



## 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

EXAMPLE

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Quality Related Parameter to be Monitored: **Outdated drugs in inventory**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

	GOAL	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Results	<5%	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>12%</b>							
Date	--	<b>1/6</b>	<b>2/3</b>	<b>3/9</b>	<b>4/2</b>	<b>5/5</b>							
Employee Performing Measurement	--	<b>JB</b>	<b>GR</b>	<b>GR</b>	<b>SC</b>	<b>SC</b>							
Supervising Pharmacist	--	<b>AR</b>	<b>AR</b>	<b>GH</b>	<b>AR</b>	<b>GH</b>							