



**PHARMACY RULES COMMITTEE,
of the
PHARMACY EXAMINING BOARD**
Room 121A, 1400 East Washington Avenue, Madison, WI 53703
Contact: Dan Williams (608) 266-2112
February 11, 2015

*Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. A **quorum of the Board may be present during any committee meetings.***

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER

- A. Approval of Agenda (1)**
- B. Presentation by Department Workforce Development (DWD) relating to Pharmacy Tech Apprenticeship Program (2-46)**
- C. NABP Pharmacy Inspection – Discussion and Consideration (47-48)**
- D. Proposals for Amending Phar 7, Relating to Practice of Pharmacy – Discussion and Consideration (49-81)**
- E. Public Comments**

ADJOURNMENT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 30 January 2015 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Pharmacy Rules Committee			
4) Meeting Date: 11 February 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? A. Approval of Agenda B. Presentation by DWD relating to Pharmacy Tech Apprenticeship Program C. NABP Pharmacy Inspection – Discussion and Consideration D. Proposals for Amending Phar 7 relating to practice of pharmacy – Discussion and Consideration E. Public Comment	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>30 January 2015</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



WISCONSIN
DWD
Department of Workforce Development

DSPS Pharmacy
Examining Board
(PEB) Meeting

02/11/2015

Youth Apprenticeship

Pharmacy Technician Program






What is Youth Apprenticeship (YA)?

- Statewide, **skilled work based learning** program
- Employer lead, aligned with state and national skill standards
- High school juniors and/or seniors
- Combine academic and technical instruction with **mentored paid on-the-job training** by career pathway
- Articulated to post-secondary credit options

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Why is YA Important?

Proven education training model addresses industry skills gap and talent needs

- WI faces projected workforce shortages
- Exposes student to Pharmacy Technician career pathway
- Provides a direct pipeline for employers
- Allows employers to train for and develop their own talent
- Provides youth post-secondary options including Pharmacy Technician Certification

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Pharmacy Technician: Skills, Knowledge and Abilities

- **Core Skills:** communication, professionalism, critical thinking, ethics, etc.; **Safety and Security Skills:** personal safety, work security, emergency, confidentiality, etc.
- Learning objectives represent student **knowledge** gained from their course content and ability to perform those skills on-the-job or in-classroom.
- Worksite **competencies represent** student's **abilities** to perform tasks as assessed by Employers at worksite, which include Performance Standards that assist employers on how to judge the demonstrated skills.

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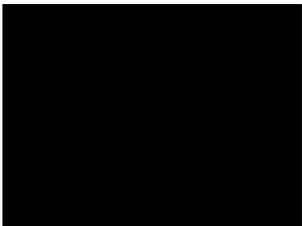
YA Success - Madeline



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YA Success – O’Connell Pharmacy



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PEB Scope Statement Issue

Rule No. Phar 7.015 relating to **Pharmacy Technicians**

- ⦿ Proposed rule change will eliminate pharmacy technician as an option under the YA Health Science, Therapeutic Services pathway

STATE OF WISCONSIN


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DWD Recommendations

On PEB scope statement (**Rule No. Phar 7.015**) relating to **Pharmacy Technicians**:

- ⦿ Add exemption for Youth Apprenticeship students as defined by Wis. Stats. 106.13 and administered by the WI YA Program.
- ⦿ Apply Youth Apprenticeship exemption to both current pharmacy technician students and program graduates.
- ⦿ Exempt Youth Apprenticeship students from the ratio of pharmacists to pharmacy technicians in Phar 7.01 (3).

STATE OF WISCONSIN


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Thank You!

For additional YA information

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DWD YA Coordinator

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Phone: 608.267.3214

YA Website <http://ya.wi.gov>
DWD Website www.dwd.wisconsin.gov



Department of Workforce Development

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Wisconsin Youth Apprenticeship Program - Key Points

- **What is Youth Apprenticeship (YA)?** YA is a proven work-based learning program, which coordinates high school student learning and training in the classroom and at a worksite using business developed, state-standardized worksite skills. It is one of a few work-based learning options available to high school students across the state that addresses both educational and workforce need; it is the only one that DWD administers.
- **What are the YA Program offerings?** YA offers programming in 10 of the 16 available career clusters with 40 career options. Featured programs including engineering, finance, healthcare, information technology, and manufacturing. Additional offerings include employer requested program units for diesel technician and water/wastewater management. A complete listing of the available YA programs can be found on the DWD YA website at <http://dwd.wisconsin.gov/youthapprenticeship/>
- **Why do employers participate in YA?** YA provides employers with an opportunity to shape the quality of their local workforce, benefiting the entire community, and they get direct access to a pipeline of skilled workers to help grow their business. To learn what employers are saying about YA, please view their testimonials posted on the DWD YA website at <http://dwd.wisconsin.gov/youthapprenticeship/testimonial-employer.htm>.
- **What is the cost of YA to an employer?** Only the time to train and mentor the students; and the student's wages of at least the minimum wage.
- **What does the employer do?** Train and mentor the YA student on the skills identified on the state-standardized checklist, which is developed with industry partners; pay the student at least minimum wage; and schedule their hours of work with the consortium.
- **How does an employer get started with YA?** By visiting the DWD YA website employers can be put into contact with the YA state staff who in turn can connect them with their local YA consortium and participating schools. (See DWD YA website at <http://dwd.wisconsin.gov/youthapprenticeship/>.)
- **What does the school and consortium do for an employer?** The school will recruit the students, coordinate classroom training, and manage the registrations and paperwork. In addition, they support the employers, work with the students and provide mentor training for employer trainers..
- **Who are the YA consortium partners?** Existing collaborative and cross-agency partnerships (see chart)

Partnerships	Collaboration
DWD YA and Dept. of Public Instruction (DPI)	Presentations; Collaboration on Skills Co-ops and YA programming updates; and Career and Technical Education/Work-Based Learning promotion.
DWD YA and WI Technical College System (WTCS)	Joint YA-WTCS Local Articulation Guidance document; and articulated credit/program alignment.
DWD YA, DPI and DWD	Child Labor Law Guidance development for employers, schools and students.
DWD YA and Wisconsin Investment Boards	WIB roundtables, Youth Sector Strategies and local WIB Youth Committees
DWD YA, DPI, K12, WTCS, UW schools, Wisconsin Association of Independent Colleges and Universities	Career Pathways website development (www.wicareerpathways.org)
Business councils, tribal representatives, chambers of commerce, contributing individuals, economic development corps, employers, DWD YA, Registered Apprenticeship, non-profits, school districts, local WDB, and other community organizations.	2013-14 YA grant proposals included signed partnership agreements and agreed to serve on YA Consortium Steering Committees

- **Why do students participate in YA?** Students participate because they benefit from a real-world connection between education and employment. Learning from skilled professionals increases the student's career awareness and improves their future employability, whether they are continuing in school or moving directly into the workforce. Learn more by viewing YA Student "Rose's Testimonial" at <http://dwd.wisconsin.gov/youthapprenticeship/testimonials.htm>.

Definition of "Student Learner"

In order to be considered a student learner, minors must meet the following criteria:

- Enrolled in a school to work-based learning program sponsored by an accredited school, the technical college system board or DWD's Youth Apprenticeship program.
- Enrolled in school and receiving school credit for program participation.
- Receive appropriate safety instruction at the school and at the workplace.
- Work performed is under direct and close supervision of a qualified and experienced person.
- Work performed in any occupation declared hazardous is incidental to the training and is for intermittent and short periods of time.

NOTE: Student Learner status does NOT override the child labor laws. The student learner exception limits the minor to performing some hazardous tasks to an incidental (less than 5% of their work time) and occasional (not a regular part of their job) basis. (See Wis. Admin. Code DWD 270.14(3)(f)).

- There is a schedule of organized and progressive work processes to be performed on the job.

Wis. Admin. Code DWD 270.14 at

https://docs.legis.wisconsin.gov/code/admin_code/dwd/270_279/270

(3) STUDENT LEARNER.

DWD 270.14(3)(a)(a) Except as provided in par. (f), a student learner shall be exempt from the prohibitions in ss. DWD 270.12 and 270.13 if the student learner is performing service within a bona fide school-work training program sponsored by an accredited school and authorized and approved by the state department of public instruction, the technical college system board, or the department's youth apprenticeship program.

DWD 270.14(3)(b) (b) For the purpose of this subsection, a student learner is a student of an accredited school who is employed on a part-time basis to obtain both scholastic credit and employment training under a bona fide written school-work training program agreement.

DWD 270.14(3)(c) (c) Each school-work training agreement shall contain the name of the student learner; shall be signed by the parent, employer, and school principal; shall be kept on file by both the school and the employer; and shall provide all of the following:

DWD 270.14(3)(c)1. 1. That the work of the student learner in the occupation declared hazardous under ss. DWD 270.12 and 270.13 is incidental to the student learner's training, and shall be intermittent and only for short periods of time.

DWD 270.14(3)(c)2. 2. That the work shall be under the direct and close supervision of a qualified and experienced person.

DWD 270.14(3)(c)3. 3. That safety instructions will be given by the school and correlated by the employer with on-the-job training.

DWD 270.14(3)(c)4. 4. A schedule of organized and progressive work processes to be performed on the job.

DWD 270.14(3)(d) (d) A child labor permit under s. DWD 270.05 shall be obtained for each student learner.

Child Labor "Student Learner" definition used by DWD Youth Apprenticeship

Definition of "Student Learner"

DWD 270.14(3)(e) (e) The department may revoke the exemption under this subsection in a particular place of employment if the department finds that reasonable precautions have not been observed for the safety of a minor employed under a school–work training program agreement.

DWD 270.14(3)(f) (f) A student learner may be employed in the occupations otherwise prohibited under ss. DWD 270.12 and 270.13 except the following:

DWD 270.14(3)(f)1. 1. DWD 270.12 (4) Bakery machines.

DWD 270.14(3)(f)2. 2. DWD 270.12 (6) Brick, tile, and similar products.

DWD 270.14(3)(f)3. 3. DWD 270.12 (8) Coal mine.

DWD 270.14(3)(f)4. 4. DWD 270.12 (11) Explosives.

DWD 270.14(3)(f)5. 5. DWD 270.12 (12) Hoists and hoisting apparatus.

DWD 270.14(3)(f)6. 6. DWD 270.12 (17) Logging, sawmill, lath mill, shingle mill, or cooperage stock mill.

DWD 270.14(3)(f)7. 7. DWD 270.12 (20) Mining, other than coal.

DWD 270.14(3)(f)8. 8. DWD 270.12 (21) Motor vehicle driver and outside helper.

DWD 270.14(3)(f)9. 9. DWD 270.12 (23) Radioactive substances and ionizing radiations.

DWD 270.14(3)(f)10. 10. DWD 270.12 (26) Strikes and lockouts.

DWD 270.14(3)(f)11. 11. DWD 270.12 (28) Wrecking, demolition, and shipbreaking.

DWD 270.14(3)(f)12. 12. DWD 270.13 (8) Gun clubs.

DWD 270.14(3)(f)13. 13. DWD 270.13 (13) Manufacturing, mining, or processing occupations.



Health Science Skill Standards Checklist

Student Name	YA Student ID Number
YA Coordinator	YA Consortium
School District	High School Graduation Date
Certification Areas Completed: Required Skills - For EACH Pathway Check ✓ completed areas (p. 4) <input type="checkbox"/> Core Skills <input type="checkbox"/> Safety & Security	Level One Requirements: <i>Students must complete ALL listed below</i> Check ✓ completed areas <input type="checkbox"/> Required Skills <input type="checkbox"/> Minimum of ONE Unit <input type="checkbox"/> Minimum of 2 semesters related instruction <input type="checkbox"/> Minimum of 450 work hours Level Two Requirements: <i>Students must complete ALL listed below</i> Check ✓ completed areas <input type="checkbox"/> Required Skills for EACH pathway <input type="checkbox"/> Minimum of TWO Units <input type="checkbox"/> Minimum of 4 semesters related instruction <input type="checkbox"/> Minimum of 900 work hours <i>* Unit can be completed two times for a Level Two as indicated on Unit Page</i>
Therapeutic Services Pathway	
<input type="checkbox"/> Dental Assistant Unit (p. 5)	
<input type="checkbox"/> Medical Assistant Unit (p. 6)	
<input type="checkbox"/> Nursing Assistant Unit* (p. 7)	
<input type="checkbox"/> Pharmacy Technician Unit (p. 9)	
Health Informatics Pathway	
<input type="checkbox"/> Medical Office Unit (p. 10)	
Ambulatory/Support Services Pathway	
<input type="checkbox"/> Ambulatory/Support Services Unit* (p. 11)	
<u>CHOICES:</u> Dietary, Imaging, Laboratory, Optician/Optomety, Physical Therapy (PT)	

Total Hours Employed	Company Name	Telephone Number
		()
		()

Instructions for the Worksite Mentor(s) and Instructor(s)

The Skill Standards Checklist is a list of the competencies (tasks) to be achieved through mentoring and training at the worksite.

- The worksite mentor should rate each competency as the student acquires and demonstrates the skill **according to the performance standards criteria.**
- A competency may be revisited and the score raised as the student becomes more proficient at the worksite.
- The mentor and student should go over this checklist together on a regular basis to record progress and plan future steps to complete the required competencies.

I certify that this student has successfully completed the competencies required in my department. Circle your YA role, sign and print your name, and complete with the date signed and the department name.

SIGN this page IF you have been a mentor, trainer, or instructor of this student

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Operational Program Notes for Skill Standards Checklist

1. Health Science Youth Apprenticeship Curriculum

- Definitions:
 - Competency- The worksite skill to be performed.
 - Performance Standards- HOW to assess skill performance as applicable to worksite.
 - Learning Objectives- Content knowledge recommended to learn these skills; may be taught by the employer, school district, and/or technical college.
 - Skill Standards Checklist- The documented list of competencies completed by the YA student.
 - **W/S**- Listed after a skill indicates that skill performance may be learned and assessed at the worksite OR in the classroom in a simulated setting. However, a simulated setting should **ONLY** be used IF there is no possibility of skill performance at the worksite.
- Performance Standards & Learning Objectives are located in the applicable Appendices of the **Program Guide for this Youth Apprenticeship**.

2. **ALL** Youth Apprentices **MUST** complete the Required Skills (Core Skills and Safety & Security) competencies **for EACH Pathway** they are enrolled in.

- The Required Skills competencies may be completed concurrently with the Technical Skills competencies.
- The Required Skills are common skills specific to all Health Science industry sub-sectors. These skills are *aligned with* the National Association of State Directors of Career & Technical Education (NASDCTEc) standards for Health Science and the Wisconsin Nurse Aide Candidate Handbook.

3. Youth Apprenticeship choices (depending on job placement)

- Worksites can be chosen from any number of health, clinical, or ambulatory care settings which can train the required skills.
- "Client" is used to refer to customers, residents, patients, and/or persons seeking services.
- Competencies have been reviewed by the Department of Workforce Development for Child Labor Laws. Contact the Department of Workforce Development's Equal Rights Division/Labor Standards Bureau at 608-266-6860 for questions regarding child labor laws. SEE Appendix A for special Child Labor Law considerations in this YA Program.
- Students will complete a **Minimum Rating** in the Required Skills and one pathway unit for a Level ONE Health Science YA and a **Minimum Rating** in the Required Skills and two pathway units for a Level TWO Health Science YA.
- The Nursing Assistant Unit may be completed two times for a Level TWO program IF additional competencies are mastered. The Ambulatory/Support Services Unit may be completed two times for a Level TWO program as long as the student is placed in a different service area.
- The Department of Workforce Development Occupational Certificate will indicate "Health Science" attained when the program is completed.

4. Competency Ratings

- Rate the student on the competencies regularly and revisit the competencies with the student periodically to offer the opportunity for an improved rating.
- Arrangements must be made to ensure that the student learns, practices, AND performs each competency **even if** that competency is not part of their regular job function.
- "Entry Level" criteria should be interpreted to mean "able to do the task satisfactorily."
- "Assist" in front of a skill indicates that the student should perform the skill *as indicated in the curriculum* "while assisting a worksite professional." Training should go beyond "observation only" for these skills. It will be up to the employer to determine the criticality of each specific task, training completed, and the actual level of supervision required. See curriculum details for requirements.

Required Skills

Required of ALL Health Science YA Students

Copy this page FOR EACH pathway to be completed

CORE SKILLS	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Apply academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Apply career knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Apply Health Science industry knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Act professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate customer service skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cooperate with others in a team setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Think critically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exhibit regulatory & ethical responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use resources wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use basic technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY & SECURITY	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Follow personal safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintain a safe work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrate professional role to be used in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Follow security procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Maintain confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale:

3 = Exceeds entry level criteria/Requires minimal supervision/Consistently displays this behavior

2 = Meets entry level criteria/Requires some supervision/Often displays this behavior

1 = Needs improvement/Requires much assistance & supervision/Rarely displays behavior

Additional Comments -

Therapeutic Services Pathway

Dental Assistant Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Use Standard Precautions & Infection Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office			
2. Create &/or maintain the client record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complete client identification labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Complete lab forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist to maintain emergency kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab			
6. Mix dental materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Clean removable appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Process dental radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist to evaluate radiographs for diagnostic quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Prepare procedural trays & set-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Perform sterilization &/or disinfection procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Prepare room for exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/Chairside			
13. Receive & prepare client for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Transfer dental instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Operate water/air syringe & suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Apply topical fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Chart dental conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assist with common clinical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Apply topical anesthetic to the injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Measure vital signs (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Provide client education & instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W/S = Worksite Experience or In Simulation

Rating Scale:

3 = Exceeds entry level criteria/Requires minimal supervision/Consistently displays this behavior

2 = Meets entry level criteria/Requires some supervision/Often displays this behavior

1 = Needs improvement/Requires much assistance & supervision/Rarely displays behavior

Additional Comments -

Therapeutic Services Pathway

Clinical Setting:

Medical Assistant Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
22. Use Standard Precautions & Infection Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical			
23. Manage client appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Create &/or maintain the client record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Complete client identification labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Verify client &/or insurance information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Order & receive supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab			
28. Clean & prepare supplies &/or instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Instruct clients in collection of specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Process specimens for testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Assist in performing testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical			
32. Obtain/update client information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Position client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Measure height/weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Measure vital signs (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Set up area for exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Assist with exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Assist with medication &/or immunization administration (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Clean & restock after procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Perform CPR (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Use First Aid measures (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W/S = Worksite Experience or In Simulation

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Additional Comments -

Therapeutic Services Pathway

Students **are required** to earn CNA certification through a DHFS approved CNA program with DHFS approved instructors.

CNA Registry Number:

Clinical Setting:

Level One (one year program) = Required Skills + 8 Additional Skills

Level Two (two year program) = Required Skills + 16 Additional Skills

Nursing Assistant Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
Required Skills			
1. Use Standard Precautions & Infection Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clean room & change unoccupied bed linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Follow care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Report client changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Position client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ambulate client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Measure temperature, pulse, respirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist client with toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide client comfort measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Perform CPR (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Skills			
1. Transport client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist to transfer client (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintain inventory of supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Manage client appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Obtain/update client information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Measure blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Measure height/weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Measure pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Measure fluid intake & output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Measure EKG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

W/S = Worksite Experience or In Simulation

Continued on next page

Rating Scale:

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Additional Comments -

Therapeutic Services Pathway

Nursing Assistant Unit - continued	Minimum rating of 2 for EACH Check Rating		
	1	2	3
Additional Skills - continued			
11. Measure blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Instruct clients in collection of specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Process specimens for testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Perform phlebotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assist in performing testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Make occupied bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Provide client skin care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Apply non-prescription topical medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Prepare &/or serve food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Aid client with eating & hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Aid client with oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Aid client with grooming- hair care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Aid client with grooming- nail care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Aid client with grooming- dress & undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Aid client with grooming- shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Care for client with urinary catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Provide ostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Aid client with bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Give bedbath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Apply TED (anti-embolism) stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Aid client to perform range of motion exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Set up area for exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Assist with exam/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Assist with medication &/or immunization administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Assist with care of client with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use isolation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Perform choking maneuver (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Use First Aid measures (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Assist with post-mortem care (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Additional Comments -

Therapeutic Services Pathway

Pharmacy Technician Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Maintain pharmacy business documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Create &/or maintain the client record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obtain/update client information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify client &/or insurance information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accept orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Clean & prepare supplies &/or instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Process orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Generate medication labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Perform calculations for medication orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Weigh & measure accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assist to prepare topical &/or oral finished dose medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Assist to prepare compounded, diagnostic, &/or parenteral medications (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Provide medication to client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Order & receive supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Perform inventory of supplies, equipment, &/or medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Manage cash drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Merchandise retail items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Participate in quality assurance practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Additional Comments -

Health Informatics Pathway

Medical Office Setting:

Medical Office Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
1. Maintain medical office correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Perform records management duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Locate information in the client record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Create &/or maintain the client record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Obtain/update client information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete client identification labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. File manual client records (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Verify client &/or insurance information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Process health information requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Manage client appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Answer phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assist with basic coding for client billing (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Complete insurance & claim forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Perform basic bookkeeping duties (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Use common office software applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Use database systems to process information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Prepare reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Maintain office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Order & receive supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Perform an inventory of supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Additional Comments -

Ambulatory/Support Services Pathway

Clinical Setting:

Level One (one year program) = General Skills + Skills from ONE Specific Service area

Level Two (two year program) = General Skills + Skills from TWO Specific Service areas

Ambulatory/Support Services Unit	Minimum rating of 2 for EACH Check Rating		
	1	2	3
General Skills			
1. Maintain department documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Create &/or maintain the client record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complete client identification labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Manage orders &/or appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use computer systems to process information (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Prepare reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Order & receive supplies &/or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Service- Dietary	1	2	3
1. Assist to plan menus based on nutritional needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist to prepare food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify food content matches dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take food orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Serve food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Measure/monitor food & fluid intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Aid client with eating & hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Perform choking maneuver (W/S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Service- Imaging	1	2	3
1. Assist to prepare diagnostic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Set up diagnostic area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist to explain diagnostic procedure to client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assist client with dressing & undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Position client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assist with diagnostic imaging (Simulate only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Clean & restock after procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Continued on next page

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Additional Comments -

Ambulatory/Support Services Pathway

Ambulatory/Support Services Unit- continued	Minimum rating of 2 for EACH Check Rating		
Specific Service- Laboratory	1	2	3
1. Use aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clean & prepare glassware &/or instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Weigh & measure accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Perform calculations & conversions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prepare reagents, solutions, &/or buffers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Operate lab equipment properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Conduct testing according to protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Record & analyze test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Service- Optician/Optometry			
	1	2	3
1. Obtain lens prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Measure client eye lengths, centers, & distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Set up optometry area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assist to perform eye exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Instruct clients how to care for eyewear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Order & purchase frames & lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fit glasses to clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Service- Physical Therapy (PT)			
	1	2	3
1. Set up treatment area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist to explain treatment to client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Position clients on therapy equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Measure vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist with application/adjustment of orthotic & assistive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assist client with performing range of motion exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assist client with prescribed exercise program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist client with gait training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Administer active & passive treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Additional Comments -

Additional Certifications, Training, Seminars and Projects

Please list in detail any additional certifications earned, any training and seminars attended, and/or any projects completed during the course of the Health Science Youth Apprenticeship.

Description		
Notes/Comments		
Date Completed	Signature	Date Signed

Description		
Notes/Comments		
Date Completed	Signature	Date Signed

Description		
Notes/Comments		
Date Completed	Signature	Date Signed

Other Notes or Comments		
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Appendix M

HEALTH SCIENCE YOUTH APPRENTICESHIP

THERAPEUTIC SERVICES PATHWAY PHARMACY TECHNICIAN (UNIT 5)

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

1. Maintain pharmacy business documents

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Route written, electronic, and oral requests for information, purchase orders, checks, and other business documents to appropriate parties
- Sort and distribute correspondence accurately
- Update documents manually and/or electronically as required
- Verify authorizations and/or other required prior to filing/storage
- Follow up to obtain missing information
- Use filing and indexing guidelines to add and retrieve information to the client record
- Store information (client records/reports/forms) promptly and accurately
- File manual client records
- Store, retain, and/or destroy manual records as directed
- Adhere to the legal storage, retention, and destruction requirements for client records
- Collect and enter data for special programs such as staff credentialing, utilization management, risk management, and/or infection control programs

Learning Objectives

- Compare indexing and filing methods used for filing in health care organizations
- Explain how client records are cross referenced manually and electronically
- Explain the reasons for cross referencing and cross indexing
- Outline the procedures for finding specific client records/information manually and electronically
- List the legal guidelines governing storage and retention of documents
- Compare retention requirements for manual and electronic documentation
- List the legal guidelines for record destruction
- Summarize attributes of proper information storage (accessibility, quality, security, flexibility, connectivity, efficiency, etc.)
- Identify storage options (imaging, CDs, portable devices, etc)
- Compare and contrast the different methods of mailing: certified, registered, inter-office, first class
- Explain the requirements for mailing medications
- Discuss accounts receivable and accounts payable processes (order invoices, shipping, receiving) as they apply to your department/facility for products and services

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

2. Create and/or maintain the client record

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

Obtain/update client information

Verify data/information

Ensure client identification appears on each record or form used

Enter/update required information in the client record

Confirm accuracy of entered/updated information

Use only approved abbreviations

Client record is accurate and complete

Learning Objectives

Explain the legal purposes and ownership of the client record

Describe the content within a typical client record

Compare and contrast the different types and functions of the client record

Define the electronic medical record (EMR)

Compare and contrast electronic and manual client record systems in your facility

Discuss the impact of the EMR on healthcare consumers and professionals

Describe how to convert time to military time AND why military time is used

Outline the procedure used in a typical health service facility for creating the client record

Explain how manual documents are linked to electronic records

Explain how to handle duplicate client records

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

3. Obtain/update client information

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Identify client
- Ensure client privacy
- Use good communication techniques to obtain basic client information
- Verify client information in easy to understand language
- Report/record the required information
- Record data/information in the appropriate place
- Correct any incorrect information in the client record
- Copy or scan insurance cards or other documents as required
- Use only abbreviations on the department/facility's approved list

Learning Objectives

- List the ways in which identification of clients is confirmed
- Explain the use of bar codes for identification in health care settings
- Describe good communication techniques for eliciting accurate client information
- Detail the common medical history components of the client record
- Describe general documentation requirements for recording objective information and client observations
- Explain the role of observations in client care
- List some of the most critical client care observations to be made

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

4. Verify client and/or insurance information

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Follow guidelines to verify and/or reconcile insurance information, authorizations, medical, and/or client information
- Review claim(s) for incomplete or inaccurate insurance information or authorizations
- Locate and/or request appropriate information required to complete the insurance claim, authorizations, or client record
- Verify revised information with worksite professional
- Update and revise information in the client record
- Verify claim information with worksite professional

Learning Objectives

- Define terms used in insurance plans such as third-party payer, deductible, co-payment, HMOs, PPOs
- Illustrate the insurance reimbursement cycle
- Compare and contrast major types of insurance plans
- Compare non-government payers (commercial insurance, managed care) to government payers Medicare, Medicaid)
- Identify advantages and disadvantages of participating and non-participating insurance companies for health care professionals and health care facilities
- Explain the purpose of Worker's Compensation and why it is considered a health insurance plan
- Discuss issues and trends in insurance plans and health care financing
- List the categories of information common to most insurance claims
- Describe the information on a typical explanation of benefits (EOB) form

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

5. Accept orders

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Use in-person and/or electronic communication systems to receive prescription/medication orders and/or refills
- Screen the prescription/medication order for legal requirements and completeness
- Verify proper information for refill prescriptions
- Highlight any special requests on the prescription
- Enter/update prescription order in the client profile for processing
- Verify insurance coverage for prescription/medication order
- Assist client to choose best payment options if multiple plans are available
- Refer all new prescriptions or changes to prescriptions to the pharmacist

Learning Objectives

- List the common medication categories
- Discuss the differences between over-the-counter (OTC) and prescription medications
- Explain the role of medication and non-medication therapy (herbal, lifestyle changes, smoking cessation)
- List some common physical and chemical incompatibilities
- Identify the required components of a legal prescription order including required pharmacological information
- List pharmacological information required for transcribing medication/infusion orders, auto-stop orders, and restricted medication orders
- Explain how different medication dosage schedules are transcribed, i.e., scheduled, as needed, continuous infusion
- List the information required for a refill prescription
- List the documentation requirements for prescriptions of controlled substances and investigational medications
- Describe how a prescription/medication order is screened for authenticity and errors
- Explain how to verify a prescriber's Drug Enforcement Agency (DEA) number
- List ways to detect forgery and alteration of prescriptions
- Describe reasons why only a pharmacist is allowed to give information to clients about medications
- List the situations in which a referral to the pharmacist is required
- Describe the use and handling of a CPOE (Computerized Physician Order Entry)
- Detail the importance of verification of the medication order, proper client identification, and proper product labeling--the "6 Rights" (Right Client, Drug, Dose, Time, Route, Documentation)

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

6. Use aseptic technique

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Wear the appropriate Personal Protective Equipment (PPE) as required
- Disinfect surfaces before and after use as required
- Gather all materials prior to beginning procedure
- Prevent unwanted air current flow from doors and windows
- Sterilize or use sterilized equipment, reagents and/or supplies
- Hold caps or tops when removing them
- Hold open plates, tubes, lids, etc. at an angle in a manner to prevent unwanted exposure to uncontrolled environment
- Keep lids on as much as possible
- Avoid talking, sneezing, coughing when working with exposed materials
- Discard contaminated materials properly

Learning Objectives

- Define asepsis
- Compare sterilization to disinfecting
- Compare different sterilization procedures for equipment, reagents and supplies
- Compare disinfecting products
- Compare equipment or lab lay-out, such as laminar flow hoods and clean rooms, used in maintaining asepsis
- Describe basic aseptic techniques in the pharmaceutical laboratory
- Explain the purpose of reducing air currents and holding open items at an angle
- Demonstrate proper removal and holding of lids when removed

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

7. Clean and prepare supplies and/or instruments

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Rinse items thoroughly, as required, with the appropriate solvent
- Soak glassware and other items in warm aqueous solution of detergent
- Clean items to remove all residual matter
 - Consults worksite professional for more aggressive cleaning protocols if required
- After cleaning, rinse thoroughly with water
- Dry items in required manner
- Place cleaned and dried items in sterilization pouches or wraps if required
 - Perform following steps as applicable to lab setting
 - Label and seals items properly
 - Place items in sterilization equipment
 - Ensure items remain apart during the sterilization cycle
 - Place empty canisters upside-down in order to prevent accumulation of water
 - Does not overload sterilizer trays
 - Allow a distance between trays to permit steam circulation
- Document cleaning procedure if required
- Return clean supplies, glassware and instruments to their proper storage locations

Learning Objectives

- Identify common glassware, instruments, and reusable testing supplies used in the laboratory
- Describe the use of common lab glassware and instruments
- Explain the sensitivity and care of glassware
- Describe proper dish washing technique for chemical glassware
- Describe other aggressive cleaning procedures to be used with residual materials
- Describe clean-up procedures used for flammable, corrosive and organic materials
- List the glassware and items requiring sterilization
- Describe the sterilization procedures required for glassware, instruments, or testing supplies

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

8. Process orders

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

Confirm order for the medication OR need to re-supply stock supplies required by the pharmacist

Review checklist for preparation of the medication

Research information on the medication: trade/generic name, therapeutic equivalents, strengths/dose, dosage form, appearance, interactions, potential negative results, allergies, storage requirements

Outline the regulations governing the specific medication(s)

Identify the conditions/symptoms and the duration of medication therapy for which the medication is used

Select the appropriate products(s), equipment, and supplies from inventory using the "Three Checks"

Perform calculation(s)

Verify calculation(s) with worksite professional

Assist to prepare medication

Perform all required QC, calibration, and accuracy checks while processing the medication

Package the medication as required

Generate medication labels

Affix appropriate medication labels and/or bar codes to the containers

Assemble client information materials

Submit processed medication for final check by pharmacist or worksite professional

Document preparation and packaging of medication

Store and/or deliver processed medication

Clean preparation area

Learning Objectives

Describe the legal (FDA, DEA, state, JCAHO) requirements for preparing and packaging medications

Outline the steps ("Three Checks") for assuring identity of the correct medication during processing (at storage removal, at container removal, at storage return)

Outline the steps to process and handle investigational medications and controlled substances

Explain the routes of administration for medications

Identify general categories of pharmaceuticals

Give examples of "look-alike, sound-alike" medications

Explain therapeutic equivalence

Compare and contrast generic and trade (brand) names for a therapeutic agent
Discuss dosage forms of medications
Define the purpose of the National Drug Code (NDC) number
Explain the quality improvements methods of medication processing such as NDC number match, double-counting controlled substances
Recognize some of the measures that are used during the preparation stages for avoiding medication errors
Indicate packaging and storage requirements for therapeutic/diagnostic common agents
Indicate the importance of expiration dates on therapeutic/diagnostic agents
Demonstrate the use of the pharmaceutical references

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

9. Generate medication labels

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

Obtain/update client information

Enter required information on labels

Print out applicable labels

Confirm accuracy of information

Apply labels onto medication containers, client records, materials, and forms as applicable

Medication Labels are accurate and complete

Learning Objectives

Describe the legal (FDA, DEA, state, JCAHO) requirements for labeling medications

Explain the use of bar codes used in client identification

List the ways in which identification of clients and client documents is confirmed

Explain reasoning for cross referencing and cross indexing of medical records

List the required information for primary and auxiliary prescription labels

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

10. Perform calculations for medication orders

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Review the appropriate chart or reference materials to make calculations or conversions
- Identify given values
- Identify unknown values
- Determine the calculations or conversions and formulas that need to be performed
- Perform calculations or conversions as required

EXAMPLES

- Calculate quantity and days supply of finished dosage forms for dispensing
 - Calculate solutions/mixtures to correct strength
 - Calculate for chemotherapeutic medications
 - Calculate compounded IV admixtures
 - Calculate compounded medications for dispensing
 - Calculate for radiopharmaceutical medications
- Calculations are accurate
Calculations show appropriate measurement unit labels
Verify calculations or conversions with worksite professional
Record calculations or conversions as required

Learning Objectives

- List frequently used metric/apothecary/household measurement equivalents
- Identify the system of measurement used for therapeutic/diagnostic agents
- Explain how measurement and calculation errors are prevented during the preparation of therapeutic/diagnostic agents
- Contrast the terms "toxic dose" and "therapeutic dose"
- Convert between U.S. Standard and metric measurements
- Convert between Fahrenheit and Celsius temperatures
- Determine millimoles, milliequivalents, and specific gravity
- Calculate ratios, percents, and proportions
- Calculate appropriate dilutions and solution strength
- Calculate IV drip rates, infusion rates, and admixture calculations
- Calculate anticipated medication usages for prescribed periods

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

11. Weigh and measure accurately

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

Review the protocol for accurately using the measuring equipment including safety precautions

Ensure equipment is usable and current for calibration

MASS

SOLIDS

- Add pan or weighing paper
- Tare scale
- Add solid to be weighed
- Note reading

LIQUIDS

- Add container to scale
- Tare scale
- Add liquid to be weighed
- Note reading

VOLUME

LIQUIDS- Cylinder

- Choose smallest container available to hold desired volume
- Position at eye level to the device markings
- Pour liquid into measuring device until it reaches the mark or measurement you need
- Add liquid drop by drop until bottom of curved surface matches desired line

LIQUIDS- Pipets

- Choose appropriate sized pipet for sample required
- Attach pump to pipet if needed
- Set pipet volume OR pull up required amount of liquid
- Drain/dispense liquid to desired amount in container

TEMPERATURE

- Verify thermometer probe is operational OR that thermometer has no gaps in the liquid
- Place thermometer or probe in middle area of material or space
- Allow thermometer or probe time to reach equilibrium
- Note reading

Record measurements in appropriate units and amount of significant figures as required

Clean up equipment

Learning Objectives

Explain how to properly carry and pour solid and liquid chemicals

List common units used in pharmacy labs for mass, volume, and temperature

Explain how to zero and use scales

Identify the proper containers to deliver and contain specific volumes

Demonstrate reading volume in different containers

Explain how to pipette and micropipette different volumes of liquid correctly

Correspond the correct number of significant figures in given values to the measuring device

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

12. Assist to prepare topical and/or oral finished dose medications

Performance Standard Condition

Competence will be demonstrated

at the worksite

while assisting a worksite professional

Performance Standard Criteria

Performance will be successful when learners:

Process the prescription/medication order

Measure OR count quantity of finished dose forms of the medication

Assist worksite professional to prepare topical and/or oral finished dose medications

- Finished dose forms of the medication
- Topical, otic, ophthalmic, rectal, and/or vaginal medications
- Liquid dosage medications as required for dispensing into bottles
- Solid dosage medications for dispensing into bottles
- Solid dosage medications for dispensing into unit dose packaging
- Re-package finished dosage forms for dispensing

Record preparation and/or ingredients of the medications on the applicable labels and documents

Learning Objectives

Explain the unit dose system and how therapeutic/diagnostic agents are prepared using this system

Explain your facility's procedures for preparing ready-to-dispense multi-dose packages

Explain your facility's procedures for reconstituting non-injectable medications

Explain your facility's procedures to prepare oral dose forms in unit dose or non-unit dose packaging

List the legal requirements for re-packaging finished dose forms of medications

Discuss the storage and documentation required for finished dosage forms prepared in anticipation of prescriptions and orders

Explain how to process and handle finished dose chemotherapy medications such as Efudex and mercaptopurine

Classify oral and topical medications according to action, preparation, and form

Verbalize the procedure for administering medications into the eye and the ear

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

13. Assist to prepare compounded, diagnostic, and/or parenteral medications

Performance Standard Condition

Competence will be demonstrated

at the worksite OR in the classroom in a simulated setting. Simulation should ONLY be used IF there is no possibility of skill performance at the worksite while assisting a worksite professional

Performance Standard Criteria

Performance will be successful when learners:

Process the prescription/medication order

Assist worksite professional with adding measured pharmaceuticals, additives, or nutrients to medications or solutions according to prescription and/or department/facility guidelines

Assist worksite professional with adding measured medications or nutrients to sterile intravenous solutions using sterile technique

Record preparation and/or ingredients of the medications on the applicable labels and documents according to department/facility guidelines

Learning Objectives

Discuss the differences between pharmaceutical compounding and pharmaceutical manufacturing

Explain the sterile techniques used to mix/compound medications

Describe how to open a sterile package

Explain for compounding sterile non-injectable products such as eye drops

Explain procedures for compounding non-sterile products such as ointments, liquids, and emulsions

Describe procedures for preparing chemotherapy medications

List common diagnostic agents frequently used in performing diagnostic tests

Explain common procedures for preparing diagnostic agents

Explain the common procedure for preparing radiopharmaceuticals

Describe the required Nuclear Regulatory Commission (NRC) checks for radiopharmaceuticals

Differentiate between the routes of parenteral administration

Classify parenteral drugs according to action, preparation, and form

Verbalize the procedure for preparing and administering parenteral medications- subcutaneous, intradermal, intramuscular (IM), intravenous (IV), total parenteral nutrition (TPN)

Describe sterile techniques used to mix and package parenteral medications

Explain common procedures for reconstituting injectable medications

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

14. Provide medication to client

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Ensure privacy and confidentiality of client
- Compute charges for medication and equipment to be dispensed to clients
- Provide supplemental medication information materials with filled prescription
- Deliver/ship medications and/or pharmaceutical supplies to clients, health care units, or surgery
- Refer client to pharmacist for instruction for use of medication and warnings
- Observe the worksite professional instructing client/client family in the use of the medication
- Assist pharmacist in bedside administration of medication or collections for pharmaceutical studies
- Follow up to confirm medication administration in in-patient settings
- Record distribution of the medication in the appropriate records

Learning Objectives

- Describe the legal (FDA, DEA, state, JCAHO) requirements and techniques for providing, dispensing, administering, and distributing medications
- Discuss the requirements for dispensing controlled substances and investigational medications
- List the legal requirements for pharmacist counseling of a client
- Explain why providing complete and understandable instruction to the client when therapeutic agents have been prescribed is important
- Outline the steps ("Six Rights") for assuring accuracy in administering medications (Right Drug, Dose, Client, Route, Time, Documentation)
- Recognize some of the measures that are used during the dispensing stages for avoiding medication errors
- Explain the requirements for packaging and package inserts
- Discuss the medication distribution and control system requirements for the use of medications in various settings such as automated dispensing systems, bar coding, nursing stations, and crash carts
- Describe systems for distributing medications such as pneumatic tubes and robotics
- Explain other hospital based functions of pharmacists, such as immunization clinics and pharmaceutical study specimen sampling and processing
- Explain techniques used to assess client compliance with medications
- Discuss typical guidelines for action in the event of missed doses

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

15. Order and receive supplies and/or equipment

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Follow procedures for procuring supplies, equipment, and/or medications when items are not in stock, outdated, in need, and/or as scheduled
- Obtains appropriate supervisory approvals to place orders
- Refer to the preferred provider literature to locate supplies for purchase
- Order supplies, equipment, and/or medications
- Verify the receipt of a shipment with the order against the packing slip and/or original purchase order after the order arrives
- Identify supply items and/or medications requiring special handling or storage
- Store and stock items appropriately
- Report any items received that are expired and/or damaged immediately to worksite professional
- Update inventory record
- File or route warranty and service agreements for equipment to the worksite professional
- File or route the Packing Slip and/or any Material Safety Data Sheets (MSDS) received to the appropriate places

Learning Objectives

- Compare and contrast ordering procedures for routine and for emergency orders
- Explain any special procedures required to order equipment
- Discuss the issue of cost containment in health care and how that impacts ordering
- List items in your department/facility that require any special handling and/or storage
- Explain how to store items received so as to prevent loss and damage
- Compare and contrast ordering paperwork: Original Order (Manual or Electronic), Purchase Order, Packing Slip
- Describe the purpose of tracking Purchase Orders for goods and services
- Discuss the product regulations for obtaining pharmaceuticals and pharmaceutical supplies (FDA, DEA, USP-NF, Controlled Substances)
- List stability factors for common medications

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

16. Perform inventory of supplies, equipment, and/or medications

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Follow procedure for inventory of supplies, equipment, and/or medications
- Adhere to schedule for completing inventory check
- Check and record quantity of items available in each category on the inventory
- Report expired, discontinued, damaged, recalled, and/or missing supplies and medications immediately to worksite professional
- Communicate changes in availability to worksite professional
- Assist with removal and disposal of expired, damaged, and/or recalled items as required
- Straighten and clean shelves
- Verify inventory record with worksite professional
- File/store verified documents

Learning Objectives

- Describe the purpose of an inventory of supplies and equipment
- Explain the purpose of lot numbers and expiration dates
- Name common supplies, pieces of equipment and/or medications used in your department/facility on a routine basis
- Indicate the type of damage to supplies, equipment, and medications that most frequently occurs
- List the types of agents included in the category of "controlled substances"
- Outline some of the regulations for prescription drugs included in the Controlled Substance Act
- Explain the variation in procedures when controlled substances are part of the inventory process
- Describe the importance of immediate action when medications are found to be missing
- List the FDA's classification of recalls
- Explain the regulatory requirements for handling recalled products

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

17. Manage cash drawer

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Verify insurance coverage, deductibles, and co-payments using electronic systems or other means
- Document disbursements or deposits to the cash drawer in the appropriate record
- Process client cash or credit payment and insurance coverage
- Operate cash register if applicable
- Make accurate change
- Cash Drawer balances with the day's receipts and disbursements

Learning Objectives

- Explain the process of handling cash from a cash register
- Define deductible and co-payment as they pertain to health care services
- List the requirements for client identification when presenting a check or credit card
- Indicate the importance of client verification procedures when accepting check or credit card payments
- Describe components of an acceptable check

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

18. Merchandise retail items

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

- Prices home health and other retail items in pharmacy
- Process and record returns of medications, supplies, devices
- Set up retail displays as needed
- Rotate stock on shelves back to front
- Remove expired and/or damaged merchandise
- Document and dispose of expired merchandise

Learning Objectives

- Describe the purpose of rotating stock on retail shelves
- Explain how retail displays are used in marketing retail items
- Review guidelines for pricing and marking retail items for sale
- Describe regulatory requirements for refunded products
- Explain the use of monitoring and screening equipment such as blood pressure cuffs and glucose monitors
- Explain the use of medical and surgical devices such as orthopedic devices, pumps, and ostomies

Comments:

Unit 5: Therapeutic Services Pathway Pharmacy Technician

Competency

19. Participate in quality assurance practices

Performance Standard Condition

Competence will be demonstrated
at the worksite

Performance Standard Criteria

Performance will be successful when learners:

Collect productivity information such as number of prescriptions filled, fill times, payments collected, etc.

Participate in performance reviews

Participate in staff education and continuing education opportunities

Participate in quality assurance activities such as internal audits, error prevention, customer surveys, etc.

Assist worksite professional to generate quality assurance reports

Assist worksite professional with quality assurance data analysis and action plan development

Contribute to implementation and monitoring of policies and procedures

Learning Objectives

List common pharmacy quality improvement standards and guidelines

Describe common productivity, efficiency, and customer satisfaction measures

Describe information sources used to obtain data for quality improvement such as client chart, client profile, computerized information, medication administration records

Describe common error management strategies for problem follow up and resolution

Explain procedures to document occurrences such as medication errors, adverse effects, and product integrity (FDA Med Watch)

Explain training, performance evaluation, and performance feedback techniques

Discuss risk management opportunities such as safety requirements and engineering controls

Comments:



Youth Apprenticeship



ABOUT YA

The Wisconsin Youth Apprenticeship Program provides high school juniors and/or seniors with the opportunity to explore their chosen career while still in high school. Students receive occupational related instruction and on-the-job training as part of their regular high school schedule. The program prepares students for all options after high school, whether its directly into the workforce or entering post-secondary education. Upon completion of the program students receive a Certificate of Occupational Proficiency from the State of Wisconsin Department of Workforce Development.

FOR MORE INFORMATION

Contact your School Counselor or the Dane County Office at (608) 224-7139.

Health Service—Pharmacy Technician



ABOUT THE PROGRAM

The Wisconsin Health Services—Pharmacy YA Program is designed to provide students with a working understanding of core employability and pharmacy technician skills, as well as occupational skills that serve as the standard for pathways in the pharmacy industry. This program provides the framework for educators and industry to work together to produce work-ready, entry-level employees that will compete favorably in a global market, as well as provide for post-secondary educational advancement while integrating work-based learning in the school and worksite.

PHARMACY TECHNICIAN ASSISTANT YA PATHWAY OPTION—1 year option

- * Pharmacy Technician

CRITERIA FOR PARTICIPATION

- * Entering junior or senior status
- * Display a genuine interest in the Pharmacy Pathway
- * Submit a completed application along with references
- * Interview effectively and get hired
- * Maintain a high level of attendance
- * Secure transportation to the job
- * On track for high school graduation

WHERE CAN I WORK?

Worksites for Pharmacy Technician YA can be chosen from any types of business with an pharmacy Department.

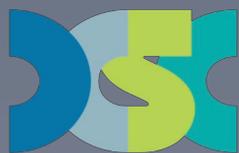
STUDENT QUOTE

In August I started my job at O'Connell Pharmacy, and it has been absolutely wonderful. I decided that I wanted to be a pharmacist sometime around sophomore year and immersed myself in science classes.

There is really no other way to know how a career will be without first-hand job experience, which is exactly what the program has given me. I learned so much about pharmacy and what a pharmacist exactly does. It has been incredibly eye opening. I know now that pharmacy is exactly the route that I would like to take. Pharmacy is a competitive graduate school to get into, and this program will help give me an edge on my competition. I would highly recommend YAP to anyone who is even remotely interested in any of the options.

Phoebe

Class of 2014
Sun Prairie H.S.



Dane County School
CONSORTIUM

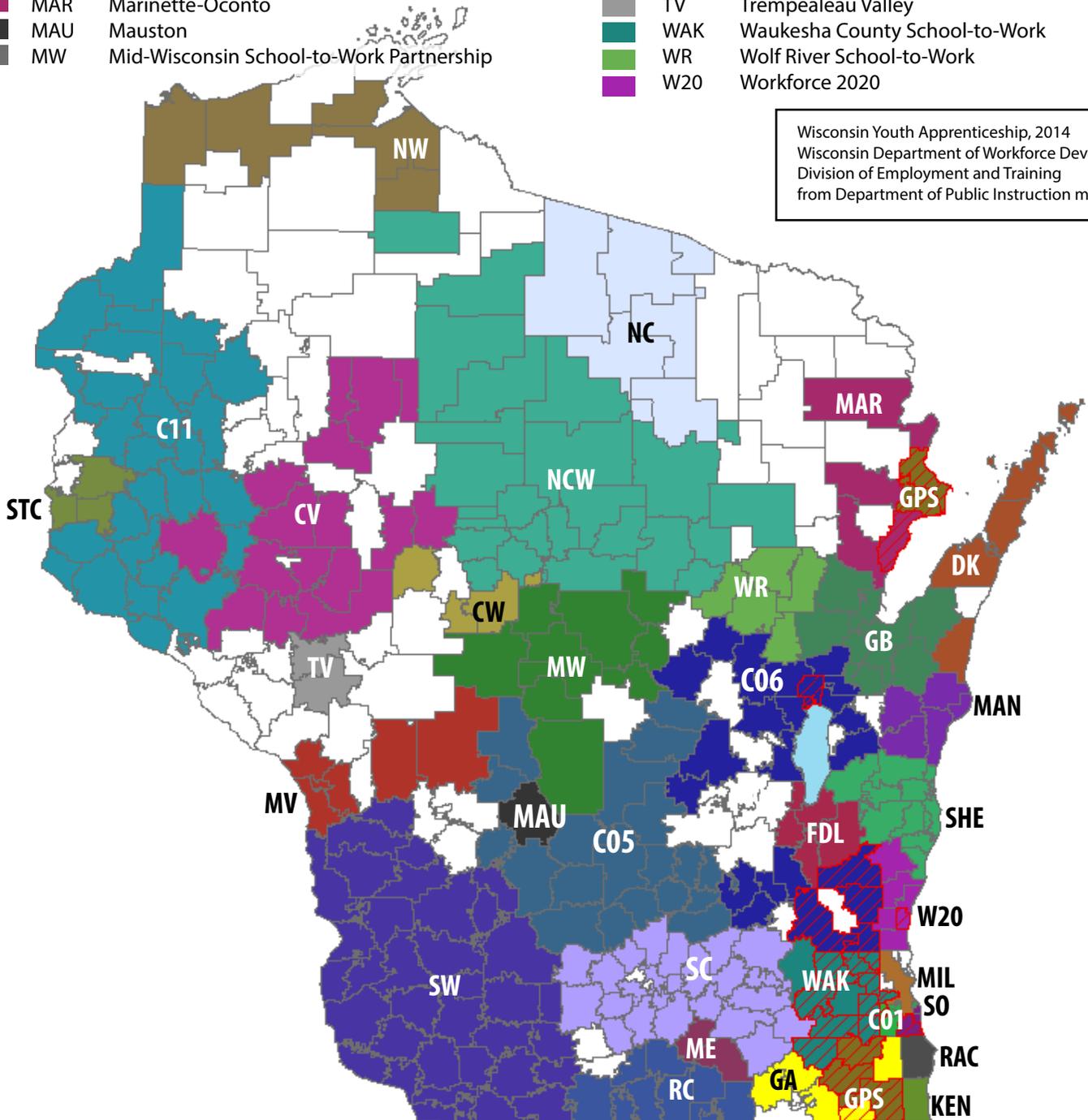
www.dcsc.org



Wisconsin Youth Apprenticeship Consortiums Map, 2014-2015

with associated School District boundaries

	CW	Central Wisconsin		ME	Milton Edgerton School-to-Work
	C01	CESA 1		MIL	Milwaukee Public Schools
	C05	CESA 5		MV	Mississippi Valley
	C06	CESA 6		NC	North Central Career and Technical Education
	C11	CESA 11		NCW	North Central Wisconsin School-to-Career
	CV	Chippewa Valley		NW	Northwest CEP
	DK	Door Kewaunee School-to-Work		RAC	RAMAC
	FDL	Fond du Lac School-to-Work		RC	Rock County School-to-Work
	GA	Gateway District		SHE	Sheboygan Area
	GPS	GPS Education Partners		SC	South Central Wisconsin
	GB	Green Bay Partners in Education		SO	South Shore Suburban
	KEN	Kenosha		SW	Southwest Wisconsin
	MAN	Manitowoc County		STC	St. Croix Valley
	MAR	Marinette-Oconto		TV	Trempealeau Valley
	MAU	Mauston		WAK	Waukesha County School-to-Work
	MW	Mid-Wisconsin School-to-Work Partnership		WR	Wolf River School-to-Work
				W20	Workforce 2020



Wisconsin Youth Apprenticeship, 2014
 Wisconsin Department of Workforce Development
 Division of Employment and Training
 from Department of Public Instruction map data

NABP Inspection Blueprint Development Workshop as reported by Rocky LaDien

January 14, 2015 Wednesday VPP Inspection Blueprint Draft

*Mostly BOP Inspectors, Directors, Compliance officers in attendance

*Iowa BOP contracted with NABP to inspect many states post NE tragedies; have done 650 inspections

*New Jersey language has been used for a lot of this Draft. Need to be consistent for all states

*This seminar will modify our current draft

*Concerns from states around the US include:

NJ-Their BOP votes on every Out of state application; they require an inspection report after they have been approved.

DC-they are promoting we use electronic means for inspection reports via tablets, etc

WASH-Need to address large Hospital-Health groups that ship out of state.

WI-How do we enforce with few inspectors we have.

*Can this blueprint work in WI?

*What do we want in a blueprint to do to satisfy our needs in WI ? (eg. some states require background checks by statute)

*How do we train our inspectors ? Webinars work well....

(Options that could possibly be used)

1-Use as needed if we get a complaint?

2-Mandate a PIC sends a VPP inspection report every 2-3 years; meeting consensus was : 1 year if Sterile (high risk) , 2 years if Non-sterile (low-Med risk) . Lisa Huxold (NABP) quoted approx. \$2K for Non-Sterile, \$3K for Sterile via NABP contract. Put burden back onto the owner of the pharmacy that adsorb the “cost of doing business” (Louisiana)

3-Make this VPP inspection form a Self- Report via tablet, website for the PIC, we inspect after PIC completes.(Ohio and Indiana using software on tablets?)

*Additional needs we should address as a group: Nuclear pharmacies, institutional/hospital inspections, hazardous guidelines post USP 800 results , mail order definitions and standards to expect.

(Outsourcing Facility Regulations around the US)

VA-(Caroline)-Requires a permit and registered with FDA ; allows for office use only if patient specific; allows for office use only for emergency non-patient specific. They want to inspect before they grant a permit. Adopted USP by reference.

NY (Larry)- Review their language in the website; putting burden on the owner to get cGMP inspected by the FDA before getting licensed in NY. They have 13 licensed so far; only 28 are registered nationally by the FDA so far as of 1-1-15 ! Requiring an annual FDA inspection report. First state in the US to do this. \$900 annual fee.

LA (Malcolm) and AZ –Patient specific must be a licensed pharmacy. Non-patient will expect FDA registered. See language here.

MS- Requiring each Facility has a designated PIC for accountability, mandating FDA registration and send them a copy of Form 483 (FDA Outsourcing App).

CT- Asking non-patient specific facilities to be a licensed Manufacturer

NC- Patient specific facilities must be a licensed pharmacy. Non-patient must register with FDA per 503A CGMP standards. PIC sends us a copy.

OK- Will be first state to train inspectors in 2015 per cGMP FDA training in Washington DC

MN- Has new verbiage for outsourcing; must register as a manufacturer if NON-patient specific; register as a pharmacy if patient specific.

January 15, 2015 Friday – VPP Inspection Form

*Page by page review of Sterile Compounding Inspection form; inspector's

*We are the experts on these inspections, not the FDA; we need to be organized, consistent across the states. Mass. Is the leader and are finding cracks in the CGMP process; have contributed to this form bigtime.

*What do we do with lyophilizer machines (p 5); FDA appears to be unaware of these; NJ asks for "medium field testing" demo for understanding of use in page 16 (turns liquid into a powder for reconstitution).

*NJ- Tony QI- is an excellent resource for any kind of inspections in general. I have his info.

Chapter Phar 7 – Pharmacy Practice: Priority Topic Areas Identified by PSW Members February 2015

Prepared by:
PSW Members

Disclosure:
Recommendations and/or points for consideration that are outlined below are meant for the purposes of generating discussion only. They are not final positions of the Pharmacy Society of Wisconsin.

Summary of Methods:

In the Statement of Scope for revising Phar 7, the Pharmacy Examining Board (PEB) intends to revise Phar 7 to reflect the current practice of pharmacy and support pharmacy practice advancement. The following table lists topic areas identified by PSW members for consideration by the PEB during the Phar 7 rule revision process. They represent areas that PSW members feel should be researched and evaluated for potential revision of, inclusion in, or exclusion from the rule. Pharmacy rules from several states and the NABP Model Practice Act were compared against Wisconsin’s Pharmacy Administrative Code (Chapter Phar 7) to identify areas of opportunity in order to promote patient health and safety and modernize current pharmacy practice rules.

Topic Area	Recommended Change(s)	Explanation / Background / State Examples
Tech-check-tech (TCT)	<ul style="list-style-type: none"> ▪ Recommend streamlining TCT variance approval and eliminating reporting requirements ▪ Recommend that the PEB to evaluate pros and cons for expanding TCT beyond institutional practice sites. 	<ul style="list-style-type: none"> ▪ Reference PSW TCT Toolkit for requirements (Appendix A) ▪ Other states have a broader scope for TCT and regulate technicians through TCT. For example, ND Chapter 61 allows “any licensed pharmacy” to implement TCT after meeting certain criteria and Iowa allows for TCT specifically in hospital and long-term care settings. ▪ State examples: ND, IA, SC
Delegation by pharmacists	<ul style="list-style-type: none"> ▪ Recommend that PEB consider the topic of delegation of technical and non-technical functions by pharmacists. Suggest review of other states and rules for other professions in WI (e.g. medicine & nursing delegation) 	<ul style="list-style-type: none"> ▪ Technicians (and possibly MAs) perform duties related to dispensing medications, but they are also capable of performing duties that may not directly relate to dispensing medications, such as the collection of medication lists/histories from patients in health system settings. ▪ Changes may require revisions to Ch. 450 (e.g. 450.01(16): Definition of Practice of Pharmacy) ▪ State examples: MI, PA, IA, WA, MN
Automated kiosks	<ul style="list-style-type: none"> ▪ Add specific information to define automated kiosks and outline conditions of use: <ol style="list-style-type: none"> 1) Automated dispensing systems are defined as equipment used to fill and dispense medications within the physical pharmacy 2) Identify location of the kiosk (in a pharmacy with a permit from the board) 	<ul style="list-style-type: none"> ▪ Guidance and regulations should also be included for use of self-service kiosks. ▪ State examples: IL, ME, MS, RI, and MT

	<ul style="list-style-type: none"> 3) Adequate security to prevent the unauthorized removal of the system or unauthorized access to medications and to maintain patient confidentiality 4) Keep records of all individuals with access to the kiosk, and transactions, quality assurance documents (kept for 5 years or same amount of time as other records) 5) Filling of the kiosk should be limited to technicians or pharmacists 6) Equipped with a camera and audio system for troubleshooting with a healthcare professional 	
Chart order	<ul style="list-style-type: none"> ▪ Recommend PEB consideration to add as a definition due to increased access to and use of electronic health records 	<ul style="list-style-type: none"> ▪ NABP Definition: “Chart Order” means a lawful order entered on the chart or a medical record of an inpatient or resident of an Institutional Facility by a Practitioner or his or her designated agent for a Drug or Device and shall be considered a Prescription Drug Order provided that it contains: <ul style="list-style-type: none"> (1) the full name of the patient; (2) date of issuance; (3) name, strength, and dosage form of the Drug prescribed; (4) directions for use; and (5) if written, the prescribing Practitioner’s signature or the signature of the Practitioner’s agent (including the name of the prescribing Practitioner); or if electronically submitted, the prescribing Practitioner’s electronic or digital signature.
Classes of licenses for practice settings	<ul style="list-style-type: none"> ▪ Recommend PEB consider pros and cons of different types of licenses for practice settings. 	<ul style="list-style-type: none"> ▪ Opportunity to capture information on those facilities that are compounding.
Counseling requirements based on practice setting	<ul style="list-style-type: none"> ▪ Recommend PEB review other states’ counseling requirements 	<ul style="list-style-type: none"> ▪ See Appendix C ▪ State examples: MN, IL, IA
Labeling based on USP Standards	<ul style="list-style-type: none"> ▪ While considering economic and logistic burden on pharmacies consider including language similar to the NABP Model Practice Act (with some changes to be consistent with changes to Chapter 450) ▪ Language listed in Appendix D. 	<ul style="list-style-type: none"> ▪ Based on research on medication errors and medication misuse it is important to implement regulations that address these issues but it is also important not to make the language too specific that it makes pharmacy implementation unreasonable. It is also important that the language is not so vague rendering it unenforceable. ▪ USP has recommended Chapter 17 be adopted by state boards for labeling. ▪ NAPB has worked closely with the USP to incorporate the USP recommendations into the Model Practice Act language. ▪ State Example: CA
Labeling for multiple medications in a	<ul style="list-style-type: none"> ▪ Recommend PEB consider options for labeling multiple medications 	<ul style="list-style-type: none"> ▪ USP 661 standards available for customized patient medication packets ▪ See Appendix E

package		<ul style="list-style-type: none"> ▪ State examples: MN, OR, IA
Answering machines / voice recognition	<ul style="list-style-type: none"> ▪ Phar 7.065. Suggest deleting “if the voice of the physician or physician’s agent is known to the pharmacist.” 	<ul style="list-style-type: none"> ▪ Current wording may be too restrictive ▪ No comment of “voice of the physician or physician’s agent is known” in NABP Model State Pharmacy Act. ▪ State examples: Twenty other states’ (including all Midwestern states) statutory and regulatory laws were also reviewed (AL, AZ, CA, CO, CT, FL, GA, HI, ID, IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD) for mention of answering machines, voicemail, or telephone/verbal/oral orders. <ul style="list-style-type: none"> ○ Only CO, MN, and OH law mention answering machines. All require that a pharmacist or intern must receive such messages; none require voice recognition. The other 17 states’ laws do not mention of answering machines or voice recognition. ○ AZ requires a practitioner’s phone number for oral prescriptions. ○ IA, KS, OH require the first and last name of the transmitting agent (if other than the prescriber) be included in oral prescriptions. ○ Multiple states stipulate that only a pharmacist or pharmacist intern may accept oral prescriptions.
Transferring of prescriptions	<ul style="list-style-type: none"> ▪ Consider removing or revising the following: “Communication by facsimile machine is not allowed unless the prescription order information being transferred is verified verbally between 2 pharmacists 	<ul style="list-style-type: none"> ▪ Most states are very similar to WI as far as requirements to what goes on the prescription and who can transfer, etc. Some states specified who could take the transfers (pharmacists versus interns). Iowa and North Carolina require that the person receiving the transferred prescription add the date of transfer to the prescription. WI only requires that the person sending the transfer has to date it.
Quantity changing authority	<ul style="list-style-type: none"> ▪ At the pharmacist’s discretion and without requiring approval by the provider, a non-controlled prescription ordered for a quantity of a 30 day supply with refills can be changed to a 90 day supply with refills adjusted accordingly so as the total quantity of the prescription remains the same. 	<ul style="list-style-type: none"> ▪ Eliminates pharmacists having to make phone calls or send faxes to providers to ask for permission to change a prescription to a 90 day supply when the prescription that was approved by the provider allowed for the same quantity total to be dispensed, just in a different quantity at a time. Patient care will no longer be delayed in order to secure a 90 day prescription. Providers will not be interrupted by phone calls or faxes to address a trivial issue.
Scanning of hard copies/Electronic storage of hard copies	<ul style="list-style-type: none"> ▪ Recommend PEB consideration 	<ul style="list-style-type: none"> ▪ Support allowances for maintaining records in alternative data retention systems (eg data processing system or direct imaging system) provided requirements are met ▪ State examples: NM, AZ

Wisconsin Tech-Check-Tech

FEBRUARY 2013

Helping members advance pharmacy practice across the state



Pharmacy Society
of Wisconsin

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- [Appendix N: Tech-Check-Tech Quality Assurance](#)
- [Appendix O: Quality Assurance Error Log](#)
- [Appendix P: Tech-Check-Tech Variance Report](#)
- [Appendix Q: Artificial Error Log Form](#)
- [Appendix R: Examples of Artificial Errors to Introduce for Automated Dispensing Cabinets](#)
- [Appendix S: Examples of Artificial Errors to Introduce for Cart Fill](#)
- [Appendix T: Technician Initial Validation Log](#)
- [Appendix U: Technician QA Validation Log](#)
- [Appendix V: Tech-Check-Tech Development and Implementation Checklist](#)

Tech-Check-Tech Overview

Introduction & Background

The American Society of Health-System Pharmacists' Pharmacy Practice Model Initiative (PPMI) focuses on improving patient care by advancing pharmacists' roles in direct patient care. PPMI advocates a practice model in which pharmacists devote significantly more time to drug therapy management services and promotes expanded roles for pharmacy technicians in drug distribution services to help pharmacists focus on activities requiring their clinical judgment. The PPMI recommendations come at a time when hospitals and health systems are facing new and broader challenges than ever before. Increasing financial pressures have forced hospitals and health systems to evaluate operational expenses and opportunities for more cost-efficient care, such as redistribution of traditional tasks and skill mix changes.¹ Additionally, millions of Americans are expected to gain health insurance coverage as result of the Patient Protection and Affordable Care Act (PPACA), creating pressures to expand capacity through enhanced efficiency to meet increased access-to-care needs without adding additional expense. While some provisions of PPACA, in conjunction with recommendations from PPMI, offer an opportunity to expand pharmacists' responsibilities to include additional direct patient care activities, health care reform efforts and the current economic climate together pose a challenge for advancing pharmacy services.²

To address such challenges and support the expanding role of the pharmacist in direct patient care, it is imperative hospitals and health systems expand the roles of their pharmacy technicians. PPMI recommends utilizing technicians to carry out all distributive roles not requiring a pharmacist's clinical judgement.¹ A growing number of states have either adopted permissive language in state laws and regulations for technicians to provide final verification of prepared medications when administered by another health professional or have granted variance requests legally authorizing the expanded roles of pharmacy technicians in the drug distribution processes at specific institutions. However, approximately 79% of pharmacy department respondents from Wisconsin hospitals do not recognize these technician programs exist and can be legally implemented.^{1,3-4}

This toolkit, whose development was coordinated through the Pharmacy Society of Wisconsin, is intended to assist hospitals with the implementation of Tech-Check-Tech (TCT) programs, wherein trained and validated pharmacy technicians are permitted to perform the final verification of dispensed products. The toolkit is designed to provide an overview of the steps for acquiring a variance, recommended program elements for obtaining a variance under Wisconsin law, policy and procedure templates for submitting a variance request and tools for implementing a successful TCT program. Templates are based on existing Wisconsin TCT programs and include customizable language for easy adaptation to site-specific needs. With the use of these tools, the Pharmacy Society of Wisconsin aims to expand the number of pharmacy sites successfully deploying pharmacy technicians in advanced drug distribution roles to allow pharmacists a broader opportunity to provide direct patient care services.

Organizational Impact

Facing economic and quality-based incentives to improve the effective and efficient delivery of care, health care organizations must be cognizant of opportunities to re-define traditional pharmacist and technician roles to allow pharmacists to utilize their advanced training to for direct patient care or advanced medication therapy management. TCT offers a means of redistributing traditional dispensing workload performed by pharmacists to capably-trained technical staff to allow pharmacists to focus on activities which demand their level of expertise.

Commonly, pharmacists perform the "final check" in the drug distribution process, confirming the accuracy of products prepared by pharmacy technicians. TCT programs grant specially-trained pharmacy technicians the authority to check the accuracy of medications prepared or filled by another pharmacy technician for dispensing.¹

As a result of TCT, pharmacy technicians will:

- Provide the "final check" on medications prior to dispensing
- Control workflow and drug distribution with greater autonomy (less dependence on pharmacists' final verification)

Additionally, TCT will:

- Reduce the need for pharmacists to perform final verification functions
- Improve efficiencies in the preparation and delivery of medications
- Allow for redeployment of pharmacists' time to the provision of clinical services and participation in direct patient care activities

Literature Review

Eleven studies comparing the accuracy of technicians and pharmacists in performing final dispensing checks published from 1978 to present are summarized in **Appendix A**.

Technician Accuracy Rates

Studies evaluating the product-verification and error-detection capabilities of pharmacy technicians compared to pharmacists consistently illustrate that specially-trained pharmacy technicians provide the “final check” in unit-dose medication distribution systems as accurately as pharmacists (mean \pm S.D., 99.6% \pm 0.55% versus 99.3% \pm 0.68%, respectively).^{1,3,5-14} Five studies demonstrated increased accuracy with TCT compared to pharmacist verification, although significant heterogeneity with regards to sample sizes for technicians and pharmacists existed.^{6,8-9,11,13} Table 1 summarizes the studies with results showing greater dispensing accuracy with TCT over pharmacist final verification.

Table 1: Summary of studies favoring TCT^{6,8-9,11,13}

Ref	Setting	TCT application	Sample size	Accuracy rate (%)		Error-detection rate (%)		p
				Technician	Pharmacist	Technician	Pharmacist	
6	Teaching hospital	Checking unit dose cart fill	--	99.1	98.2	--	--	--
8	Tertiary care institution	Checking unit dose envelopes	15,252	99.9	99.8	97	94.3	< 0.01
9	Tertiary care institution	Checking unit dose carts	7,571 technicians 3,116 pharmacists	99.8	98.9	--	--	< 0.01
11	--	Checking unit dose and parenteral medications	--	99.7	99	--	--	< 0.01 ^a
13	Tertiary care institutions (2)	Checking unit dose medication cassettes	161,740 technicians 35,829 pharmacists	99.9	99.5	--	--	<0.0001

^a No significant statistical difference in checking parenteral admixtures

Pharmacist Opportunities

The implementation of TCT will assist hospitals and health systems in further expanding pharmacy clinical services. The clinical role of the pharmacist is an increasingly important requirement for providing quality patient care and optimal patient safety. However, the time required for distributive functions often limits pharmacist involvement in activities shown to improve patient outcomes and safety. Four studies reported time savings, including up to a 94.5% reduction in pharmacist time spent checking per day, and/or an increase in clinical activities as result of TCT programs. Pharmacists reported more time for direct communication with health care professionals, therapeutic drug monitoring and processing, participating in interdisciplinary rounds, medication reconciliation, and discharge counseling.^{3,7,12-13} These studies are summarized in Table 2 below.

Table 2: Summary of studies reporting pharmacist time savings as a result of TCT ^{7,12-13}

Ref	Setting (# of sites)	Reporting method	Time savings	Clinical activities (as result of time savings)
3	Academic medical center	Self-reported	94.5% reduction in pharmacist time per day avg prior to TCT program: 6 hrs, 5 min avg after TCT: 20 min	<ul style="list-style-type: none"> • Interviewing and discharge counseling • Medication reconciliation • Patient education • Rounding with patient care teams • Therapeutic drug monitoring and documentation • Electronic medication processing
7	Tertiary care institutions (3)	Self-reported	--	<ul style="list-style-type: none"> • Direct communication with professionals • Therapeutic drug monitoring/intervening • Evaluating drug use • Discharge counseling
12	Specialty pharmacy	Estimation	3 hours pharmacist time per day	--
13	Tertiary care institutions (2)	Estimation	1 hour pharmacist time per day	<ul style="list-style-type: none"> • Direct communication with professionals • Respond to drug therapy questions

The PPMI Hospital Self-Assessment Survey distributed in 2011 gathered data from pharmacy departments in nearly seventy Wisconsin hospitals. In both small and large hospitals, medication reconciliation, discharge education, and medication-related continuity of care were documented as potential areas of improvement. Pharmacist involvement in patient care plan development and medication reconciliation has been shown to reduce adverse drug events, adverse drug reactions, and medication errors.⁴

Overall, the reallocation of pharmacist time will be dependent upon the scope of pharmacy services offered at the time of reallocation. Each individual institution must assess their needs and determine where additional pharmacist time will be best utilized. In addition to the areas for improvement listed above, other potential opportunities for pharmacists identified in the literature include:

- Development of a pharmacy residency program
- Development of ambulatory clinical services, such as smoking cessation, anticoagulation, and medication therapy management
- Development of hospital stewardship programs, such as antimicrobial stewardship
- Development of technology-related medication use safety standards

Starting a Tech-Check-Tech Program

A TCT program, verification of unit-dose medications for cart fill and automated dispensing cabinet (ADC) restock, allows for specially-trained technicians to provide the “final check” on medications prepared by another pharmacy technician. TCT helps address the workload constraints and financial pressures placed on hospitals and health system pharmacists by providing safe and effective drug distribution services and allowing for expansion of clinical pharmacy services by reallocating pharmacist time.

Expectations

- All pharmacy technicians participating in a TCT program will receive appropriate training
- All pharmacy technicians participating in a TCT program will comply with standards outlined in variances granted by the state board of pharmacy
- All pharmacy technicians participating in a TCT program will comply with the standards outlined within the policies and procedures of their institution

- Pharmacy department leaders will provide necessary financial and personnel support for successful program implementation

Obtaining a Variance for Tech-Check-Tech[†]

[†]Information in this section of the toolkit applies to organizations requesting a variance to perform Tech-Check-Tech in Wisconsin.

Variance Overview

What is a variance?

A variance is permission granted by the Wisconsin Pharmacy Examining Board (PEB) to perform pharmacy operations differently than expressed in the current state rules and regulations. Variances may only be requested and granted if explicitly allowed in state statute and rules. According to Phar 7.01 (4), institutions may request a variance from the PEB for rules 7.01 (1)-(3), relating to minimum procedures for compounding and distribution. TCT is allowed at a specific site through an approved variance to Phar 7.01 (1) (c) and (d). The current version of Phar 7 can be accessed [online](#).

Why is a variance needed?

Currently, the state of Wisconsin does not allow technicians to provide a final check of patient specific medications. Thus, a variance to Phar 7.01 (c) and (d), which outlines a separate process for providing safe and accurate medications to patients, can be submitted for review for institutional settings.

What types of dispensing activities are eligible for a TCT variance?

Any dispensing area can be considered. To date, variances have been approved for automated dispensing cabinets, cart fill, and packaging/repackaging of unit dose products. When submitting a variance request, all documents listed in “Steps to Complete a Variance Request” below must be submitted for review by the PEB.

Are there dispensing activities which do not require a TCT variance?

Previous institutions requesting TCT variances for ADC restock have been advised by the PEB that a variance for this activity is not necessary because restocking of ADCs is considered a normal part of the technicians’ duties and falls under the general supervision requirement of a pharmacist as the medications are not stored as patient-specific doses. Although a variance is not required for ADC restock, it is advised that institutions develop and maintain policies, procedures, and quality assurance methods surrounding these TCT activities to assist with meeting the requirement for pharmacist general supervision. This toolkit has the necessary components to adequately develop these policies, procedures, and quality assurance metrics.

Steps to Complete a Variance Request

- Write a cover letter addressed to the PEB Chair (**Appendix B**)
- Complete the Variance Request Form (**Appendix C**)
- Submit institution-specific policies & procedures (see examples in **Appendices D, E, F**)
- Submit training (**Appendices G, H, I, J and K**), validation (**Appendices L and M**), and quality assurance documents (**Appendix N and O**)
- Documents must be submitted 15 business days prior to PEB meeting to appear on the agenda (click [here](#) for PEB meeting dates)
- Site representation is highly recommended at the PEB meeting to clarify any questions or concerns the Board may have

The variance request should address why the variance is necessary. Specifically, identify how the proposed variance will meet professional standards for patient safety and confidentiality, including how each step in the prescription order handling/dispensing process will address security, work flow delineation, accountability and pharmacist supervision.

Of note, if the variance is not suitable or needs clarification, the PEB may request the institution representative change elements of the variance request at the Board meeting. The variance is still able to be approved at that PEB meeting as amended if minor modifications are made. However, if the Board requires extensive changes from the institution, the Board will allow the institution to withdraw the request and re-submit at a later date.

Reasons Variances are Denied or Delayed

- Site does not submit materials 15 business days prior to the PEB meeting to make it on the agenda
- Site does not provide all documents necessary for PEB review
- Site is not present at the PEB meeting to answer questions, thus delaying approval

Reporting Requirements

Reporting requirements are outlined in a site’s variance. Typically, the TCT Variance Report (**Appendix P**) must be completed and sent to the PEB every six months; on or before January 31st and July 31st of each calendar year. This document serves as an official report to the PEB of the total doses checked and accuracy of each Validated Pharmacy Technician (VPT) during that six month period. The TCT Variance Report is subject to change and the most recent report form can be found [online](#).

Tech-Check-Tech Program Structure

All previously granted variances in the state of Wisconsin have three core elements: technician training, skill validation and ongoing quality assurance. After the successful completion of training and skill validation, these technicians are known as Validated Pharmacy Technicians (VPTs) and can perform TCT activities provided they meet established quality assurance thresholds for accuracy.

Training

Comprehensive technician training should confer a detailed understanding of drug distribution processes, generic and brand name product recognition, product labeling requirements, commonly encountered abbreviations, basic pharmaceutical calculations, medication errors, look-alike/sound-alike medications, and dosage form recognition. This understanding is typically accomplished through the use of self-study packets (**Appendix J**) in combination with one-on-one practical experience. Understanding of the focus areas should be assessed and documented via training checklists (**Appendices G and H**) and a formal competency exam (**Appendix K**).

Skill Validation

Once this training is completed, the skills and accuracy of the technician must be validated by pharmacist review (**Appendix L**). For Wisconsin institutions who have PEB-granted variances, the required number of doses for cart fill or line items for ADCs to accomplish the validation process varies as noted in Table 3. Most sites utilize a 99.8% accuracy rate based on historical studies comparing the error rates of pharmacists and technicians. This accuracy rate equates to 0 to 1 error per 500 checked doses. As described in the Literature Review section above, studies have found technician accuracy rates meet or exceed those of pharmacists.

Table 3: Examples of PEB-approved TCT validation requirements

	UW Hospital and Clinics	Aurora Health Care	Froedtert Hospital	Froedtert Community Memorial	St. Mary’s Hospital	Amery Regional Medical Center [‡]	Minnesota Board of Pharmacy ¹⁵
Cart Fill Validation	2500 doses	2500 doses	3500 doses*	2500 doses	2500 doses	1000 doses	1500 doses
ADC Validation	-	-	3500 doses*	-	-	-	500 line items
# of Validation Sessions	≥5	≥5	≥5	≥5	≥5	≥5	≥5
Required Accuracy Rate	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%

*Completion of a combination of 3500 items confers ability to TCT both cart fill and ADC

[‡]Critical access hospital

The majority of PEB granted variances for cart fill are based on 2500 validated doses. The institutions with these variances are large in size, typically >400 beds. In December 2012, Amery Regional Medical Center, a critical access hospital, was granted a cart fill variance with 1000 validated doses.

The contributors to this toolkit feel a reasonable approach for smaller institutions is to vary the required validated doses based on the average number of doses checked per five days at that institution in an effort to lessen the burden of the cart fill TCT validation process. Table 4 below provides recommendations for this approach. The standard error of 0 to 1 errors per 500 doses checked, or 99.8% accuracy, is still maintained using this methodology. Additionally, this also maintains the standard of at least five days of technician validation that has previously been set. At the time of toolkit publication, this approach had not been considered by the PEB.

Table 4: Recommendations for required number of validated doses (based on avg # of doses checked in five day period)

Average Number of Doses Checked in 5 Days	Number of Doses Required for Validation	Errors Allowed	Required Accuracy Rate	Required Number of Independent Checking Days
≥ 2500	2500	5	99.8 %	5
1500 to 2499	2000	4	99.8 %	5
1000 to 1499	1500	3	99.8 %	5
500 to 999	1000	2	99.8 %	5
<500	500	1	99.8 %	5

Ongoing Quality Assurance

Once a technician becomes a Validated Pharmacy Technician (VPT), quality assurance protocols and documentation must be put in place to ensure the integrity of the program. Throughout Wisconsin, each program has utilized at least a 10% check of accuracy by the supervising pharmacist; whereby the pharmacist verifies at least 10% of the total doses checked by the VPT. In order to document accuracy, these results must be recorded in a Quality Assurance Error Log (**Appendix O**) every time a technician participates in TCT. Results must be maintained for each individual technician and reported to the PEB on or before January 31 and July 31 of each year (**Appendix P**). Within their quality assurance documents, sites must specify what technician accuracy rate must be achieved and maintained (**Appendix N**).

Policies and Procedures Related to Tech-Check-Tech

To submit a variance request to the PEB, the institution must have a specific policy and procedure in place for TCT, outlining the requirements and framework with which TCT will be performed. **Appendix D** is a generic sample policy and procedure which outlines the elements included in this toolkit. This policy and procedure should be modified prior to use based on the specifics of the institution and the TCT program that will be implemented. **Appendices E** and **F** are actual policies and procedures from specific Wisconsin institutions with TCT variances and are available for reference purposes.

Toolkit Instructions

The appendices within this toolkit were designed to be turn-key for easy use by each institution wishing to implement TCT programs. However, some modifications will be necessary. Each site should edit the necessary documents, policies, and procedures to include their site- and program-specific materials prior to submission to the PEB and prior to the implementation of any TCT program. Specific pieces of information which necessitate review and potential modifications are highlighted within each appendix, however additional modifications may be necessary based on the needs of the individual institution and the program being implemented. For convenience, a TCT Development and Implementation Checklist is included (**Appendix V**) as a general guide for institutions in the preparation and implementation of a TCT program.

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Appendix B: State Comparison - Delegation by Pharmacists

Michigan:

In order for delegation to occur:

- 1) The pharmacist must determine what knowledge and training is needed to safely complete the task
- 2) The pharmacist must evaluate that the delegate has the appropriate knowledge and training to safely complete the task
- 3) there must be a written policy and procedure for each task to be delegated
- 4) the delegated task requires pharmacist supervision
- 5) the delegating pharmacist has responsibility for the performance of delegated tasks

Pennsylvania:

Delegation: A pharmacist may delegate aspects of the practice of pharmacy to a pharmacy intern or pharmacy technician subject to the following conditions:

- 1) The pharmacist shall review every prescription or drug order prior to its being dispensed to determine the name of the drug, strength, dosage, quantity, permissible refills and other information required under 27.18 (relating to standards of practice) to verify the accuracy of the preparation
- 2) the pharmacist shall provide direct, immediate, and personal supervision to pharmacy interns and pharmacy technicians working with the pharmacist. Direct, immediate, and personal supervision means that the supervising pharmacist has reviewed the prescription or drug order prior to its being dispensed, has verified the final product and is immediately available on the premises to direct the work of interns and technicians and respond to questions or problems
- 3) the pharmacist shall ensure that the label of the container in which a nonproprietary drug is dispensed or sold pursuant to a prescription complies with the labeling requirements of 27.18(d).

Iowa:

155A.33 Delegation of technical functions

A pharmacist may delegate technical dispensing functions to pharmacy technicians but only if the pharmacist is physically present to verify the accuracy and completeness of the patient's prescription prior to the delivery of the prescription to the patient or the patient's representative. However, the physical presence requirement does not apply when a pharmacist is utilizing an automated dispensing system or a tech-check-tech program. When using an automated dispensing system or a tech-check-tech program, the pharmacist shall utilize an internal quality control assurance plan that ensures accuracy for dispensing. Verification of automated dispensing and tech-check-tech accuracy and completeness remains the responsibility of the pharmacist and shall be determined in accordance with rules adopted by the board.

657—3.21 (155A) Delegation of functions.

3.21(1) Technical dispensing functions. A pharmacist may delegate technical dispensing functions to an appropriately trained and registered pharmacy technician, but only if the

pharmacist is on site and available to supervise the pharmacy technician when delegated functions are performed, except as provided in 657—subrule 6.7(2) or 657—subrule 7.6(2), as appropriate, or as provided for telepharmacy in 657—Chapter 9. Except as provided for an approved tech-check-tech program pursuant to 657—Chapter 40, the pharmacist shall provide and document the final verification for the accuracy, validity, completeness, and appropriateness of the patient’s prescription or medication order prior to the delivery of the medication to the patient or the patient’s representative. A pharmacy technician shall not delegate technical functions to a pharmacy support person.

3.21(2) Nontechnical functions. A pharmacist may delegate nontechnical functions to a pharmacy technician or a pharmacy support person only if the pharmacist is present to supervise the pharmacy technician or pharmacy support person when delegated nontechnical functions are performed, except as provided in 657—subrule 6.7(2) or 657—subrule 7.6(2), as appropriate, or as provided for telepharmacy in 657—Chapter 9.

Washington:

Instead gives a list of professional responsibilities that a pharmacist shall NOT delegate.

Minnesota:

Subp. 2. Permissible duties. Pharmacy technicians may perform pharmacy tasks not specifically reserved in this chapter to a licensed pharmacist or pharmacist-intern and that do not involve the use of professional judgment.

Subp. 3. Certifying. Pharmaceutical products prepared or processed, in whole or in part, by a pharmacy technician must be certified for accuracy by a licensed pharmacist, practitioner, or pharmacist-intern as provided for in part 6800.3100, subpart 1, item F, prior to release for patient use.

Subp. 4. Written procedures. Written procedures for the use of pharmacy technicians in a pharmacy shall be prepared by the pharmacist-in-charge. A copy of the procedures must be given to each technician and a copy must be kept on file in the pharmacy. The written procedures must be made available for inspection by the board upon request. These procedures must comply with the standards in this chapter and will be reviewed for compliance on that basis.

These procedures must indicate in detail the tasks performed by the pharmacy technician; the name, address, and registration number of the pharmacy technician; and the certification steps performed by the licensed pharmacist in verifying the technician's work. Procedures must be updated at least every five years and whenever a significant change in the way in which pharmacy technicians are utilized occurs. The pharmacist-in-charge shall ensure that each technician has reviewed the procedures when the technician is first employed by the pharmacy as a technician and when any substantial changes to the procedures have been made. The pharmacist-in-charge must ensure that proper documentation of training is maintained in the pharmacy for a period of at least two years after the training occurs.

Subp. 5. Supervision. Pharmacy technicians shall be supervised by a licensed pharmacist stationed within the same work area who has the ability to control and is responsible for the action of the pharmacy technician. The ultimate responsibility for the actions of a pharmacy

technician working under a licensed pharmacist's supervision shall remain with the licensed pharmacist.

Subp. 9. Unprofessional conduct. The use of pharmacy technicians in the performance of delegated tasks not included in written procedures may be considered unprofessional conduct on the part of the pharmacist supervising the technician, the pharmacist-in-charge, and the pharmacy technician. Falsification of any documents pertaining to the training of pharmacy technicians shall be considered unprofessional conduct on the part of any pharmacist or pharmacy technician involved in such act.

Appendix C: State Comparison – Pharmacy Patient Counseling

Minnesota: <https://www.revisor.mn.gov/rules/?id=6800.0910>

Policy and procedure required

New Rx – consultation required

Refill Rx – discretion of RPh

Delivery/mail – consultation can be accomplished with written info and phone #

Pt refusal – allowed with pharmacy documentation

Illinois: <http://www.ilga.gov/commission/jcar/admincode/068/068013300G07000R.html>

Section 1330.700 Patient Counseling

New and refill Rx – offer to counsel

Pt refusal – allowed with pharmacy documentation

Iowa: <http://www.iowa.gov/pages/search?q=patient+counseling&=Search>

New Rx – counseling required

Refill Rx – not required

Pt refusal – allowed with pharmacy documentation

Appendix D: Labeling Standards

NABP Model Practice Act (with some changes made to be consistent with changes to Chapter 450)

- (i) Critical Information for Patients – Critical information must appear on the label with emphasis (highlighted or bolded), in a sans serif typeface (such as “arial”), minimum 12-point size, and in “sentence case.” Field size and font size may be increased in the best interest of patient care. Critical information text should never be truncated and shall include:
 - (A) patient name
 - (-a-) legal name of the patient; or
 - (-b-) if patient is an animal, include the last name of the owner, name of the animal, and animal species.
 - (B) directions for use
 - (-a-) directions for use as indicated by the prescriber and medication purpose/indication if included on prescription drug order; and
 - (-b-) language should be simplified, avoiding unfamiliar words and medical jargon; when applicable, use numeric instead of alphabetic characters.
 - (C) drug name
 - (-a-) if written for a brand name and a generic drug is dispensed, include phrase “Generic for [brand name];”and
 - (-b-) include drug name suffixes, such as CD, SR, XL, XR, etc.
 - (D) drug strength, expressed in the metric system whenever possible
 - (E) “use by” date
 - (-a-) date after which medication should be used; not expiration date of medication or expiration date of prescription; and
 - (-b-) format as – “Use by: MM/DD/YY.”
- (ii) Important information for patients – Must appear on the label but should not supersede critical information for patients and shall include:
 - (A) pharmacy name or dispensing practitioner’s entity name;
 - (B) pharmacy telephone number;
 - (C) prescriber name;
 - (-a-) format as – “Prescriber: [prescriber name].”
 - (D) “fill date;”
 - (-a-) format as – “Date filled: MM/DD/YY.”
 - (E) prescription number;
 - (F) drug quantity;
 - (-a-) format as – “Qty: [number].”
 - (G) number of remaining refills;
 - (-a-) format as – “Refills: [number remaining]” or “No refills,” using whole numbers only and managing partial fills through the pharmacy record keeping system;
 - (H) written or graphic product description;
 - (I) auxiliary information;
 - (J) any cautions and other provisions which may be required by federal or state law.
- (iii) The following additional information for Patients – may appear on the label:
 - (A) bar codes;

- (B) pharmacy address; and
- (C) store number.

EXPLANATION:

The USP has recommended Chapter 17 be adopted by state boards similar to what is happening with 797.

The NAPB has worked closely with the USP to incorporate the USP recommendations into the Model Practice Act language.

The only state I could find that had addressed this issue in their regulations was the State of California (links included in the references). The proposed language was very detailed. The comment period recently ended and some suggested the regulations were going to be very expensive to implement because of computer system changes. Others commented about how the regulations would be enforced.

Based on research on medication errors and medication misuse it is important to implement regulations that address these issues but it is also important not to make the language too specific that it makes pharmacy implementation unreasonable. It is also important that the language is not so vague rendering it unenforceable. I felt the NABP language was the best mix of these.

REFERENCES:

USP Chapter 17 General Info

Enforcement of the standard will be the decision of individual state boards of pharmacy, which may choose to adopt it into their regulations—similar to USP standards for sterile and nonsterile pharmaceutical compounding, both of which are widely recognized by states. At its 2012 annual meeting, the National Association of Boards of Pharmacy passed a resolution supporting state boards in requiring a standardized prescription container label.

Key areas covered in General Chapter <17> include organizing the label in a patient-friendly way, using explicit language to describe dosages and intervals, improving readability with clear formatting, including “purpose for use” (e.g., “for high blood pressure”) and addressing those with visual impairments and those with limited English comprehension.

NABP Model Practice Act

Labeling

- (1) All Drugs Dispensed for use by inpatients of a hospital or other health care facility, whereby the Drug is not in the possession of the ultimate user prior to Administration, shall meet the following requirements:

- (i) The label of a single-unit package of an individual-dose or unit-dose system of packaging of Drugs shall include:
 - (A) the nonproprietary or proprietary name of the Drug;
 - (B) the route of Administration, if other than oral;
 - (C) the strength and volume, where appropriate, expressed in the metric system whenever possible;
 - (D) the control number and expiration date;
 - (E) identification of the repackager by name or by license number shall be clearly distinguishable from the rest of the label; and
 - (F) special storage conditions, if required.
- (ii) When a multiple-dose Drug Distribution system is utilized, including Dispensing of single unit packages, the Drugs shall be Dispensed in a container to which is affixed a label containing the following information:
 - (A) identification of the Dispensing Pharmacy;
 - (B) the patient's name;
 - (C) the date of Dispensing;
 - (D) the nonproprietary and/or proprietary name of the Drug Dispensed; and
 - (E) the strength, expressed in the metric system whenever possible.
- (2) All Drugs Dispensed to inpatients for self-administration shall be Labeled in accordance with Subparagraph 4 of this Section (e).
- (3) Whenever any Drugs are added to parenteral solutions, such admixtures shall bear a distinctive label indicating:
 - (i) name of solution, lot number, and volume of solution;
 - (ii) patient's name;
 - (iii) infusion rate;
 - (iv) bottle sequence number or other system control number;
 - (v) name and quantity of each additive;
 - (vi) date of preparation;
 - (vii) Beyond-Use Date and time of parenteral admixture; and
 - (viii) ancillary precaution labels.
- (4) All Drugs Dispensed to ambulatory or outpatients, including Drugs Dispensed by Practitioners shall contain a label affixed to the container in which such Drug is Dispensed including:
 - (i) Critical Information for Patients – Critical information must appear on the label with emphasis (highlighted or bolded), in a sans serif typeface (such as "arial"), minimum 12-point size, and in "sentence case." Field size and font size may be increased in the best interest of patient care. Critical information text should never be truncated and shall include:
 - (A) patient name
 - (-a-) legal name of the patient; or
 - (-b-) if patient is an animal, include the last name of the owner, name of the animal, and animal species.
 - (B) directions for use
 - (-a-) directions for use as indicated by the prescriber and medication purpose/indication if included on prescription drug order; and
 - (-b-) language should be simplified, avoiding unfamiliar words and medical jargon; when applicable, use numeric instead of alphabetic characters.
 - (C) drug name

- (-a-) if written for a brand name and a generic drug is dispensed, include phrase “Generic for [brand name];”and
 - (-b-) include drug name suffixes, such as CD, SR, XL, XR, etc.
 - (D) drug strength, expressed in the metric system whenever possible
 - (E) “use by” date
 - (-a-) date after which medication should be used; not expiration date of medication or expiration date of prescription; and
 - (-b-) format as – “Use by: MM/DD/YY.”
 - (ii) Important information for patients – Must appear on the label but should not supersede critical information for patients and shall include:
 - (A) pharmacy name or dispensing practitioner’s entity name;
 - (B) pharmacy telephone number;
 - (C) prescriber name;
 - (-a-) format as – “Prescriber: [prescriber name].”
 - (D) “fill date;”
 - (-a-) format as – “Date filled: MM/DD/YY.”
 - (E) prescription number;
 - (F) drug quantity;
 - (-a-) format as – “Qty: [number].”
 - (G) number of remaining refills;
 - (-a-) format as – “Refills: [number remaining]” or “No refills,” using whole numbers only and managing partial fills through the pharmacy record keeping system;
 - (H) written or graphic product description;
 - (I) auxiliary information;
 - (J) any cautions and other provisions which may be required by federal or state law.
 - (iii) The following additional information for Patients – may appear on the label:
 - (A) bar codes;
 - (B) pharmacy address; and
 - (C) store number.
- (5) No radiopharmaceutical may be Dispensed unless a label is affixed to the immediate container bearing the following information:
- (i) the standard radiation symbol;
 - (ii) the words “Caution – Radioactive Material”; and
 - (iii) the prescription number.
- (6) No radiopharmaceutical may be Dispensed unless a label is affixed to the outer or Delivery container bearing the following information:
- (i) the standard radiation symbol;
 - (ii) the words “Caution – Radioactive Material”;
 - (iii) the radionuclide and chemical form;
 - (iv) the activity and date and time of assay;
 - (v) the volume, if in liquid form;
 - (vi) the requested activity and the calibrated activity;
 - (vii) the prescription number;
 - (viii) patient name or space for patient name. Where the patient’s name is not available at the time of Dispensing, a 72-hour exemption is allowed to obtain the name of the patient. No later than 72 hours after Dispensing the radiopharmaceutical, the

patient's name shall become a part of the Prescription Drug Order to be retained for a period of three years;

- (ix) the name and address of the nuclear Pharmacy;
- (x) the name of the Practitioner; and
- (xi) the lot number of the prescription.

California Proposed Regulations

http://www.pharmacy.ca.gov/laws_regs/1707_5_isor.pdf

http://www.pharmacy.ca.gov/laws_regs/1707_5_proposed.pdf

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4) LABEL REQUIRED.

(a) Except as provided under par. (b), no prescribed drug or device may be dispensed unless there is a label attached to the container disclosing all of the following:

1. The name and address of the dispensing practitioner or licensed facility from which the prescribed drug or device was dispensed.

1m. The telephone number of the pharmacy, if the prescribed drug or device is dispensed by an out-of-state pharmacy licensed under s. 450.065.

2. The date on which the prescription was dispensed.

3. The number of the prescription order as recorded in the prescription order file of the facility from which the prescription was dispensed.

4. The name of the practitioner who prescribed the drug or device.

5.

a. Except as provided in subd. 5. b. and c., the full name of the patient.

b. For an antimicrobial drug dispensed under sub. (1g), the full name of the patient, if known, or the words, "expedited partner therapy" or the letters "EPT."

c. For an opioid antagonist when delivered under sub. (1i) (a), the name of the person to whom the opioid antagonist will be delivered as specified in s. 441.18 (2) (a) or 448.037 (2) (a).

6. Directions for use of the prescribed drug or device as contained in the prescription order.

7. The name and strength of the prescribed drug dispensed, unless the prescribing practitioner requests omission of the name and strength of the drug dispensed.

8. The symptom or purpose for which the drug is being prescribed if the prescription order specifies the symptom or purpose under sub. (4m).

(b) Paragraph (a) does not apply to complimentary samples of drug products or devices dispensed by a practitioner to his or her patients.

(4g) BRAND NAME PERMITTED ON LABEL.

(a) In this subsection:

1. "Brand name" has the meaning given in s. 450.12 (1) (a).

2. "Drug product equivalent" has the meaning given in s. 450.13 (1).

3. "Generic name" has the meaning given in s. 450.12 (1) (b).

(b) If a pharmacist, pursuant to a prescription order that specifies a drug product by its brand name, dispenses the drug product equivalent of the drug product specified in the prescription order, the label required under sub. (4) (a) may include both the generic name of the drug product equivalent and the brand name specified in the prescription order, unless the prescribing practitioner requests that the brand name be omitted from the label.

(4m) LABEL OPTIONS. If a patient indicates in writing to a practitioner who makes a prescription order for the patient that the patient wants the symptom or purpose for the prescription to be disclosed on the label, the practitioner shall specify the symptom or purpose in the prescription order.

Appendix E: State Comparisons - Labeling Standards for Multiple Medications in a Package

- **Minnesota:** Customized patient medication packages. In lieu of dispensing two or more prescribed drug products in separate containers, a pharmacist may, with the consent of the patient, the patient's caregiver, or the prescriber, provide a customized patient medication package as defined in the United States Pharmacopeia (USP), chapter 661, standards.
- **Oregon:** Labeling: The patient med pak shall be accompanied by a patient package insert, in the event that any medication therein is required to be dispensed with such insert as accompanying labeling.

Alternatively, such required information may be incorporated into a single, overall educational insert provided by the pharmacist for the total patient med pak.

Iowa:

- 22.5(6) Alternate labeling. If the patient med pak container is not of sufficient size to accommodate the label information as required in subrule 22.5(5) in a legible font, a patient med pak;
The patient package insert shall contain all label information required in subrule 22.5(5). In such case, the label affixed to the patient med pak shall minimally include:
 - a. The name of the patient;
 - b. A statement directing the patient or patient's caregiver to the patient package insert; and
 - c. The beyond-use date assigned to the patient med pak;
 - d. The name and telephone number of the dispensing pharmacy.

PERSONNEL

	Illinois	Iowa	Minnesota	Michigan
Pharmacist-in-charge	<p>No pharmacy shall be granted a license without a pharmacist being designated as pharmacist-in-charge.</p> <p>A pharmacist may be the pharmacist-in-charge for more than one pharmacy; however the person must work an average of at least 8 hours per week at each location where the person is the pharmacist-in-charge.</p> <p>The pharmacist-in-charge's responsibilities include supervision of all activities of all employees as they relate to the practice of pharmacy; establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals; establishment and supervision of the record keeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.</p> <p>The operations of the pharmacy and the security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.</p>	<p>One professionally competent, legally qualified pharmacist in each pharmacy shall be responsible for ensuring the quality of pharmaceutical services; employs an adequate number of qualified personnel; ensures the availability of any equipment and references necessary; ensures that a pharmacist performs prospective drug use review; Dispensing drugs to patients; Delivering drugs; Ensuring that patient medication records are maintained; training pharmacy technicians and pharmacy support persons; procuring and storing prescription drugs and devices; distributing and disposing of drugs from the pharmacy; maintain records of all transactions to maintain accurate control over and accountability for all drugs; establish and maintain effective controls against the theft or diversion of prescription drugs and records; establish and implement policies and procedures for all operations of the pharmacy; ensure the legal operation of the pharmacy; and ensure that there is adequate space within the prescription department.</p>	<p>No person may conduct a pharmacy without a pharmacist in charge.</p> <p>No pharmacist shall be designated pharmacist in charge of more than one pharmacy (this may be waived in the case of a pharmacist serving a hospital pharmacy on a part time basis).</p> <p>It is the pharmacist in charge's duty and responsibility: to establish policies and procedures for the employees of the pharmacy for procurement, storage, compounding and dispensing of drugs and the communication of information to the public in relation to drug therapy; to supervise all of the professional employees of the pharmacy; to assure that all persons participating in an internship, residency or fellowship program are appropriately licensed or registered with the board; to supervise all of the nonprofessional employees as far as their duties relate to the procurement, sale and/or storage of drugs; to develop appropriate detailed written procedures directing activities of pharmacy technicians and to ensure all persons working as</p>	

			<p>pharmacy technicians are registered with the board; to establish and supervise the method and manner for the storing and safekeeping of drugs; to establish and supervise the record keeping system; to respond to deficiency reports and to ensure that staffing and operational quality assurance policies are developed, implemented and followed.</p>	
Pharmacy Technician	Registered Pharmacy Technician or Certified Pharmacy Technician.	<p>Certified Pharmacy Technician or Pharmacy technician Trainee. May delegate technical dispensing functions to an appropriately trained and registered pharmacy technician only if the pharmacist is on site and available to supervise. Except in an approved tech-check-tech program, the technician may not do the final verification. A pharmacist may delegate</p>	<p>Pharmacy Technicians must be registered with the Board. Pharmacy technicians may perform pharmacy tasks not specifically reserved to a licensed pharmacist or pharmacist-intern and that do not involve the use of professional judgment. The basic ratio of pharmacy technicians to pharmacists on duty is two technicians to one pharmacist. Specific functions</p>	<p>Recent legislation requiring pharmacy technician's to be licensed. Gives rule-making authority to promulgate rules regarding licensure.</p>

		nontechnical functions to a pharmacy technician or a pharmacy support person.	are excepted from the basic ratio as follows: Intravenous admixture preparation is 3:1; setting up or preparing patient specific prescriptions in unit dose or modified unit dose packaging is 3:1; prepackaging is 3:1 and compounding is 3:1	
Pharmacy Intern		Every intern shall register with the Board. A preceptor shall be a licensed pharmacist in good standing and may supervise no more than 2 pharmacist interns concurrently.	Every person who is doing an internship in Minnesota must be registered with the Board. Every person participating in a pharmacy residency or fellowship shall either register as an intern or be licensed as a pharmacist.	Interns are required to be licensed.

Pharmacy Support Person		<p>Pharmacy support person shall register with the Board.</p> <p>A pharmacy Support person may perform nontechnical tasks: Perform the duties of a pharmacy clerk including placing a prescription container into a bag for delivery to the patient as part of the sales transaction after the verification by pharmacist; Process wholesale drug orders, including the submission of orders, the receipt and processing of drug deliveries, reconciling products and affixing inventory or price stickers; Perform routine clerical duties, such as filing processed, hard-copy prescriptions and other pharmacy records; Update or change patient demographic information; Receive from a patient a request for a prescription refill excluding the processing of the refill request; perform pharmacy drug inventory control duties including checking pharmacy stock shelves for outdate drugs and assisting with annual inventory counts; Deliver drugs; Perform any routine clerical or pharmacy support function not prohibited in rule; In nuclear pharmacy practice, perform nonjudgmental tasks under direct supervision of a nuclear pharmacist.</p>		
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CHAPTER 40
TECH-CHECK-TECH PROGRAMS

657—40.1(155A) Purpose and scope. The board may authorize a hospital pharmacy to participate in a tech-check-tech program. The board may authorize a general pharmacy providing pharmaceutical services to patients in a long-term care facility as defined herein to participate in a tech-check-tech (TCT) program for dispensing only to patients in the long-term care facility. The purpose of the tech-check-tech program is to authorize certified pharmacy technicians to review the work of other certified pharmacy technicians in connection with the filling of floor stock, including automated medication distribution systems (AMDS) and unit dose dispensing systems for institutionalized patients whose orders have previously been reviewed and approved by a licensed pharmacist, for the purpose of redirecting and optimizing pharmacist patient care services. Implementation of a tech-check-tech program is not intended to reduce pharmacist staffing levels but is intended to increase the availability of the pharmacist for involvement in cognitive and patient care activities.

[ARC 9783B, IAB 10/5/11, effective 11/9/11]

657—40.2(155A) Definitions. For the purposes of this chapter, the following definitions shall apply:

“Automated medication distribution system” or *“AMDS”* includes, but is not limited to, an automated device or series of devices operated by an electronic interface with one or more computers that is used to prepare, package, or dispense specified dosage units of drugs for administration or dispensing to a patient or the ultimate user. *“AMDS”* includes a device that prepares and packages a drug for unit dose dispensing, that prepares and packages a drug into outpatient prescription vials, and that dispenses prepackaged drugs.

“Board” means the board of pharmacy.

“Certified medication aide” means an individual who has successfully completed a medication aide course approved by the Iowa department of inspections and appeals or who has passed a medication aide challenge examination approved by the Iowa department of inspections and appeals and administered by an area community college. A *“certified medication aide”* is not a *“licensed health care professional”* as that term is used herein.

“Certified pharmacy technician” means an individual who holds a valid current national certification and who has registered with the board as a certified pharmacy technician pursuant to 657—Chapter 3.

“Checking technician” means a certified pharmacy technician who has been authorized by the pharmacist in charge to participate in a TCT program by checking the work of other certified pharmacy technicians.

“Component” means any single physical or electronic storage or access device that, in combination with other devices, makes up an AMDS.

“Drug bin” means a compartment in an AMDS component that is designed to contain one specific drug.

“Floor stock” means a supply of drugs consisting of emergency drugs and controlled substances that are routinely maintained on patient care units and accessible by nursing staff for patient administration.

“Hospital pharmacy” means a pharmacy licensed by the board pursuant to 657—Chapter 7 and located within a facility which is primarily engaged in providing, by or under the supervision of physicians, concentrated medical and nursing care on a 24-hour basis to inpatients and which maintains and operates organized facilities for the diagnosis, care, and treatment of human illnesses.

“Long-term care facility” means a nursing home, retirement care, mental care, or other facility or institution which provides extended health care to resident patients and which is registered by the board for controlled substances under Iowa Code chapter 124.

“Medication order” means a written or electronic order from a practitioner or an oral order from a practitioner or the practitioner’s authorized agent for administration of a drug or device and, for purposes of this chapter, includes a prescription drug order.

“TCT program” means a board-approved tech-check-tech program implemented and formally established pursuant to these rules by the pharmacist in charge who has determined that one or more

certified pharmacy technicians are qualified to safely check the work of other certified pharmacy technicians and thereby provide final verification of drugs which are dispensed for subsequent administration to patients in an institutional setting.

“*Unit dose dispensing system*” means a drug distribution system utilizing single unit, unit dose, or unit of issue packaging in a manner that helps reduce or remove traditional drug stocks from patient care areas, enables the selection and distribution of drugs to be pharmacy-based and controlled, and improves accountability and accuracy.

[ARC 9783B, IAB 10/5/11, effective 11/9/11]

657—40.3(155A) General requirements. To participate in a TCT program, a hospital pharmacy shall be located in Iowa and provide pharmaceutical services to patients receiving treatment in a hospital located in Iowa. To participate in a TCT program, a general pharmacy shall be located in Iowa, and a TCT program shall only be implemented to provide pharmaceutical services to patients in a long-term care facility located in Iowa.

40.3(1) Site-specific. A TCT program shall be specific to the site at which implementation of the program is proposed and shall include a site-specific training program tailored to the patient population and the drug distribution system utilized.

40.3(2) Plan approval. At least 90 days prior to anticipated implementation of a TCT program, the pharmacist in charge shall submit the program plan, consistent with the requirements of these rules, for board approval. A pharmacy shall not implement a TCT program prior to receipt of notification that the board has approved the submitted TCT program plan.

40.3(3) Technician utilization plan. The pharmacy technician utilization plan shall specifically identify the individual certified pharmacy technicians authorized to participate in the TCT program and shall identify in detail the types of work that the certified pharmacy technicians may perform and check. The pharmacy shall include participation in the TCT program in the defined duties of any certified pharmacy technician authorized to participate in the TCT program, and if the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, that function shall be clearly identified in the checking technician’s duties.

40.3(4) Certified pharmacy technician participation. All of the following shall apply to a certified pharmacy technician authorized to participate in a TCT program.

a. National certification. The certified pharmacy technician’s national certification shall be current and in good standing.

b. Iowa registration. The certified pharmacy technician’s registration with the board shall be current, in good standing, and not currently subject to disciplinary charges or sanctions.

c. Prior experience. The checking technician shall be working at the pharmacy full- or part-time and shall have met the experience requirement for a checking technician as specified in policies and procedures and in the TCT program plan.

d. Training. The certified pharmacy technician shall complete site-specific training in the TCT program and the functions to be performed by the certified pharmacy technician as part of the TCT program.

e. Specialized training for checking technician. A certified pharmacy technician who is a checking technician shall receive specialized and advanced training as provided in policies and procedures, including training in the prevention, identification, and classification of medication errors. The training program for a checking technician shall be didactic in nature and shall include successful completion of a competency test.

40.3(5) Responsible individuals. The pharmacist in charge may designate one pharmacist to be responsible for meeting TCT program training and validation requirements and may designate one or more pharmacists to supervise the activities of certified pharmacy technicians authorized to participate in the TCT program. A pharmacist supervising TCT program activities shall provide program plan evaluation information to the responsible pharmacist or the pharmacist in charge for collection and analysis. Each individual involved in the TCT program shall be responsible for the activities performed by that individual and for ensuring that those activities adhere to the TCT program policies and

procedures and comply with board rules. The pharmacist in charge shall be ultimately responsible for TCT program activities and for development and implementation of TCT program policies and procedures.

40.3(6) Policies and procedures. Parameters for supervising the activities of certified pharmacy technicians participating in the TCT program, including but not limited to specialized and advanced training for checking technicians, shall be specified in policies and procedures regarding the utilization of pharmacy technicians. Policies and procedures shall provide for continuous evaluation of certified pharmacy technicians authorized to participate in the TCT program, shall identify benchmarks and sentinel events, shall define an excessive overall error rate, shall address certified pharmacy technician retraining procedures, and shall address pharmacy staffing.

40.3(7) Staffing. Pharmacy staffing shall be adequate to ensure consistent and safe implementation of the TCT program and to optimize pharmacist patient care services.

40.3(8) Pharmacist review. Except in an emergency, when the pharmacy is closed, or when the prescriber is directly supervising and overseeing the administration of the drug to the patient, a pharmacist shall review all orders against a medication profile as required by rule 657—8.21(155A). A pharmacist shall be on site and available to certified pharmacy technicians during any period that TCT functions are being performed.

40.3(9) Additional drug check prior to administration. The drug distribution system shall be structured so that at least one additional check of dispensed drugs, following dispensing and checking by a checking technician, is completed by a licensed health care professional in the facility prior to administration of the drug to the patient. A licensed health care professional or certified medication aide shall administer the drug to the patient. The TCT program plan shall identify the individuals authorized to administer the drug to the patient. The identification of these individuals may consist of a description of the classification of the authorized individuals, such as “registered nurse,” “licensed practical nurse,” or “certified medication aide,” or the identification may specifically identify the authorized individuals by name and title. Alternatively, the identification may reference an existing facility policy or procedure that identifies or specifies the individuals authorized to administer a drug to a patient.

40.3(10) Program evaluation. Implementation of a TCT program shall result in the redirection of the pharmacist from distributive tasks to cognitive and patient care activities. As part of an ongoing program review and evaluation as provided in subrule 40.4(5), the pharmacist in charge or designee shall document the specific cognitive and patient care activities, and a summary of the approximate amount of time pharmacists spend on those activities, as a result of implementation of the TCT program. Program review and evaluation records shall be available for inspection and copying by the board or its representatives and any other authorized agencies for two years following the date of the record.

[ARC 9783B, IAB 10/5/11, effective 11/9/11]

657—40.4(155A) TCT program requirements. A TCT program shall be conducted in compliance with the following requirements.

40.4(1) Training of checking technician. No certified pharmacy technician shall be designated or authorized by the pharmacist in charge or responsible pharmacist to perform, nor shall a certified pharmacy technician perform, the function of checking the work of another certified pharmacy technician without having received and satisfactorily completed the specialized and advanced training provided for in the pharmacy’s policies and procedures. The specialized training shall include the prevention, identification, and classification of medication errors. Training requirements shall include provisions for retraining of a checking technician who fails to maintain the level of competence necessary for the performance of authorized duties as demonstrated by the technician’s failure to satisfactorily meet ongoing evaluation and competency audits.

40.4(2) Authorized checking functions. A certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to check the work of another certified pharmacy technician may check activities relating to the filling of floor stock, unit dose distribution systems, proprietary bag and vial systems or manufactured premix intravenous products, and AMDS components for hospital and long-term care facility patients. Medication orders shall have previously been reviewed

by a licensed pharmacist against the patient's medication profile, and the prepared drugs shall be checked by at least one additional licensed health care professional in the facility at the time the drugs are administered to a patient. The checking function performed by the checking technician shall be limited to those types of drugs identified in the written TCT program plan, and the TCT program plan shall specifically describe the method for verifying cassette or drug bin fills.

40.4(3) *Certified pharmacy technician evaluation.* The responsible pharmacist shall conduct continuous monitoring and evaluation of each certified pharmacy technician authorized to participate in the TCT program in order to ensure the continued competency of the certified pharmacy technicians and the safety of patients. As a component of the pharmacy's continuous quality improvement program and except as otherwise specifically provided by these rules, errors shall be identified and records maintained as provided in rule 657—8.26(155A).

a. Periodic review and pharmacist check. Evaluation shall include periodic review and checking by the pharmacist of work checked by the checking technician and identification and documentation of all errors not identified and corrected by the checking technician.

b. Review of errors identified by pharmacist or checking technician. The responsible pharmacist shall review with all certified pharmacy technicians involved any errors identified during the evaluation and shall discuss procedures to ensure the errors are not repeated.

c. Review of errors identified following release by checking technician. The responsible pharmacist shall receive, evaluate, and review with all certified pharmacy technicians involved any errors identified by a health care professional, a certified medication aide, a patient, or any other individual following release of a drug by the checking technician.

40.4(4) *Records.* The pharmacist in charge shall maintain in the pharmacy department a record for each certified pharmacy technician authorized by the pharmacist in charge or responsible pharmacist to participate in the TCT program. The record shall be available for inspection and copying by the board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician's employment. The record shall include:

a. The name of the certified pharmacy technician.

b. The date on which the certified pharmacy technician completed the site-specific training for participation in the TCT program.

c. The date on which the certified pharmacy technician was authorized to participate in the TCT program and the specific TCT program functions and tasks the certified pharmacy technician is authorized to perform.

d. If the certified pharmacy technician is authorized to check the work of other certified pharmacy technicians, the date on which the checking technician completed the specialized and advanced training as provided in policies and procedures.

e. The dates and results of all competency evaluations.

f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician's TCT program authorization, identification of corrective action or retraining completed, and the date of the subsequent reinstatement of the certified pharmacy technician's TCT program authorization.

g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician's performance of duties relating to the TCT program.

40.4(5) *TCT program evaluation.* The pharmacist in charge shall maintain in the pharmacy department program evaluation records that demonstrate the redirection of pharmacist activities from distributive tasks to cognitive and patient care activities. The approximate amount of time each pharmacist spent on specific distributive tasks and on specific cognitive and patient care activities prior to implementation of the TCT program shall be documented in the program evaluation records and shall be maintained for the duration of the TCT program. Program evaluation records shall identify the specific cognitive and patient care activities and a summary of the approximate amount of time pharmacists spend on those activities as a result of implementation of the TCT program. TCT program evaluation records shall be updated at least semiannually and shall be available for inspection and

copying by the board or its representatives and any other authorized agencies for two years following the date of the record.

[ARC 9783B, IAB 10/5/11, effective 11/9/11]

These rules are intended to implement Iowa Code sections 147.107, 155A.6A, and 155A.33.

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