



State of New Hampshire

Board of Pharmacy

121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.oplc.nh.gov/pharmacy/

RECEIVED
NOV 04 2022
OPLC-FINANCE

Handwritten initials/signature

COLLABORATIVE PHARMACY PRACTICE APPLICATION

PLEASE PRINT CLEARLY - ILLEGIBLE, INCOMPLETE OR APPLICATIONS WITHOUT THE REQUIRED ATTACHMENTS AS NOTED ON PAGE 2 CANNOT BE ACCEPTED.

1. GENERAL INFORMATION
Applicant's Name: Amanda Foster Manning
Mailing Address: 23 Pender Rd Northwood NH 03261
NH Pharmacist License Number: 4056
Home or Cell Phone #: 6032034737
Work Phone #: 6036096407
E-mail Address: (Must be entered to receive your updated license with CPP endorsement):

2. CURRENT PHARMACY EMPLOYMENT ASSOCIATED WITH THIS COLLABORATIVE AGREEMENT
Name of NH Pharmacy: Wentworth-Douglas Hospital
Complete Mailing & Physical Address of NH Pharmacy: 789 Central Ave Dover NH 03820

3. PROFESSIONAL LIABILITY INSURANCE AND CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION
I have at least \$1,000,000 of professional liability insurance with the following insurance provider: HPSO
* You must attach a copy of your certificate of insurance to this application.
If also administering vaccines, I have current CPR certification, which includes the required 'hands-on' training which must be completed every 2 years, from (please check one):
[] American Heart Association [] American Red Cross [X] Not Applicable - I Do Not Administer Vaccines
* If administering vaccines, you must attach a copy of your certificate of completion of CPR training or a copy of the back & front of your signed CPR Card, which show it was completed in the past 2 years (i.e. has not passed the 'recommended date for refresher training').

4. PRACTICE DISCIPLINE FOR THIS COLLABORATIVE PRACTICE AGREEMENT (ONLY ONE PRACTICE DISCIPLINE ALLOWED PER APPLICATION)
Check only one:
[] Asthma [] Anticoagulation [] COPD [] Diabetes [] Hyperlipidemia [] Hypertension
[X] Other (Describe): Oncology

5. SUMMARY OF EDUCATION, TRAINING, AND EXPERIENCE RELATED TO RESPONSIBILITIES TO PERFORM VIA THE COLLABORATIVE PRACTICE AGREEMENT:

PharmD obtained in 2015. Inpatient/oncology
experience 2017-2020
oncology experience 2020-August 2022
at Ensble Memorial Hospital.
Wentworth-Douglas Hospital / Seacoast Cancer
Center oncology Pharmacist - Present

6. APPLICANT ATTESTATION STATEMENT:

My signature below affirms that the answers and statements made on this application are true and correct to the best of my knowledge and belief. I also understand that pursuant to RSA 318:26-a, the Board must be notified within 15 days of any changes related to your collaborative practice agreement or in the information contained on this form. Failure to notify the Board could result in disciplinary action and/or sanctions.

Signature: Amanda Manning

Date: 9/2/2022

7. EMPLOYER ATTESTATION STATEMENT:

As owner / chief administrative officer of _____ I certify that my Company agrees to be in compliance with all federal, state, and local laws related to this agreement. I have read this application and all of the statements made on it, reviewed all submitted supporting documents, attest that to the best of my knowledge, all provided information is true and accurate. As the owner/corporate representative of this organization, my signature below acknowledges my/the corporation's responsibilities as the permit holder, including all of the corporate/permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).

Signature
Of Organization
Representative: [Signature]

Title: President & CEO

Date: 10/19/2022

* LIST OF SUPPORTING DOCUMENTS WHICH MUST BE INCLUDED WITH THE APPLICATION:

Attach each of the following and label the top right of each attachment with the corresponding letter below (i.e. "Attachment A", "Attachment B", etc.)

- A. Copy of Signed Collaborative Agreement;
- B. Copy of Professional Liability Insurance Coverage/Certificate;
- C. Copy of Policy and Procedures governing the Collaborative Practice Agreement;
- D. Copy of Policy and Procedures for QA/CSI program
- E. Copy of Patient Consent Form;
- F. List of all Providers Whom Are Party to the Agreement – Full Name, Address and NH License;
- G. If administering vaccines, a copy of your certificate of completion of CPR training or a copy of the back & front of your signed CPR Card, which shows it was completed in the past 2 years (i.e. has not passed the 'recommended date for refresher training').

COLLABORATIVE PHARMACY PRACTICE AGREEMENT
Chemotherapy Induced Nausea and Vomiting

Seacoast Cancer Center Pharmacy



**WENTWORTH-DOUGLASS
HOSPITAL**

A Mass General Community Hospital

PHARMACY

789 Central Avenue
Dover, NH 03820

Contents

Introduction.....	2
Purpose.....	2
Goals.....	2
Procedures.....	3
Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures	6
Patient Summary, Benefits and Signature.....	7
Appendix A: Tables	9
Table 1: Disease state and quality performance metrics.....	9
Table 2: Practice Guidelines.....	9
Table 3: Medications.....	9

Introduction

1. This Collaborative Pharmacy Practice Agreement (called the "CPA") follows the New Hampshire Board of Pharmacy Administrative Rules Chapter Ph 1100 titled *Collaborative Pharmacy Practice* and NH RSA 318:16-a titled *Standards for Collaborative Pharmacy Practice*. A copy of the current version of the law and rules will be given to each pharmacist and attending practitioner (the "practitioner") signing this CPA.
2. By entering into this CPA, each Wentworth Douglass Hospital pharmacist signing below (the "pharmacist") is authorized to provide drug therapy management services as described in this CPA to the patient signing below (the "patient") for the specified condition identified on the cover page.

Purpose

Chemotherapy induced nausea and vomiting (CINV) can significantly impact the quality of life of patients receiving chemotherapy. Severity of CINV can be reduced by an effective antiemetic plan. To enhance the quality of patient care and improve patient access, the pharmacist will complement the care provided by the practitioner(s), for the condition named in this Collaborative Pharmacy Practice Agreement (CPA). Upon receipt of a patient and disease-state specific referral order, the pharmacist will order appropriate and necessary labs, authorize appropriate medication refills, implement, modify, or discontinue medications, facilitate referrals, and provide education as appropriate for the referred patient.

Goals

1. To prevent nausea and vomiting in chemotherapy patients by providing evidence-based, patient-centered care for optimal drug therapy results and improved patient outcomes.
2. To increase patient and practitioner access.
3. To provide cost-effective care to the patient.
4. To improve patient/caregiver self-management skills and adherence to drug therapy related to the referred condition.

Term

Collaborative agreements shall be renewed at least every 2 years, and signed by all practitioners who are a party to the agreement. When a collaborative agreement is terminated, the patient shall be provided written notification within 15 days. Such written notification shall include detailed information on how the patient may continue any medication therapy provided by the pharmacist without interruption.

Disease States to Manage and Scope of Practice

Disease State	Scope of Practice/Collaborate Practice Agreement
Chemotherapy Induced Nausea and Vomiting (CINV)	<ul style="list-style-type: none"> • Collect and review patient histories • Initiate, modify or discontinue medications listed in Appendix A

Procedures

Referral

- Patients will be referred to the pharmacist by their practitioner for the management of chemotherapy induced nausea and vomiting.
- The patient and the practitioner may 'opt out' at any time.

Informed Consent

- The pharmacist will discuss the collaborative relationship between the pharmacist and the practitioner with the patient for management of their chemotherapy induced nausea and vomiting.

Treatment Goals

- The specific goals for the patient may differ based upon the patient's specific needs and condition and will be specified in the patient's electronic medical record (EMR) or communicated from the practitioner to the pharmacist.
- If the pharmacist recommends altering a goal of the drug therapy based on the pharmacist's clinical judgment, the pharmacist will document his/her recommended change in the EMR and communicate it to the patient's practitioner.

Management

- Decisions regarding modifications of the patient's drug therapy and selection of drug therapy will be consistent with nationally recognized disease state guidelines in **Appendix A, Table 2**.
- The pharmacist may modify the drug therapy per the nationally recognized disease state guidelines in **Appendix A, Table 3**, identify drug therapy goals, and use clinical judgment in providing the services under this CPA. The specific drugs to be managed by the pharmacist are detailed in **Appendix A, Table 3**.
- The pharmacist may initiate, modify, discontinue or refill drugs listed in **Appendix A, Table 3**.

Monitoring

- Patients will be followed in person and remotely for adjustment of medications at regular intervals deemed appropriate by the pharmacist-practitioner team.
- Monitor laboratory markers as deemed necessary.
- Assess patient for signs and symptoms of adverse drug events.

Communication and Documentation

Communication between the practitioner and pharmacist will occur via the shared electronic medical record. Documentation for each CPA visit with the patient will be in a patient note located in the patient's EMR. A summary of each visit containing all drug therapy initiations, modifications, discontinuances and refills and individualized patient care plans will be documented by the pharmacist in the patient's EMR. For more urgent matters, the clinical pharmacist and practitioner shall communicate in person or by telephone. If the applicable practitioner is unavailable or absent, the pharmacist shall consult and communicate with the covering practitioner. For life-threatening concerns: the pharmacist will notify the practitioner of life-threatening concerns with respect to the patient immediately and pharmacist or practitioner will contact emergency medical services as medically appropriate.

Outcome Measures

Outcome measurements will be generated at least annually and reported regularly. Key clinical and operational metrics found in **Appendix A, Table 1** will be monitored and reported on at least annually to practitioner(s) and to the NH Board of pharmacy.

Risk Management

The pharmacist and practitioner shall comply with applicable Wentworth Douglass Hospital / Wentworth Health Partners policies regarding the reporting of serious events. The pharmacist and practitioner will immediately provide written notice to each other if disciplined by their respective licensing Boards (whether by agreement or Board order), or if otherwise subject to any practice restrictions.

In the event of a serious patient concern or adverse occurrence, the pharmacist will:

- Communicate the event to the referring practitioner as soon as possible to address the urgent need;
- Review case with referring practitioner to evaluate any preventable cause(s) and possible future improvements

Quality Assurance

- A review of the CPA will be performed by the pharmacist to determine whether changes need to be made, at the minimum once yearly. If a change is warranted, the pharmacist will notify the patient and the attending practitioner. A material amendment to the CPA must be signed by the pharmacist, the practitioner and the patient to reflect any changes to or under this CPA and no

changes will be effective until the amendment or a new CPA is signed by all three parties. The pharmacist will provide written or electronic notification in accordance with applicable law and rules to the NH Board of Pharmacy ("NH BOP") within 15 days of changes made to the CPA, documentation and or the original CPA application.

- The CPA will be renewed if agreed upon by all parties that have signed the CPA, at the minimum every 2 years.
- The quality metrics of this CPA will be reported to the NH BOP annually.
- Peer or self-review of documentation notes in the patient's EMR will be performed by the pharmacist at least annually.
- The pharmacist will maintain the qualifications to participate in the CPA, as required under applicable law and rules.
- Neither the practitioner nor the pharmacist shall seek to gain personal financial benefit by participating in any incentive-based program or accept any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.
- The pharmacist will provide services to the patient under this CPA only in a private exam room, office or secluded area in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA) and associated regulations.
- The pharmacist will have dedicated time scheduled to perform the duties outlined in this CPA. The expected amount of time the pharmacist will devote to this CPA service will depend on the needs of the clinic, size of the patient population, the patient and the availability of HIPAA compliant space in which to provide services.

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

Amanda Manning
Signature

10/31/2022
Date

789 Central Ave Dover NH 03820
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

W
Signature

09/21/2022
Date

789 Central Ave Dover NH 03820
Address

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics:

Disease State	Quality Performance Metrics
Chemotherapy Induced Nausea and Vomiting	Medication errors will be communicated to the provider and an occurrence report will be completed
	Adverse drug events will be communicated to the provider and an occurrence report will be completed.

Table 2: Practice guidelines are adapted from the following:

Disease State	National Guidelines	Link
Chemotherapy Induced Nausea and Vomiting	NCCN Antiemesis Guidelines Current Version	https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

Amanda Flannery
Signature

10/31/2022
Date

789 Central Ave Dover NH 03820
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

[Signature]
Signature

9/21/22
Date

789 Central Ave Dover NH 03820
Address

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics:

Disease State	Quality Performance Metrics
Chemotherapy Induced Nausea and Vomiting	Medication errors will be communicated to the provider and an occurrence report will be completed
	Adverse drug events will be communicated to the provider and an occurrence report will be completed.

Table 2: Practice guidelines are adapted from the following:

Disease State	National Guidelines	Link
Chemotherapy Induced Nausea and Vomiting	NCCN Antiemesis Guidelines Current Version	https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

Amanda Manning
Signature

10/21/2020
Date

789 Central Ave Dover NH 03820
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

Nashid W
Signature

9/21/22
Date

789 Central Ave Dover NH 03820
Address

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics:

Disease State	Quality Performance Metrics
Chemotherapy Induced Nausea and Vomiting	Medication errors will be communicated to the provider and an occurrence report will be completed
	Adverse drug events will be communicated to the provider and an occurrence report will be completed.

Table 2: Practice guidelines are adapted from the following:

Disease State	National Guidelines	Link
Chemotherapy Induced Nausea and Vomiting	NCCN Antiemesis Guidelines Current Version	https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

Amanda Blum
Signature

10/31/2022
Date

789 Central Ave Dover NH 03826
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

Ainadi Al
Signature

9/26/22
Date

789 Central Ave Dover NH 03826
Address

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics:

Disease State	Quality Performance Metrics
Chemotherapy Induced Nausea and Vomiting	Medication errors will be communicated to the provider and an occurrence report will be completed
	Adverse drug events will be communicated to the provider and an occurrence report will be completed.

Table 2: Practice guidelines are adapted from the following:

Disease State	National Guidelines	Link
Chemotherapy Induced Nausea and Vomiting	NCCN Antiemesis Guidelines Current Version	https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics:

Disease State	Quality Performance Metrics
Chemotherapy Induced Nausea and Vomiting	Medication errors will be communicated to the provider and an occurrence report will be completed
	Adverse drug events will be communicated to the provider and an occurrence report will be completed.

Table 2: Practice guidelines are adapted from the following:

Disease State	National Guidelines	Link
Chemotherapy Induced Nausea and Vomiting	NCCN Antiemesis Guidelines Current Version	https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

Amanda F. Manning
Signature

10/31/22
Date

789 Central Ave Dover NH 03820
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

B
Signature

9/27/22
Date

789 Central Ave Dover NH 03820
Address

Appendix A: Tables

Table 1: Disease State and Quality Performance Metrics:

Disease State	Quality Performance Metrics
Chemotherapy Induced Nausea and Vomiting	Medication errors will be communicated to the provider and an occurrence report will be completed
	Adverse drug events will be communicated to the provider and an occurrence report will be completed.

Table 2: Practice guidelines are adapted from the following:

Disease State	National Guidelines	Link
Chemotherapy Induced Nausea and Vomiting	NCCN Antiemesis Guidelines Current Version	https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

Amanda Flannery
Signature

10/31/2022
Date

789 Central Ave Dover NH 03820
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

[Signature]
Signature

10/4/22
Date

789 Central Ave Dover NH 03820
Address

Collaborative Pharmacy Practice Agreement Pharmacist and Practitioner Signatures

By signing this CPA, the pharmacist named below agrees to all of the terms and conditions of this CPA with the named practitioner and patient who are also signing.

1. Pharmacist signature, date, and address:

[Handwritten Signature]
Signature

10/15/2022
Date

789 Central Ave Dover NH 03820
Address

By signing this CPA, the practitioner named below agrees to all of the terms and conditions of this CPA with the named pharmacist and patient. If the practitioner named below is a Medical Director or Lead Practitioner with supervisory responsibility for other practitioners, his/her signature commits all practitioners working under the Medical Director's or Lead Practitioner's supervision.

2. Practitioner signature, date, and address:

[Handwritten Signature]
Signature

10/15/2022
Date

789 Central Ave Dover NH 03820
Address



1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278
Phone: 1-800-982-9491 Fax: 1-800-758-3635
Website: www.hpso.com

09/09/22

Amanda M Manning
23 Pender Rd
Northwood, NH 03261-3350

Dear Amanda M Manning:

Enclosed is the replacement certificate of insurance that you requested.

If you have any questions or need assistance, please call us toll free at 1-800-982-9491. Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure

Dedicated To Serving The Insurance Needs of Healthcare Providers

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

Q032



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 9/09/2022

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER 018098	BRANCH 970	PREFIX HPG	POLICY NUMBER 0619605641	POLICY PERIOD From: 08/24/22 to 08/24/23 at 12:01 AM Standard Time
Named Insured and Address: Amanda M Manning 23 Pender Rd Northwood, NH 03261-3350			Program Administered by: Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-982-9491 www.hpso.com	
Medical Specialty: Pharmacist			Code: 59112	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

Professional Liability \$ 1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

Coverage Extensions

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Information Privacy (HIPAA) Fines and Penalties	\$ 25,000	per incident	\$ 25,000	aggregate
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above	
Fire & Water Legal Liability	Included in the PL limit shown above subject to \$150,000	aggregate sublimit
Personal Liability	\$1,000,000 aggregate	

Total \$ 172.00

Base Premium \$172.00

Premium reflects Employed , Full Time

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Medical Speciality is amended to include Consulting Services (GSL-5587)

Chairman of the Board

Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:
CNA93692 (11-2018)

Endorsement Date:

Master Policy: 188711433

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	FORM NAME
G-121500-D (04-08)	Common Policy Conditions
G-121503-C (07-01)	Workplace Liability Form
G-121501-C (07-01)	Occurrence Policy Form
CNA94164 (11-18)	Amendment Definition of Claim Endorsement
G-145184-A (06-03)	Policyholder Notice - OFAC Compliance Notice
G-147292-A (03-04)	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563 (02-10)	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564 (10-09)	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565 (03-10)	Healthcare Providers Professional Liability Assault Coverage
GSL17101 (02-10)	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424 (05-09)	Services to Animals
CNA80051 (09-14)	Amended Definition of Personal Injury Endorsement
CNA80052 (10-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123846-C28 (07-01)	New Hampshire Cancellation and Non-Renewal
G-123850-D28 (07-01)	New Hampshire Amendatory Change
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (01-21)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011 (04-15)	Related Claims Endorsement
CNA89027 (10-17)	Entity Exclusion Endorsement
CNA89026 (05-17)	Media Expense Coverage
GSL-5587 (11-05)	Consulting Services Liability Endorsement

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2022 Regular Assessment.

Form #: CNA93692 (11-2018)

Named Insured: Amanda M Manning

Master Policy #: 188711433

Policy #: 0619605641



WENTWORTH-DOUGLASS HOSPITAL

A Mass General Community Hospital

Attachment C

Collaborative Pharmacy Practice

MM-55

Page 1 of 2

Creation Date: 09/19

Last Reviewed: 12/19; 12/21

Last Revised: 12/19

Next Scheduled

review date: 09/24

Supersedes: PHARM-35

Authorization:

Director of Pharmacy

CNO/VP, Patient Care Services

Chief Operating Officer, WDPC

Chief Medical Officer, WDPC

I. PURPOSE:

The purpose of this policy is to establish guidelines for the creation, operation, monitoring and appropriate use of a Collaborative Practice Agreement (CPA) within Wentworth Douglass Hospital (WDH) and Wentworth-Douglass Physician Corporation (WDPC). Collaborative Pharmacy Practice (CPP) involves developing a CPA between practitioners and pharmacists. A CPA allows qualified pharmacists, working within a defined protocol, to assume professional responsibilities for performing patient assessments, counseling, and referrals; ordering laboratory tests, administering drugs; and selecting, initiating, monitoring, continuing, discontinuing, and adjusting drug regimens.

II. POLICY:

1. Pharmacists may perform specific drug therapy management activities pursuant to a written CPA that has been approved by the Pharmacy and Therapeutics Committee and the appropriate Medical Staff leader. Pharmacists may not practice outside of the scope of the written agreement.
2. Under direction of the Chief Medical Officer, the Director of Pharmacy is charged with administration of this program. CPP is authorized for patients only in accordance with the parameters dictated by CPAs developed and approved through this procedure.
3. CPAs must be reviewed and updated every 2 years.
4. CPAs are defined and supported by the state laws and administrative rules governing the Practice of Pharmacy in New Hampshire and the licensing requirements for all licensees issued by the Board of Pharmacy (through the Office of Professional Licensure).

Collaborative Pharmacy Practice	MM-55	Page 2 of 2
---------------------------------	-------	-------------

III. RESPONSIBILITY:

It is the responsibility of all pharmacists and practitioners that are engaged in a CPA to follow this policy.

**IV. PROCEDURE: See attachment 1: "Definitions"
See attachment 2: "Procedure"**

V. DISTRIBUTION:

This policy shall be distributed to Medical staff and pharmacy.

VI. FILING INSTRUCTIONS:

This policy shall be filed in the **Medication Management (MM)** section of the Wentworth-Douglass Hospital policy manual and online. It supersedes any and all previous policies related to this subject.

DEFINITIONS

1. **Collaborative Pharmacy Practice:** also, known as Collaborative Drug Therapy Management (CDTM), involves developing a CPA between practitioners and pharmacists. A CPA allows qualified pharmacists working under the supervision of a practitioner and within a defined protocol to assume professional responsibilities for performing patient assessments, counseling, and referrals; ordering laboratory tests, administering drugs; and selecting, initiating, monitoring, continuing, discontinuing, and adjusting drug regimens.
2. **Collaborative Practice Agreement:** is a written, evidence-based practice agreement developed in conjunction with practitioners to clearly define roles and responsibilities of each party. The CPA must be within the scope of the practitioners' practice. It should describe the specific responsibilities agreed upon by the practitioner and pharmacist, the method of documentation to be used, the types of initiation and modification of drug therapy that the pharmacist can perform and the procedures, plans and protocols that the pharmacist should follow. Algorithms may be included in the protocol to aid in drug therapy modification in response to lab values, patient response or side effects, etc. The protocol should facilitate frequent quality communication between the practitioner and pharmacist and allow for oversight and quality assurance activities. This protocol will have a supervising practitioner and will be approved by the Pharmacy and Therapeutics Committee and an appropriate Medical Staff leader. Protocols developed by providers within WDPC will be approved by the Policy and Standardization Committee.
3. **Pharmacist:** shall be a pharmacist registered by The New Hampshire Board of Pharmacy and in good standing; and is participating in drug therapy management with a practitioner pursuant to written CPAs.
4. **Practitioner:** the physician or advanced practice registered nurse who holds an active, unrestricted license to practice in the state of New Hampshire; has prescriptive authority granted by a New Hampshire licensing board; authorizes the pharmacist to perform those services that fall within that practitioner's scope of practice; and, has the primary responsibility for the treatment and care of the patient and as outlined in the collaborative agreement.
5. **Patient:** a person who is referred to a pharmacist by a practitioner for the purpose of receiving collaborative pharmacy practice from the pharmacist.

PROCEDURE

1. The practitioner shall assess the patient and make a referral of the identified patient, including a primary diagnosis and any co-morbid conditions covered by the CPA to the pharmacist.
2. The pharmacist will obtain Informed Consent from the patient or patient's authorized representative. Patient informed consents shall include, but not be limited to, the following information:
 - (a) A statement that the patient or the patient's authorized representative has read, understood, and consented to the pharmacist performing the duties outlined in the agreement;
 - (b) The full name and address of the patient;
 - (c) The full name and address of the collaborative attending practitioner; and
 - (d) The full name and address of the collaborating pharmacist.

Informed consents shall be available for inspection and review by the Board of Pharmacy or its agents at any time during the pharmacist's normal business hours.
3. Written orders:
 - (a) The pharmacist may be authorized by a practitioner to issue prescriptions for medications for the diagnoses specified in the practitioner's CPA. This activity may be resulting from the selection, initiation, monitoring, continuing, discontinuing, and adjustment of drug regimens.
 - (b) The pharmacist may write and sign progress notes.
 - (c) The pharmacist may order laboratory tests in accordance with written protocols in approved CPA.
 - (d) Pharmacist may write other non-prescription based treatment orders, in accordance with written protocols in approved CPA.
4. Prohibited services by a pharmacist specific to the CPA.
 - (a) The pharmacist may not diagnose.
 - (b) The pharmacist may not order anything outside of the written protocol approved in the CPA.
 - (c) The pharmacist may not order radiology tests.
 - (d) Practice by a pharmacist under a CPA shall not be delegable and shall be performed only by the pharmacist who is a party to the agreement.

Collaborative Pharmacy Practice	MM-55	Attachment 1 Page 2 of 2
--	--------------	-------------------------------------

5. The pharmacist must maintain a copy of the current CPA, including any protocols specified in the agreement, in the primary practice setting, readily retrievable at the request of the Board of Pharmacy or its agents. An additional copy of the CPA will be kept in the department of pharmacy.

6. Prior to termination or non-renewal of a CPA, a pharmacist and practitioner shall arrange for an uninterrupted continuation of the patient's drug therapy, in accordance with the terms of the CPA. When a CPA is terminated, a pharmacist and practitioner shall inform the patient in writing of the termination and of the procedures in place for the continuation of the patient's drug therapy.

Institutional Policy



WENTWORTH-DOUGLASS HOSPITAL

A Mass General Community Hospital

Monitoring: Medication Errors, Incompatibilities and Adverse Drug Reactions

MM-18

Page 1 of 2

MM.6.20

Effective Date: November 1988

Last Reviewed: 12/15; 05/18; 07/2020; 02/22

Function: Medication Management (MM)

Last Revised: 12/15; 05/18; 07/2020; 02/22

Next scheduled review date: 01/25

Supersedes:

Authorization:

Director or Pharmacy

CNO/VP, Patient Care Services

I. PURPOSE

The purpose of this policy is to provide a standardized mechanism for identifying, reporting, and monitoring medication errors, incompatibilities, and adverse drug events and to provide a consistent mechanism for improving the medication use process.

II. POLICY

It is the policy of Wentworth-Douglass Hospital and Wentworth-Douglass Physician Corporation (WDPC) to encourage reporting of all types of errors, injuries, and "near misses" as a means to assess and improve processes and provide a safe environment for patients and health care workers. Staff is required to participate in the detection and reporting of adverse drug events, medication errors including near misses; to assist in the identification of the system-based causes of errors; and the implementation of system enhancements to reduce the likelihood of future errors.

III. RESPONSIBILITY:

It is the responsibility of all employees to be familiar with the content of this policy and adhere to the procedure listed herein.

IV. PROCEDURE (See attachment)

V. DISTRIBUTION

This policy shall be distributed hospital-wide.

VI. FILING INSTRUCTIONS

This policy shall be filed in the **Medication Management (MM)** section of the Wentworth-Douglass Hospital policy manual and online. It supersedes any and all previous policies related to this subject.

PROCEDURE

A. Medication Errors:

Definition of medication error:

A medication error is any *preventable* event that may cause or lead to inappropriate medication use (including immunizations), whether or not the patient is harmed, while the medication is in the control of the health care professional or patient. Such events may be related to professional practice, health care products, procedures, and systems (including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution, administration; education; monitoring; and use).

1. Medication errors may include but are not limited to:
 - Wrong Drug
 - Wrong Dose
 - Wrong Route
 - Wrong IV Rate
 - Wrong Time
 - Wrong Patient
 - Omission
 - IV Incompatibility
2. Upon discovery of a medication error:
 - a. Notify the Provider
 - b. Notify the immediate Supervisor or Resource Nurse of the error (Inpatient)
 - c. Notify the Clinical Lead or Practice Manager (Outpatient)
 - d. Complete an Occurrence Report via the on line reporting mechanism available on The WDH Beacon and forward to Risk Management. (Directions for completing the occurrence report may be found in Policy PI-02, Occurrence Reporting)
3. Medication errors will be monitored by the Medication Safety Officer and results reported quarterly to the Pharmacy and Therapeutics (P&T) Committee, Medication Safety Committee and Quality Improvement Committee.
4. P&T, Medication Safety and Quality Improvement Committees will examine the results for trending and make suggestions for corrective systems improvements. Outcomes will be monitored as to the effectiveness of changes as indicated.

B. Adverse Drug Events:

1. All Adverse Drug Reactions (ADRs) will be interpreted as any undesirable and unintended response to a medication which requires treatment or attention of therapy.
2. All healthcare providers are responsible for reporting ADRs (e.g., physicians, nurses, pharmacists, case managers, etc.)
3. The ADR reporting program is conducted under oversight of the Pharmacy & Therapeutics Committee (P&T). The P&T Committee has adopted and approved guidelines for the reporting of ADRs:
 - If an adverse drug reaction occurs, it must be reported immediately to the physician and documented in the patient's medical record.
 - An ADR report shall be completed via Midas, the online occurrence system reporting mechanism available on the WDH Beacon.
4. ADRs will be reviewed by the P&T Committee for trending, recommendations for corrective system improvement, as appropriate and determination for reporting to the FDA, ISMP or USP.

C. IV Incompatibility

Definition of a medication incompatibility:

A medication incompatibility occurs when drugs interfere with one another chemically or physiologically. Drugs known to be incompatible must not be mixed or administered concurrently through the same IV line.

If IV medications are administered with known incompatibilities, an error has occurred and needs to be reported immediately to the physician. In addition, the incompatibility should be reported via Midas the online occurrence reporting system (Midas) for quality and risk purposes.

To minimize the risk of administering incompatible medications, staff should refer to the resources available online on the Beacon, including:

- Quick Links → Formulary OneSource/Formulink → Links → WDH IV Compatibility (King Guide and Trissel's)

Attachment D



WENTWORTH-DOUGLASS HOSPITAL

A Mass General Community Hospital

Pharmacy Continuous Quality Improvement (CQI) Program

Pharm-37

Page 1 of 2

Creation Date: 9/21

Function:

Last Reviewed:

Last Revised:

Next Scheduled 9/24

review date:

Supersedes:

Authorization:

Director, Pharmacy

CNO/VP, Patient Care Services

I. PURPOSE

The purpose of this policy is to align the Pharmacy Continuous Quality Improvement (CQI) program with the Wentworth-Douglass Hospital Quality Philosophy, commitment to patient safety via occurrence/safety reporting, assuring an environment that encourages error identification, remediation, non-punitive reporting, and prevention through education, system redesign, or process improvement. The program shall integrate the Pharmacy Department quality improvement activities into a system that will advance improvement in patient care. Medication errors happen during review, preparation, dispensing and administration of prescription medications and medication orders by pharmacy staff. To reduce the likelihood that these errors will recur, this program seeks to identify weaknesses in technology, training, processes or systems to make appropriate corrections to improve them.

II. POLICY

Each licensed pharmacy shall establish and implement a continuous quality improvement (CQI) program as set forth in NH RSA 318:45-a. The program shall assess "quality-related events" during the review, preparation, dispensing or administration of medications by pharmacy staff to ensure appropriate action is taken to prevent or reduce the likelihood or a recurrence of the identified event. A "quality-related event" is defined as a medication error (including near misses), adverse event, or unsafe conditions.

III. RESPONSIBILITY:

The Pharmacy Department Director is responsible for establishing and maintaining a CQI program. The Pharmacy Director may delegate responsibilities for reporting, monitoring, evaluation and action to the Pharmacist-in-Charge (PIC) and/or the Medication Safety Officer.

It is the responsibility of all Pharmacy employees to be familiar with the content of this policy and adhere to the procedure listed herein.

IV. PROCEDURE (See Attachment)

V. DISTRIBUTION

This policy shall be distributed to the Pharmacy Department.

VI. FILING INSTRUCTIONS

This policy shall be filed in the **Pharmacy** department-specific section of the Wentworth-Douglass Hospital policy manual and online. It supersedes any and all previous policies related to this subject.

WDH OUTPATIENT PHARMACY PROCEDURE

The following procedure outlines the Wentworth-Douglass Hospital Outpatient Pharmacy's Continuous Quality Improvement program.

1. The program may be comprised of pharmacy staff members, including pharmacists, registered pharmacy interns, registered pharmacy technicians, clerical staff and other personnel deemed necessary by the pharmacist-in-charge.
2. The pharmacist-in-charge and/or Medication Safety Officer shall review quality-related events at least every 3 months that are documented in an internal program in the pharmacy in a computer database.
 - a. A summarization document will be created prior to each quarterly CQI Meeting that includes analysis of the events that have occurred since the last meeting and actions taken to prevent or minimize harm, if applicable.
 - b. The summarization document will be maintained for 4 years and be made available within 3 business days of a request by the board's inspectors.
3. The quality-related event shall be documented by the individual who discovers the event or by the individual to whom it is initially reported.
4. If a medication error is identified, the Wentworth-Douglass Hospital Occurrence/Safety Reporting Policy PI-02 will be followed for reporting procedures.

WDH INPATIENT PHARMACY PROCEDURE

The following procedure outlines the Wentworth-Douglass Hospital Inpatient Pharmacy's Continuous Quality Improvement program.

1. The program may be comprised of pharmacy staff members, including pharmacists, registered pharmacy interns, registered pharmacy technicians, clerical staff and other personnel deemed necessary by the pharmacist-in-charge.
2. The pharmacist-in-charge and/or Medication Safety Officer shall review quality-related events at least every 3 months that are documented in an internal program in the pharmacy in a written record.
 - a. A summarization document will be created prior to each quarterly CQI Meeting that includes analysis of the events that have occurred since the last meeting and actions taken to prevent or minimize harm, if applicable.
 - b. The summarization document will be maintained for 4 years and be made available within 3 business days of a request by the board's inspectors.
3. The quality-related event shall be documented by the individual who discovers the event or by the individual to whom it is initially reported.
4. If a medication error is identified, the Wentworth-Douglass Hospital Occurrence/Safety Reporting Policy PI-02 will be followed for reporting procedures.

SEACOAST CANCER CENTER AT PORTSMOUTH PROCEDURE

The following procedure outlines the Seacoast Cancer Center at Portsmouth Pharmacy's Continuous Quality Improvement program.

1. The program may be comprised of pharmacy staff members, including pharmacists, registered pharmacy interns, registered pharmacy technicians, clerical staff and other personnel deemed necessary by the pharmacist-in-charge.
2. The pharmacist-in-charge and/or Medication Safety Officer shall review quality-related events at least every 3 months that are documented in an internal program in the pharmacy in a written record.
 - a. A summarization document will be created prior to each quarterly CQI Meeting that includes analysis of the events that have occurred since the last meeting and actions taken to prevent or minimize harm, if applicable.
 - b. The summarization document will be maintained for 4 years and be made available within 3 business days of a request by the board's inspectors.
3. The quality-related event shall be documented by the individual who discovers the event or by the individual to whom it is initially reported.
4. If a medication error is identified, the Wentworth-Douglass Hospital Occurrence/Safety Reporting Policy PI-02 will be followed for reporting procedures.

Providers part of the agreement:

Provider	Address	NH License #
Dinesh Atwal	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	21292
Wilhelmina Cabalona	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	16629
Barbara Civiello	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	12585
Navkirat Kahlon	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	22237
Prashant Shankar	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	13992
Henry Sonneborn	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	NH 6086
Arun Kadamkulam Syriac	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100	22097

	Portsmouth NH 03801 Seacoast Cancer Center	
Christine Wasilewski	Seacoast Cancer Center 789 Central Ave Dover NH 03820 Seacoast Cancer Center – Portsmouth 121 Corporate Drive, Suite 100 Portsmouth NH 03801	NH-14111

Seacoast Cancer Center soon to be renamed Mass General Cancer Center