

2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

I. PATIENT INFORMATION

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #1

Essential patient information is obtained, readily available in useful form, and considered when dispensing, administering, and monitoring the effects of medications.

	A	B	C	D	E	N/A
1. Patient information (patient’s full name [including suffix], address, home telephone number, alternate means of contact [e.g., email address or cell phone number], gender, date of birth, and allergies) is obtained and entered into the pharmacy computer system before dispensing prescriptions, and is updated at each encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The pharmacy has implemented policies and procedures and system enhancements to ensure that only one profile per person exists in its system. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The pharmacy assesses and documents patients’ preferred language for communication, health literacy, cultural influences relevant to medication therapy, and any hearing and/or visual impairments that may affect compliance with medication therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
4. A current medication list, including prescription and over-the-counter (OTC) medications (with dose, frequency, and route) and immunizations (with vaccination dates), is obtained, entered into the pharmacy computer system, and updated at each encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A list of vitamins, herbal products, dietary supplements, homeopathic medications, and alternative medicines currently used by the patient is obtained, entered into the pharmacy computer system, and updated at each encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Basic information about comorbid and/or chronic conditions (e.g., diabetes, hypertension, renal or liver impairment, pregnancy, lactation) is obtained, entered into the pharmacy computer system, and updated at each encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The pharmacy takes steps to obtain patient weight when dispensing weight-based drugs, such as those used in chemotherapy treatment or pediatrics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When taking orders over the telephone, the prescriber (or authorized agent) is specifically queried about comorbid conditions, allergies, date of birth, patient weight (if applicable), and indication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Recent clinical data such as blood glucose levels, liver enzymes, renal function, blood pressure, and cholesterol levels are available to pharmacists to support clinical drug monitoring of patient-specific drug regimens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Pharmacists verify any critical clinical information about the patient that is necessary to confirm the appropriateness of the medication and dose (e.g., allergies and reactions, weight, opioid tolerance, laboratory values, indication for drug).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Prescription orders <u>cannot</u> be entered into the pharmacy computer system until the patient's allergies (or "no known allergies") have been properly entered and coded (patient allergies is a required field).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Allergy information (including reaction information) is clearly visible on pharmacy computer system screens and accessible during order entry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. There is a defined process that specifies how to modify patient allergies and reactions in the pharmacy computer system and who is permitted to make such changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The pharmacy system incorporates special prompts for selected HIGH-ALERT MEDICATIONS to obtain or verify critical information about the patient (e.g., past opioid use for patients receiving transdermal fentaNYL patches, concentrated morphine solutions, long-acting opioids) necessary to confirm the appropriateness of the prescribed medication, dose, dosage form, and directions for use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(A complete list of HIGH-ALERT MEDICATIONS can be found at: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp)						
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

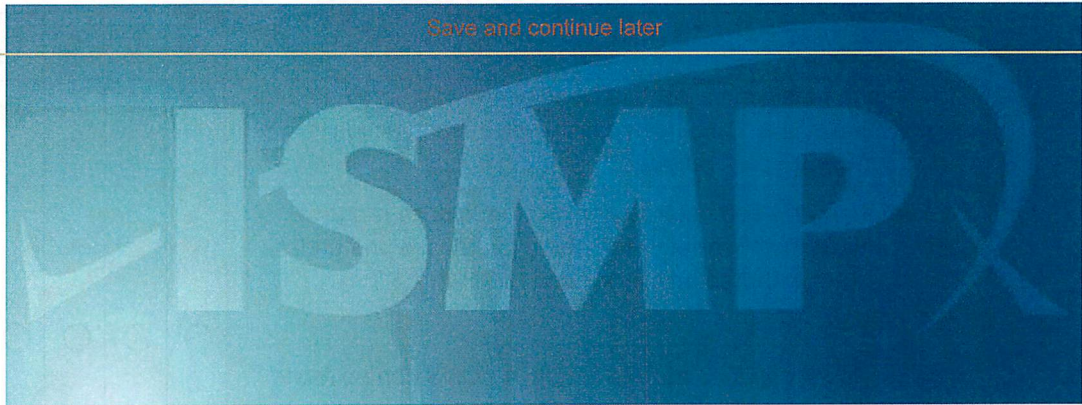
Save and continue later	A	B	C	D	E	N/A
15. Pharmacists consider the need for dose adjustments for medications based upon specific recent clinical data available (e.g., patient with renal impairment is identified when prescribed a potentially toxic drug that is excreted by the kidney).						
16. At the point of sale, pharmacy staff ask the patient (or person picking up the prescription) to state the patient's name and date of birth, and these two identifiers are verified against the patient's profile to help ensure that medications are being dispensed for the proper patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. All administered vaccines are fully documented in the patient's profile including: vaccine name, dose, national drug code (NDC) number, date of administration, vaccine manufacturer, vaccine lot number, the name and title of the person who administered the vaccine, and the address of the facility where the permanent record will reside. <i>Scoring guideline: Choose NOT APPLICABLE if immunization services are not provided at the pharmacy.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Vaccine registries are checked before vaccines are administered to avoid duplication. <i>Scoring guideline: Choose NOT APPLICABLE if immunization services are not provided at the pharmacy.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAQ Item #2.

What steps can a pharmacy take to avoid having multiple profiles for one person?

Back Next

Jump to page:



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

II. DRUG INFORMATION

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #2

Essential drug information is readily available in useful form and considered when dispensing, administering, and monitoring the effects of medications.

	A	B	C	D	E	N/A
19. Online drug information references are easily accessible in all dispensing areas and include user-friendly, up-to-date information on prescription, OTC, herbal, and alternative medicines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Online or other current veterinary references are easily accessible and used as needed when dispensing to nonhumans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
21. The pharmacy computer system is periodically evaluated for clinically insignificant and false positive alerts, and action is taken to minimize alert fatigue.						
22. The pharmacy computer system performs dose range checks and warns pharmacy staff about overdoses and underdoses for narrow therapeutic index and HIGH-ALERT MEDICATIONS . <i>(A complete list of HIGH-ALERT MEDICATIONS can be found at: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. The pharmacy computer system is tested and updated at least twice annually to ensure that critical alerts are present for narrow therapeutic index and HIGH-ALERT MEDICATIONS .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The pharmacy computer system requires pharmacists to document rationale when overriding a serious alert (e.g., exceeding a MAXIMUM DOSE , a serious drug interaction).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. The pharmacy computer system defaults to a weekly dosage regimen for oral methotrexate, and if overridden to daily dosing, a HARD STOP verification of an appropriate oncologic indication is required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The pharmacy computer system automatically screens and detects medications to which patients may be allergic (including cross allergies), provides a clear warning to staff during order entry, and requires pharmacists to enter an explanation to override the warning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Pharmacists review all clinically significant pharmacy computer system warnings, even when a pharmacy technician initially enters prescriptions into the pharmacy computer system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. The pharmacist ascertains the clinical purpose of each prescription before the medication is dispensed to ensure that the prescribed therapy is appropriate for the patient's condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. At least weekly, an updated interactive database, supplied by a drug database provider for the pharmacy computer system, is loaded into the system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. The pharmacy computer system alerts staff when safety screening does not occur due to data not being available. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. A designated pharmacist routinely reviews, for quality improvement purposes, reports of the documented rationale for selected pharmacy computer system warnings (e.g., MAXIMUM DOSE alerts, serious drug interactions, allergy alerts) that have been overridden to ensure justification and appropriateness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #3

Medications added to the inventory are reviewed for their error potential, and strategies are undertaken to minimize the possibility of errors.

Save and continue later	A	B	C	D	E	N/A
32. If sig codes are used by pharmacy staff during order entry, the codes are standardized within the pharmacy (and throughout a chain with multiple stores) and reviewed regularly to evaluate error potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. A defined process exists for PHARMACY LEADERSHIP to create standardized MNEMONICS , sig codes, and speed codes. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When a new item is added to the pharmacy inventory, the potential for error with that medication (e.g., sound-alike names, look-alike packaging, complex instructions for patients, confusing dosing parameters, clinical monitoring requirements) is evaluated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Before a new product is added to the pharmacy inventory, an evaluation assessing the potential for error includes a review of the literature for published errors related to that product.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. When new medications with heightened error potential are identified, the pharmacy establishes safety enhancement(s) (e.g., check systems, alert labels, reminders, limitations on use, sequestered storage and location) <u>before</u> initial use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. After a medication has been on the market for several months, a staff or corporate level pharmacist is assigned responsibility to determine if medication errors or adverse reactions have been reported internally or externally since product launch, <u>and</u> safety enhancements are established in the pharmacy as necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


FAQ Item #30.

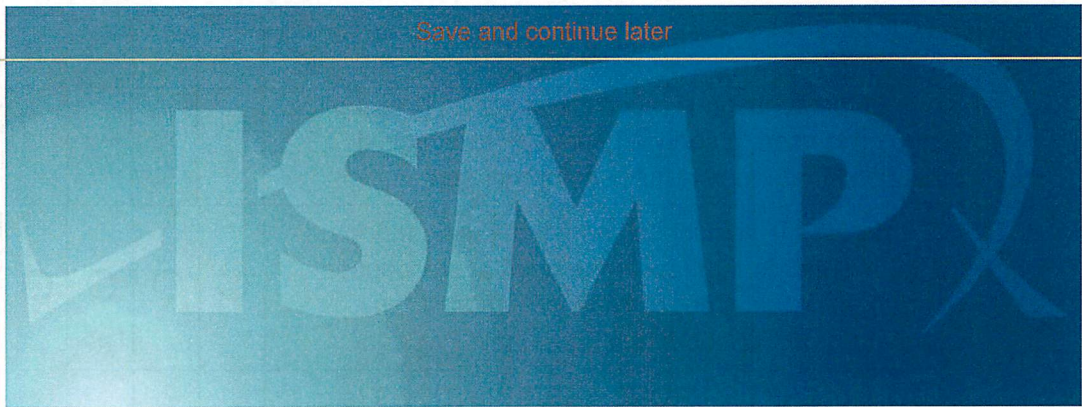
When would data not be available during a safety screening?

FAQ Item #33.

Who should be able to add newly created **MNEMONICS**, sig codes, or speed codes to the pharmacy computer system and why?

Save and continue later
Back Next

Jump to page: 



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

III. COMMUNICATION OF DRUG ORDERS AND OTHER DRUG INFORMATION

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #4

Methods of communicating prescription orders and other drug information are standardized and automated to minimize the risk for error.

	A	B	C	D	E	N/A
38. The pharmacy computer system is able to receive electronic prescriptions with minimal data entry/transcription required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
39. If the prescription is received on paper, prescription scanning is used to show an image of the original prescription on the pharmacy computer screen.						
40. A process is in place to verify that the scanned image accurately represents the original prescription. <i>Scoring guideline: Choose NOT APPLICABLE if scanning is not utilized at the pharmacy. FAQ</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. A list of ERROR-PRONE ABBREVIATIONS (e.g., “U” for units) and dose designations (e.g., using trailing zeros for whole number doses, lack of using a leading zero for doses less than one) is established and used for internal communication and documentation of drug information on prescription orders, pharmacy labels, and in pharmacy computer systems. <i>(A complete list of ERROR-PRONE ABBREVIATIONS can be found at: http://www.ismp.org/Tools/errorproneabbreviations.pdf)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Feedback is provided to prescribers about quality and/or safety issues of electronic prescriptions generated by their prescribing systems (e.g., missing or mismatched quantities [1 for 10 mL insulin vial], mismatches between drug dosage form ordered and dosage units ordered [solution ordered, dose indicated in tablets], wrong drug selected, sig field contradicts instructions in the notes field).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. The pharmacy does not accept telephone orders for chemotherapeutic agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Telephone or voice mail prescription orders received by a pharmacist, pharmacy intern, or certified technician (where allowed by regulation) are written down immediately on a pharmacy prescription blank.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. For telephone prescription orders, the pharmacy uses prescription pads that prompt the receiver to ask the caller for indication, allergies, date of birth, and, if needed, comorbid conditions and patient weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. When telephone orders must be taken, the order is READ BACK to the prescriber or authorized agent for confirmation. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. The pharmacy uses an integrated voice response (IVR) system that includes prompts that require the prescriber or agent to stop and spell all names (prescriber, patient, and drug) and sound out numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
(e.g., 60 is emphasized as “six zero,” 15 as “one five”) when leaving a spoken prescription order.						
48. The pharmacy has a formal policy to assess and clarify any unusual doses or uses of medications before dispensing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Pharmacists have a written policy to follow, to easily and effectively resolve conflicts when prescribers do not agree with their expressed concerns about the safety of an order.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. The pharmacist who clarifies an atypical order documents the problem identified, actions taken, and result or outcome through pharmacy computer systemized notes in the patient’s profile or as an annotated note on the scanned prescription.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAQ Item #40.

What is meant by “scanned image accurately represents the original prescription”?

FAQ Item #46.

Besides the prescription, patient’s name, and prescriber information, what other pieces of information should be communicated and “**READ BACK**” to the prescriber or agent?

Back Next

Jump to page:



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

IV. DRUG LABELING, PACKAGING, AND NOMENCLATURE

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #5

Strategies are undertaken to minimize the possibility of errors with drug products that have similar or confusing manufacturer labeling/packaging and/or drug names that look and/or sound alike.

	A	B	C	D	E	N/A
51. The <i>ISMP Medication Safety Alert</i> [®] and/or other current literature is regularly reviewed to identify drug labeling, packaging, and nomenclature problems, and action is taken to prevent errors with these drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Different manufacturers are sought for products with labels/packages that look similar to other products to help differentiate the labels/packages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Alerts are built into the pharmacy computer system to remind practitioners about problematic drug names, including drugs with multiple suffixes such as XL, SR, ER, CD, and LA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
<p>54. Shelf tags or label enhancements (e.g., TALL MAN LETTERS) are used on packages and storage bins of drugs with problematic names, packages, and labels.</p> <p><i>(A list of look-alike drug names with recommended TALL MAN LETTERS can be found at: http://www.ismp.org/Tools/tallmanletters.pdf)</i></p>						
<p>55. Products with look-alike drug names and packaging that are known by the staff to be problematic are segregated and not stored next to one another, and a system clearly redirects staff to where the products have been relocated.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>56. Look-alike drug names do not appear on the same pharmacy computer system screen when selecting a drug during order entry, or look-alike drug names are clearly distinguished in a way that differentiates them (e.g., use of TALL MAN LETTERS) if they appear sequentially on the same pharmacy computer system screen.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #6

Prescription labels clearly identify the patient, product, directions for use, the dispensing pharmacy, and any other important information that the patient may need to take the medication accurately and safely.

	A	B	C	D	E	N/A
<p>57. Pharmacy prescription labels are easy for patients to read, have adequate "white" space, have a font size that is legible (i.e., 12-point font for patient name, drug name, strength, directions for use, and indication, if known), and contain the proper information for safe self-administration. FAQ</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>58. When appropriate and within regulatory boundaries, the pharmacy provides directions on the patient's label using the Universal Medication Schedule and simplified language (e.g., "for blood pressure" instead of "for hypertension"). FAQ</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>59. The pharmacy computer system produces clear and distinguishable prescription container labels that are free of ERROR-PRONE ABBREVIATIONS (e.g., "U" for units) or dose designations.</p> <p><i>(A complete list of ERROR-PRONE ABBREVIATIONS can be found at: http://www.ismp.org/Tools/errorproneabbreviations.pdf)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>60. When dispensing unit-of-use packaging to patients, staff avoid placing the pharmacy label on top of pertinent information on the manufacturer's label (e.g., drug name, strength, NDC).</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>61. The pharmacy uses appropriate foreign language labels for patients who need them.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>62. Appropriate labels are used for the visually impaired (e.g., larger font, Braille, talking). FAQ</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>63. A The pharmacy computer system automatically prints appropriate auxiliary labels (e.g., for the ear, for the eye, take with food) when prescription labels are generated.</p> <p>OR _____ OR (Respond to #63A or #63B only) _____</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
63. B During prescription order entry, the pharmacy computer system suggests appropriate auxiliary labels to be affixed manually prior to dispensing.						
64. If the prescriber provides the purpose of the medication on the prescription, the indication is included on the patient's prescription container label unless inclusion on the label is not desired by the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. A description of the product (e.g., shape, imprints, color, scent) appears on the pharmacy label.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAQ Item #57.

Are there guidelines that we can follow for how to format pharmacy prescription labels?

FAQ Item #58.

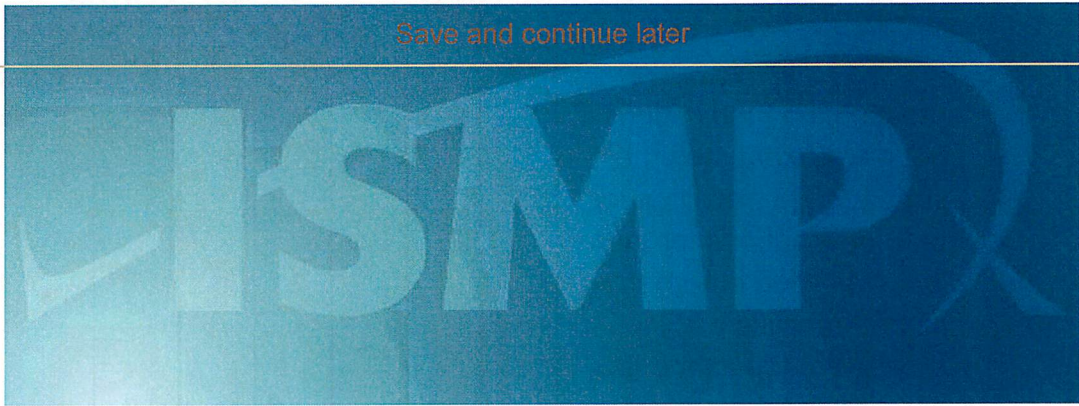
What is meant by Universal Medication Schedule (UMS)?

FAQ Item #62.

Where can we find more information about prescription container label guidelines for the visually impaired?

Back Next

Jump to page:



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

V. DRUG STANDARDIZATION, STORAGE, AND DISTRIBUTION

A	No activity to implement
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Core Characteristic #7

Prescribed medications are accessible to patients and dispensed in a safe and secure manner.

	A	B	C	D	E	N/A
66. When patients have a legitimate need for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
prescription medications, but have exhausted their supply while traveling, lost their medications, or there is a statewide emergency, all pharmacists are empowered, as state law permits, to take appropriate action to ensure that critical doses are not missed.							
67. There is an efficient and timely process in place to obtain critically needed medications or notify providers when they are not immediately available (e.g., due to a drug shortage).		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. A mechanism exists to identify the reasons that prescriptions have not been picked up after being prepared.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. A timely and efficient process is in place to identify medications that have been recalled by manufacturers and notify patients as appropriate.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #8

Medications and other necessary medication supplies are stored, dispensed, and returned to stock in a manner that reduces the likelihood of an error.

	A	B	C	D	E	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
70. Electronic systems that document temperature ranges around the clock and provide problem notification are used for refrigerators and freezers that store temperature-sensitive medications, and written procedures regarding how to handle any breach of a safe temperature range have been developed and are followed.							
71. Refrigerators of sufficient size or alternatively, separate refrigerators, are used for stock and prepared prescriptions waiting to be picked up, to ensure refrigerated medications are stored in an organized manner.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. The pharmacy has adequate space to safely organize and separate the storage of medications and drug supplies, and utilizes dividers on stock shelves, in narcotic cabinets, and in refrigerators, as needed.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. There is a process in place to keep two-component (i.e., two vial) vaccines together and to keep diluents and their corresponding vaccines		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
together if storage requirements do not differ. <i>Scoring guideline: Choose NOT APPLICABLE if vaccines are never stored in the pharmacy. FAQ</i>							
74. The pharmacy separates pediatric and adult vaccine formulations. <i>Scoring guideline: Choose NOT APPLICABLE if vaccines are never stored in the pharmacy.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. The pharmacy does not stock sound-alike or look-alike drugs in the “fast mover” section (unless automation is employed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. When stocking shelves, staff ensure that stickers (e.g., wholesale price labels) or cross-out lines do not obliterate key information on any part of the stock bottle label.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. To verify proper selection, the pharmacy system has implemented tablet/ product imaging (or description) on the final verification screen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. If completed prescriptions are not ultimately dispensed to patients, the return-to-stock (RTS) vials are labeled with the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
medication name, strength, expiration date, and NDC number or barcode (RTS medications are not returned to stock bottles).							

Core Characteristic #9

Hazardous drugs and chemicals are safely sequestered and not accessible in drug preparation areas.

	A	B	C	D	E	N/A
79. An appropriately segregated and secured area of the pharmacy has been established to temporarily place returned, outdated, and recalled medications until they are destroyed or removed from the pharmacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Active pharmaceutical ingredients and bulk chemicals used in the pharmacy for compounding are assessed at least quarterly, and those that are not regularly used are eliminated from stock.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Active pharmaceutical ingredients and bulk chemicals used in the pharmacy for compounding are clearly labeled with their contents, the date the product was first opened,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
and the manufacturer's expiration date (if applicable). (If an expiration date is unavailable from the manufacturer, a 1-year expiration date from the date the product was first opened is assigned.)							
82. The pharmacy stores chemicals used in compounding in a separate area according to current USP <795> and <797> standards.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. The pharmacy does not store chemical substances (e.g., formalin, methanol) for distribution to a laboratory, doctor's office, or hospital.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. All caustic or hazardous chemicals and other non-drug substances are clearly labeled and stored on low shelves separate from all other medications and supplies in the pharmacy's drug inventory.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Pharmacy prescription bottles and labels are not used to re-package non-drug substances (e.g., liquid chemicals, cleaning compounds, insecticides, soaps).		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

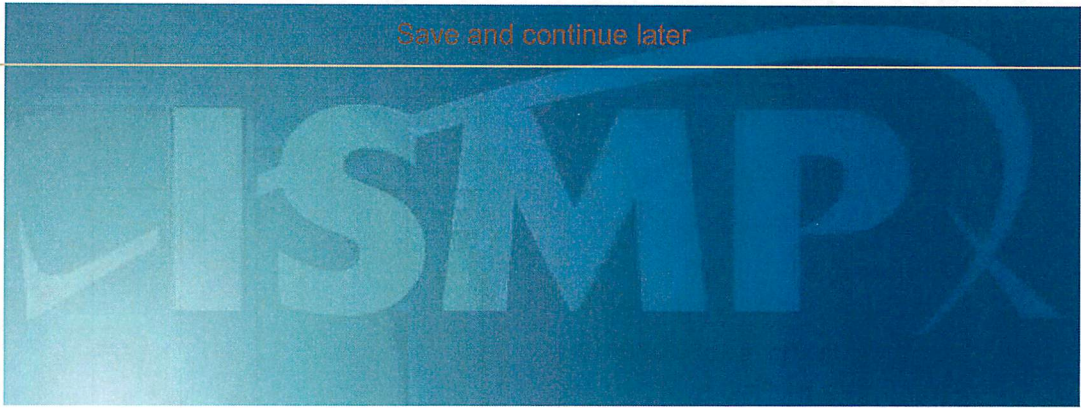
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FAQ Item #73.

What is the rationale for keeping two-component vaccines together and for keeping manufacturer-supplied diluents with their corresponding vaccines?

Back Next

Jump to page:



2017 ISMP Medication Safety Self Assessment ® for Community/Ambulatory Pharmacy

VI. USE OF DEVICES

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #10

Sanitary practices are followed when using devices and equipment to store and prepare medications.

	A	B	C	D	E	N/A
86. Staff members use gloves and proper hand washing when handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
	individual loose oral solid products.					
87. All pharmacists follow standards for hand washing, wearing gloves, and equipment disposal to minimize the risks of disease transmission during the administration of vaccines. <i>Scoring guideline: Choose NOT APPLICABLE if immunization services are not provided at the pharmacy.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Staff members follow appropriate hand washing procedures prior to compounding any prescription product.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Dispensing devices (e.g., counting trays, Fillmaster®) are appropriately cleaned after being used to prepare chemotherapy, penicillin, sulfonamides, opioids, and medications that may leave a residue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #11

The potential for HUMAN ERROR is mitigated through careful procurement, maintenance, use, and standardization of devices used to prepare prescription medications.

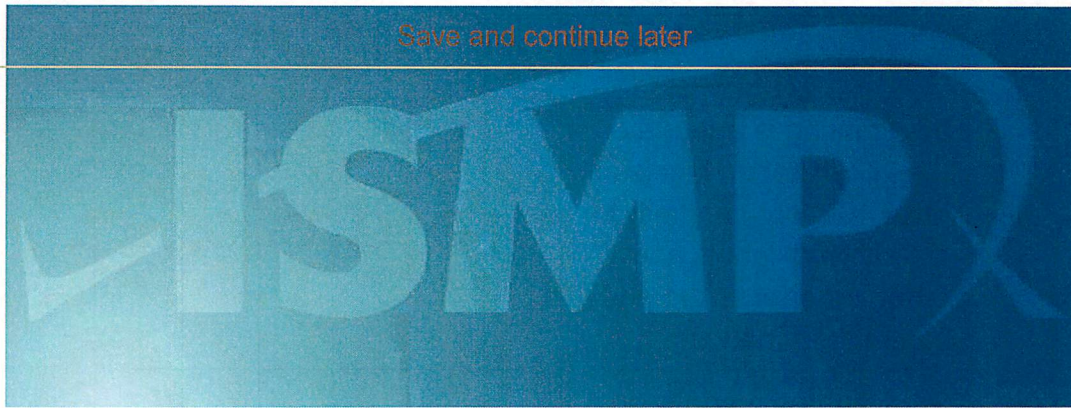
	A	B	C	D	E	N/A
90. The pharmacy performs maintenance,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later					
	A	B	C	D	E	N/A
calibration, and cleaning on all counting devices, automated dispensing devices, and compounding equipment according to compendia or manufacturers' standards.						
91. The pharmacy performs manufacturers' suggested maintenance and cleaning schedules for all fax machines, scanners, and printers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Privileges to make modifications, adjustments, or changes in the bin contents of automated dispensing systems (e.g., robotics) are restricted to staff members who are well-trained in both the theory and the mechanics of the software system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. Barcode scanning or a checklist/sign-off sheet is used to verify the drug name, strength, NDC, lot number, and expiration date of each stock bottle before the contents are added to an automated dispensing system (e.g., robotics).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. When adding new products, making changes in strength or dosage form, or when making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
other modifications to automated dispensing systems (e.g., robotics), two individuals independently verify the change with the use of a checklist/sign-off sheet.							
95. Barcoding is used to verify drug selection.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Back Next

Jump to page:



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

VII. ENVIRONMENTAL FACTORS, WORKFLOW, AND STAFFING PATTERNS

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #12

Medications are transcribed, prepared, dispensed, and administered within an efficient and safe workflow, and in a physical environment that offers adequate space and lighting and allows pharmacy staff to remain focused on medication use without distractions.

	Save and continue later	A	B	C	D	E	N/A
96. Lighting is adequate (i.e., illumination levels at least 100 foot-candles) to clearly read labels and other important drug and patient information.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. A lighted magnifying lens is in a fixed location and is used to facilitate readability of prescriptions and labels.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. The temperature and humidity in the pharmacy conform to drug storage requirements.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. The pharmacy has implemented integrated voice response (IVR) systems that are integrated with the pharmacy computer system, to triage incoming calls.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Areas where medication orders are transcribed and/or entered into the pharmacy computer system are isolated and free of distractions and interruptions.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Areas where medication orders are verified are isolated and free of distractions and interruptions.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Areas where point-of-care testing and/or		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
immunization services are provided are private and free of distractions and interruptions. <i>Scoring guideline: Choose NOT APPLICABLE if point-of-care testing and immunization services are not provided.</i>							
103. The pharmacy has a dedicated, exclusive area for general, nonsterile compounding that meets current USP <795> standards. FAQ		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. The pharmacy has an area for aseptic compounding of sterile preparations that meets current USP <797> standards. <i>Scoring guideline: Choose NOT APPLICABLE if sterile compounding is not offered.</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. The pharmacy avoids using storage space that requires staff to reach over their heads or to climb to retrieve products.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Workspaces where medications are prepared are clean, orderly, and free of clutter.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Baskets, bins, or other containers are used during preparation and		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
verification to separate different patients' orders.							
108. The pharmacy maintains a prescription pick-up/will-call area that is free from clutter and contains enough space to prevent "spillage" into the next basket or bin.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Plans for new and/or expanded services are well communicated to all affected personnel, and appropriate consideration of resources is addressed prior to implementation.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. The pharmacy uses an automated, off-site, centralized dispensing operation to help reduce workload in the pharmacy.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. When preparing prescriptions, pharmacy staff work with one drug product at a time and affix the label to the patient's prescription container before working on the next prescription.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. All prescription orders (either the hard copy or a scanned image) are displayed at eye level during order entry.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #13

The complement of qualified, well-rested pharmacy staff matches the workload without compromising patient safety.

	Save and continue later					
	A	B	C	D	E	N/A
113. An employee assistance program is available, and participation is encouraged to help staff who are experiencing stress or issues that may affect work performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Pharmacy staff undergo an annual physical examination, including vision and hearing screenings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Pharmacy staff work no more than 12 consecutive hours. Exception: isolated situations outside of usual operations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Pharmacy staff have at least 8 hours of rest between shifts worked. Exception: isolated situations outside of usual operations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Schedules and workload permit pharmacy staff to take at least one 15-minute break and one 30-minute break (for a meal) per 8 hours of work each day. Exception: isolated situations outside of usual operations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. An effective back-up plan has been established for days when staffing is short due to illness,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
vacation, educational absences, and fluctuations in workload.							
119. Staffing patterns in the pharmacy are adequate to provide safe patient care services, including during times of anticipated higher workload (e.g., beginning of the month, prior to or immediately following holidays).		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. When temporary agency staff are used, they have been properly oriented and trained in the particular pharmacy environment in which they will be working.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. When creating the work schedule, consideration is given to the use of supportive automated dispensing technology, prescription volume, and pharmacist/technician ratios.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Prescription volume data is examined periodically to determine appropriate staffing levels, even during peak times when demand is highest.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Metrics used to ascertain staff productivity and turnaround time are reasonable and do not		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
impede the quality or safety of patient care services.							
124. The pharmacy does not ask pharmacists to meet a specific quota for prescription dispensing, including vaccine administrations if provided.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

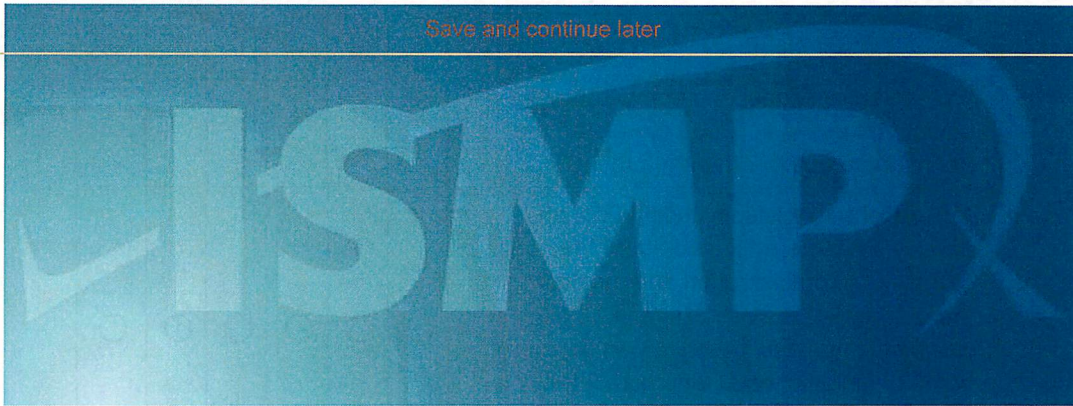
FAQ Item #103.

What are some specific pharmacy dispensing activities that would be considered nonsterile compounding per USP <795>?

Back Next

Jump to page:

Save and continue later



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

VIII. STAFF COMPETENCY AND EDUCATION

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #14

Pharmacy staff receive sufficient orientation to medication use and undergo baseline and annual proficiency evaluation of knowledge and skills related to safe medication practices.

	A	B	C	D	E	N/A
125. All new staff, including agency staff, undergo a baseline proficiency evaluation before working independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. All pharmacy staff, including float and agency staff, are educated about the specific pharmacy equipment available at each site (e.g., barcode scanner, automated dispensing equipment) and associated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
protocols/guidelines, and competency with equipment use is verified before staff are permitted to operate the equipment.							
127. All pharmacists, including float and agency staff, are educated about the specific patient self-administration and monitoring devices available at each site (e.g., glucose monitors, inhalation devices, pen devices, home diagnostic tests), and competency is verified before staff are permitted to educate a patient about the device.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. All compounding personnel receive ongoing education and competency assessment, including knowledge and training on standard operating procedures (SOP) in accordance with current USP <795> and <797> standards.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Staff who administer immunizations are educated about the potential adverse effects of vaccines (e.g., anaphylaxis, syncope) and are prepared to respond appropriately. <i>Scoring guideline: Choose NOT APPLICABLE if immunization services are not provided at the pharmacy.</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Protocols are available and reviewed with staff on how to treat an emergency during patient care services, emergency supplies are on-hand, and staff know where to find the protocols and supplies.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Those who train new staff have a reduced workload to accomplish the goals of orientation safely and thoroughly.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. The length of time for orienting new pharmacists, technicians, and management staff is individualized and based on an ongoing assessment of their needs.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. During orientation, pharmacy staff receive information about the pharmacy's actual error experiences, as well as published errors that occurred in other facilities.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Pharmacy preceptors review key medication-related policies and procedures, and specific error-prone conditions, at the start of each pharmacy student's rotation. <i>Scoring guideline: Choose NOT APPLICABLE if your organization does not serve as a site for pharmacy students.</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
135. Pharmacy staff are educated about system-based strategies to reduce the risk of errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Current policies and procedures are readily available, updated on a regular basis, and followed by pharmacy staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. As part of the overall performance evaluation process, a supervisor assesses each pharmacy staff member's skills and knowledge related to safe medication practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #15

Pharmacy staff are provided with ongoing education about medication error prevention and the safe use of drugs and devices that have the greatest potential to cause harm if misused.

	A	B	C	D	E	N/A
138. Pharmacy staff are educated about new drugs added to the pharmacy inventory, including OTC medications, and any associated guidelines, restrictions, or special precautions are understood before the medications are dispensed or administered (e.g., vaccines).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Medication errors and ways to avoid them are routinely discussed at staff meetings and in conversations between pharmacists, technicians, and managers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. <u>HUMAN FACTORS</u> and the principles of error reduction (e.g., standardization, use of constraints, and redundancy for critical functions) are introduced during staff orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Management and frontline staff receive training in identifying risk within the system and in incorporating high-leverage, error-reduction strategies to help eliminate the risk. <u>FAQ</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Management and frontline staff are trained and skilled in the principles and applications of <u>CONTINUOUS QUALITY IMPROVEMENT (CQI)</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. At least annually, pharmacy staff must complete an educational program on ways to avoid errors with <u>HIGH-ALERT MEDICATIONS</u> , narrow therapeutic index medications, and other error-prone medications or devices. <i>(A complete list of HIGH-ALERT MEDICATIONS can be found at: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

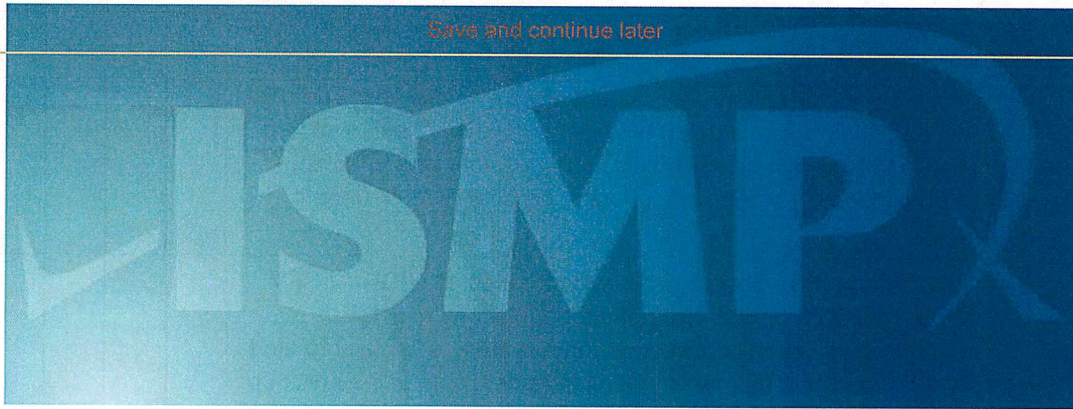
Save and continue later	A	B	C	D	E	N/A
144. When errors occur, educational efforts are widespread among all pharmacy staff rather than remedial and directed at only those who were involved in an error.						
145. Pharmacy staff are provided with the necessary support and time to attend internal and external educational programs related to new medications and/ or important medication safety issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAQ Item #141.

What is the difference between high-leverage and low-leverage safety strategies?

[Back](#) [Next](#)

Jump to page:



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

IX. PATIENT EDUCATION

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #16

Patients are included as active partners in their care through education about their medications and ways to avert errors.

	A	B	C	D	E	N/A
146. Pharmacists are allotted time by management for patient education activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Confidential areas for patient counseling and medication therapy management (MTM) services are provided and are free of distractions and interruptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Patients are encouraged to ask questions about the medications they are receiving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
149. Patients are offered an opportunity for counseling. The offer includes a clear explanation of what counseling consists of (e.g., how to take and store the medication, possible side effects, interactions with other medications) and how it would benefit them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Criteria have been established for selected HIGH-ALERT MEDICATIONS or high-risk patient populations to trigger required medication counseling, and a system is in place to alert the pharmacist of this need when the patient comes in to pick up the prescription (e.g., bold alert on the bag, pharmacy computer system alert). <i>(A complete list of HIGH-ALERT MEDICATIONS can be found at: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Electronic HARD STOPS are in place at the point of sale to restrict completion of the sale until patient education has occurred for selected HIGH-ALERT MEDICATIONS or high-risk patient populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. The pharmacist discusses important safety concerns (e.g., those found in Medication Guides, ISMP High-Alert Medication Safety Leaflets for consumers) during patient counseling with the patient/caregiver. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. The patient's prescription container is opened with the patient/caregiver to verify the medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Pharmacists fully investigate all patient/caregiver concerns and questions about a medication (e.g., affordability, inability to swallow, difficulty adhering to directions, change in product appearance) prior to dispensing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Cultural issues that may affect compliance with prescribed therapy are identified and considered when counseling patients about their medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. The pharmacy takes steps to effectively communicate with patients who are visually or hearing impaired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Patients are instructed to call the pharmacy for any concerns or questions about their medication therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Patients are provided with a telephone number at which a pharmacist can be reached 24 hours a day for any concerns or questions about their medication therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. When dispensing oral liquid medications, a proper metric-only measuring device is provided or suggested (e.g., oral syringe), and patients'/caregivers' ability to correctly measure the dose is verified by using the teach-back method. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. The patient or caregiver is asked to verify that the vaccine vial and syringe or the prefilled syringe is what is intended prior to vaccine administration. <i>Scoring guideline: Choose NOT</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
<i>APPLICABLE if immunization services are not provided at the pharmacy.</i>						
161. Doses that require splitting tablets are dispensed only to patients who have demonstrated their ability to manipulate the dose properly, and devices for tablet splitting are available from the pharmacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Patients are instructed on the proper use and maintenance of any devices dispensed from the pharmacy (e.g., glucose monitors, injectable pens, spacers used with inhalers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. The pharmacy obtains sample devices from manufacturers to be used for patient education/demonstration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. If someone other than the patient or caregiver picks up the prescription, a reasonable effort is made to contact the patient directly to provide medication counseling (e.g., call the patient at home, written suggestion placed in or on the bag for the patient to call the pharmacy for counseling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Patients are provided with up-to-date, useful, written information in their primary language about the medications that they are receiving, or a trained translator or language line is utilized to provide important oral and/or written information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. The pharmacy provides an updated medication list when therapy changes and reviews it with the patient/caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. The pharmacy provides a comprehensive appointment-based medication synchronization (ABMS) program that includes a complete medication review and monthly contact from a pharmacist to the patient, to discuss their medication therapy and any changes before dispensing to optimize medication use. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. The pharmacy provides consumers with information about proper disposal of medications and refers them to available community take-back programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #17

Pharmacists establish and participate in community-based disease prevention and monitoring programs to promote health and ensure appropriate therapy and outcomes of medication use.

	A	B	C	D	E	N/A
169. The pharmacy offers MTM services, delivered by a pharmacist, focused on improving patients' therapeutic outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. The pharmacy provides clinical disease management programs for conditions such as asthma, hypertension, diabetes, or hypercholesterolemia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
171. In the past year, the pharmacy has provided at least one screening clinic to promote early detection of disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. The pharmacy develops and conducts at least one annual educational program or other proactive public health effort designed to improve safe use of medications in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. The pharmacy transmits patient immunization administration records to the state or local immunization registry. <i>Scoring guideline: Choose NOT APPLICABLE if immunization services are not provided or if there is no state or local immunization registry.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAQ Item #152.

What are some safety concerns that pharmacists should discuss with patients/caregivers?

FAQ Item #159.

Why does ISMP recommend metric-only devices for patients to measure oral liquid medications?

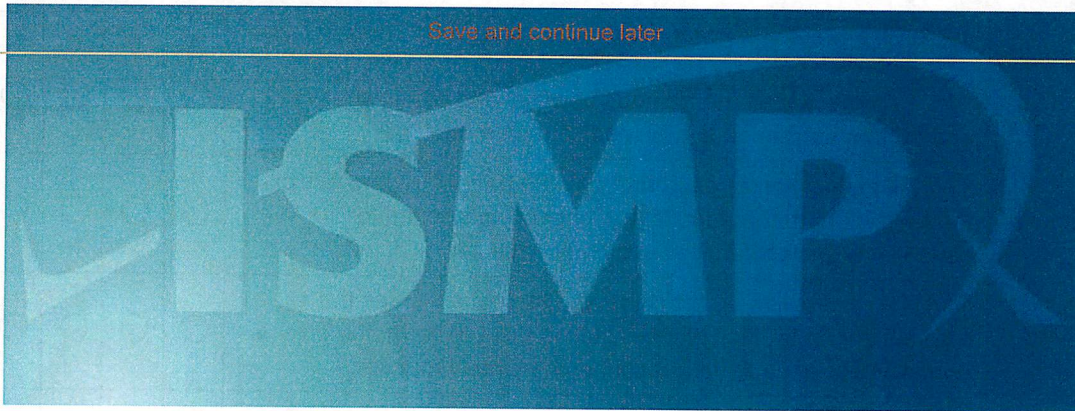
Please explain what you mean by “teach-back” method.

FAQ Item #167.

What is meant by comprehensive appointment-based medication synchronization (ABMS) program?

Back Next

Jump to page:



2017 ISMP Medication Safety Self Assessment[®] for Community/Ambulatory Pharmacy

X. QUALITY PROCESSES AND RISK MANAGEMENT

A	No activity to implement
B	Discussed, but not implemented
C	Partially implemented for some or all patients, prescriptions, drugs, or staff
D	Fully implemented for some patients, prescriptions, drugs, or staff
E	Fully implemented for all patients, prescriptions, drugs, or staff

Core Characteristic #18

A safety-supportive JUST CULTURE and model of shared accountability for safe SYSTEM DESIGN and making safe BEHAVIORAL CHOICES is in place and supported by PHARMACY LEADERSHIP and immediate supervisors.

	A	B	C	D	E	N/A
174. Error-prevention strategies in the pharmacy target <u>SYSTEM DESIGN</u> and the management of safe <u>BEHAVIORAL CHOICES</u> of all staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. Pharmacy staff openly discuss errors without embarrassment or fear of reprisal from <u>PHARMACY LEADERSHIP</u> or immediate supervisors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
176. Pharmacy staff are trained in clinical and administrative procedures for responding to medication errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. All medication errors that reach the patient, regardless of the level of harm that results, are honestly disclosed to patients/caregivers/families in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. If a medication error occurs and the patient takes the medication, regardless of the resulting level of harm, the error is honestly disclosed to the prescriber in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. PHARMACY LEADERSHIP and immediate supervisors have received formal education on establishing and/or maintaining a fair and just safety culture (e.g., JUST CULTURE).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. No disciplinary action is taken against pharmacy staff for making a HUMAN ERROR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. PHARMACY LEADERSHIP and immediate supervisors receive formal training on ways to effectively evaluate pharmacy staff competency and performance, supervise and mentor staff on clinical skills, COACH AT-RISK BEHAVIORS , and handle difficult pharmacy staff behavior without allowing the presence or absence of medication errors to be a factor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Job descriptions and performance evaluations include specific accountability standards related to patient/medication safety (e.g., accountability for BEHAVIORAL CHOICES in response to the risks seen; willingness to speak up about safety issues and ask for help when needed; to follow the safety literature) that do not include the absence of errors or a numeric error threshold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. The organization anticipates AT-RISK BEHAVIORS and proactively takes steps to encourage safe BEHAVIORAL CHOICES and discourage AT-RISK BEHAVIORS .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. Immediate supervisors COACH staff who engage in AT-RISK BEHAVIORS involving patient safety, to assist them in making safer BEHAVIORAL CHOICES in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185. Error rates are not determined or calculated from error reports and are not used for internal (pharmacist-to-pharmacist) or external (pharmacy-to-pharmacy) comparisons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186. During event investigation (e.g., ROOT CAUSE ANALYSIS [RCA]), once risks have been identified, the focus of the initial analysis of the event is widened to analyze the same or similar risks throughout the organization and among other processes, and interventions extend beyond addressing the immediate risks involved in the event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187. When an event involves staff who cut corners, breached a policy, and/or did not follow a procedure, the conditions that led to these AT-RISK BEHAVIORS are investigated to uncover system-based incentives that encourage the behavior and/or system-based disincentives that discourage safe behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
188. When an event involves HUMAN ERROR , an investigation is undertaken to uncover any preexisting performance shaping factors (e.g., task complexity, workflow, time availability/urgency, experience, training, fatigue, stress) and other environmental conditions, SYSTEM DESIGN attributes, BEHAVIORAL CHOICES , or equipment design flaws that allowed the error to happen and reach the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189. PHARMACY LEADERSHIP and immediate supervisors provide positive incentives for individuals to report errors. FAQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190. Pharmacy staff are anonymously surveyed at least annually to assess the organization's safety culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191. Pharmacy staff involved in serious errors that cause patient harm are emotionally supported by PHARMACY LEADERSHIP , immediate supervisors, and colleagues, and are provided with ongoing support through an employee assistance program or other crisis intervention strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192. PHARMACY LEADERSHIP actively demonstrates its commitment to patient safety (and safe medication practices) by approving a safety plan, encouraging pharmacy staff to report errors, and approving SYSTEM DESIGN enhancements, including technology, that are likely to reduce errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
193. Specific medication safety objectives (e.g., reduce harm from errors with HIGH-ALERT MEDICATIONS ; improve medication error detection, reporting, and use of the information) are included in the organization's strategic plans, directly communicated to all staff, and celebrated (acknowledged in a positive manner) when met. <i>(A complete list of HIGH-ALERT MEDICATIONS can be found at: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194. Patient safety is articulated in the organization's mission and/or vision statements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #19

Pharmacy staff are expected to detect and report adverse events, errors (including **CLOSE CALLS**), hazards, and observed **AT-RISK BEHAVIORS**, and to regularly analyze these reports, as well as reports of errors that have occurred in other organizations, to mitigate future risks.

	A	B	C	D	E	N/A
195. A clear definition and examples of medication errors and hazardous situations that should be reported have been established and disseminated to staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save and continue later	A	B	C	D	E	N/A
196. A formal process has been established to report both hazardous situations that could lead to an error and actual errors, including CLOSE CALLS .						
197. One or more pharmacists in an individual pharmacy are assigned the responsibility of enhancing detection of medication errors, overseeing analysis of their causes, and coordinating an effective error-reduction plan (with corporate support as applicable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198. The pharmacy staff utilize a tool (e.g., Assess-ERR™) to document and analyze errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
199. A trusted pharmacist or manager facilitates periodic, announced focus groups for "off the record" discussions to learn about perceived problems with the dispensing system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200. The pharmacy operates a CONTINUOUS QUALITY IMPROVEMENT (CQI) program to enhance patient safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
201. The pharmacy periodically conducts patient satisfaction surveys regarding patient care services, with the intent of improving services and outcomes of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202. The dispensing process is proactively analyzed at least annually (e.g., using a PROACTIVE RISK ASSESSMENT tool) to identify potential risk factors for medication errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203. Practitioners who have been directly involved in a serious or potentially serious medication error participate in a RCA analyzing those failures in the system that allowed the error to happen, and assist with the development of SYSTEM DESIGN enhancements to reduce the potential for future errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204. CLOSE CALLS and hazardous situations that have the potential to cause patient harm are given the same high priority for analysis and error-prevention strategies as errors that actually cause patient harm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205. Management and pharmacy staff routinely read and use published error experiences from other organizations to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
proactively target improvements in the dispensing process.							
206. Management routinely evaluates the literature for new technologies and successful evidence-based practices that have been effective in reducing errors in other organizations, to determine if the new technology and/or practice should be implemented in their organization.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207. Pharmacy staff are provided with regular feedback about errors reported in the pharmacy, hazardous situations, and error-reduction strategies that are being implemented.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208. PHARMACY LEADERSHIP and immediate supervisors support practitioner reporting to external error reporting programs such as the ISMP National Medication Errors Reporting Program and the ISMP National Vaccine Errors Reporting Program.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Characteristic #20

Redundancies that support a system of **INDEPENDENT DOUBLE CHECKS** or an automated verification process are used for vulnerable parts of the medication system, to detect and correct serious errors before they reach patients.

	A	B	C	D	E	N/A
209. For selected patient groups (e.g., pediatric patients and patients receiving medications dosed according to age or weight), a double check of the prescriber's calculated dose is made before preparing and dispensing the medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210. The original prescription (or image of the original prescription) is used by the pharmacist while conducting data entry verification and when performing medication utilization review.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211. Both the medication base product and the mixing solution/diluent used for reconstituted products are INDEPENDENTLY DOUBLE CHECKED by a pharmacist. <i>Scoring guideline: Pharmacists who work alone should answer A or B. FAQ</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212. A pharmacist verifies the formulation of all OTC insulin with the patient/ caregiver before the product is dispensed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Save and continue later	A	B	C	D	E	N/A
213. Pharmacists periodically perform quality control checks by reviewing completed prescriptions in the will-call area, examining pharmacy labels, computer entries, and the location of stock bottles replaced in inventory, and conducting other forms of random checks that promote detection of errors.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214. Medication selection, preparation, and labeling errors identified during routine checking processes are reported and collected for the purpose of identifying SYSTEM DESIGN issues and developing error-prevention strategies.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215. Pharmacists who administer vaccines prepare and/or select one patient's vaccine at a time. <i>Scoring guideline: Choose NOT APPLICABLE if immunization services are not provided at the pharmacy.</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216. The pharmacy has established a process to include an INDEPENDENT DOUBLE CHECK of prescriptions for selected HIGH-ALERT MEDICATIONS before they are dispensed.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAQ Item #189.

What are some examples of positive incentives?

FAQ Item #211.

What is meant by "INDEPENDENTLY DOUBLE CHECKED" by a pharmacist" in regards to this item?

This is the end of the assessment. Please take a moment to review your responses before clicking the "Next" button.

Back Next

Jump to page: