

Risk Management Self-assessment Checklist for Pharmacists (and Pharmacy Technicians When Applicable)

The checklist that follows is designed to assist pharmacists (and other pharmacy professionals where appropriate) in evaluating and modifying their current customs and practices, in order to enhance medication and patient safety.

Additional copies of the checklist may be downloaded at Healthcare Providers Service Organization (www.hpsso.com) or CNA Healthcare (www.cna.com).

Self-assessment Topic	Yes	No	Action(s) I need to take to reduce risks
Scope of Practice and Standard of Care			
I select a work environment that is consistent with my licensure, specialty certification, training, experience and personal workload tolerances.			
I know my competencies – including experience, training, education and skills – are consistent with the scope of work requested of me by my pharmacy and/or clinical setting.			
I ensure that my competencies and experience are appropriate before accepting an assignment to provide coverage for another pharmacist during breaks or unscheduled absences.			
I am provided with (or request and obtain) orientation whenever I work in a new or different location or setting.			
I obtain continuing education and training, as needed, to maintain my license and refresh and expand my competencies.			
I review my state's specific regulations regarding the scope of practice for pharmacists at least annually, in order to ensure that I understand and am in compliance with the legal scope of practice and standards of care for pharmacists in my state.			
I comply with the requirements of my state regarding other regulatory bodies, such as the board of medicine (if applicable).			
I prepare and dispense medications pursuant to a legal prescription from a licensed practitioner as defined and regulated in my state.			
I consult the prescribing practitioner if I am not provided with an appropriate, legible prescription or if I have any questions regarding the safety or efficacy of the prescribed medication.			
If my state permits pharmacists to prescribe certain medications as part of a defined prescriptive protocol or collaborative drug therapy agreement with a physician or nurse practitioner, I know exactly what medications I may prescribe and under what conditions I may do so, and I adhere to all regulations, protocols and agreements involving the prescribing of the defined drugs.			
If my state permits pharmacists to administer some immunizations and drugs within specific guidelines and pursuant to a legal prescription, I know exactly which immunizations and drugs I may administer and under what conditions I may do so, and I adhere to all regulations, protocols and pharmacy policies and procedures involving administration of immunizations and drugs.			
I decline to perform any requested action/service if it is outside of my legal scope of practice.			
I decline to perform any requested action/service if it is outside the accepted standard of care.			

Self-assessment Topic	Yes	No	Action(s) I need to take to reduce risks
Proactive Patient Safety Actions			
I inform my pharmacy of the existence of self-assessment tools – such as the Institute for Safe Medication Practices’ “Medication Safety Self Assessments®” (www.ismp.org) or the Agency for Healthcare Research and Quality’s “Pharmacy Survey on Patient Safety Culture” (www.ahrq.gov) – and assess my own safety practices at least annually.			
I actively participate in the review of pharmacy policies and procedures to ensure they are in compliance with state scope of practice and standards of care, and I make necessary changes when gaps appear in needed policies, information is outdated, or policies do not fully comply with regulations and standards.			
I obtain drug-related patient laboratory values, document them in the pharmacy system, alert the patient’s practitioner of abnormal findings, and document the practitioner contact and any changes in the patient’s prescription(s).			
I utilize electronic systems effectively by			
<ul style="list-style-type: none"> ▪ insisting upon ongoing education for all pharmacy staff in the proper use of all aspects of the system, especially after any upgrade or change in the electronic process or equipment 			
<ul style="list-style-type: none"> ▪ periodically requiring all dispensing staff to record, prepare and dispense prescriptions without using the electronic system, in order to evaluate current skills and avoid developing an over-dependence on the system 			
<ul style="list-style-type: none"> ▪ regularly updating clinical decision support systems and “hot links” to drug-related informational resources 			
<ul style="list-style-type: none"> ▪ ensuring that the system includes flagging and/or warning screens for nonstandard dosages, medication duplication, allergy or cross-allergy, potential/known drug interactions and contraindicated drugs based on the patient’s profile 			
<ul style="list-style-type: none"> ▪ addressing the cause(s) of any system flag or warning screen and taking proper measures to protect the patient’s safety before proceeding 			
I strongly recommend that pharmacy management institute a daily off-site data backup process to secure patient records in case of pharmacy fire or other damage.			
I encourage the use of bar-coding and (if appropriate in my pharmacy) robotics and other tools, in order to decrease the possibility of human error.			
I encourage implementation of electronic systems that support e-prescribing.			
I actively participate in discussions regarding shelf placement and flagging of sound-alike drugs, including implementation of multiple visual flags such as colored warning labels, “Tall Man” letters and sequestering of some medications.			
I encourage storage of high-risk and commonly confused drugs in a locked, sequestered place in the pharmacy, which alerts pharmacists and requires them to actively pass through the protections in order to dispense high-risk drugs.			
I maintain a copy of the “ISMP’s List of Confused Drug Names” (www.ismp.org/Tools/confuseddrugnames.pdf) at my workstation or on a “hot link” on my computer terminal, and/or post the list in a visible area for all pharmacy staff to observe.			
I integrate the patient’s pharmacy and electronic medical records, when appropriate and feasible.			

Self-assessment Topic	Yes	No	Action(s) I need to take to reduce risks
Proactive Patient Safety Actions (continued)			
I participate in the pharmacy's quality assurance program, which involves monitoring the effectiveness of pharmacy systems, policies, procedures and protocols, as well as reviewing system-produced reports.			
I ensure that my pharmacy considers any override of a warning screen to be an incident, which is reviewed for appropriateness.			
I ensure that there is a system to counsel and educate pharmacy staff involved in any incidents deemed improper.			
I encourage my pharmacy to utilize "near misses" as safety improvement educational opportunities.			
I encourage my pharmacy to perform at least annual criteria-based performance reviews of each staff member as part of the quality and medication safety program.			
I encourage my pharmacy to regularly distribute customer satisfaction surveys, in order to continually improve the quality of patient services and identify opportunities to enhance medication safety.			
Patient Education and Counseling			
I counsel each patient regarding his/her medications and document the process, including patient refusals of counseling.			
I encourage patients to ask questions regarding their medications. I respond to all such questions until they are able to correctly repeat back the information, and I document this in their pharmacy record.			
I ensure that patients know both the brand and generic names for their medications, as well as the expected appearance of each form of the drugs they are taking.			
I counsel patients to keep drugs in a safe place and require them to sign for non-safety caps.			
I instruct patients to discuss their expectations regarding any off-label drug use with the prescribing practitioner, and I document this request.			
Documentation			
I document all drugs and prescribed supplements in the patient's pharmacy record.			
I document all counseling sessions and/or refusals of counseling in the patient's pharmacy record.			
I document the patient's ability to correctly repeat back the information provided regarding the drug's name, dosage, expected results and common side effects.			
I perform and document patient counseling regarding all high-risk drugs, including signs of an adverse response, contraindications for use with other prescribed and nonprescribed drugs or remedies, risks of not taking the medication exactly as prescribed and symptoms that necessitate immediate medical intervention.			
For those drugs where it is clinically required, I review and document relevant laboratory test results. I consult with the prescribing practitioner to modify the patient's prescription as needed based on the test results, and document those actions.			
I document all discussions with the patient, family members, the prescribing practitioner and appropriate healthcare personnel.			

For additional pharmacist-oriented risk management tools and information, visit www.cna.com and www.hps.com.



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