



Oregon

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Quality Assurance (QA) Requirements

The Oregon Board of Pharmacy is dedicated to the quality of care and safety of patients. QA is the process of demonstrating a commitment to the ongoing improvement of customer outcomes through the systematic review and enhancement of the pharmacy quality of care standards and their continuous improvement over time¹. Quality Assurance programs are being required for accreditation but, as professionals, pharmacists should be able to take on this directive themselves.

Each pharmacy must develop and implement a QA program as stated in [OAR 855-019-0300\(5\)\(g\)](#). The program should be tailored to the individual pharmacy's needs. Any variance from the appropriate dispensing of a prescribed medication not corrected prior to the delivery of medication, also known as a quality-related event, should be documented. In addition, the pharmacy should choose one or two areas of improvement to monitor. Goals should be set and a system devised to regularly (at least quarterly) assess progress. When goals are achieved, the pharmacy should choose other/additional areas for improvement. Over time, the plan should address the entire prescription process as well as isolated events when they occur.

In order to be successful, it is essential that QA efforts be communicated among pharmacy staff. Appropriate efforts should be taken to ensure that all employees are familiar with the QA plan as well as the policy and procedure changes that the plan brings about.

The QA program should be continually updated to allow for new improvement tracking as well as new best practices. It is intended that pharmacies will start simply and then develop a plan that will meet their needs and the needs of their patients. The program can be maintained by a pharmacist or certified pharmacy technician as long as there is professional oversight and communication within the staff. The Board currently will not be inspecting the QA programs. However, they will expect to see that procedures are in place, monitoring in progress, and initiatives being taken to improve care.

This website includes examples of quality-related events, areas to monitor and QA procedures, as well as blank forms and a number of ready-to-implement quality assurance initiatives. There is no requirement to use the materials provided by the Board, but they are intended to help you get started. It is understood that many pharmacies have organizational quality assurance plans. These will be acceptable if you are able to show your active participation in the plan to the inspectors.

1. Quality Care Pharmacy Program. Continuous Quality Improvement. Australia
[http://www.qcpp.com/continuous_quality_improvement.htm]

Quality-Related Events

. The term quality-related event includes (but is not limited to):

- Incorrect drug
- Incorrect drug strength
- Incorrect patient
- Inadequate or incorrect packaging, labeling, or directions
- Over-utilization or under-utilization
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

Examples of Areas to Monitor

- Is a date of birth or some identifying piece of information obtained for every new prescription dropped-off?
- Are complete demographics, allergies and health conditions obtained for each patient?
- Are patient profiles being accessed and verified using date of birth or some identifying piece of information other than the patient's name?
- Is there a double-check of prescription data prior to submitting information and obtaining a label?
- Is the counting technician checking the prescription prior to sending it off for final verification?
- Are expiration dates checked and adjusted if necessary when filling prescriptions?
- Are out-dates being pulled?
- Is freight being put away and rotated properly?
- Is there a set process of verification all pharmacists use?
- Are DURs done by a pharmacist or intern on all prescriptions?
- Is the pharmacist or intern actively consulting with patients?
- Is counseling and refusal of counseling being properly documented by pharmacist or intern?
- Is the pharmacist verifying phoned-in prescriptions by repeating information back to the prescriber?
- Is the pharmacist requesting identifying patient information on all phoned-in prescriptions?
- Is an open-ended question used to verify the patient is receiving the right prescription?

[CQI Program Power Point](#)

[Quality Related Event Form](#)