



2022
HOSPITAL PHARMACY/HOSPITAL WITH RETAIL
SELF-INSPECTION FORM

ATTENTION: PHARMACIST-IN-CHARGE (PIC)

Oregon law holds the pharmacist-in-charge (PIC) and all pharmacists on duty responsible for ensuring pharmacy compliance with all state and federal laws governing the practice of pharmacy. Failure to complete this form by February 1, 2022, and within 15 days of becoming PIC (as required by OAR 855-019-0300) may result in disciplinary action.

The primary objective of this form and your self-inspection is to provide an opportunity to identify and correct areas of non-compliance with state and federal law. (Note: Neither the self-inspection nor a Board inspection evaluates your compliance with all laws and rules of the practice of pharmacy.) The inspection form also serves as a necessary document used by Board Compliance Officers during an inspection to evaluate a pharmacy's level of compliance.

Following your self-inspection and completion of the form, please review it with your staff pharmacists, technicians, and interns, correct any deficiencies noted, sign and date the form and file it in a readily retrievable manner. **DO NOT SEND** to the Board office. You are responsible for ensuring your completed form is available at the time of inspection.

Board inspections are not scheduled; therefore, it is common for the PIC to be absent or unavailable at the time of inspection. For this reason, you are asked to provide a list of the locations of required documents. Having all required documents and records maintained in a well-organized and readily retrievable manner (a binder is recommended) increases compliance and may improve the efficiency of the inspection.

Do not assume that the pharmacy is in compliance. Please review Board regulations and take the time to personally verify that compliance exists. Email all Compliance related questions to pharmacy.compliance@bop.oregon.gov. (Note: The Board does not provide individualized legal advice on how the law applies to practice in the field. You may also want to contact a qualified attorney.)

By answering the questions and referencing the appropriate laws and rules provided, you can determine whether the pharmacy is compliant with many of the rules and regulations. If you have corrected any discrepancies, please write corrected and the date of correction by the appropriate question.

The Board offers a PIC training course. Check the Board website for more information.

2022
HOSPITAL PHARMACY/HOSPITAL WITH RETAIL
SELF-INSPECTION FORM

All PICs of hospital pharmacies MUST complete and sign this inspection form and have it available for inspection within 15 days of becoming PIC and by 2/1/2022 (as required by OAR 855-019-0300).

Date PIC completed Self-Inspection: _____

PIC Name: _____

PIC License #: _____

PIC e-mail: _____

Pharmacy: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

DEA #: _____ Exp: _____

Institutional Outlet Registration #: _____

Retail Outlet Registration #: _____

Nonprescription Drug Outlet Registration #: _____

Hours of operation: _____

Date: _____

In-person or Virtual Inspection (circle)

Compliance Officer:

RPh present for inspection:

Result: _____

Comments: _____

Please list where the following items are located inside the pharmacy. Be as specific as possible; there can be many filing cabinets and binders.

PIC Inspection Forms for the last 3 years: _____

Policies and Procedures:

Current written Drug Outlet Procedures: _____

Diversion; Prevention and Supporting Documentation: _____

CDTM: _____

Telework: _____

Controlled Substances:

Current written annual controlled substance inventory: _____

Schedule II Invoices for the last 3 years: _____

Schedule III-V Invoices for the last 3 years: _____

Completed CII order forms (DEA form 222) for last 3 years: _____

Perpetual Schedule II inventory & Monthly reconciliations: _____

Training:

Drug Storage Training Documents: _____

Technician Training Documents: _____

Aseptic manipulative skills testing: _____

Telework: _____

CDTM:

Agreements: _____

Cold Drug Storage Records:

Policies and procedures: _____

Temperature logs: _____

Quarterly validation of cold storage equipment: _____

Drug storage monitoring plan: _____

Emergency action plan: _____

Telework:

Telework written agreement: _____

Telephone Audio Recordings: _____

Documentation of patient interactions reviewed: _____

Still image captures or store and forward prescription information: _____

****Compounding documentation records are requested on the Compounding Self-Inspection form that must be completed if the pharmacy is performing any compounding****

You are required to confirm whether or not the outlet is compliant and mark the appropriate box to the left of each item. Resolve all deficiencies and write the date of correction if applicable.

Public Health Emergency (PHE) and COVID

Yes	No	N/A		Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Are staff aware that Division 7 rules are ONLY in effect during a Public Health Emergency declared by the Governor? OAR 855- 007
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Are staff familiar the COVID-19 resources on the Board of Pharmacy website (Covid Communication Update)? https://www.oregon.gov/pharmacy/Pages/COVID-19.aspx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Are staff wearing masks or appropriate face coverings per current OHA requirements? OAR 855-007-0088 OAR 333-019-1011 OAR 333-019-1025

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<p>Are staff familiar with the Oregon Occupational Safety and Health Administration (OSHA), and how they are involved with workplace safety during the COVID-19 PHE?</p> <p>OSHA sets and enforces protective workplace safety and health standards as well as providing information, training and assistance to employers and workers.</p> <p>To file a complaint with OSHA: https://osha.oregon.gov/workers/Pages/index.aspx</p>	https://osha.oregon.gov/covid19/Pages/default.aspx

General Requirements

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<p>Is the hospital accredited?</p> <p>If yes, by whom?</p> <p>Date of the last accreditation survey:</p> <p><i>*Please attach all pharmacy observations and recommendations.</i></p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<p>Are the current pharmacy license(s), DEA registration, pharmacist license(s), intern license(s), preceptor license(s) and technician license(s) posted?</p>	ORS 689.615
<input type="checkbox"/>	<input type="checkbox"/>		7	<p>Are pharmacists, technicians & interns aware that they must report felony arrests, felony, or misdemeanor convictions, and suspected and known violations to the Board within 10 days and suspected or known drug theft within 1 business day?</p> <p>Note: Any theft or significant loss of drug must be reported by the outlet to the Board and DEA within 1 business day.</p> <p>Note: It is the responsibility of the licensee to report any change in email, employment location and home/ mailing address to the Board within 15 days.</p>	OAR 855-019-0205 OAR 855-025-0020 OAR 855-031-0020 OAR 855-041-1030 CFR 1301.76(b)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<p>Is the PIC/pharmacy reporting all employment terminations or resignations in lieu of termination of licensees' employment to the Board within 10 days?</p>	OAR 855-041-1010(2)
			9	<p>What are the procedures to maintain supervision of pharmacy?</p>	OAR 855-019-0200(8) OAR 855-041-1020(1) OAR 855-041-1040(1) OAR 855-041-6200

Yes No N/A

Rule Reference

				Who is permitted to access the pharmacy and under what conditions?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<p>Are Drug Outlet Procedures compliant with Oregon laws and rules, and do they reflect the current practice at the outlet? Items to be addressed:</p> <ul style="list-style-type: none"> • Drug Security • DUR (both new and refilled prescriptions) • Prescription verification and identification of the responsible pharmacist • Delivery of completed prescription(s) • Counseling • Verifying appropriate licensure and training of all staff • Continuous Quality Improvement Program • Providing oral interpretation and translation services for any patient who is of limited English proficiency, and prescription readers for a visually impaired patient as required by OAR 855-041-1131 and OAR 855-041-1132. <p>Date reviewed with staff:</p>	OAR 855-041-1040
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<p>Do technicians know who is supervising, directing, and controlling them and do all pharmacists know who they are supervising, directing, and controlling during any given shift?</p> <p>*Please complete page 20 – location of technicians</p>	ORS 689.486
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<p>Did PIC review the written procedures that describe the tasks performed by technicians and the methods of verification?</p> <p>Date of PIC review:</p>	OAR 855-025-0025(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<p>Is each technician under the supervision, direction, and control of a pharmacist?</p> <p>Is all work performed by a technician that requires judgement verified by a pharmacist?</p> <p>How is pharmacist verification of technician work documented?</p>	OAR 855-025-0025(4)

Yes No N/A

Rule Reference

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Does the pharmacy quarantine ALL outdated, adulterated, misbranded and suspect product?	OAR 855-041-1025 OAR 855-041-1036(1)(d)
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Controlled Substances

Yes No N/A

Rule Reference

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Was the controlled substance (CII-V) inventory performed on one day, within 12 months (367 days) of the last inventory? Date of last annual CII-CV inventory: Note: 24-hour pharmacies need to indicate the time frame in which the inventory was completed. It is acceptable to have one report for the central pharmacy then additional reports for other areas that have floor stock, including ADCs, kits, carts, and ED pre-packs.	OAR 855-080-0070
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	Is the annual CII inventory filed separately from the CIII-CV inventory and are CII invoices and prescriptions filed separately from other prescriptions and invoices?	21 CFR 1304.04
			17	Is the hospital following established procedures to account for all controlled substances? Does the pharmacy utilize electronic surveillance to assist with this? Please attach policy and procedure.	OAR 855-041-6600
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	What is the pharmacy's process for reconciling the quantity of controlled substances received on invoice and the quantity added into inventory? Note: BOP recommends that the same person does not complete both processes.	OAR 855-041-6600 OAR 855-041-6200(3)(c) OAR 855-019-0200(8)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	Does the pharmacy maintain a perpetual CII inventory system documenting drugs received, stored, and distributed by the pharmacy that is reconciled with an actual inventory at least monthly? Where are the records located?	OAR 855-041-6610(1)(a)

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	Is there a quality assurance procedure for the random sampling of the CII inventory performed at least quarterly, which includes auditing of dose-by-dose administration? Where are the records located?	OAR 855-041-6610(1)(c)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	How does the PIC/pharmacy maintain the security of controlled substances that have been quarantined (outdated, adulterated, misbranded, and suspect product)? Are quarantined controlled substances included in the inventory?	

Labeling

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	Is there documentation identifying the pharmacist who verifies a drug prior to dispensing? Where are the records located?	OAR 855-041-6270(1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	Are repackaged unit dose drugs labeled with the following? <ul style="list-style-type: none"> Name, strength, and expiration date Manufacturer and lot number, or an internal pharmacy code that references the manufacturer and lot number Note: This includes labeling individual oral syringes.	OAR 855-041-6270(2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	Does the pharmacy add a barcode or an electronic label to any drug? If yes, the pharmacist <u>must verify and document</u> the accuracy prior to distribution.	OAR 855-041-6270(6)

Emergency Kit and Code Cart

Yes	No	N/A			Rule Reference
			25	An emergency kit consists of those drugs which may be required to meet the immediate therapeutic needs of in-patients and are	OAR 855-041-6420(2)

Yes	No	N/A		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		not available from any other authorized source in sufficient time to prevent risk of harm to patients. Does a pharmacist verify and document the contents of all emergency kits? (Such as a Malignant Hyperthermia Kit, Stroke Kit, RSI Kit, or Maternal Hemorrhage Kit)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	Is each kit/code cart locked and labeled with name, strength, quantity, and expiration date of the kit? Note: The expiration date of the kit should be the expiration date of the first drug to expire in the kit/cart. The label/list must be on the exterior of the kit/cart.	OAR 855-041-6420(6) and (7)

Automated Distribution Cabinets (ADC), Floor Stock, Non-emergency Trays and Kits N/A

Yes	No	N/A		Rule Reference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	Does the outlet have policies and procedures for inspection of drug storage areas (at least every 2 months) that includes verification and documentation of proper storage, documentation of distribution and administration of controlled substances, absence of outdated drugs, temperature monitoring and integrity of emergency drug supply? Where are the records located? Who performs this inspection?	OAR 855-041-6200(3)(d)
			28	Who does the PIC permit to access ADC's? Note: A nurse or technician is not permitted to return a drug to an ADC after removing it, except to place in a designated return bin.	OAR 855-041-6540(4)
			29	How does the pharmacy ensure that all returned drugs from ADC's are reviewed by a pharmacist prior to returning them to the pharmacy inventory?	OAR 855-041-6540(7)

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	Is a count confirmation performed at all times a controlled substance is accessed (loaded, unloaded, removed, and inventoried) in an ADC? Note: Discrepancies must be documented and reconciled.	OAR 855-041-6540(8)

Absence of a Pharmacist N/A

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	Does the pharmacy utilize off-site or non-resident pharmacists to perform remote verification? Note: This requires Oregon registration and remote processing designation.	OAR 855-041-3300
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Does the hospital use a night cabinet or allow after-hours access to the pharmacy?	OAR 855-041-6300
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Is access to night cabinet or pharmacy limited to one authorized registered nurse on a shift? Where is the authorized nurse's identity designated in writing with documentation of the nurse(s) training in the proper procedure for access, removal of drugs and recordkeeping?	OAR 855-041-6305 OAR 855-041-6310
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	When a drug is removed after hours, is the pharmacist confirming that: <ul style="list-style-type: none"> • The nurse has been appropriately trained • The nurse's initials are documented • A copy of the practitioner's order is left for verification • Either the container from which the drug was removed, or an identical unit dose is left for accuracy verification 	OAR 855-041-6310(2)

Collaborative Drug Therapy Management (CDTM)

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Do pharmacists participate in Collaborative Drug Therapy Management (CDTM) agreements? <i>Examples: Vancomycin-dosing and anticoagulation-dosing.</i>	OAR 855-019-0260
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	Does the written CDTM agreement contain the following: <ul style="list-style-type: none"> • Identification of the participating pharmacist(s) and practitioner(s) • The name of the principal pharmacist and practitioner who are responsible for development, training, administration, and quality assurance of the arrangement • The types of decisions that the pharmacist is allowed to make and when the pharmacist should initiate communications with the practitioner 	OAR 855-019-0260 (2)(a-g) and (3)

Yes	No	N/A			Rule Reference
				Where are the records located?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Are CDTM agreements being reviewed and updated at least every two years?	OAR 855-019-0260(2)(h)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	Are the practitioner and pharmacist identified on each prescription order? Note: The practitioner is the individual who referred the patient for treatment under the CDTM agreement. For a prescription written by a pharmacist under CDTM to be valid, the practitioner must be identified as the prescriber.	OAR 855-019-0260(2)(a-b)

Medication History/Reconciliation

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	Is the pharmacy involved? If yes, what is the pharmacist's role?	
			40	Who performs medication history gathering for medication reconciliation?	OAR 855-025-0025
			41	If a technician is involved, how are they supervised? How and when is the technician's work verified by a pharmacist? Provide technician training specific to this task.	ORS 689.486(6) OAR 855-025-0025(6)(1)

Drug Storage

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Does each active cold storage system maintain the temperature of refrigerated products between 2-8°C (35-46°F) and frozen products between -25 to -10°C (-13 to 14°F) or as specified by the manufacturer?	OAR 855-041-1036

Yes No N/A

Rule Reference

				Note: An excursion is any temperature outside of these specified parameters.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	Does the pharmacy have documented training for ALL pharmacy personnel related to the drug storage monitoring plan? Where is the training documentation located?	OAR 855-041-1036(2)
			44	Where is the pharmacy's emergency plan for all refrigerated and frozen products located?	OAR 855-041-1036(2)(b)(F)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	Does the pharmacy have a quality assurance plan specific to vaccine storage?	OAR 855-041-1036(3)(a)(E)
			46	Explanation and documentation of ALL drug storage excursions must include at least all the following: <ul style="list-style-type: none"> • The event date & time frame; • The name of person(s) involved in response; • How long drug(s)/vaccine(s) were out of range; • Temperature variances; • Pharmacist review of duration and variance; • The decision to quarantine for destruction each drug/vaccine affected or that each drug/vaccine affected is safe for continued use; • Which pharmacist made the final decision; • The information resource used to determine whether drug/vaccine is safe for continued use. Where are the records located?	OAR 855-041-1036(2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	Does the hospital conduct quarterly validations of each active vaccine storage unit and their monitoring equipment? How are quarterly validations conducted? Where the records located? Note – Quarterly validations are not the same as the calibration of thermometers.	OAR 855-041-1036(3)

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	How does the hospital ensure calibrations of the thermometers are conducted as specified by the manufacturer?	OAR 855-041-1036(2)(b)(B)

Telework

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<p>Do pharmacy staff (Pharmacists, Interns or COPT) work on behalf of the drug outlet pharmacy from a location physically outside of the pharmacy (i.e. their home)?</p> <p>Note: This is considered telework at a telework site by the board. This is not applicable to pharmacists not working on behalf of a board registered drug outlet and the technicians who are assisting those pharmacists.</p> <ul style="list-style-type: none"> If the answer is No to this question, please proceed to the next set of questions. 	OAR 855-041-3205
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<p>Does the pharmacy ensure that?</p> <ul style="list-style-type: none"> Only OR licensed Pharmacists, Interns, and COPTs (with at least one year of experience) are providing pharmacy services to Oregon patients All licensees comply with applicable federal and state laws and rules; and NO DRUGS or DEVICES are permitted at a telework site 	OAR 855-041-3215 OAR 855-041-3235
			51	How does the PIC and Pharmacists ensure the supervision, direction, and control of COPTs?	OAR 855-041-3215 OAR 855-041-3220
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	Does the pharmacy have a written agreement that includes all condition, duties and policies governing the licensee engaged in telework activities?	OAR 855-041-3215 OAR 855-041-3245
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<p>Does the pharmacy maintain a continuously updated list of all licensees engaged in telework and the Telework Sites that includes all of the following:</p> <ul style="list-style-type: none"> Address and phone number where telework is performed for each Telework Site? Functions being performed by licensees engaged in telework? The Pharmacist providing supervision, direction, and control for each non-pharmacist licensee? 	OAR 855-041-3215 OAR 855-041-3250

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<p>Are all of the following supervision requirements met?</p> <ul style="list-style-type: none"> • Utilize technology that enables real-time audio and visual connections and interface to allow access to information required to complete assigned duties • Ensure telephone audio is recorded, reviewed, and stored, for all patient interactions completed by each Intern and COPT • Ensure a pharmacist is supervising, directing, and controlling each Intern and COPT and that the continuous audio/visual connection is fully operational • Ensure that a pharmacist using professional judgment, determines the frequency of "checkins" for each licensee being supervised via the real-time audio and visual connection with a minimum of at least once per work shift, and documents the interaction • Ensure a pharmacist is readily available to answer questions and fully responsible for the practice and accuracy of the licensee; and • Ensure the Intern or COPT knows the identity of the Oregon licensed Pharmacist who is providing supervision, direction, and control at all times • Provide adequate staff to allow the pharmacist to complete required technician reviews 	OAR 855-041-3220
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<p>Are all of the following supervision requirements met by the Pharmacist?</p> <ul style="list-style-type: none"> • Using professional judgment, determine the percentage of patient interactions for each licensee that must be reviewed to ensure public health and safety with a minimum of 5% of patient interactions observed or reviewed • Review patient interactions within 48 hours of the patient interaction to ensure that each licensee is acting within the authority permitted under their license and patients are connected with a pharmacist upon request • Document the following within 48 hours of the review in <ul style="list-style-type: none"> ○ Number of each licensee's patient interactions; ○ Number of each licensee's patient interactions pharmacist is reviewing; ○ Date and time of licensee patient interaction pharmacist is reviewing; ○ Date and time of pharmacist review of licensee's patient interaction; and ○ Pharmacist notes of each interaction reviewed; and • Report any violation of OAR 855 to the Oregon registered Drug Outlet Pharmacy within 48 hours of discovery and to the board within 10 days 	OAR 855-041-3220
			56	<p>How does the pharmacy ensure patient confidentiality?</p> <p><i>Continued below</i></p>	OAR 855-041-3225 OAR 855-041-3240

				<p>Note: All computer equipment used at the Telework Site must:</p> <ul style="list-style-type: none"> • Establish and maintain a secure connection to the pharmacy and patient information; • Utilize equipment that prevents unauthorized access to the pharmacy and patient information; • Be configured so that the pharmacy and patient information is not accessible when <ul style="list-style-type: none"> ○ There is no Pharmacist actively supervising ○ There is no licensee at the telework site ○ When any component of the real-time audio-visual connection is not functioning • Comply with security and confidentiality requirements 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	Is a COPT or Intern able to access the pharmacy and patient information when a pharmacist is not actively supervising?	OAR 855-041-3240
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	<p>Are the following technology requirements met?</p> <ul style="list-style-type: none"> • Test the continuous audio and visual connection and document that it operates properly before engaging in telework. • Develop, implement, and enforce a plan for responding to and recovering from an interruption of service which prevents a pharmacist from supervising, directing, and controlling the Intern and COPT at the Telework Site • Ensure access to: <ul style="list-style-type: none"> ○ Appropriate and current pharmaceutical references based on the services offered; and ○ Appropriate and current Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, standards adopted by reference (e.g. USP) based on services offered by the outlet and a minimum of three years of the Board of Pharmacy quarterly newsletters. • Train the Pharmacists, Interns and COPT in the operation of continuous audio and visual connection 	OAR 855-041-3230
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	<p>If a pharmacist is performing verification via telework, are all of the following requirements met?</p> <ul style="list-style-type: none"> • Use still image capture or store and forward for verification of prescriptions with a camera that is of sufficient quality and resolution so that the Pharmacist from the Oregon registered Drug Outlet Pharmacy can visually identify each <ul style="list-style-type: none"> ○ Source container including manufacturer, name, strength, lot, and expiration; ○ Dispensed product including the imprint and physical characteristics; ○ Completed prescription container including the label; and ○ Ancillary document provided to patient at the time of dispensing 	OAR 855-041-3230(1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	Does each Pharmacist determine and document how many licensed individuals they are capable of supervising, directing, and controlling?	OAR 855-041-3235

Yes	No	N/A			Rule Reference
				Note: When supervising an Intern or COPT working at a Telework Site, the Pharmacist may supervise no more than four licensees among all locations , including the Pharmacy.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61	Are all records maintained with in the requirements of OAR 855-041-3250?	OAR 855-041-3250

If the pharmacy performs any drug compounding, you are also required to complete the Compounding Self-Inspection form located on the Board website.

**2022
HOSPITAL WITH RETAIL PHARMACY
SELF-INSPECTION FORM**

If the Hospital Pharmacy has a Retail Registration, completion of the following abbreviated *HOSPITAL WITH RETAIL PHARMACY SELF-INSPECTION FORM* is required. Alternately, a *RETAIL/LONG TERM CARE/HOME INFUSION PHARMACY SELF-INSPECTION FORM* must be completed if the hospital has a traditional retail pharmacy and dispenses prescriptions to the public beyond dispensing ED prepacks from the emergency room.

General Requirements

Yes	No	N/A			Rule Reference
			62	Please indicate the types of prescriptions dispensed from this retail drug outlet: Take-home prescriptions for discharged patients Take-home prescriptions for emergency room patients Employee prescriptions Staff physicians (non-employees) Prescriptions for hospice patients Other (please specify):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63	Are drug outlet procedures compliant with Oregon laws and rules and do they reflect the practice at the outlet? Date reviewed with staff: Items to be addressed: <ul style="list-style-type: none"> • Drug Security • DUR • Pharmacist Verification and Documentation <i>Continued below</i>	OAR 855-041-1040

Yes	No	N/A			Rule Reference
				<ul style="list-style-type: none"> • Drug delivery • Pharmacist advice/consultation • Verifying Licensure and Training of all staff • Continuous Quality Assurance • Providing oral interpretation and translation services for any patient who is of limited English proficiency, and prescription readers for a visually impaired patient • Drug Storage 	

Outpatient Medications (including ED pre-packs)

Yes	No	N/A			Rule Reference
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	<p>Are all prescription dispensing records verified by a pharmacist within 24 hours of dispensing an ED pre-pack?</p> <p>If the pharmacy is closed, records shall be reviewed during the first day the pharmacy is open, but not to exceed 72 hours following the dispensing.</p> <p>Note: This includes verifying name, strength, quantity of medication dispensed, directions for use, performing a DUR and documenting the review.</p>	OAR 855-041-6410
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	<p>Does the pharmacy utilize an automated dispensing machine (i.e. Instymed® machine) for emergency room dispensing?</p> <p>Is the pharmacist performing a DUR for these dispensed drugs?</p> <p>If yes, please attach policy and be prepared to show documentation.</p>	OAR 855-041-6410
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66	<p>Are all outpatient prescriptions labeled with: the name, address and telephone number of the pharmacy, name of drug, strength, number of units, identifier of the manufacturer or distributor for generics without brand names, accessory cautionary information, product identification label and an expiration date?</p>	OAR 855-041-1130
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67	<p>Are prescription labels available in all of the 14 languages required, if requested by the patient or patient's agent?</p> <p>If not, what is the anticipated date of compliance?</p> <p>Note: The prescription must bear a label in both English and the language requested.</p>	OAR 855-041-1132 ORS 689.564
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68	<p>Does the pharmacy provide prescription readers for visually impaired patients? Are prescription readers available and appropriate to address a person's visual impairment?</p>	OAR 855-041-1131 ORS 689.561
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69	<p>Does the pharmacy display information to patients that the pharmacy will offer language assistance to patients who need it?</p>	OAR 855-041-1035 OAR 855-041-1131

Yes No N/A

Rule Reference

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	Does the practitioner or nurse label the container for emergency outpatient prescriptions with the following: <ul style="list-style-type: none">• Name of patient,• Directions for use, date, identifying number• Name of prescribing practitioner• Initials of the dispensing nurse? Where are error and discrepancy records kept?	OAR 855-041-6410 OAR 855-041-6410(1)(i)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71	Is the amount of medication contained in each ED prepack limited to an emergency supply to meet the acute care needs of a patient? Are prepack medications limited by policy and procedures? Note: ED prepacks may not exceed 48-hour supply with limited exceptions permitted by Board rule.	OAR 855-041-6410(3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	Is <u>written</u> drug information provided to the patient?	OAR 855-041-6410(1)(c)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73	Is the pharmacist/intern documenting counseling on new prescriptions and refills that require counseling at the time of interaction? Note: Pharmacist/intern must specify if counseling is provided or declined.	OAR 855-019-0230
			74	Please explain the method used in the pharmacy to identify prescriptions that require counseling:	

I hereby certify that I have verified this outlet is in compliance with all laws and rules, have read and verified that written policies and procedures reflect current practices, have documented training of technicians and the answers marked on this form are true and correct.

Printed Name of PIC:

License #:

Signature of PIC:

Date:

LOCATION OF TECHNICIANS

Please use this page to list where technicians are located outside of the central pharmacy (full time or part time). What are they doing at each location? How are they supervised?

<u>LOCATION</u>	<u>TASKS/DUTIES</u>	<u>SUPERVISION</u>
<i>Example: Multiple floors</i>	<i>Refilling ADCs</i>	<i>Supervised by staff inpatient RPh</i>