Quality Assurance Action Plan Form

**Quality Related Parameter to be Monitored:** Outdated drugs in inventory

**Date Deficiency Noted:** 5/5/10

**Action Plan:** In an effort to decrease outdated drugs in inventory we will implement a quarterly total inventory inspection by technicians to remove outdated products. This will take place the first Wednesday morning of each month. Responsibility for this task will shift among technicians depending solely on who is scheduled to work that day.

**Assessment Plan:** Monthly random checks of seven drug storage shelves will continue. After three quarters we will assess if improvement is sufficient. If it is, the above plan will become permanent. If it is not, we will formulate a new action plan.

By signing I hereby acknowledge that I have read, understand, and agree to implement the above addition to our policies and procedures.

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Quality-Related Event Documentation

I. QRE Prescription Data
Prescription No.: 123456
Attach copy of: prescription ✓ label □ photo copy of vial ✓ (mark all available)

II. QRE Data
QRE Type: (select all that apply)
A. Prescription processing error:
   (1) Incorrect drug □
   (2) Incorrect strength □
   (3) Incorrect dosage form □
   (4) Incorrect patient ✓
   (5) Inaccurate or incorrect □
      packaging, labeling, or directions
   (6) Other: ______________
B. A failure to identify and manage:
   (1) Over/under-utilization □
   (2) Therapeutic duplication □
   (3) Drug-disease contraindication □
   (4) Drug-drug interactions □
   (5) Incorrect duration of treatment □
   (6) Incorrect dosage □
   (7) Drug-allergy interaction □
   (8) Clinical abuse/misuse □

Prescription was received by the pharmacy via: ✓ telephone □ written □ computer □ fax
Prescription was: ✓ new □ refill

III. QRE Contributing Factors
Day of the week and time of QRE: Friday @ 6:00pm
# of new prescriptions: _100_   # of refill prescriptions: _260_   RPh to tech ratio: _1:2_
RPh staff status: ✓ regular staff □ occasional/substitute staff
# of hours RPh on duty: _8_   Average # of prescriptions filled per hour: _40_
# of other RPh’s on duty: _0_   # of support staff on duty: _2_
Describe preliminary root contributors: We have not been consistently requesting a second patient identifier in addition to the patient name. This is the suspected root cause of this error in which two similar patient names were confused and the drug was dispensed to the wrong patient.
Describe remedial action taken: First, James Doe was contacted to ensure that he had not been provided incorrect drugs. Training was developed to educate pharmacy staff on the importance of obtaining at least two patient identifiers when dispensing a prescription. By default, we will always ask for name and date of birth. The patient is to state these identifiers, not confirm them when stated by the employee. Training was provided verbally and all staff acknowledged by signature their understanding of the policy.

Name and title of preparer of this report: __Billy Johnson, RPh____
Date: _28 June___
Quality Assurance Tracking Form
Year: 2010

**Quality Related Parameter to be Monitored:** Outdated drugs in inventory

**Measurement Method:** We will perform monthly random checks of seven drug storage shelves and determine the percentage based on these.

**Plan to Assess Progress:** Any findings below goal will be immediately reported to the Pharmacist-in-Charge. Deficiencies will then be addressed by creating and documenting an action plan.

<table>
<thead>
<tr>
<th>Results</th>
<th>GOAL</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>&lt;5%</td>
<td></td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>12%</td>
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| Date    |      | 1/6 | 2/3 | 3/9 | 4/2 | 5/5 |     |     |     |     |     |     |     |

| Employee Performing Measurement |      | JB  | GR  | GR  | SC  | SC  |     |     |     |     |     |     |     |

| Supervising Pharmacist           |      | AR  | AR  | GH  | AR  | GH  |     |     |     |     |     |     |     |