

Example #1-Outdated stock

- **GOAL:** Less than 5% of drugs in stock will be outdated at any one time.
- **Measurement method:** A random inspection of seven drug storage shelves will be completed once per month. Percentage of outdated drugs will be determined based on these selections. If findings are at goal, no further action is necessary but random inspections will continue. If findings are not at goal, an improvement plan will be developed.

Assume now that at one of the random inspections it was found that 12% of drugs were outdated . . .

	GOAL	J	F	M	A	M	J	J	A	S	O	N	D
Outdated drugs in inventory	<5%	3%	0%	0%	4%	12%							

•**Action Plan:** In an effort to decrease outdated drugs in inventory we will implement a quarterly inventory inspection by technicians to remove outdated products. Random inspections will continue on a monthly basis to determine if this plan has resolved the situation.

Assume now that after 3 months all random inspections have been at goal . . .

	GOAL	J	F	M	A	M	J	J	A	S	O	N	D
Outdated drugs in inventory	<5%	3 %	0 %	0 %	4 %	12 %	2 %	0 %	1 %				

Assessment: Implementation of plan was successful. Monthly review of all drugs will continue as standard practice.

But if after 3 months random inspections had continued to yield results >5% . . .

	GOAL	J	F	M	A	M	J	J	A	S	O	N	D
Outdated drugs in inventory	<5%	3%	0%	0%	4%	12%	7%	8%	10%				

Assessment: Plan was not successful. Further investigation will be necessary to ensure that plan was properly implemented and to address deficiencies. Once deficiencies are noted, a new plan will be tested to address them

Example #2- Counseling Documentation

- **GOAL:** 98% of appropriate prescriptions will be offered counseling.
- **Measurement method:** Offer to counsel will be documented by initials of pharmacist/intern in appropriate area of prescription log book. Logs of 75 new prescriptions will be randomly checked every two weeks. If findings are at goal, no further action is necessary but random inspections will continue. If findings are not at goal, an improvement plan will be developed.

Assume now that one of the bimonthly inspections revealed only 92% were offered counseling . . .

	GOAL	J1	J2	F1	F2	M1	M2	A1	A2	M1	M2	J1	J2
Counseling Offered	98%	92%											

Action Plan: In an effort to improve counseling, the checking pharmacist will attach a pink bow to all prescriptions requiring pharmacist consultation as a reminder to other employees of the need for counseling.

Assume now that 4 consecutive bimonthly checks have been at goal . . .

	GOAL	J1	J2	F1	F2	M1	M2	A1	A2	M1	M2	J1	J2
Counseling Offered	98%	92%	100%	99%	99%	100%							

Assessment: Plan was successful. Pink bows will become standard of practice.

But if the 4 consecutive bimonthly checks had not been consistent . . .

	GOAL	J1	J2	F1	F2	M1	M2	A1	A2	M1	M2	J1	J2
Counseling Offered	98%	92%	97%	99%	96%	94%							

Assessment: Plan was not successful. We will stop attaching pink bows and investigate other options to reach our goal.

Example #3- Quality Related Single Event

- On June 15, John Doe returns to the pharmacy with a bottle of glipizide that was dispensed to him in error. The bottle is actually labeled for James Doe. He suggests that he won't complain to the Board of Pharmacy if you can show him evidence that you will take steps to prevent this error in the future.
- You immediately begin assessing the situation using the Quality Related Event Documentation form.

Quality Related Event Documentation

- 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.
- The manner of this documentation is left up to each particular pharmacy.
- The following is an example of proper documentation using the sample form provided on the Board of Pharmacy website.

- **Quality-Related Event Documentation**
- **I. QRE Prescription Data** Prescription No.: _____
- 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: B. A failure to identify and manage:
- (1) Incorrect drug (1) Over/under-utilization
- (2) Incorrect strength (2) Therapeutic duplication
- (3) Incorrect dosage form (3) Drug-disease contraindication
- (4) Incorrect patient (4) Drug-drug interactions
- (5) Inaccurate or incorrect packaging, labeling, or directions (5) Incorrect duration of treatment
- (6) Other: _____ (6) Incorrect dosage
- interaction (7) Drug-allergy
- (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: _____
- # of new prescriptions: _____ # of refill prescriptions: _____ RPh to tech ratio: _____
- RPh staff status: regular staff occasional/substitute staff
- # of hours RPh on duty: _____ Average # of prescriptions filled per hour: _____
- # of other RPh's on duty: _____ # of support staff on duty: _____
- Describe preliminary root contributors: _____

- Describe remedial action taken: _____

- Name and title of preparer of this report: _____
- Date _____

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%	3%	0%	0%	4%	12%							
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							

