 2

V.T.C.A., Government Code § 311.031(c) provides, in part, that the repeal of a statute by a code does not affect an amendment of the statute by the same legislature which enacted the code and that the amendment is preserved and given effect as part of the code provision.

Section 2 of Acts 1999, 76th Leg., ch. 98, eff. Sept. 1, 1999, adds § 42 of Vernon's Ann.Civ.St. art. 4542a-1 [now this section] without reference to the repeal of said article by Acts 1999, 76th Leg., ch. 388, § 6(a). As so added, § 42 reads:

Peer Review

- (a) The following words and terms, when used in this section, have the following meanings unless the context clearly indicates otherwise:
 - (1) "Pharmacy peer review committee" means:
 - (A) a pharmacy peer review, judicial, or grievance committee of a pharmacy society or association that is authorized to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care; or
 - (B) a pharmacy peer review committee established by a person who owns a pharmacy or employs pharmacists that is authorized to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care.
 - (2) "Pharmacy society or association" means a membership organization of pharmacists that is incorporated pursuant to the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) or that is exempt from the payment of federal income taxes pursuant to Section 501(c) of the Internal Revenue Code of 1986.
- (b) A pharmacy peer review committee may be established to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care. The committee may review documentation of quality-related activities in a pharmacy, assess system failures and personnel deficiencies, determine facts, and make recommendations or issue decisions in a written report that can be used for contiguous quality improvement purposes. A pharmacy peer review committee includes the members, employees, and agents of the committee, including assistants, investigators, attorneys, and any other agents that serve the committee in any capacity.
- (c) Except as otherwise provided by this section, all proceedings and records of a pharmacy peer review committee are confidential, and all communications made to a pharmacy peer review committee are privileged. If a judge makes a preliminary finding that such proceedings, records, or communications are relevant to an anticompetitive action or an action brought under federal civil rights provisions under 42 U.S.C. Section 1983, then such proceedings, records, or communications are not confidential to the extent they are deemed relevant.
- (d) The final report of and any written or oral communications made to a pharmacy peer review committee and the records and proceedings of the committee may be disclosed to another pharmacy peer review committee, appropriate state or federal agencies, national accreditation bodies, or the state board of registration or licensure of this or any other state.
- (e) Disclosure to the affected pharmacist of confidential pharmacy peer review committee information pertinent to the matter under review shall not constitute waiver of the

confidentiality provisions provided by this section. If a pharmacy peer review committee takes action that could result in censure, license suspension, restriction, limitation, or revocation by the board or denial of membership or privileges in a health care entity, the affected pharmacist shall be provided a written copy of the recommendation of the pharmacy peer review committee and a copy of the pharmacy peer review committee's final decision, including a statement of the basis for the decision.

- (f) Unless disclosure is required or authorized by law, records or determinations of or communications to a pharmacy peer review committee are not subject to subpoena or discovery and are not admissible as evidence in any civil judicial or administrative proceeding without waiver of the privilege of confidentiality executed in writing by the committee. The evidentiary privilege created by this section may be invoked by any person or organization in any civil judicial or administrative proceeding unless the person or organization has secured a waiver of the privilege executed in writing by the chairman, vice chairman, or secretary of the affected pharmacy peer review committee. If a pharmacy peer review committee, a person participating in peer review, or any organization named as a defendant in any civil action filed as a result of participation in peer review may use otherwise confidential information in the committee's, person's, or organization's own defense or in a claim or suit under Subsection (i) of this section, a plaintiff in such proceeding may disclose records or determinations of or communications to a peer review committee in rebuttal to information supplied by the defendant. Any person seeking access to privileged information must plead and prove waiver of the privilege. A member, employee, or agent of a pharmacy peer review committee who provides access to otherwise privileged communications or records in cooperation with law enforcement authorities in criminal investigations is not considered to have waived any privilege established under this section.
- (g) All persons, including governing bodies and medical staffs of health care entities, shall comply fully with a subpoena for documents or information issued by the board as otherwise authorized by law. The disclosure of documents or information under such subpoena does not constitute a waiver of the privilege associated with pharmacy peer review committee proceedings. Failure to comply with such subpoena constitutes grounds for disciplinary action against the facility or individual by the appropriate licensing board.
- (h) A cause of action does not accrue against the members, agents, or employees of a pharmacy peer review committee from any act, statement, determination, or recommendation made or act reported, without malice, in the course of peer review according to this section.
- (i) A pharmacy peer review committee, a person participating in peer review, or a health care entity named as a defendant in any civil action filed as a result of participation in peer review may use otherwise confidential information obtained for legitimate internal business and professional purposes, including use in the committee's, person's, or entity's own defense. Such use does not constitute a waiver of the confidential and privileged nature of pharmacy peer review committee proceedings.
- (j) Reports, information, or records received and maintained by the board pursuant to this section are considered investigative files and are confidential and may only be released as specified in Section 17(q) of this Act.

Appendix B

RESOURCES

Organizations Advancing Quality of Pharmacy Services

Institute of Medicine

2101 Constitution Ave., NW
Washington, DC 20418
www.nationalacademies.org

Useful Publication

The IOM Report - *To Err is Human - Building a Safer Health System*

Institute for Safe Medication Practices

1800 Byberry Rd., Suite 810
Huntingdon Valley, PA 19006
215/947-7797
www.ismp.org

Useful Publications

Medication Errors, edited by Michael R. Cohen, M.S., R.Ph.

Medication Safety Self Assessment

National Patient Safety Foundation

515 North State Street
Chicago, IL 60610
312/464-4848
www.npsf.org

Pharmacy Quality Council

c/o Academy of Managed Care Pharmacy
100 N. Pitt Street, Suite 400
Alexandria, VA 22314
703/683-8416
www.amcp.org

Participating Organizations

Academy of Managed Care Pharmacies
American College of Apothecaries
American College of Clinical Pharmacy
American Pharmaceutical Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
National Association of Chain Drug Stores
National Community Pharmacists Association
Pharmaceutical Care Management Association

Useful Publication

Summary of National Pharmacy Quality Measures, February 1999

Professional Associations

Academy of Managed Care Pharmacy
See Pharmacy Quality Council (above)

American College of Clinical Pharmacy
3101 Broadway, Suite 650
Kansas City, MO 64111
816/531-2177
www.accp.com

American Pharmaceutical Association
2215 Constitution Ave., NW
Washington, DC 20037-2985
202/628-4410
www.aphanet.org

American Society of Consultant Pharmacists
1321 Duke Street
Alexandria, VA 22314-3563
703/739-1300
www.ascp.com

American Society of Health-System Pharmacists
7272 Wisconsin Avenue
Bethesda, MD 20814
301/657-3000
www.ashp.org

Useful Publication
Preparing the Pharmacy for a Joint Commission Survey

National Association of Chain Drug Stores
413 North Lee Street
P.O. Box 1417-D49
Alexandria, VA 22313-1480
703/549-3001
www.nacds.org

National Community Pharmacists Association
205 Daingerfield Road
Alexandria, VA 22314
703/683-8200
www.ncpanet.org

Pharmaceutical Care Management Association
2300 Ninth Street South, Suite 210
Arlington, VA 22204-2320
703/920-8480
www.pcmanet.org

Texas Pharmacy Association

P.O. Box 14709
Austin, TX 78761
512/836-8350
www.txpharmacy.com

Texas Society of Health-System Pharmacists

1224 Centre West, Suite 200B
Springfield, IL 62704
800/242-8747
www.tshp.org

Accreditation Organizations

Joint Commission on the Accreditation of Healthcare Organizations

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630/792-5000
www.jcaho.org

National Committee for Quality Assurance

2000 L Street NW, Suite 500
Washington, DC 20036
202/955-3500
www.ncqa.org

American Accreditation Healthcare Commission

(Formerly the Utilization Review Accreditation Commission)
1275 K Street NW, #1100
Washington, DC 20005
202/216-9010
www.urac.org

Information Sources for Quality Standards

Foundation for Accountability

202 SW Sixth Ave., Suite 700
Portland, OR 97204
503/223-2228
www.facct.org

Agency for Health Care Policy and Research

2101 E. Jefferson Street, Suite 501
Rockville, MD 20852
301/594-1364
www.ahcpr.gov

Regulatory Oversight Organizations

Health Care Financing Administration

**7500 Security Boulevard
Baltimore, MD 21244
410/786-3000
www.hcfa.gov**

Texas State Board of Pharmacy

**333 Guadalupe Street
Box 21
Austin, TX 78701-3942
512/305-8000
www.tsbp.state.tx.us**

Appendix C

SAMPLE FORMS

INITIAL REPORT COMMUNITY PHARMACY DISPENSING ERROR

Patient Name _____ Age _____ Gender M F (circle one)

Date of Incident _____ Time of Incident _____

Rx # _____ Prescriber's Name _____

Rx: New Refill (circle one) If new, how received in pharmacy _____

Names of the Drugs Involved _____

Description of the Error _____

_____ Drug Regimen

Review and Counseling Activities _____

_____ Date Prescriber

Notified _____ Time _____

Prescriber's Instructions _____

_____ Action

Taken _____

_____ Persons

Involved in the Error _____

Person Completing the Report _____ Date _____

**INITIAL REPORT
HOSPITAL PHARMACY MEDICATION ERROR**

Patient Name _____

Age _____ **Gender** **M** **F** (circle one) **Location** _____

Date of Incident _____ **Time of Incident** _____

Prescriber's Name _____

Description of the Error _____

Prescribed Route of Administration _____ **Actual** _____

Prescriber's Order as Written on Order Sheet _____

Date Prescriber Notified _____ **Time** _____

Additional Intervention Necessary _____

_____ **Adverse**

Patient Outcome or Change in Condition _____

_____ **Additional**

Personnel Notified _____ **Date** _____ **Time** _____

_____ **Date** _____ **Time** _____

_____ **Date** _____ **Time** _____

Person Completing the Report _____ **Date** _____