

*This is the pharmacist quality assurance/improvement plan
used by the Washington State Pharmacists Association for pharmacies participating in
collaborative drug therapy management agreements.*

QUALITY ASSURANCE AND IMPROVEMENT PLAN FOR PHARMACISTS

Of the many issues now facing health professionals and people today, none seems more important than access to and assurance of quality care. People expect and deserve a high technical degree of competence from any provider, regardless of the setting in which services are provided. They also expect all encounters to be professionally conducted with enough time and courtesy for interpersonal interaction and information sharing. Care must be responsive to the preferences and values of the consumers of health services, and their opinions about care are important indicators of its quality. Thus, the understanding of quality includes the extent to which desired health outcomes are achieved, as well as how well the expectations of people affected are met.

Since 1979, the legal authority defining the practice of pharmacy in Washington State has included initiating, modifying, and monitoring drug therapy in accordance with written guidelines or protocols previously established and approved by a practitioner authorized to prescribe drugs (RCW 18.64.011[11] and WAC 236-863-100). This innovative practice, formerly called prescriptive authority and now more often called collaborative drug therapy management, is an efficient and successful way to enhance care utilizing a team approach. Physicians, or other providers with prescriptive authority (e.g., physician assistants, advanced registered nurse practitioners, nurse anesthetists) sign protocols authorizing pharmacists who have met certain standards to conduct specific drug and person or patient care activities.

Currently, there are nearly three hundred active protocols involving hundreds of physicians and pharmacists in Washington State. They cover emergency contraception, immunizations, prescription refills, anticoagulation monitoring, pain medication monitoring, and a variety of other services. Some of these are specific for hospital or in-care settings, such as total parenteral nutrition. Most are oriented for outpatient or community settings. They do not involve diagnosis of disease, but rather primary prevention or monitoring of already identified health problems. The intent is to prevent, screen, monitor, intervene, and refer early and regularly to avoid more adverse outcomes. By helping keep people as healthy as possible and by providing information to the primary care provider, better care is offered.

For collaborative drug therapy monitoring to work successfully, appropriate checks and balances and feedback systems must exist. Mechanisms to deal immediately with

negative or untoward events, as well as with consumer complaints or provider concerns, must also exist. Consumer protection and delivery of quality care are highest priorities.

Pharmacists today have many roles as professionals. They dispense and administer drugs and devices; monitor drug therapy; initiate and modify drug therapy in accordance with written guidelines and protocols; counsel and educate on drug therapies and intervention; as well as serve in other functions.

This plan is written to address quality assurance, assistance, and improvement specifically for the services provided by the pharmacist which relate to intervention, screening, and modification of drug therapy through collaborative drug therapy management. Many elements may be applicable for the more routine function of prescription filling and administration and dispensing of drugs. The focus of this plan is on the cognitive and collaborative services offered by pharmacists, because this is a newer domain of pharmacy practice.

Pharmacists consider the following elements fundamental to safe and effective practice.

LEGAL FOUNDATION

- A pharmacist is currently licensed in the state of Washington in accordance with RCW 18.64, with no pending disciplinary actions.
- An authorizing prescriber is currently licensed in the state of Washington in accordance with RCW 18.71, or other Chapter 18 requirements, with no pending disciplinary actions.
- Exemptions are given by the appropriate regulatory disciplining authority, if actions are pending.
- Current protocols exist and are on file with the Washington State Board of Pharmacy, Department of Health, and other regulatory Boards, if desired.

PROTOCOLS

- Protocols are written in accordance with the requirements of RCW 18.64.011 and WAC 236-863-100.
- Protocols are submitted to the Board of Pharmacy for review and approval every two years.
- Protocols are written by a practitioner authorized to prescribe drugs and a pharmacist, and are approved by the Board of Pharmacy with consideration to concerns of all professions involved. Processes are developed if other regulatory boards desire more involvement.
- Protocols are in effect unless rescinded in writing.
- Significant changes to the protocol during the two-year period are submitted to the Board of Pharmacy and other Boards, if appropriate, for approval.

- Protocols include quarterly reviews by the authorizing prescriber.

PHYSICAL LOCATION REQUIREMENTS

- Each location should have a private area for individual encounters. “Private” is defined as an area where conversations cannot be overheard and is relatively protected from interruption by others.
- Appropriate health education, consumer, patient, and professional materials will be readily available.

TRAINING

- Training requirements will vary depending on the specificity and complexity of the service provided, but will be standardized and consistent for each pharmacist desiring to provide that particular service.
- All training will include components on quality assurance and improvement, confidentiality, data and information requirements, documentation, referrals, and professionalism.
- If training in specific topics is necessary beyond that which is required for a degree and license to practice pharmacy, that training will be conducted by creditable organizations as approved by the American Council of Pharmaceutical Education (ACPE) and will be consistent with national recommendations and standards.
- Initial competency must be shown through certification, exam, or demonstration of knowledge and skills to the prescribing practitioner with whom the pharmacist has signed an agreement (to his or her satisfaction).
- Continued competency will be assessed every three years by on-site reviews and observation of the practice of the pharmacists performing the services under collaborative agreements.

DOCUMENTATION

- Each visit with a pharmacist for an intervention service by an individual will be documented.
- Standardized formats will be used to facilitate information transfer between pharmacists and physician, and other health care providers, as relevant.
- The pharmacist will retain this information and send a confidential summary of the encounter to the provider selected by the individual for the medical record.
- All interventions will include appropriate screening questions, information sharing, and counseling.

- Informed consents will be signed by the individuals indicating their understanding of the activities and risks and their approval for information to be sent to their provider.
- Aggregate information will be provided to the authorizing prescribing provider quarterly, and to others as requested.
- Individual encounters will be protected by confidentiality.

MANAGEMENT OF ADVERSE EVENTS DURING INTERVENTIONS

- The pharmacist will enact emergency procedures as necessary to ensure the health and safety of the individual (e.g., give Epinephrine for anaphylactic reaction; call 9-1-1; administer CPR).
- The pharmacist will notify the primary provider immediately.
- Appropriate reports will be submitted (e.g., Vaccine Adverse Event Reporting Form, if it is an immunization reaction/Medication Reporting, etc).
- The pharmacist will notify the authorizing prescribing provider of the event.
- The pharmacist notifies the Medical Director for HealthWise (WSPA), who is available for support and to discuss prevention of similar situations.
- The Medical Director for HealthWise (WSPA) will investigate the occurrence and notify the Board of Pharmacy or other regulatory board regarding information, only if deemed appropriate.
- Adverse medication events which are recognized in the course of the pharmacists performing the part of their duties relating to drug administration and dispensing, will be resolved through contact with the providers and individuals involved.
- For all encounters, pharmacists will advise who to call if there are concerns after leaving the pharmacy. This may vary and may include, for example, pharmacists themselves; the primary care doctor; an acute care center, depending on the hours; whether or not the individual has a provider; and other factors.

QUALITY ASSISTANCE AND ASSURANCE

- The authorizing prescriber will communicate with the pharmacist at least quarterly, and, if possible, will visit the site of practice annually.
- The Board of Pharmacy will inquire about collaborative drug therapy arrangements when conducting their routine quality assurance visits to pharmacies.
- Peer review and on-site visits from other pharmacists participating in collaborative drug therapy arrangements are encouraged. This will facilitate sharing of successful and innovative ideas, and allow a non-threatening exchange for improvement.

- The Medical Director for HealthWise (WSPA) will randomly conduct site visits to offer assistance, consultation, and to assure quality compliance.
- The Medical Director for HealthWise (WSPA) will serve as consultant and liaison for concerns raised by participating professionals or regulatory boards.
- Individuals will be invited to anonymously complete satisfaction surveys and make recommendations for improvement.
- Pharmacists and prescribing providers will be invited to complete satisfaction surveys and make recommendations for improvement. Surveys will be reviewed by WSPA and designated others for the purpose of quality improvement of services.

FOR FURTHER INFORMATION CONTACT:

Mimi Fields, MD, MPH
Medical Director, HealthWise
Phone: (360) 481-1242
Fax: (360) 754-3956
E-mail: mfields@mail.tss.net