

CHAPTER Ph 1700 CONTINUOUS QUALITY IMPROVEMENT

PART Ph 1701 PURPOSE AND SCOPE

Ph 1701.01 Purpose. The purpose of this chapter is to implement and regulate continuous quality improvement programs. The purpose of these programs shall be to assess errors that occur in the pharmacy in dispensing or furnishing prescription medications so that the pharmacy shall take appropriate action to prevent a recurrence. The purpose of the program is non-punitive and seeks to identify weaknesses in workflow and make appropriate corrections to improve.

Ph 1701.02 Scope. These rules shall regulate continuous quality improvement programs where the practice of pharmacy is permitted.

PART Ph 1703 DEFINITIONS

Ph 1703.01 “Continuous quality improvement” means a system of standards and procedures to identify and evaluate quality-related events and improve patient care.

Ph 1703.02 “Quality related event” means the inappropriate dispensing or administration of a prescribed medication including:

(a) A variation from the prescriber’s prescription order, including, but not limited to:

1. Incorrect drug strength;
2. Incorrect dosage form;
3. Incorrect patient; and
4. Inadequate or incorrect packaging, labeling or directions.

(b) A failure to identify and manage:

1. Over-utilization or under-utilization;
2. Therapeutic duplication;
3. Drug-disease contraindications;
4. Drug-disease contraindications;
5. Drug-drug interactions;
6. Incorrect drug dosage or duration of drug treatment;
7. Drug-allergy interactions; and
8. Clinical abuse/misuse.

Ph 1703.03 “Practitioner” or “licensed practitioner” means “practitioner” or “licensed practitioner” as defined in RSA 318:1, XV, namely, “means any person who is lawfully entitled to prescribe, administer, dispense, or distribute legend drugs to patients.”

Ph 1703.04 “Reportable incident or incident” shall mean a preventable medication error involving a prescription drug and resulting in any of the following;

- (1) The patient receiving the wrong drug;
- (2) The patient receiving an incorrect drug strength;
- (3) The patient receiving an incorrect dosage form;
- (4) The drug being received by the wrong patient;
- (5) Inadequate or incorrect packaging, labelling or directions; or
- (6) The dispensing of a drug to a patient in a situation that results in or has the potential to result in serious harm to the patient.

PART PH 1704: MINIMUM PROGRAM REQUIREMENTS

Ph 1704.01 Each pharmacy’s continuous quality improvement program shall meet the following minimum requirements:

- (1) Meet at least once each quarter each calendar year;
- (2) Have the pharmacy’s pharmacist in charge in attendance at each meeting; and
- (3) Perform the following during each meeting:
 - a. Review all incident reports generated for each reportable event associated with that pharmacy since the last quarterly meeting;
 - b. For each incident report reviewed establish the steps taken or to be taken to prevent a recurrence of the incident; and
 - c. Create a report of the meeting including at least the following information:
 - i. A list of persons in attendance;
 - ii. A list of the incident reports reviewed; and
 - iii. A description of the steps taken or to be taken to prevent recurrence of each incident reviewed.

PART PH 1705: REPORTING REQUIREMENTS

Ph 1705.01 Incident reports should contain at a minimum the following:

- (1) Initials and age of the patient;
- (2) Names of all associates involved in the incident;
- (3) Date of the incident;
- (4) Prescriber’s name, whether or not prescriber was contacted and the results of call;
- (5) Pharmacist’s description of the incident; and
- (6) Pertinent information that may have contributed to the incident including but not limited to:
 - a. Sick calls;
 - b. Unusual volume;
 - c. Technical problems; or
 - d. Other external issues that may have been contributing factors.

Ph 1705.02 For each pharmacy other than a medical care pharmacy, the pharmacist-in-charge shall ensure that procedures exist requiring each pharmacist who becomes aware of a reportable incident to report the incident as soon as practical.

Ph 1705.03 As soon as possible after discovery of the incident, the pharmacist shall prepare a report containing the following information:

- (1) Name, address, age, and phone number of any complainant, if available;
- (2) Name of each pharmacy employee involved;
- (3) Date of the incident and the date of the report;
- (4) Pharmacist's description of the incident;
- (5) Prescriber's name and whether or not the prescriber was contacted; and
- (6) the signatures of all pharmacy employees involved in the incident.

Ph 1705.04 The pharmacist-in-charge shall ensure that procedures exist requiring that the incident report be maintained in the pharmacy for at least 4 years in a manner so that the report can be provided to the board or its representative within three business days, upon request.

Ph 1705.05 The preparation of an incident report that meets the requirements of this regulation shall be the responsibility of each pharmacist involved in the incident and the pharmacist-in-charge. The maintenance of incident reports as required by this regulation shall be the responsibility of the pharmacist-in-charge

Ph 1705.06 Quarterly reports should consist of the following:

- (1) The date and time the meeting was held;
- (2) A list of all those in attendance; and
- (3) A summary of each incident report reviewed and a description of the action taken or to be taken to prevent recurrence.

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Ph 1705.04 QUARTERLY REPORTS

- (1) Results of the quarterly meetings and their reports shall be reviewed with all pharmacy personnel not present at the meeting. Once the report is reviewed with the associate a signature file should be kept with the report acknowledging this review.
- (2) Quarterly reports shall be maintained in the pharmacy department for a minimum of 4 years
- (3) Quarterly reports shall be available for board inspection.

PH 1706 CONTINUING EDUCATION

- (1) Pharmacists shall obtain 0.2 CEU's annually completing training related to continuous quality improvement or error reduction.