

Wisconsin Pharmacy Examining Board
Institutional Tech-Check-Tech Pilot Program
DRAFT July, 2016

Authority:

Pursuant to Wisconsin Stat. § 450.02(3r)(a), this pilot program is related to the practice of pharmacy or prescription verification and the Board determines that the program will improve the safety, quality or efficiency of the practice of pharmacy in this state. **The Board may modify the parameters of the Pilot Program at any time and participants shall remain in the Pilot Program at the discretion of the Board.**

Purpose: Wisconsin Administrative Rule 7.01 stipulates that a pharmacist or pharmacist-intern as directed and supervised by the pharmacist shall make a final check on the accuracy and correctness of the prescription. The purpose of institutional tech-check-tech (TCT) pilot program is to study the safety, quality, and efficiency of a pharmacy technician to make a final check of another pharmacy technician on the accuracy and correctness of the final dispensed medication. Implementation of a tech-check-tech program is not intended to reduce pharmacist staffing levels but is intended to increase the availability of a pharmacist for involvement for other patient care activities.

Pilot Duration: September 1, 2016 to August 31, 2019 (or promulgation of rules whichever is sooner).

Pharmacy Eligibility:

1. The pharmacy shall be located and licensed in the state of Wisconsin.
2. A supervising pharmacist, licensed in the state of Wisconsin, shall be identified for each pharmacy to be accountable for the operations and outcomes of the TCT program. The final checks made by the validated technicians will be considered delegated acts of the supervising pharmacist.

Program Requirements:

1. Validated Technicians
 - a. Initial Validation: In order to become a validated technician, the following requirements must be met and maintained:
 - i. Employment status of greater than or equal to 0.5 full time equivalents at the pilot pharmacy
 - ii. A minimum of 2000 hours of experience as a pharmacy technician at and at least 6 months of employment at the pilot pharmacy
 - iii. Completion of a didactic and practical training curriculum that includes the following:
 1. Elements of a package label (i.e. drug name, dose, dosage form, control or lot number and expiration date)
 2. Medication and pharmacy abbreviations needed to match ordered medication with dispensed medication (e.g., mg, mEq, ER, IR, tab, cap)
 3. Common dispensing medication errors and concepts (i.e. wrong medication, wrong dose, wrong dosage form, extra/insufficient quantity, omitted medications, expired medication, look-alike sound-alike errors, high-alert medications)
 4. Organizational policies and procedures on reporting of medication errors
 5. Overview of the organizations medication use process (i.e. procurement, ordering, dispensing, administration, and monitoring).
 6. A practical training designed to assess the competency of the technician prior to starting the validation process.
 - iv. Completion of the following validation process:
 1. The technician being validated shall make a final check on the work of another technician for accuracy and correctness of a minimum of 1000 final checks over a minimum of 5 separate days and achieve an accuracy rate of 99.8% or greater.
 2. At least one occurrence each of wrong drug, wrong dose, wrong dosage form, extra/insufficient quantity, omitted medication and, expired dose shall be artificially introduced a pharmacist who will ensure they are removed prior to delivery to a patient care area.
 3. A pharmacist shall audit 100% of the final checks made by the technician during the validation process.
 - b. Re-validation:

Wisconsin Department of Safety & Professional Services

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E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

INSTITUTIONAL TECH-CHECK-TECH PILOT PROGRAM APPLICATION

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	
TECH-CHECK-TECH SUPERVISING PHARMACIST:	EMAIL:	

Wisconsin Department of Safety and Professional Services

We attest that we have read, understand, and will comply with all requirements of the institutional tech-check-tech pilot program requirements; the application covers only the pharmacy indicated above and at the location specified; and that we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Supervising Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

#TBD (6/16)
Ch. 450, Stats.

Committed to Equal Opportunity in Employment and Licensing

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Wisconsin Pharmacy Examining Board
Automated Technology Final Check Pilot Program
July, 2016

Authority:

Pursuant to Wisconsin Stat. § 450.02(3r)(a), this pilot program is related to the practice of pharmacy or prescription verification and the Board determines that the program will improve the safety, quality or efficiency of the practice of pharmacy in this state. **The Board may modify the parameters of the Pilot Program at any time and participants shall remain in the Pilot Program at the discretion of the Board.**

Purpose: Wisconsin Administrative Rule 7.01 stipulates that a pharmacist or pharmacist-intern as directed and supervised by the pharmacist shall make a final check on the accuracy and correctness of the prescription. The purpose of the Automated Technology Final Check Pilot Program (ATFC) is to study the safety, quality, and efficiency of automated technology to make the final check on the accuracy and correctness of the final dispensed medication. Implementation of an Automated Technology Final Check Pilot Program is not intended to reduce pharmacist staffing levels but is intended to increase the availability of the pharmacist for involvement for other patient care activities.

Pilot Duration: September 1, 2016 to August 31, 2019 (or promulgation of rules whichever is sooner).

Pharmacy Eligibility:

1. The pharmacy shall be located and licensed in the state of Wisconsin.
2. A supervising pharmacist, licensed in the state of Wisconsin, shall be identified for each pharmacy to be accountable for the operations and outcomes of the ATFC program. The final checks made by the automated technology will be considered delegated acts of the supervising pharmacist.
3. The automated technology shall be located within the licensed pharmacy.

Program Requirements:

1. Automated Technology Validation
 - a. Initial Validation: In order to become a validated automated technology, the following requirements must be met and maintained:
 - i. The automated technology must use barcodes or machine readable technology to complete the final check.
 - ii. The automated technology shall make a final check on the accuracy and correctness of at least 2500 final checks and achieve an accuracy rate of 99.8% or greater.
 - iii. A pharmacist shall audit 100% of the final checks made by the automated technology during the validation process.
 - b. Re-validation:
 - i. The automated technology shall be revalidated if the software is upgraded or any component of the automated technology responsible for the accuracy of the final check is replaced, or serviced outside of the manufacturer's standard maintenance recommendations.
2. Eligible Medications
 - a. Medications shall be contained in a final package from a manufacturer or if packaged in the pharmacy a licensed pharmacist has ensured that the packaging process results in a final package that is labeled with the correct drug name, dose, strength, form, control or lot number, and beyond use date.
 - b. The supervising pharmacist shall ensure a process is in place for a pharmacist to prospectively review the clinical appropriateness of the medication order prior to leaving the pharmacy.
 - c. The medication shall be administered by an individual authorized to administer medications at the institution where the medication is administered.
3. Policies and Procedures
 - a. Each pharmacy shall maintain policies, procedures, and training materials for ATFC program that will be made available to the Board upon request. These policies and procedures shall include a plan for completing the manufacturer's recommended maintenance and quality assurance measures.
4. Records
 - a. Each pharmacy shall maintain records for 5 years, available to the Board upon request, of the following:
 - i. All initial validation and revalidation records of each automated technology that include the dates that the validation occurred, the number of final checks performed, the number of final check errors, and overall accuracy rate.
 - ii. Names the supervising ATFC pharmacist including start date and end date of supervision responsibilities.

- iii. Documentation of the completion of the manufacturer's recommended maintenance and quality assurance measures
 - iv. Documentation of the dates of all software upgrades
 - v. Documentation of all service performed outside of the manufacture's standard maintenance recommendations
5. Reporting Requirements
- a. The supervising pharmacist of the ATFC program shall annually submit to the Board, on a form approved by the Board, all of the following:
 - i. Total number of automated technology final checks
 - ii. Total number of automated technology final checks audited by a pharmacist
 - iii. Total number of errors identified in the automated final check pharmacist audit that were of the type of wrong drug, wrong dose, or wrong dosage form
 - iv. Total number of pharmacist hours reallocated to other patient care activities and description of those activities

Application: The managing pharmacist shall submit a Board approved application and receive approval of the Board to participate in the Pilot Program.

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Madison, WI 53703

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Website: http://dsps.wi.gov

PHARMACY EXAMINING BOARD

AUTOMATED TECHNOLOGY FINAL CHECK PILOT PROGRAM APPLICATION

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	
AUTOMATED TECHNOLOGY FINAL CHECK SUPERVISING PHARMACIST:	EMAIL:	
AUTOMATED TECHNOLOGY NAME AND MODEL NUMBER:		
SOFTWARE VERSION:		
VENDOR:		

Wisconsin Department of Safety and Professional Services

We attest that we have read, understand, and will comply with all requirements of automated technology final check pilot program requirements; the application covers only the pharmacy indicated above and at the location specified; and that we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Supervising Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

#TBD (6/16)
Ch. 450, Stats.

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PHARMACY EXAMINING BOARD

AUTOMATED TECHNOLOGY FINAL CHECK PILOT PROGRAM REPORT

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	
AUTOMATED DISPENSING TECHNOLOGY SUPERVISING PHARMACIST:	EMAIL:	

FOR TIME PERIOD ____/____/____ TO ____/____/____
Month Day Year Month Day Year

Total number of automated technology final checks	
Total number of automated technology final checks audited by a pharmacist	
Total number of errors identified in the automated technology final check pharmacist audits that were wrong drug, wrong dose, or wrong dosage form	
Number of pharmacist hours reallocated to other patient care activities	
Description of patient care activities from reallocated pharmacist hours	

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief.

Reporter Signature

WI License Number

Date

Printed Name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

Wisconsin Pharmacy Examining Board
Pharmacist to Pharmacy Technician Ratio Pilot Program
July, 2016

Authority:

Pursuant to Wisconsin Stat. § 450.02(3r)(a), this pilot program is related to the practice of pharmacy or prescription verification and the Board determines that the program will improve the safety, quality or efficiency of the practice of pharmacy in this state. **The Board may modify the parameters of the Pilot Program at any time and participants shall remain in the Pilot Program at the discretion of the Board.**

Purpose: Wisconsin Administrative Rule 7.01(3) stipulates that a pharmacist may supervise no more than one pharmacy intern and 4 pharmacy technicians engaged in compounding and dispensing activities as described in sub. (1), except a higher ratio may be authorized by the board upon request to and approval by the board of a specific plan describing the manner in which additional interns or pharmacy technicians shall be supervised. The purpose of the Pharmacist to Pharmacy Technician Ratio Program is to study the safety, quality, and efficiency of waiving the ratio if a pharmacy meets eligibility requirements.

Pilot Duration: September 1, 2016 to August 31, 2019 (or promulgation of rules whichever is sooner).

Pharmacy Eligibility:

1. The pharmacy shall be located and licensed in the state of Wisconsin.
2. The managing pharmacist shall coordinate a continuous quality improvement (CQI) program that includes:
 - a. Written CQI policies and procedures
 - b. Pharmacy personnel training on medication errors and CQI principles
 - c. Ability for pharmacy personnel to document and report quality related events

Records

1. Each pharmacy shall maintain records for 5 years, available to the Board upon request, of the following:
 - a. The date and number of hours worked by a pharmacy technician that day
 - b. The date and number of hours worked by a pharmacist that day
 - c. The date and the pharmacist to pharmacy technician hours worked ratio that day

Reporting Requirements

1. The managing pharmacist shall annually submit to the Board, on a form approved by the Board, all of the following:
 - a. The total number of hours worked by a pharmacy technician each month
 - b. The total number of hours worked by a pharmacist each month
 - c. The pharmacist to pharmacy technician hours worked ratio each month

Application: The managing pharmacist shall submit a Board approved application and receive approval of the Board to participate in the Pilot Program.

Technician:Pharmacist Ratio Report Form

Pharmacy Name: _____ WI License #: _____ Date: ____/____/____

	<input type="checkbox"/> JAN			<input type="checkbox"/> FEB			<input type="checkbox"/> MAR			<input type="checkbox"/> APR			<input type="checkbox"/> MAY			<input type="checkbox"/> JUN		
	<input type="checkbox"/> JUL			<input type="checkbox"/> AUG			<input type="checkbox"/> SEP			<input type="checkbox"/> OCT			<input type="checkbox"/> NOV			<input type="checkbox"/> DEC		
DAY	Techs	R.Ph	Ratio															
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
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Tech: The number of technician hours for the day
 R.Rph: The number of Pharmacist hours for the day
 Ratio: Daily ratio

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PHARMACY EXAMINING BOARD

PHARMACIST TO PHARMACY TECHNICIAN RATIO PILOT PROGRAM APPLICATION

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	

Wisconsin Department of Safety and Professional Services

I attest that I have read, understand, and will comply with all requirements of pharmacist to pharmacy technician ratio pilot program requirements; the application covers only the pharmacy indicated above and at the location specified; and that I will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

#TBD (6/16)
Ch. 450, Stats.

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PHARMACY EXAMINING BOARD

PHARMACIST TO PHARMACY TECHNICIAN RATIO PILOT PROGRAM REPORT

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	

FOR TIME PERIOD ____/____/____ TO ____/____/____
Month Day Year Month Day Year

Month	Total Pharmacy Technician Hours Worked	Total Pharmacist Hours Worked	Pharmacist to Pharmacy Technician Hours Ratio
<i>Example</i>	<i>800</i>	<i>160</i>	<i>5:1</i>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief.

Reporter Signature

WI License Number

Date

Printed Name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above