



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  
 CPLC-FINANCE

*Not*

**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	First	Middle	Last
Suzanne Lyn Stevens			
Mailing Address			
14 Riverwood Drive York, ME 03909			
NH Pharmacist License Number	Home or Cell Phone #	Work Phone #	E-mail Address(Must be entered to receive your updated license with CPP endorsement):
R1887	207-332-4211	603-609-6407	suzanne.stevens@wdhospital.org

2. CURRENT PHARMACY EMPLOYMENT ASSOCIATED WITH THIS COLLABORATIVE AGREEMENT
Name of NH Pharmacy
Wentworth-Douglass 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 <u>Mercer Consumer</u>
* You <u>must attach</u> a copy of your certificate of insurance to this application.
If also administering vaccines, I have <u>current</u> CPR certification, which includes the required 'hands-on' training which <u>must be completed every 2 years</u> , from (please check one):
<input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross <input type="checkbox"/> Not Applicable – I Do Not Administer Vaccines
* <u>If administering vaccines, you must attach</u> 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 <u>only one</u> :
<input type="checkbox"/> Asthma <input type="checkbox"/> Anticoagulation <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension
<input checked="" type="checkbox"/> Other (Describe): <u>Oncology</u>

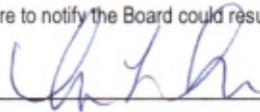
5. SUMMARY OF EDUCATION, TRAINING, AND EXPERIENCE RELATED TO RESPONSIBILITIES TO PERFORM VIA THE COLLABORATIVE PRACTICE AGREEMENT:

I have been working exclusively in the field of oncology pharmacy since 2001. I am Board Certified in Oncology Pharmacy. I have been working in the outpatient oncology space for almost my whole career so I'm familiar with this setting. I've always worked very closely with the oncologists to make sure patients are receiving their chemotherapy and supportive care medications safely. I've worked closely with the providers in creating these guidelines for chemotherapy induced nausea and vomiting. I also keep up to date with changes in guidelines and standards of care.

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:



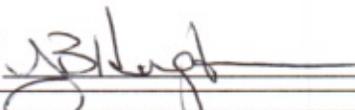
Date:

2/4/22

7. EMPLOYER ATTESTATION STATEMENT:

As owner / chief administrative officer of Wentworth Douglass Hospital 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:



Title:

President & CEO

Date:

5-9-2022

\* 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

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## 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
<p><b>Chemotherapy Induced Nausea and Vomiting (CINV)</b></p>	<ul style="list-style-type: none"> <li>• Collect and review patient histories</li> <li>• Initiate, modify or discontinue medications listed in <b>Appendix A</b></li> </ul>

### 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:

[Handwritten Signature]

Signature

9/21/22

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:

[Handwritten Signature]

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	<a href="https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf">https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf</a>

Table 3: Medications:

Medications
Dexamethasone
Ondansetron
Prochlorperazine
Olanzapine
Aprepitant
Granisetron
Famotidine

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Signature

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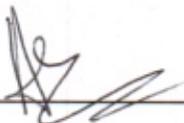
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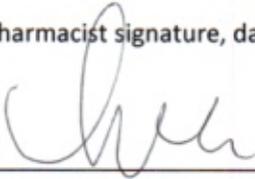
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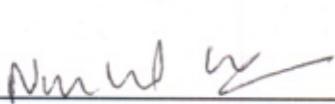
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1. Pharmacist signature, date, and address:

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9/26/22

Date

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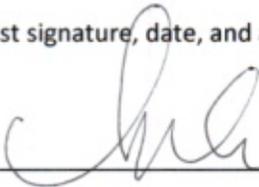
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Signature

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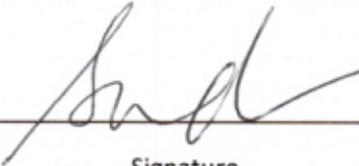
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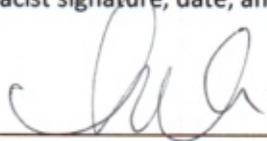
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Signature

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2. Practitioner signature, date, and address:

B. C. Wells

Signature

9/27/22

Date

789 Central Ave Dover NH 03820

Address

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10/4/22

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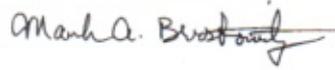
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Famotidine



MEMORANDUM OF INSURANCE				Date Issued 02/04/2022	
<b>Producer</b> Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 1-800-375-2764			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
<b>Insured</b>  Suzanne Stevens 14 Riverwood Drive York, ME 03909			<b>Company Affording Coverage</b> Liberty Insurance Underwriters Inc.		
<p>This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.</p> <p>The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.</p>					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Pharmacist E Pharmacist	AHY-1078263101	02/07/2022	02/07/2023	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
<b>PROOF OF INSURANCE</b>					
Memorandum Holder:  <b>PROOF OF COVERAGE ONLY</b>			Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative Mark Brostowitz		
					



# WENTWORTH-DOUGLASS HOSPITAL

A Mass General Community Hospital

**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
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**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.

Collaborative Pharmacy Practice	MM-55	Attachment 1 Page 1 of 1
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## 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.

<b>Collaborative Pharmacy Practice</b>	<b>MM-55</b>	<b>Attachment 1 Page 2 of 2</b>
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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

**Pharmacy Continuous Quality Improvement (CQI) Program**

**Pharm-37**

**Page 1 of 2**

**Creation Date:** 9/21  
**Function:**

**Last Reviewed:**  
**Last Revised:**  
**Next Scheduled review date:** 9/24  
**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.



# WENTWORTH-DOUGLASS HOSPITAL

A Mass General Community Hospital

## Monitoring: Medication Errors, Incompatibilities and Adverse Drug Reactions

MM.6.20

**Effective Date:** November 1988

**Function:** Medication  
Management (MM)

MM-18

Page 1 of 2

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

**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)

## Providers part of the agreement:

<b>Provider</b>	<b>Address</b>	<b>NH License #</b>
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