

# Guidelines for Establishing Pharmacy Peer Review Committees



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# Introduction

## Source

The Texas Pharmacy Act, specifically Subchapter C, Chapter 564, Texas Occupations Code, provides the statutory authority for establishing “Pharmacy Peer Review.” According to statute, a “pharmacy peer review committee” can be instituted by pharmacy societies or associations, and pharmacy owners or employers to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care.

A pharmacy peer review committee is designed to be an integral part of a “Continuous Quality Improvement Program” for purposes of addressing and preventing quality-related activities by reviewing documentation of quality-related activities in a pharmacy, assessing system and/or process failures and personnel deficiencies, determining facts, and making recommendations or issuing decisions in a written report. The Texas State Board of Pharmacy (Board) recommends the use of pharmacy peer review committees in all classes of pharmacies. When imposing a disciplinary sanction against a licensee for allegedly committing a medication error, the Board may consider as a mitigating factor whether the licensee has or has not 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 a 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. The ultimate goal is to continually assess pharmacy systems and/or processes to prevent occurrences of quality-related activities. Specifically, the peer review process:

- identifies quality-related activities or errors;
- evaluates systems and/or processes and determines the basic or casual factors that underlie the quality-related activity or error occurrence;
- makes recommendations to lessen future occurrences of the quality-related activity or error; and
- works with the individuals involved to implement those recommendations.

## Is Peer Review Confidential?

The Texas Pharmacy Act, specifically Sections 564.103, 564.104, and 564.105, TEX.OCC.CODE ANN. Title 3, highlights the following provisions regarding confidentiality of the peer review process (see Appendix B):

- **Establishing Confidentiality**

All proceedings and records of a pharmacy peer review committee are confidential, and all communications made to a pharmacy peer review committee are privileged, unless a court determines a proceeding, record, or communication is 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, or the state board of registration or licensure of this or any other state.
- **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 Board 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, including governing bodies and medical staffs of health care entities, shall fully comply with a subpoena issued by the Board for documents or information. Failure to comply with a subpoena issued by the Board may result in disciplinary action by the Board or other appropriate licensing agency against the facility or individual. Disclosure of documents or information to the Board in response to a Board subpoena does not constitute waiver of the privilege associated with a pharmacy peer review committee proceeding.
- **May be Used in Civil and Criminal Actions**

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 Section 564.106(b), a plaintiff in the proceeding may disclose records or determinations of, or communications to, a peer review committee in rebuttal to information supplied by the defendant.

## Basic Steps Involved in Starting a Peer Review Process

### 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 quality related activities, and the work environment. At a minimum, a peer review committee should consist of two or more people and be predominantly composed of peers which may include pharmacists, pharmacist-interns, pharmacy technicians, nurses, physicians, other health-care professionals, attorneys, and/or other personnel necessary for the proper functioning of the committee. A signed statement should be obtained from each member agreeing to maintain the confidentiality of the pharmacy peer review committee.

#### Considerations in Selecting Members for the Pharmacy Peer Review Committee

<p><b>Composition</b></p>	<p>Two or more people</p> <p>Predominantly peers of those involved in the provision of pharmacy services</p> <p>To the extent possible, should be predominantly composed of people familiar with the following:</p> <ul style="list-style-type: none"> <li>• Pharmacy practice;</li> <li>• Continuous quality improvement;</li> <li>• Work environment; and</li> <li>• Causes and prevention of quality-related activities.</li> </ul>
<p><b>Examples of Potential Members</b></p>	<ul style="list-style-type: none"> <li>• Pharmacists;</li> <li>• Student Pharmacist-Interns;</li> <li>• Pharmacy Technicians/Trainees;</li> <li>• Nurses;</li> <li>• Physicians;</li> <li>• Other health-care related professionals;</li> <li>• Attorneys;</li> <li>• Representatives of management (not for the purpose of performance evaluations); and/or</li> <li>• Others, as necessary for the proper functioning of the committee.</li> </ul>
<p><b>Confidentiality Requirements</b></p>	<p>A signed statement should be obtained from each member agreeing to maintain the confidentiality of the Peer Review Committee.</p>

## 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 quality related activities.

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

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

### Considerations in Developing Reporting Procedures and Forms

<p><b>Develop Procedures for Reporting the Indicators Established</b></p>	<p>Need to Determine:</p> <ul style="list-style-type: none"> <li>• Who is to make the report;</li> <li>• To whom the report should be made;</li> <li>• When the report should be made; and</li> <li>• What should be reported.</li> </ul> <p>Ongoing Assessment:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Frequency of measurement</li> <li>• Size of the sample</li> </ul> <p>Quality-Related Activities:</p> <ul style="list-style-type: none"> <li>• The person discovering the quality-related activity should be responsible for initiating the reporting process</li> <li>• Report all indicators relating to processes involved with the quality-related activity</li> </ul>
<p><b>Develop Reporting Forms</b></p>	<ul style="list-style-type: none"> <li>• For the Ongoing Assessment</li> <li>• For Quality-Related Activities</li> </ul>
<p><b>Documentation</b></p>	<p>Documentation of a quality-related activity should be made as soon as possible after discovery, while recall of the activity is fresh.</p>

The following are examples of information that could be included in the pharmacy report for quality related events or errors:

A Community Pharmacy Error Reporting Form could contain the following information:

- Age of the patient;
- Physician's name;
- Prescription number;
- Notation if a new or refill prescription;
- If a new prescription, notation of how received;
- Name and strength of the drug involved in the quality-related activity;
- Description of the quality-related activity;
- How was the pharmacy notified of the error;
- Date and time the quality-related event occurred;
- Record drug regimen review and counseling activities;
- Date and time the physician was notified and how notified;
- Physician's instructions;
- Action(s) taken by the pharmacy;
- Name and title of person completing the report.

A Hospital Pharmacy Error Reporting Form could contain the following information:

- Age and location of the patient;
- Date and time of the quality-related activity;
- Prescription number
- Physician's Name
- Description of the quality-related activity;
- Prescribed route of administration and actual route of administration;
- How was the error discovered;
- Amount of time lapsed before discovery of the error;
- Physician's orders as written;
- Additional intervention(s) needed (if required);
- Adverse patient outcome(s) or change in condition;
- To whom the quality-related event was reported to and when; and
- Name and title of person completing the report.

*See Appendix E to view examples of Error Reporting Forms.*

## Setting Quality Standards, Processes, 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. 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.

### **Considerations in Setting Quality Standards, Processes, and Indicators**

<p><b>Establish Quality Standards and Processes</b></p>	<ul style="list-style-type: none"> <li>• Develop standards to evaluate quality-related activity.</li> <li>• Develop standards sufficient to permit a self-assessment of the quality of pharmacy services provided to patients served.</li> <li>• Develop standards sufficient to permit comparison of quality standards for one period of time to another.</li> <li>• Describe the process or necessary steps required to meet a quality standard.</li> </ul>
<p><b>Establish Indicators</b></p>	<p>Each standard should have measurable indicators for specific actions which, when properly performed, result in a quality product.</p>

*See Appendix D to view a Community Pharmacy Example of Setting Quality Standards, Processes, and Indicators*

## Evaluating Quality-Related Activities Against the Standard

Information gathered during an ongoing assessment should be evaluated to determine the quality of pharmacy services. For a quality-related activity, the committee should review the pharmacy systems and/or processes for deficiencies to identify possible contributing factors. A process for evaluating all quality-related activities is recommended. The pharmacy peer review committee may wish to establish priorities and formally review reports relating to those priorities. The committee may consider priorities based on frequency, risk, or level of impact.

### **Considerations in Evaluating Quality-Related Activities Against the Standard**

<p><b>Determine What to Review</b></p>	<ul style="list-style-type: none"> <li>• Set priorities for what the peer review committee will review</li> <li>• When establishing priorities, the committee needs to consider the frequency, risk, and level of impact.</li> </ul>
<p><b>Discussions</b></p>	<ul style="list-style-type: none"> <li>• Should be candid and non-punitive</li> <li>• Intended to determine where quality performance failed</li> </ul>



<p><b>Evaluation of Data</b></p>	<p>Quality-Related Activities</p> <ul style="list-style-type: none"> <li>• Conduct an investigation based on priorities established by the committee</li> <li>• Review documentation of quality-related activities in a pharmacy, assess system and/or process failures and personnel deficiencies, and determine facts to identify the basic or casual factors that underlie the quality-related activity (when appropriate)</li> <li>• Review the findings of the investigation and compare it to the standard. Questions to ask during this review could include any of the following: <ul style="list-style-type: none"> <li>○ Was each step of the standard followed and if not why?</li> <li>○ If the process which produced the quality-related event deviated from the standard, were there extenuating circumstances that need to be considered or added to the standard?</li> <li>○ If the quality-related activity is not clearly covered by an existing standard, should a new standard be drafted or would an existing standard have worked?</li> </ul> </li> <li>• Make recommendations regarding indicators which can be used for continuous quality improvement purposes</li> </ul> <p>Ongoing Assessments:</p> <p>Determine if the indicators show improvement or decline in the quality of services as part of a periodic self-audit or regularly scheduled committee review</p>
<p><b>Review and Documentation of Ongoing Assessments and Quality-Related Activities</b></p>	<p>A written record should be made which contains at least:</p> <ul style="list-style-type: none"> <li>• The date, location, and participants in the pharmacy peer review process;</li> <li>• A record of the facts relating to the quality-related activity;</li> <li>• Problems directly affecting the quality-related activity;</li> <li>• The findings and determinations generated by the pharmacy peer review;</li> <li>• Recommendations to appropriate entities; and</li> <li>• Any actions or changes relating to individuals, systems, or processes that were made as a result of the recommendations, if any.</li> </ul>

## Conducting Periodic Self-Audits at the Peer Review Committee Meetings

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 the peer review is improving quality through the periodic self-assessment. 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 self-audits should be conducted at least annually unless directed to occur quarterly per Board Order, the results evaluated, and appropriate adjustments made to the standards or process.

### **Considerations in Conducting Periodic Self-Audits**

<b>Conducted</b>	At least annually or more frequently as determined by the committee or the Board.
<b>Periodically Evaluate How Well Peer Review is Working to Improve Quality</b>	Questions like the following should be asked: <ul style="list-style-type: none"><li>• Are the quality standards being met?</li><li>• Are the quality standards adequate?</li><li>• Do the results over time show an improvement in quality?</li></ul>
<b>Adjustments to the Peer Review Process</b>	Changes should be identified and made to any portion of the peer review process which does not facilitate improvement in the quality performance.

*See Appendix C for a list of resources related to the peer review process as a part of a continuous quality improvement program.*

## Making Recommendations and Maintaining Records

When needed, based upon the evaluations, the pharmacy peer review committee should make written recommendations to appropriate entities. 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 identifies a concern 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 individual 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.

<p><b>Reporting</b></p>	<p>The committee shall make a record of the periodic self-audit to include at a minimum:</p> <ul style="list-style-type: none"> <li>• Date and location</li> <li>• Names of attendees and their title</li> <li>• Any changes made as a result of a previous recommendation</li> </ul> <p>If necessary due to additional quality-related events, the following should also be recorded:</p> <ul style="list-style-type: none"> <li>• Description</li> <li>• Discussion</li> <li>• Recommendations</li> <li>• Changes Made</li> </ul>
<p><b>Reporting of Recommendations</b></p>	<p>Determine the appropriate entity within the organization with the authority to evaluate and implement the recommendations.</p>
<p><b>Protection of the Public</b></p>	<p>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.</p>
<p><b>Records</b></p>	<p>A complete written record of the pharmacy peer review committee's review should be maintained by the committee for a minimum of two years.</p> <p>To maintain the confidentiality of peer review records, they must be kept separate from patient or drug order records.</p> <p>A copy of the record(s) must be submitted to the Board if requested.</p>
<p><b>Notification</b></p>	<p>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.</p>

A complete, written record of the pharmacy peer review committee's review should be maintained by the committee for a minimum of two years at the location and made available for inspection by Board staff upon request.

# Appendices

## Appendix A      Definitions

**Continuous Quality Improvement Process** - an ongoing process which improves the standards and procedures used to identify and evaluate quality-related activities and to improve patient care.

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

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

### **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 pharmacy personnel 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 that is authorized to evaluate the quality of pharmacy services or the competence of pharmacy personnel and suggest improvements in pharmacy systems to enhance patient care.

**Pharmacy Peer Review Process** - part of an ongoing, continuous quality improvement process which 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 seeks to continually improve the quality of care provided to patients.

**Quality Related Activity** - a known or suspected medication error that reached the patient and/or a medication error that is intercepted prior to dispensing (i.e., near misses) including, but not limited to:

- (A) a variation from the prescriber's drug order, including:
  - (1) an incorrect drug;
  - (2) an incorrect strength;
  - (3) an incorrect dose;
  - (4) an incorrect dosage form;
  - (5) an incorrect quantity;

- (6) the drug to the wrong patient;
  - (7) inadequate or incorrect directions;
  - (8) inadequate or incorrect packaging;
  - (9) inadequate or incorrect labeling; and/or
- (B) failure to identify and take appropriate action concerning drug regimen review; and/or
- (C) failure to provide counseling or providing inadequate or incorrect counseling to a patient or patient's agent; and/or
- (D) providing inadequate or incorrect information to health-care professionals involved in a patient's care.

**OCCUPATIONS CODE**

**TITLE 3. HEALTH PROFESSIONS**

**SUBTITLE J. PHARMACY AND PHARMACISTS**

**CHAPTER 564. PROGRAM TO AID IMPAIRED PHARMACISTS AND PHARMACY STUDENTS; PHARMACY PEER REVIEW**

**SUBCHAPTER A. REPORTING AND CONFIDENTIALITY**

**Sec. 564.001. Reports.**

- (a) An individual or entity, including a pharmaceutical peer review committee, who has knowledge relating to an action or omission of a pharmacist in this state or a pharmacy student who is enrolled in the professional sequence of an accredited pharmacy degree program approved by the board that might provide grounds for disciplinary action under Section 565.001(a)(4) or (7) may report relevant facts to the board.
- (b) A committee of a professional society composed primarily of pharmacists, the staff of the committee, or a district or local intervenor participating in a program established to aid pharmacists or pharmacy students impaired by chemical abuse or mental or physical illness may report in writing to the board the name of an impaired pharmacist or pharmacy student and the relevant information relating to the impairment.
- (c) The board may report to a committee of the professional society or the society's designated staff information that the board receives relating to a pharmacist or pharmacy student who may be impaired by chemical abuse or mental or physical illness.

**Sec. 564.002. Confidentiality.**

- (a) All records and proceedings of the board, an authorized agent of the board, or a pharmaceutical organization committee relating to the administration of this chapter are confidential and are not considered public information for purposes of Chapter 552, Government Code. Records considered confidential under this section include:
  - (1) information relating to a report made under Section 564.001, including the identity of the individual or entity making the report;
  - (2) the identity of an impaired pharmacist or pharmacy student participating in a program administered under this chapter, except as provided by Section 564.003;
  - (3) a report, interview, statement, memorandum, evaluation, communication, or other information possessed by the board, an authorized agent of the board, or a pharmaceutical organization committee, related to a potentially impaired pharmacist or pharmacy student;
  - (4) a policy or procedure of an entity that contracts with the board relating to personnel selection; and
  - (5) a record relating to the operation of the board, an authorized agent of the board, or a pharmaceutical organization committee, as the record relates to a potentially impaired pharmacist or pharmacy student.
- (b) A record or proceeding described by this section is not subject to disclosure, subpoena, or discovery, except to a member of the board or an authorized agent of the board involved in the discipline of an applicant or license holder.

**Sec. 564.003. Disclosure of Certain Information.**

- (a) The board may disclose information confidential under Section 564.002 only:
  - (1) during a proceeding conducted by the State Office of Administrative Hearings, the board, or a panel of the board, or in a subsequent trial or appeal of a board action or order;
  - (2) to a pharmacist licensing or disciplinary authority of another jurisdiction;
  - (3) under a court order;
  - (4) to a person providing a service to the board, including an expert witness, investigator, or employee of an entity that contracts with the board, related to a disciplinary proceeding against an applicant or license holder, if the information is necessary for preparation for, or a presentation in, the proceeding; or
  - (5) as provided by Subsection (b).
- (a-1) Information that is disclosed under Subsection (a) remains confidential and is not subject to discovery or subpoena in a civil suit and may not be introduced as evidence in any action other than an appeal of a board action.
- (a-2) Information that is confidential under Section 564.002 and that is admitted under seal in a proceeding conducted by the State Office of Administrative Hearings is confidential information for the purpose of a subsequent trial or appeal.
- (b) The board may disclose that the license of a pharmacist who is the subject of an order of the board that is confidential under Section 564.002 is suspended, revoked, canceled, restricted, or retired or that the pharmacist is in any other manner limited in the practice of pharmacy. The board may not disclose the nature of the impairment or other information that resulted in the board's action.

**Sec. 564.004. Immunity.**

- (a) Any person, including a board employee or member, peer review committee member, pharmaceutical organization committee member, or pharmaceutical organization district or local intervenor, who provides information, reports, or records under Section 564.001 to aid an impaired pharmacist or pharmacy student is immune from civil liability if the person provides the information in good faith.
- (b) Subsection (a) shall be liberally construed to accomplish the purposes of this subchapter, and the immunity provided under that subsection is in addition to any other immunity provided by law.
- (c) A person who provides information or assistance to the board under this subchapter is presumed to have acted in good faith. A person who alleges a lack of good faith has the burden of proof on that issue.

**Sec. 564.005. Record of Report.**

On a determination by the board that a report submitted by a peer review committee or pharmaceutical organization committee under Section 564.001 (a) or (b) is without merit, the board shall expunge the report from the pharmacist's or pharmacy student's individual record in the board's office.

**Sec. 564.006. Examination of Report.**

A pharmacist, a pharmacy student, or an authorized representative of the pharmacist or student is entitled on request to examine the peer review or the pharmaceutical organization committee report



submitted to the board and to place into the record a statement of reasonable length of the pharmacist's or pharmacy student's view concerning information in the report.

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## **SUBCHAPTER C. PHARMACY PEER REVIEW**

### **Sec. 564.101. Definitions.**

In this subchapter:

- (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 under 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 under Section 501(c) of the Internal Revenue Code of 1986.

### **Sec. 564.102. Pharmacy Peer Review Committee.**

- (a) 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.
- (b) 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 continuous quality improvement purposes.
- (c) A pharmacy peer review committee includes the members, employees, and agents of the committee, including assistants, investigators, attorneys, and any other agent that serves the committee in any capacity.

### **Sec. 564.103. Confidentiality.**

- (a) Except as otherwise provided by this subchapter, all proceedings and records of a pharmacy peer review committee are confidential and all communications made to a pharmacy peer review committee are privileged.
- (b) If a court makes a preliminary finding that a proceeding, record, or communication described by Subsection (a) is relevant to an anticompetitive action or an action brought under federal civil rights provisions under 42 U.S.C. Section 1983, then the proceeding, record, or communication is not confidential to the extent it is considered to be relevant.
- (c) The final report of, and any written or oral communication 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.

- (d) Disclosure to the affected pharmacist of confidential pharmacy peer review committee information pertinent to the matter under review does not constitute waiver of the confidentiality provisions provided by this section.
- (e) 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 must 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 presiding officer, assistant presiding officer, or secretary of the affected pharmacy peer review committee.
- (g) Reports, information, or records received and maintained by the board under this subchapter are considered investigative files and are confidential and may only be released as specified in Section 565.055.

#### **Sec. 564.104. Use of Information in Civil and Criminal Actions.**

- (a) 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 Section 564.106(b), a plaintiff in the proceeding may disclose records or determinations of, or communications to, a peer review committee in rebuttal to information supplied by the defendant.
- (b) Any person seeking access to privileged information must plead and prove waiver of the privilege.
- (c) A member, employee, or agent of a pharmacy peer review committee who provides access to otherwise privileged communications or records in cooperation with a law enforcement authority in a criminal investigation is not considered to have waived any privilege established under this subchapter.

#### **Sec. 564.105. Compliance with Subpoena.**

All persons, including governing bodies and medical staffs of health care entities, shall comply fully with a subpoena issued by the board for documents or information as otherwise authorized by law. The disclosure of documents or information under the subpoena does not constitute a waiver of the privilege associated with a pharmacy peer review committee proceeding. Failure to comply with the subpoena is grounds for disciplinary action against the facility or individual by the appropriate licensing board.

#### **Sec. 564.106. Immunity.**

- (a) 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 subchapter.

- (b) 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. The use of the information does not waive the confidential and privileged nature of pharmacy peer review committee proceedings.

## Appendix C Resources

The list of resources listed below is not all inclusive but is provided to you as a reference for entities who may be developing a peer review process as part of a continuous quality improvement program.

### Organizations Advancing Quality of Pharmacy Services:

Institute for Safe Medication Practices

<https://www.ismp.org>

The National Academies of Sciences, Engineering, and Medicine

<http://nationalacademies.org>

Pharmacy Quality Alliance

<https://www.pqaalliance.org>

The Institute for Healthcare Improvement and the National Patient Safety Foundation (IHI/NPSF)

<https://www.npsf.org>

<http://www.ihf.org>

National Coordinating Council for Medication Error Reporting and Prevention

<https://www.nccmerp.org>

### Professional Associations

Academy of Managed Care Pharmacy

<http://amcp.org>

American College of Clinical Pharmacy

<https://www.accp.com>

American Pharmacists Association

<https://pharmacist.com>

American Society of Consultant Pharmacists

<https://www.ascp.com>

American Society of Health-System Pharmacists

<https://www.ashp.org>

National Association of Chain Drug Stores

<https://www.nacds.org>

National Community Pharmacists Association

<https://www.ncpanet.org>

Pharmaceutical Care Management Association

<https://www.pcmanet.org>

Texas Pharmacy Association  
<https://www.texaspharmacy.org>

Texas Society of Health-System Pharmacists  
<https://tshp.org>

#### Accreditation Organizations

Center for Improvement in Healthcare Quality  
<https://cihq.org>

Center for Pharmacy Practice Accreditation  
<https://www.pharmacypracticeaccredit.org>

DNV GL Healthcare  
<https://www.dnvglhealthcare.com>

The Joint Commission  
<https://www.jointcommission.org>

National Committee for Quality Assurance  
<https://www.ncqa.org>

URAC  
<http://urac.org>

#### Information Sources for Quality Standards

The Agency for Healthcare Research and Quality  
<https://www.ahrq.gov>

#### Regulatory Oversight Organizations

Centers for Medicare and Medicaid Services  
<https://www.cms.gov>

Texas State Board of Pharmacy  
<https://www.pharmacy.texas.gov>

Appendix D Example of Community Pharmacy Setting Quality Standards, Processes, and Indicators Involved in a Properly Dispensed Prescription

	QUALITY STANDARDS	PROCESS	INDICATOR
1	All prescriptions will be valid, complete, and accurate.	<p><i>Example for Telephonic Prescription:</i></p> <p>Pharmacist transcribes all necessary information including the name of the caller, on the pharmacy prescription pad designed for this purpose</p> <p><b>Echo, Verify, and Document:</b></p> <ul style="list-style-type: none"> <li>• Pharmacist “echoes” back the information received (<b>Echo</b>).</li> <li>• The pharmacist places a check mark on the prescription hardcopy by each item that was echoed (<b>Document</b>)</li> <li>• Pharmacist asks the caller to verify what the pharmacist echoed back to them (<b>Verify</b>)</li> <li>• When the caller verifies what the pharmacist repeated is correct, the pharmacist places a “V” on the prescription, initials it, and notes the date.</li> <li>• If the prescription is rewritten, the notes with the documentation is stapled to the rewritten prescription.</li> </ul>	The % of telephoned prescriptions properly echoed, verified, and documented.
2	Prescription data will be entered accurately.	<ul style="list-style-type: none"> <li>• Technician will verify the name and date of birth match on each patient’s prescription entered.</li> <li>• Technician will enter a minimum of the first six letters of the drug name and the full strength into the computer when entering the drug information.</li> <li>• Technician will verify the full name and strength displayed by the computer system matches the prescription before selecting the drug in the system.</li> <li>• Once selected, the technician will triple check that the drug, drug strength, and directions for use shown in the prescription profile to be filled matches the hardcopy.</li> </ul>	The % of prescriptions entered accurately.

3	Prescriptions will be dispensed with the correct drug.	<p><i>Example to Ensure Selection and Dispensing of Correct Drug:</i></p> <p><b>Triple Check System:</b></p> <ul style="list-style-type: none"> <li>• <b>First check</b> – Pull the prescribed drug from stock by matching the name/strength and NDC # on the prescription hardcopy with the stock bottle by scanning the NDC barcode on the bottle. If a match is verified, send prescription to the assembly station.</li> <li>• <b>Second check</b> – Assembly technician double checks the drug name, drug strength, and NDC on the stock bottle against the drug name, drug strength, and NDC listed on the pharmacy records and labels. The tech then scans the NDC code again to verify the bottle is still correct. Once verified, the technician circles the NDC and places their initials on the label and gives the prescription to the pharmacist for verification and review.</li> <li>• <b>Third check</b> – Pharmacist checks the drug name, drug strength, and NDC on the stock bottle against the drug name, drug strength, and NDC listed on the prescription, pharmacy records, and labels. Pharmacist scans the NDC number on the bottle and verifies the description and picture displayed on the computer matches the medication in the vial. Once verified, the pharmacist places their initials on the vial label and prescription.</li> </ul>	The % of prescriptions with the NDC # scanned, circled, and initialed by the technician and pharmacist.
4	All prescriptions will be accurately labeled with the appropriate lid and contain appropriate auxiliary warning labels as needed.	<ul style="list-style-type: none"> <li>• The pharmacist verifies that the directions on the prescription match the directions entered into the computer system and printed on the label and patient information.</li> <li>• The pharmacist verifies the patient profile to ensure if a child-proof lid or EZ-open lid is needed (prescriptions for minors are not authorized for EZ-open lids per company policy).</li> <li>• Pharmacist verifies that the auxiliary labels shown on the computer after the NDC scan are placed on the prescription vial.</li> </ul>	The % of prescriptions accurately labeled and appropriate auxiliary warning labels affixed.

5	Drug regimen reviews will be conducted on all prescriptions to identify problems with medication therapy and steps taken to resolve the problems.	<ul style="list-style-type: none"> <li>• Pharmacist verifies that if any warnings are populated in the patient's profile concerning the prescription being dispensed a complete review of the patient profile and medication being dispensed occurs.</li> <li>• Once reviewed, the pharmacist enters their initials into the computer system to show a drug regimen review occurred and notates in the computer any issues or special considerations made by the pharmacist in the decision to dispense the prescription.</li> </ul>	The % of prescriptions reviewed 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.	<ul style="list-style-type: none"> <li>• Pharmacist verifies that the name on the prescription vial, label, and patient information sheet match.</li> <li>• Once verified, the pharmacist places the vial in a bag and attaches the label and any patient information leaflets.</li> <li>• The clerk will verify the month and birth year listed on the receipt match the date of birth provided by the patient or patient's agent on each patient at pickup.</li> </ul>	The % of prescriptions given to the correct patient or patient's agent.
7	All new prescriptions will be counseled by the pharmacist.	Pharmacist will counsel all new prescriptions at pick-up and either record their initials as completing the counseling or document in the pharmacy system any refusal of counseling by the patient or patient's agent.	The % of new prescriptions the pharmacist counseled or documented refusal of counseling.



Appendix E      Community and Hospital Pharmacy Error Reporting Form  
Examples

Initial Report of a Community Pharmacy Dispensing Error

Date of Report: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Name of person who reported the error: \_\_\_\_\_

New prescription   Y / N                      Age of Patient: \_\_\_\_\_

If new, how was the prescription received: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_: \_\_\_\_\_      A.M. / P.M.

Name and strength of medication prescribed: \_\_\_\_\_

Name and strength of medication dispensed: \_\_\_\_\_

Description of the error (continue on a separate piece of paper if necessary): \_\_\_\_\_

How was pharmacy notified of the error: \_\_\_\_\_

Date patient was contacted: \_\_\_\_\_

Date the physician was notified of the error and how: \_\_\_\_\_

Name of the physician or physician's agent who received the error notification): \_\_\_\_\_

Physician's instructions (if any): \_\_\_\_\_

Action taken by the pharmacy to minimize this type of error being repeated: \_\_\_\_\_

Name and title of person filling out the report: \_\_\_\_\_

Printed Name

Title

*This form should be maintained in a secure location within the pharmacy and be made available to an  
official Texas State Board of Pharmacy representative upon request*

Initial Report of a Hospital Pharmacy Dispensing Error

Date of Report: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Name and title of person who reported the error: \_\_\_\_\_

Age of Patient: \_\_\_\_\_ Location of Patient: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_: \_\_\_\_\_ A.M. / P.M.

Medication prescribed: \_\_\_\_\_ Medication administered: \_\_\_\_\_

Description of the error (continue on a separate piece of paper if necessary): \_\_\_\_\_  
\_\_\_\_\_

Prescribed route of administration: \_\_\_\_\_

Actual route of administration: \_\_\_\_\_

How was error discovered: \_\_\_\_\_

How much time elapsed between administration and discovery: \_\_\_\_\_

Instructions as written on doctor's medication order: \_\_\_\_\_

Date physician was notified or error: \_\_\_\_\_

Physician's instructions (if any): \_\_\_\_\_

Adverse patient outcome or change in condition: \_\_\_\_\_

Name and title of person filling out the report:

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Signature Date

*This form should be maintained in a secure location within the pharmacy and be made available to an official Texas State Board of Pharmacy representative upon request*

Appendix F Pharmacy Peer Review Committee Report Form Example

Date and Location of Review Meeting: \_\_\_\_\_

Time period reviewed: \_\_\_\_\_

Peer Review Committee Members in attendance:

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**Findings, Actions, and Recommendations of the Committee**

Is the pharmacy reporting quality-related activities as required? Yes / No

If the pharmacy is not reporting as required, what steps will be taken to improve reporting?

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Summary of quality-related activities reported during the review period (review the error reports):

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Are the quality standards being met? Yes / No

If the answer is No, describe committee's findings regarding why standards were not being met and corrective actions taken or recommendations made:

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Does the committee recommend any follow up actions to be taken? Yes / No

If the answer is Yes, describe the committee's follow up recommendations and actions:

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Due to recommendations or changes to processes made since the last meeting, is there an improvement in the rate of errors? Yes / No

If the answer is No, describe committee's findings regarding issues and further changes to be made to facilitate the improvement in quality performance (refer to the initial reporting activity and the subsequent evaluations and changes made).

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*This form should be maintained in a secure location within the pharmacy and be made available to an official Texas State Board of Pharmacy representative upon request.*