Wisconsin Department of Safety and Professional Services
Division of Policy Development
1400 E. Washington Ave
PO Box 8366
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Scott Walker, Governor
Dave Ross, Secretary

PHARMACY EXAMINING BOARD
Contact: Dan Williams (608) 266-2112
Room 121A 1400 East Washington Avenue, Madison, WI 53703
March 26, 2014

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the action and deliberation of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. 9:00 A.M. – Public Hearing on Clearinghouse Rule 14-023 Amending Phar 1.02(7), 7.10 and 16.03 Relating to Council and Exam Names (5-12)

1) Review and Respond to Clearinghouse Report and Public Hearing Comment

C. Approval of Minutes of February 12, 2014 (13-20)

D. PDMP Update – Discussion and Consideration (21-26)

1) Department of Corrections Dispensing and PDMP Requirements **(22-23)**

2) PDMP Operations Discussion:
   a) Statistics
      1. Current Statistics
      2. 2013 Statistics Brochure
   b) PMP InterConnect Update
   c) PDMP Database Enhancements
   d) SFTP Data Dump Process
   e) Dispenser Compliance Audit
3) Training and Outreach Discussion
   a) Training and Outreach Events
4) Grant and Projects Discussion:
   a) SAMHSA EHR and PDMP Data Integration Grant
      1. Sub-Recipient Kick-Off Meetings
      2. Grantee Meeting on Feb. 19, 2014
5) Staff Updates

E. Legislation/Administrative Rule Matters – Discussion and Consideration (27-28)

1) Update on AB445/SB353 Relating to Photo ID
2) Update on AB446/SB352 Relating to Naloxone
3) Update on AB448/SB351 Relating to Drug Disposal Programs
4) Update on AB726 Relating to Cannabidoil (CBD)
5) Scope Statement for Phar 2, 4 Relating to Changes Due to Act 124 (DSPS Clean-up) and Act 114 (Job Readiness Initiative)
6) Update on Phar 7 Relating to Practice of Pharmacy
7) Update on Phar 7.04(1)(e) Relating to Statutory Reference Changes
8) Update on Phar 7, 8 Relating to Electronic Signatures
9) Update on Phar 15 Relating Compounding
10) Status of Pending and Possible Rule Projects

F. Board Goals – Discussion and Consideration (29-30)

G. Variance Requests

1) Tech Check Tech
    a) Froedtert – Saint Joseph's Community Hospital **(31-66)**
    b) University of Wisconsin Hospitals and Clinics **(67-74)**
2) Technician to Pharmacist Ratio
3) Robotic Dispensing

H. Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration

1) National Association of Boards of Pharmacy (NABP) 110th Annual Meeting **(75-78)**

I. Administrative Updates – Discussion and Consideration

1) Staff Updates
2) Website and Newsletter

J. Informational Items– Discussion and Consideration

1) Request by the UW-Madison School of Pharmacy **(79-80)**

K. **Items Received After Preparation of the Agenda**

1) Introductions, Announcements and Recognition
2) Presentations of Petition(s) for Summary Suspension
3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
4) Presentation of Proposed Final Decision and Order(s)
5) Informational Items
6) Division of Legal Services and Compliance (DLSC) Matters
7) Education and Examination Matters
8) Credentialing Matters
9) Practice Questions/Issues
10) Legislation/Administrative Rule Matters
11) Speaking Engagement(s), Travel, or Public Relations Request(s)
12) Prescription Drug Monitoring Program Information
13) Consulting with Legal Counsel
14) **Liaison Report(s)**
    a) CE Liaison: Terry Maves
    b) Credentialing Liaison: Thaddeus Schumacher, Franklin LaDien,
    c) Digest Advisory: Philip Trapskin
    d) Legislative Liaison: Philip Trapskin, Thaddeus Schumacher, Terry Maves
    e) DLSC Liaison: Thaddeus J. Schumacher
    f) PAP Liaison: Franklin LaDien
    g) Monitor Liaison: Franklin LaDien
    h) PHARM Rep to CSB: Franklin LaDien
    i) Variance Report Liaison: Philip Trapskin
    j) PHARM Rep to SCAODA: Charlotte Rasmussen
    k) Screening Panel: Cathy Winters, Franklin LaDien, Charlotte Rasmussen,
    l) PDMP Workgroup: Terry Maves, Philip Trapskin

L. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

M. Deliberation of Proposed Stipulations, Final Decisions, and Orders

1) 13PHM018 (M.H.) **(81-86)**
2) 13PHM031 (J.K.H.) **(87-92)**

N. Deliberation of Proposed Administrative Warnings

1) 13PHM066 (K.D.M.) **(93-94)**

O. Case Status Report and Case Closure Deliberation (177-178)

1) 13PHM032 (J.L.C.) **(95-100)**
2) 13PHM037 (S.P.) **(101-102)**
3) 13PHM052 (F.H., J.A.) **(103-106)**
4) 13PHM064 (J.J.) **(107-110)**

P. Monitoring Deliberation

1) Order #LS0601191 (C.M.) **(111-138)**
2) Order #2037 (D.L.) **(139-162)**
3) Order #1396 (S.D.) **(163-176)**

Q. Application Review and Deliberation

1) Application #495924 (T.H.H.) **(179-210)**
2) Application #494089 (J.S.) **(211-238)**
3) Application #484863 (R.B.) **(239-308)**

R. Deliberation of Items Received After Preparation of Agenda

1) Credential Issues and/or Reviews
2) Professional Assistance Procedure (PAP)
3) Monitoring Matters
4) Proposed Stipulations Final Decisions and Orders
5) Administrative Warnings
6) Review of Administrative Warning
7) DLSC Matters
8) Orders Fixing Costs/Matters Related to Costs
9) Proposed Final Decision and Orders
10) Petitions for Summary Suspension
11) Petitions for Re-Hearing
12) Education and Examination Matters
13) Application Review
14) Consult with Legal Counsel

RECONEVE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION
Voting on Items Considered or Deliberated upon in Closed Session, if Voting is Appropriate

S. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is June 4, 2014.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Sharon Henes **Administrative Rules Coordinator**	*17 March 2014* Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
26 March 2014	☒ Yes ☐ No	**Public Hearing on Clearinghouse Rule 14-023 amending Phar 1.02(7), 7.10 and 16.03 relating to council and exam names.** **Review and respond to Clearinghouse Report and Public Hearing comments**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by (name) ☐ No	

10) Describe the issue and action that should be addressed:

Hold Public Hearing at 9:00 a.m.

Discuss any public hearing comments. Review, discuss and respond to any Clearinghouse comments.

11) Authorization

Sharon Henes — *17 March 2014*

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Bureau 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 Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE PHARMACY EXAMINING BOARD	: : : :	NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that pursuant to authority vested in the Pharmacy Examining Board in §§ 15.08(5)(b) and 450.02(2), Wis. Stats., and interpreting §§ 450.035 and 450.085, Wis. Stats., the Pharmacy Examining Board will hold a public hearing at the time and place indicated below to consider an order to amend Phar 1.02(7), Phar 7.10, and Phar 16.03 relating to council and exam names.

Hearing Date, Time and Location

Date:	**March 26, 2014**
Time:	**9:00 a.m.**
Location:	**1400 East Washington Avenue** **Room 121A** **Madison, Wisconsin**

APPEARANCES AT THE HEARING:

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708. Written comments must be received at or before the public hearing to be included in the record of rule-making proceedings.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: §§ 450.035 and 450.085, Wis. Stats.

Statutory authority: §§ 15.08 (5)(b) and 450.02(2), Wis. Stats.

Explanation of agency authority:

The board has authority to promulgate rules for the guidance of the profession and to interpret the provisions of the statutes it enforces. The board shall adopt rules defining the active practice of pharmacy.

Related statute or rule: None

Plain language analysis:

Section 1 capitalizes the proper name of the examination.

Section 2 and 3 corrects the name of the organization which approves the course of study to Accreditation Council for Pharmacy Education as amended in the statutes by 2013 Act 124. In addition, Section 3 removes the qualification of "pharmacist" for attendance and deletes in the note the reference to a list of board approved programs which is no longer compiled.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Iowa: Iowa administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Michigan: Michigan administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Minnesota: Minnesota administrative code references the Accreditation Council for Pharmacy Education and the North American Pharmacy Licensing Examination.

Summary of factual data and analytical methodologies:

The rule reflects the statutory change due to 2013 Act 124.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for economic impact comments for 14 days and none received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Initial Regulatory Flexibility Analysis or Summary:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Sharon.Henes@wisconsin.gov. Comments must be received at or before the public hearing to be held on March 26, 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Phar 1.02 (7) is amended to read:

Phar 1.02 (7) "NAPLEX" means the ~~north~~ North American ~~pharmacy~~ Pharmacy ~~licensing~~ Licensing ~~examination~~ Examination.

SECTION 2. Phar 7.10(1) is amended to read:

Phar 7.10(1) The pharmacist has successfully completed 12 hours in a course of study and training, approved by the ~~American council on pharmaceutical education~~ Accreditation Council for Pharmacy Education or the board, in injection techniques, emergency procedures and record keeping.

SECTION 3. Phar 16.03 is amended to read:

Phar 16.03 **Acceptable continuing educational programs**. The board recognizes only those educational programs offered by a provider approved by the ~~American council on pharmaceutical education~~ Accreditation Council for Pharmacy Education at the time of ~~the pharmacist's~~ attendance, or other board approved programs.

Note: ~~A list of board approved programs is available from the Department of Safety and Professional Services, Bureau of Health Professions, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.~~ As of August 9, 1999, the board has not approved any programs other than programs offered by a provider approved by the ~~American Council on Pharmaceutical Education~~ Accreditation Council for Pharmacy Education.

SECTION 4. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

COPIES OF RULE

Copies of this proposed rule are available upon request to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8366, Madison, Wisconsin 53708, or by email at Sharon.Henes@wisconsin.gov.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Administrative Rule Chapter, Title and Number
Phar 1, 7, 16

3. Subject
Council and exam name

4. Fund Sources Affected
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule
☒ No Fiscal Effect ☐ Increase Existing Revenues ☐ Increase Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget
☐ Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
☐ State's Economy ☐ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than $20 million?
☐ Yes ☒ No

9. Policy Problem Addressed by the Rule
This rule corrects the names of the North American Pharmacy Licensing Examination and Accreditation Council for Pharmacy Education.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
None

11. Identify the local governmental units that participated in the development of this EIA.
None

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
None

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefit is to refer to both the exam and education council by their correct proper names.

14. Long Range Implications of Implementing the Rule
The benefit is to refer to both the exam and education council by their correct proper names.

15. Compare With Approaches Being Used by Federal Government
None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
Our neighboring states reference the North American Pharmacy Licensing Examination and Accreditation Council for Pharmacy Education.

17. Contact Name	18. Contact Phone Number
Sharon Henes	(608) 261-2377

This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R03/2012)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No

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PHARMACY EXAMINING BOARD
MEETING MINUTES
February 12, 2013

PRESENT: Thaddeus Schumacher, Charlotte Rasmussen, Franklin LaDien, Terry Maves, Kristi Sullivan, Cathy Winters, Philip Trapskin

STAFF: Dan Williams, Executive Director; Matthew Guidry, Bureau Assistant; and other Department Staff

CALL TO ORDER

Thaddeus Schumacher; called the meeting to order at 9:10 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF AGENDA

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, to adopt the agenda as published. Motion carried unanimously.

CLEARINGHOUSE RULE 14-002

MOTION: Cathy Winters moved, seconded by Franklin LaDien, to partially accept 5e, f, g and accept fully all remaining Clearinghouse comments for CR 14-003 relating to PDMP. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Terry Maves, to amend Clearinghouse Rule 14-003 to address public hearing comments by Joe Kachelski and recommended language from Chad Zadrazil. The Board discussed the written comments from Andrew Rich and declines to make changes to allow law enforcement to obtain records from PDMP without a warrant. The Board requests DSPS Staff to draft a Scope Statement related to the public comments received from Angela Studnicka related to dispensing to long term care facilities. Motion carried unanimously

MOTION: Kristi Sullivan moved, seconded by Charlotte Rasmussen, to authorize the Chair, or Chair's designee, to approve the Legislative Report and Draft for Clearinghouse Rule 14-003 revising PHAR 18 for submission to the Governor's Office and Legislature. Motion carried unanimously.

APPROVAL OF MINUTES OF DECEMBER 11, 2013

MOTION: Kristi Sullivan moved, seconded by Franklin LaDien, to approve the minutes of December 11, 2013 as published. Motion carried unanimously.

ELECTION OF OFFICERS

CHAIR

NOMINATION: Franklin LaDien nominated Thaddeus Schumacher for the Office of Chair.

Executive Director Dan Williams called for nominations three (3) times.

Thaddeus Schumacher was elected as Chair.

VICE CHAIR

NOMINATION: Charlotte Rasmussen nominated Franklin LaDien for the Office of Vice Chair.

Executive Director Dan Williams called for nominations three (3) times.

Franklin LaDien was elected as Vice Chair.

SECRETARY

NOMINATION: Charlotte Rasmussen nominated Philip Trapskin for the Office of Secretary.

Executive Director Dan Williams called for nominations three (3) times.

Philip Trapskin was elected as Secretary.

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, to acknowledge the following 2014 Officer Election Results. Motion carried unanimously.

2014 OFFICER ELECTION RESULTS	
Board Chair	Thaddeus Schumacher
Vice Chair	Franklin LaDien
Secretary	Philip Trapskin

Thaddeus Schumacher assumes the role of Chair of the meeting.
Franklin LaDien assumes the role of Vice Chair of the meeting.
Philip Trapskin assumes the role of Secretary of the meeting.

APPOINTMENT OF LIAISONS AND COMMITTEE MEMBERS

The Chair appoints the following members to:

2014 LIAISON APPOINTMENTS	
CE Liaison	Terry Maves
Credentialing Liaisons	Thaddeus Schumacher, Franklin LaDien,
Digest Liaison	Philip Trapskin
Legislative Liaison	Philip Trapskin, Thaddeus Schumacher, Terry Maves
DLSC Liaison	Thaddeus Schumacher
PAP Liaison	Franklin LaDien
Monitor Liaison	Franklin LaDien
PHARM Rep to CSB	Franklin LaDien
Variance Report Liaison	Philip Trapskin
PHARM Rep to SCAODA	Charlotte Rasmussen
PDMP Work Group	Terry Maves, Philip Trapskin

2014 SCREENING PANEL APPOINTMENTS	
January-December 2014	Cathy Winters, Franklin LaDien, Charlotte Rasmussen,

MOTION: Kristi Sullivan moved, seconded by Cathy Winters, to acknowledge the appointments made by the Chair as the 2014 Liaisons and Screening Panel. Motion carried unanimously.

DELEGATION OF AUTHORITY

MOTION: Cathy Winters moved, seconded by Terry Maves, that the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Terry Maves, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department where knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Terry Maves, to adopt the "Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor" document. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Terry Maves, to adopt the "Pharmacy Examining Board Delegated Authority to the Credentialing Liaison" document. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to delegate authority to the Legislative Liaison(s) to address issues related to legislative matters with approval by the Chair, or Vice Chair. Motion carried unanimously.

MOTION: Franklin LaDien moved, seconded by Kristi Sullivan, to delegate authority to the Variance Report Liaison to address all issues related to variance report matters. Motion carried unanimously.

LEGISLATION/ADMINISTRATIVE RULE MATTERS

MOTION: Terry Maves moved, seconded by Charlotte Rasmussen, to authorize the Chair to approve the revisions of PHAR 1, 7, and 16 as amended relating to exam and council names for posting for economic impact comments and submission to the Clearinghouse. The public hearing will take place on March 26, 2014. Motion carried unanimously.

MOTION: Kristi Sullivan moved, seconded by Franklin LaDien, to request DSPS staff amend Scope Statement revising PHAR 2 ,4 to include Act 114 relating to licensure and exams and designate the Chair to advise DSPS staff. Motion carried unanimously.

MOTION: Charlotte Rasmussen moved, seconded by Kristi Sullivan, to create a committee of the Board charged with revisions to PHAR 15 and appoint Thaddeus Schumacher, Philip Trapskin and Franklin LaDien as committee members. Motion carried unanimously.

VARIANCE REPORTS

MOTION: Philip Trapskin moved, seconded by Franklin LaDien, to accept all Tech-Check-Tech Variance Reports. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Charlotte Rasmussen, to accept all Ratio Variance Reports. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to accept all Robotic Variance Reports. Motion carried unanimously.

PRESCRIPTION DRUG MONITORING PROGRAM

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to address compliance issues with the PDMP program, DSPS Staff is delegated the authority to send a letter to gain compliance, and if compliance is not gained the dispenser will be referred to the Board screening panel. Motion carried unanimously.

BOARD INFORMATIONAL ITEMS

MOTION: Franklin LaDien moved, seconded by Terry Maves, to send the Iowa investigation materials to the screening panel for further review. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to request DSPS staff to research the resources in other states to determine how Wisconsin benchmarks related to pharmacy inspection frequency, training, credentials, and budgets. Motion carried unanimously.

SPEAKING ENGAGEMENT

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to designate Franklin LaDien and Philip Trapskin to speak at the Pharmacy Society of Wisconsin – PSW Legislative Day on February 27, 2014 regarding update of pharmaceutical law update. Motion carried unanimously.

MOTION: Charlotte Rasmussen moved, seconded by Cathy Winters, to designate Franklin LaDien to speak at the UW School of Pharmacy – Advanced Clerkship Seminars on April 7, 2014 regarding update of pharmaceutical law update. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Kristi Sullivan, to designate Terry Maves, and Franklin LaDien as an alternate, to represent the Board at the ACPE accreditation of Concordia University on March 18-20, 2014. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Franklin LaDien, to request DSPS Staff to add a link to direct pharmacists to the regulatory digest to find information related to new legislative news affecting pharmacy practice on licensure renewal materials and the DSPS Website. Motion carried unanimously.

MOTION: Charlotte Rasmussen moved, seconded by Kristi Sullivan, to designate Franklin LaDien to speak at the MPJE Item-Development Workshop – March 20-21, 2014. Motion carried unanimously.

CLOSED SESSION

MOTION: Cathy Winters moved seconded by Kristi Sullivan, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Thaddeus Schumacher read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Franklin LaDien-yes; Cathy Winters-yes; Kristi Sullivan-yes; Thaddeus Schumacher-yes; Terry Maves-yes; Charlotte Rasmussen-yes. Philip Trapskin- yes. Motion carried unanimously.

The Board convened into Closed Session at 3:31 p.m.

RECONVENE TO OPEN SESSION

MOTION: Kristi Sullivan moved, seconded by Franklin LaDien, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 5:36 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Kristi Sullivan moved, seconded by Franklin LaDien, to affirm all motions made in closed session. Motion carried unanimously.

STIPULATIONS, FINAL DECISIONS, AND ORDERS

MOTION: Cathy Winters moved, seconded by Franklin LaDien, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against James D. Kobs 12PHM030. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Philip Trapskin, to reject the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against Leonard Purull 13PHM037 for further investigation. ***Motion fails***.

MOTION: Charlotte Rasmussen moved, seconded by Kristi Sullivan, to accept the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against Leonard Purull 13PHM037 for further investigation. Motion carried.

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against Robert W. Hubeler 13PHM038. Motion carried unanimously.

ADMINISTRATIVE WARNINGS

Terry Maves recused himself from deliberations and voting on the matters of 12PHM035 (B.J.), and 13PHM017 (A.J.R.).

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to issue the administrative warning in the matter of case number 12PHM035 (B.J.). Motion carried.

MOTION: Charlotte Rasmussen moved, seconded by Franklin LaDien, to issue an administrative warning in the matter of case number 13PHM017 (A.J.R.). Motion carried.

CASE CLOSING

MOTION: Kristi Sullivan moved, seconded by Charlotte Rasmussen, to table decision making of cases: Jeffrey Clinton / Roeschen's Pharmacy 13PHM032 and Jordan Ambrose, Froedtert Health Menomonee Falls Clinic Pharmacy 13PHM052. Motion carried unanimously.

MONITORING MATTERS

MOTION: Philip Trapskin moved, seconded by Terry Maves, to grant the request of Ryan Nelson for reduction of random drug testing from thirty-six(36) tests per year to twenty-seven(27) urine and 1 hair test per year. Motion carried unanimously.

APPLICATION REVIEWS

MOTION: Franklin LaDien moved, seconded by Terry Maves, to approve D.P.'s request to licensure by endorsement once all requirements are meet. ***Motion fails.***

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to deny D.P.'s request for licensure. Applicant has not met the requirements found in Wis. Admin. Code. Sec. PHAR 2.04 relative to having an approved degree or certification from FPGEC. Motion carried.

MOTION: Philip Trapskin moved, seconded by Franklin LaDien, to table R.B.'s request for licensure for further legal analysis by Board legal counsel. Motion carried unanimously.

ADJOURNMENT

MOTION: Franklin LaDien moved, seconded by Charlotte Rasmussen, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 5:37 p.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: **Chad Zadrazil, PDMP Program Director**	**2) Date When Request Submitted:** **Mar. 17, 2014** **Items will be considered late if submitted after 4:30 p.m. and less than:** ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: **Pharmacy Examining Board**		
4) Meeting Date: **Mar. 26, 2014**	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** **PDMP Update – Discussion and Consideration:**
7) Place Item in: ☒ Open Session ☐ Closed Session ☐ Both	**8) Is an appearance before the Board being scheduled? If yes, who is appearing?** ☒ Yes by PDMP Staff (name) ☐ No	**9) Name of Case Advisor(s), if required:** **N/A**

10) Describe the issue and action that should be addressed:

1) PDMP Operations Discussion:
   - Statistics
     - Current Statistics
     - 2013 Statistics Brochure
   - PMP InterConnect Update
   - PDMP Database Enhancements
   - SFTP Data Dump Process
   - Dispenser Compliance Audit
2) Training and Outreach Discussion
   - Training and Outreach Events
3) Grant and Projects Discussion:
   - SAMHSA EHR and PDMP Data Integration Grant
     - Sub-Recipient Kick-Off Meetings
     - Grantee Meeting on Feb. 19, 2014
4) Miscellaneous Items

11) Authorization

Signature of person making this request **Date**

Supervisor (if required) **Date**

Bureau 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 Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Chad Zadrazil, PDMP Program Director		2) Date When Request Submitted: Feb. 27, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: March 26, 2014	5) Attachments: ☒ Yes ☐ No	6) How should the item be titled on the agenda page? Department of Corrections Dispensing and PDMP Requirements	
7) Place Item in: ☒ Open Session ☐ Closed Session ☐ Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? ☒ Yes by Daryl L. Daane, RPh (name) ☐ No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Daryl L. Daane, RPh, Pharmacy Director, at the Wisconsin Department of Corrections Central Pharmacy Services will discuss dispensing practices at the Department of Corrections and answer questions from the Board.			
11) Authorization Signature of person making this request Date Supervisor (if required) Date Bureau 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 Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

From: Daane, Daryl L - DOC
To: Zadrazil, Chad J - DSPS
Subject: PDMP Questions
Date: 07 Jan 2014 9:09:25 AM

Chad,

I am the new Director of Pharmacy for the DOC. I would like your opinion on several PDMP questions that I have which could affect several of our policies here.

History: When the PDMP process began in WI last January the DOC highly recommended that all practitioner dispensing activity for DEA controlled substance cease. This would eliminate the need for individual practitioners submitting data to the PDMP. This was a significant change in policy and with change errors are possible. I have always tried to anticipate problems and have a solutions available versus the other way.

Question 1: Our physicians are required to be on call for the entire DOC system. There will be instances where they will be asked to prescribe a controlled substance. I can envision a scenario where an institution will dispense a prescription to an inmate in error instead of administering a single dose of medication from stock. The prescriber would have to complete a PDMP submission report for that occurrence. For what period of time is the prescriber required to submit a zero dispensing report after a dispensing occurrence?

Question 2: We routinely have new practitioners join the Department. Should we have them complete an exemption? Should we review our entire list of practitioners?

Do you have any other comments for me to pass along to our practitioners?

Thank you for your input,

Daryl L. Daane, RPh
Pharmacy Director
WI Dept. of Corrections Central Pharmacy Services
208 S. West St.
Waupun, WI 53963
920-324-1601 office 920-324-1590 fax
Daryl.Daane@wisconsin.gov

Pain drug prescription rate called 'shocking'

One lawmaker calls rate "shocking"

Published On: Feb 24 2014 06:45:05 AM CST Updated On: Feb 24 2014 07:43:25 AM CST

MADISON, Wis. -

Wisconsin residents last year received more than two million prescriptions for hydrocodone with acetaminophen, the generic equivalent of Vicodin, according to data from the state's Prescription Drug Monitoring Program (PDMP). That's more than double any other prescribed medicine, a figure one leading state lawmaker called "shocking."

"Prescription drugs are the number one contributor to the addiction epidemic we have here in Wisconsin," said Rep. John Nygren (R-Marinette), who is shepherding through the State Legislature a series of measures designed to deal with heroin abuse. "I've heard between 80-90 precent of the heroin addictions started with prescription drugs."

The Wisconsin PDMP began collecting information from health care professionals at the start of 2013 and began sharing that data among prescribers in June. The Department of Safety and Professional Services, which oversees the program, released the 2013 numbers that shows five of the top 10 prescribed drugs to be pain medications or opioids.

There were 2,036,247 prescriptions for hydrocodone with acetaminophen and 1,249,873 combined prescriptions for two oxycodone-related drugs. There were 427,472 prescriptions for Tramadol and 262,502 for morphine sulfate.

"It's a dilemma for the medical profession because on the one hand, you don't want to under-treat pain and people who have pain," said Dr. Michael Miller, an addiction specialist with Rogers Memorial Hospital. "On the other hand, you don't want to over-prescribe and have more pills in circulation that can be misused and can result in injury or death."

Miller said the medical profession needs to become better educated about how to prescribe opioids. The two million-plus figure for hydrocodone needs context he said, but it's still sends a serious message.

"It's hard to say what's the proper number," Miller said. "I don't think anybody knows if two million is too big of a number, too small of a number. What we do know is two million is a big number and that's a lot of medicine supplied that needs to be protected. So, once the prescription is filled, what happens to it."

To see the list of the top prescribed medicines in Wisconsin through 2013, click here: http://dsps.wi.gov/pdmp/stats

Wisconsin Department of Safety and Professional Services
Prescription Drug Monitoring Program
1400 East Washington Avenue
PO Box 8366
Madison, WI 53708-8366
RETURN SERVICE REQUESTED

Phone: 608-266-0011
Web: http://dsps.wi.gov/PDMP
Email: PDMP@wisconsin.gov

Scott Walker, Governor
Dave Ross, Secretary

March 18, 2014

«ORG_NAME»
ATTN: MANAGING PHARMACIST
«STREET_1» «STREET_2»
«CITY_NAME», «STATE_CODE» «ZIP_CODE»

Dear «FIRST_NAME» «LAST_NAME»:

You are receiving this letter because a recent audit we conducted indicates that your pharmacy may not be collecting and submitting data as required by law. Specifically, we found that your pharmacy, «ORG_NAME» (License #: «LICENSE_NUMBER», DEA #: «DEA_Number»), may not be in compliance with the seven (7) day data reporting requirement of the Wisconsin Prescription Drug Monitoring Program (WI PDMP).

If your pharmacy has stopped dispensing monitored prescription drugs, or never has dispensed any monitored prescription drugs, please notify the Department by applying for an Exemption from the Data Collection and Submission Requirements of the WI PDMP. The application for an exemption is available on our website: http://dsps.wi.gov/pdmp/forms. Failure to notify the Department within 7 days of receiving this notice may result in the referral of your license and the license of your pharmacy for possible disciplinary action.

If your pharmacy dispenses monitored prescription drugs, section Phar 18.06 of the Wisconsin Administrative Code requires it to compile and electronically submit data to the WI PDMP within 7 days of the dispensing. The only exception to the data collection and submission requirements is for monitored prescription drugs that are directly administered to a patient, such as when a pharmacist at a hospital pharmacy prepares a monitored prescription drug and sends it to a unit for administration to an in-patient. Wisconsin law does not have any exceptions based on the frequency of dispensing or the quantity or dosage form of the drug dispensed. To avoid having your pharmacy referred for possible disciplinary action, your pharmacy must begin submitting data to the WI PDMP within 7 days of receiving this letter. This includes all data since the date on which your pharmacy stopped submitting data to the WI PDMP or since January 1, 2013, when the law requiring the submission of the data became effective. If your pharmacy has no dispensing transactions to report for a seven (7)-day reporting period, you must submit a zero report to the WI PDMP to account for the gap in data.

If your pharmacy is unable to become compliant within 7 days, submit an application for an emergency waiver of the 7-day reporting requirement and indicate the date by when your pharmacy will become compliant. The application for an emergency waiver is available on our website: http://dsps.wi.gov/pdmp/forms. Please direct all communications regarding this notice to PDMP@wisconsin.gov.

Failure to become compliant within 7 days or as otherwise agreed upon by the Department and failure to submit data to the PDMP about all dispensing of monitored prescription drugs in the future may result in disciplinary action against your license and the license of the pharmacy you manage.

Sincerely,

Thaddeus Schumacher, PharmD
Chairperson of the Pharmacy Examining Board

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Sharon Henes **Administrative Rules Coordinator**	*17 March 2014* Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
26 March 2014	☐ Yes ☐ No	**Legislative and Rulemaking Matters** • Update on AB445/SB353 relating to Photo ID • Update on AB446/SB352 relating to Naloxone • Update on AB448/SB351 relating to Drug Disposal Programs • Scope statement for Phar 2, 4 relating to changes due to Act 124 (DSPS Clean-up) and Act 114 (Job Readiness Initiative) • Update on Phar 7 relating to practice of pharmacy • Update on Phar 7.04(1)(e) relating to statutory reference changes • Update on Phar 7, 8 relating to electronic signatures • Update on Phar 15 relating compounding • Status of pending and possible rule projects

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☐ Open Session ☐ Closed Session ☐ Both	☐ Yes by (name) ☐ No	

10) Describe the issue and action that should be addressed:

11) Authorization

Sharon Henes — *17 March 2014*

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

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PHARMACY EXAMINING BOARD

Current Rule-making

1. Phar 1, 7, 16 (NAPLEX and ACPE): Public Hearing on 3/26/14
2. Phar 2, 3, 4 (Act 114 and 124): Review scope on 3/26/14
3. Phar 7 (practice of pharmacy): Committee meeting on 3/18/14
4. Phar 7.015 (technicians): Scope approved by Governor on 12/4/12
   (NOTE: The Governor's Office cautioned the Board that statutory authority to regulate pharmacy technicians is limited to regulating the distribution and dispensing functions of a pharmacy technician. As a result, the Board may only require pharmacy technicians to be 18 years old and have a high school diploma/equivalent if those technicians are distributing or dispensing prescription drugs.)
5. Phar 7.04(1)(e) (return or exchange of health items): Legislative Review
6. Phar 7,8 (electronic prescriptions): Legislative Review
7. Phar 15 (compounding): Committee meeting on 3/18/14
8. Phar 18 (PDMP operational clean-up): Governor review of Leg Report and Final Rules

{NOTE: Greg Weber's listed included rule writing regarding § 450.072 relating to wholesale distributors and controlled substances from 2/10/11. A search does not reveal any rule-making on this topic}

Potential Rule-making

1. Phar 7.09(1)(b) (Automated Dispensing systems): Different definitions of "Institutional" pharmacy throughout the practice act (see RDS); would like to include jails, prisons, etc. under Phar 7.09(1)(b).
2. Phar 13 (Distributor Requirements): Clean-up
3. Phar 7.02 (Prescription label): § 450.11(4g), Wis. Stats. Brand name permitted on label; issue prescription written for generic.
4. Rules based upon § 450.073(3), Wis. Stats. (electronic track and trace pedigree system) Implementation date of July 1, 2015.
5. Phar 12: Update to include security requirements
6. Update administrative rules (sections or omnibus)
7. Phar 17.02(5) (intern hours from 1500 to 1740) and Phar 17.07(1) (student non-academic internship after second professional year). Change "internship" to "practice experience" IPPE v. APPE. *{NOTE: There is a scope related to this and the Board decided to not move forward}*
8. Phar 1.01 and 1.02; chs. Phar 1 to 16. Phar 17 and Phar 18.

Potential Legislation

1. Pharmacy technician credentialing
2. Recognize other types of pharmacy licenses besides community and institutional ex. licensure of entities that supply oxygen to patients, clinics, RDS, etc.
3. Change § 450.03(1)(f) for interns, Wis. Stats.
4. Update pharmacy statutes (sections or omnibus)
5. Change 450.01(15) to include "pharmacy intern" (track federal language)

Additional Board member ideas

1. Address pharmacists working at home issue
2. Wis. Stats. Chapter 450.02 (3m), option to exceed 90 days
3. Define patient consultation
4. Develop scope of practice statement
5. Monitor Medical Examining Board changes
6. Continuous professional development (CPD) v. continuing education
7. Administrative rules for out-of-state pharmacies
8. USP recommendations on what should be on prescription label
9. Address collaborative practice agreements.

Froedtert & Medical College of Wisconsin
St. Joseph's Hospital

Pharmacy Department

COVER LETTER TO APPLY FOR MODIFICATION TO TECH-CHECK-TECH VARIANCE

March 20, 2014

Thaddeus Schumacher
Chairperson, Pharmacy Examining Board
Department of Safety and Professional Services
1400 E. Washington Avenue, Box 8935
Madison, WI 53708-8935

Dear **Mr. Schumacher,**

St. Joseph's Community Hospital D/B/A Froedtert & the Medical College of Wisconsin St Joseph's Hospital is requesting a modification of the variance to section Phar 7.01(1)(c)(d) of the State of Wisconsin pharmacy regulations to allow the implementation of a Tech-Check-Tech (TCT) program approved by the Pharmacy Examining Board on April 15, 2013.

Enclosed is the 6-month report as required. As you can see, there has been no TCT activity as explained below. Also enclosed is a request for a modification in the variance.

The variance that was approved was based on a hospital policy that stated that in order to become a validated pharmacy technician in the TCT program, the pharmacy technician would be required to have 2 years of experience within the department and be certified by the Pharmacy Technician Certification Board (PTCB). At the time of the variance, 5 technicians within the department met those criteria. However, due to position changes and staff turnover, only one technician within the department meets the criteria. Having only this sole technician would lead to inconsistency. It has been that it is not feasible to implement TCT at this time. The 6-month report included with this letter reflects that no TCT activity has been performed.

It is requested that as an alternative to 2 years of experience within the department and certification by the PTCB that a pharmacy technician with 5 years of pharmacy technician experience and 6 months of experience within the department be allowed to be validated within the TCT program. I have enclosed a copy of the revised policy. Please note that this document does not include any of the 10 addenda as none of those have changed.

Thank you for your consideration of this variance modification request. I would like to request consideration at the **March 29, 2014** Pharmacy Examining Board meeting to discuss this variance request. Do not hesitate to contact me to discuss further.

Sincerely,

Nitish Bangalore, PharmD, BCPS
Manager, Pharmacy
Froedtert Health St Joseph's Hospital
3200 Pleasant Valley Rd.
West Bend, WI 53095
Phone: 262-836-8297 Fax: 262-836-7834
E-mail: nitish.bangalore@froedtert.com

Enclosures
Tech-Check-Tech Variance Report
Pharmacy Examining Board Variance Request Form
Pharmacy Policy (revised) Tech-Check-Tech

Wisconsin Department of Safety and Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
1400 E. Washington Avenue
Madison, WI 53703
FAX #: (608) 261-7083
Phone #: **(608) 266-2112**
E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

COMPLETED FORM MUST BE SUBMITTED AND APPROVED BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETINGS AND THIS MAY TAKE AN EXTENDED PERIOD OF TIME FOR APPROVAL. PLEASE SUBMIT FORM REQUESTS IN ADVANCE TO ENSURE NO FURTHER DELAYS. All variance requests should be submitted to the Board at least 15 working days prior to the next regularly scheduled Board meeting in order to be placed on the agenda for that meeting. View the department website at http://dsps.wi.gov for information regarding the dates of regularly scheduled Board meetings. *If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.*

☐ NEW PHARMACY ☐ EXISTING PHARMACY	**TYPE OF PHARMACY:** ☐ COMMUNITY ☐ INSTITUTIONAL	**CURRENT WI LICENSE NUMBER:** _____

DBA: Name or title under which business is operated. **(This must be the name on the pharmacy label.)**

TELEPHONE NO. ( )

FAX NO. ( )

PHARMACY ADDRESS: number, street, city, zip code

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

CONTACT NAME OF PERSON REQUESTING VARIANCE

_____
(please print)

TELEPHONE NO.
( )

EMAIL ADDRESS

HOURS AVAILABLE

Do you wish to appear before the board for questions?
Yes ☐ No ☐

Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule	Variance Requested

NOTE – A variance may only be granted if it is authorized in the rule.

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

a. For each specific activity or practice involved indicate the specific rule for which a variance is being sought, and the authority which authorizes the variance.
b. Specifically identify how the proposed variance will meet professional standards for patient safety and confidentiality, including specifically each step in the prescription order handling/dispensing process to address: security, work flow delineation and accountability and pharmacist supervision over each step in the process.

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Requester Signature	Title	Date

Printed Name of person signing above

Froedtert & Medical College of Wisconsin
St. Joseph's Hospital

Policy

Title: Tech-Check-Tech
Policy Type: (check one)
☐ Corporate ☒ Departmental ☐ Discipline
☐ Division ☐ Hospital ☐ Multi Departmental
Others: Pharmacy
Entities Impacted:
CMH ☐ FH ☐ FHMG ☐ FMLH ☐ SJH ☒

Policy Number: _____
Effective Date: _____
Date Revised: 02/14
Supersedes:

PURPOSE:

A. To clearly define the eligibility requirements, training, competency and ongoing quality assurance of the Validated Pharmacy Technician cart fill and Medication Dispensing Machine check program.

DEFINITIONS:

A. TCT - Tech-Check-Tech. The process by which a technician verifies medications for distribution that another technician has filled.

B. VPT - Validated Pharmacy Technician. A technician who has successfully completed the TCT training program and proven able to accurately verify medications picked by other technicians.

C. ADC – Automatic dispensing cabinet, e.g. ~~Pyxis MedStation or~~ MedSelect Flex.

D. VPT Candidate – A technician currently completing the TCT training program with the aim of becoming a VPT.

POLICY:

A. The Pharmacy Department of Froedtert ~~Health~~ & the Medical College of Wisconsin St Joseph's Hospital allows Validated Pharmacy Technicians to verify medications selected for cart fill and the ADC by another pharmacy technician in accordance with an approved variance from the State of Wisconsin Pharmacy Examining Board. The TCT program:

1. Elevates the professional role and standards for pharmacy technicians.
2. Utilizes the VPT to perform TCT duties, allowing the shift of pharmacist time from distributive to cognitive functions; thus the TCT program cannot be used as a means to decrease pharmacist staffing.

PROCEDURE:

A. A variance approval or exemption from Wisconsin Pharmacy Examining Board must be obtained prior to implementing TCT.

B. A full-time registered pharmacist at the site of practice will be identified as the TCT program coordinator and will be responsible for assuring compliance with associated policies and procedures.

C. A complete list of technicians who have completed the TCT program and are in good standing will be kept by the TCT program coordinator.

D. In order to be eligible to become a VPT the technician must meet either of the following criteria:

1. Be employed by St. Joseph's Hospital Pharmacy Department for at least two years and~~. Be a C~~certified by the Pharmacy Technician Certification Board.

~~1.~~2. Have 5 or more years of experience as a pharmacy technician, at least 6 months of which must be within the St. Joseph's Hospital Pharmacy Department.

E. Training

1. Each VPT candidate will review the TCT Training and Self-Learning Packet

(Addendum A).

2. VPT candidates will then complete a minimum of 24 hours of training with a TCT trainer.
3. One-on-one training is performed using the TCT Practical Training-Teaching Checklist (Addendum B).
4. VPT candidates will complete the TCT Didactic Exam (Addendum C) and must pass with a score of 90% or higher.
5. Following successful completion of the training, competence is assessed using the TCT Competency Checklist (Addendum D).

F. Initial validation

1. Once deemed competent, validation of the VPT candidate is performed according to the TCT Skill Validation process (Addendum E).
2. The technician must attain a 99.8% accuracy rate in checking medications filled by the dispensing technician. Results are documented on the TCT Initial Validation Error Log (Addendum F).
   a. At least 2,500 consecutive cart fill doses during at least five separate audits.
   b. At least 500 consecutive line items of ADC replenishment during at least five separate audits.
3. Artificial errors are introduced at a minimum rate of 0.2% of doses or line items checked. Results are documented on the TCT Artificial Error Log (Addendum G).
4. If the VPT candidate fails to achieve a 99.8% checking accuracy rate:
   a. First attempt – the VPT candidate must retake the Training steps and undergo repeat initial validation.
   b. Second attempt – the VPT candidate is not eligible to be considered a VPT.

G. TCT daily checking process

1. The VPT checks medications filled by the dispensing technician.
2. A pharmacist audits 10% of the total medications in the cart fill process or the ADC replenishment process checked by the VPT.
3. The results of VPT checking and pharmacist audit is documented daily on the TCT Daily Checking and Audit Log (Addendum H).

H. Quality Assurance

1. Results from the TCT Daily Checking and Audit Logs are recorded on the individual VPT's TCT QA Validation Log (Addendum I).
2. If the accuracy of the VPT is less than 99.8% over the lesser of a six month period or for the first 2000 validation doses within a six month period, the VPT is required to be re-trained and re-validated.

3. If the accuracy of the VPT is less than 99.8% on more than four occasions in a year, the VPT will be relieved from their VPT checking status for six months. The VPT may be re-trained and re-validated after the six month period.
4. If the re-validated VPT has less than 99.8% accuracy on any occasion during the three months following their six-month leave, they are no longer eligible for VPT status.
5. If a VPT does not perform TCT for more than two months, re-validation will be done with the first check upon return to TCT duties.
6. If the VPT does not check for four months, they will be re-trained and re-validated.
7. On or before January 31 and on or before July 31 of each year, the TCT Variance Report (Addendum J) is completed and submitted to the State of Wisconsin Pharmacy Examining Board.

RELATED POLICIES:

A. Pharmacy Policy Medication Dispensing SJH.RX.008. ~~SJH Clinical Policy Medication Dispensing SJH.CLN.127.~~

REFERENCES:

A. Wisconsin Administrative Code, PHAR 7.01, Minimum Procedures for Compounding and Dispensing.

DISTRIBUTION MANUAL: SJH Policy & Procedure Manual – (Section, i.e. Safety)

Administration ☐ Clinical ☐
Human Resources ☐ Infection Control ☐
Safety ☐ Departmental: Pharmacy

AUTHORIZATION:

_____ Date: _____
Nitish Bangalore, PharmD, BCPS
Manager, Pharmacy

_____ Date: _____
Garret Newkirk, PharmD, MS, BCPS
Director, Pharmacy (CHD)

Wisconsin Department of Safety & Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

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

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REPORT

TECH-CHECK-TECH

COMPLETED REPORTS MUST BE SUBMITTED TO THE BOARD ON OR BEFORE JANUARY 31 AND JULY 31 OF EACH YEAR AFTER A TECH-CHECK-TECH VARIANCE IS GRANTED. Pharmacy information must be the name or title under which business is operated and the variance is granted. **(This must be the name on the pharmacy label.)**

DBA NAME OF PHARMACY: (This must be the name on the pharmacy label.)	**WI LICENSE NUMBER:**	**DATE VARIANCE GRANTED:**
St Joseph's Community Hospital	8477-42	
TELEPHONE: 262-836-8297	**EMAIL:** nitish.bangalore@froedtert.com	
CONTACT PERSON: Nitish Bangalore		

PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code

3200 Pleasant Valley Rd
West Bend, WI 53095

TECH-CHECK- TECH VARIANCE REPORT

OVERALL ACCURACY RATES FOR PHARMACY

FOR TIME PERIOD ☐ January 1-June 30 ☐July 1-December 31

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
				%		%
				%		%
				%		%
None				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
Sub Total from Additional Pages (as necessary)				%		%
Total				%		%

OTHER REPORTING REQUIREMENTS: ☐ Yes ☒ No If yes, attach additional sheets.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief; the variance applied for covers only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Nitish Bangalore, Pharm.D., BCPS — Reporter Signature

Pharmacy Manager — Title

2/10/2014 — Date

Nitish Bangalore

Printed Name of person signing above

Wisconsin Department of Safety and Professional Services

Pharmacy License #: 8477-42

Report Period: 7 / 1 / 13 - 12 / 31 / 13

TECH-CHECK- TECH VARIANCE REPORT

ACCURACY RATES BY MONTH BY TECHNICIAN

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**		None		%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**		None		%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**		None		%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**		None		%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Froedtert HEALTH
St. Joseph's Hospital

PHARMACY DEPARTMENT

COVER LETTER TO APPLY FOR TECH-CHECK-TECH VARIANCE

March 22, 2013
Gregory Weber, MS, RPh
Chair, Pharmacy Examining Board
Department of Regulation & Licensing
1400 E. Washington Avenue, Box 8935
Madison, WI 53708-8935

Dear **Mr. Weber,**

Froedtert Health St Joseph's Hospital is requesting a variance to section Phar 7.01(1)(c)(d) of the State of Wisconsin pharmacy regulations to allow the implementation of a Tech-Check-Tech program for checking manually picked unit dose cart fill medications. This program would allow qualified and trained pharmacy technicians to provide the final check on cart fill medications that are manually picked by another pharmacy technician. The policy and procedure for this program is attached.

Our Tech-Check-Tech program would allow pharmacists to dedicate more time to clinical activities and improving patient care. At the same time, safeguards would be in place to ensure that the accuracy of cart fill medications is not compromised. Prior to becoming validated and providing the final check on any medications, the pharmacy technicians must demonstrate that they can check at least **2500 doses of cartfill** and **500 line items of ADC replenishment** with at least 99.8% accuracy. In addition, a pharmacist will provide the final check on a minimum of 10% of all medications that a validated pharmacy technician checks. The validated pharmacy technicians will be required maintain an accuracy rate of at least 99.8% while checking medications. Finally, another licensed healthcare professional will provide a final check on each medication prior to its administration to a patient.

We will provide the board with our variance report every six months. This report will include information on validated pharmacy technician accuracy rates during both the training period and throughout the program.

Thank you for your consideration of this variance request. I would like to request consideration at the **April 15, 2013** Pharmacy Examining Board meeting to discuss this variance request. Do not hesitate to contact me to discuss further.

Sincerely,

Nitish Bangalore

Nitish Bangalore, PharmD, BCPS
Manager, Pharmacy
Froedtert Health St Joseph's Hospital
3200 Pleasant Valley Rd.
West Bend, WI 53095
Phone: 262-836-8297 Fax: 262-836-7834
E-mail: nbangalore@froedterthealth.org

Enclosures
Pharmacy Variance Request Form
Pharmacy Policy (draft) Tech-Check-Tech
TCT Training and Self-Learning Packet (Addendum A)
TCT Practical Training-Teaching Checklist (Addendum B)
TCT Didactic Exam (Addendum C)
TCT Competency Checklist (Addendum D)
TCT Skill Validation process (Addendum E)
TCT Initial Validation Error Log (Addendum F)
TCT Artificial Error Log (Addendum G)
TCT Daily Checking and Audit Log (Addendum H)
TCT QA Validation Log (Addendum I)
TCT Variance Report (Addendum J)

Wisconsin Department of Safety and Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

COMPLETED FORM MUST BE SUBMITTED AND APPROVED BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETINGS AND THIS MAY TAKE AN EXTENDED PERIOD OF TIME FOR APPROVAL. PLEASE SUBMIT FORM REQUESTS IN ADVANCE TO ENSURE NO FURTHER DELAYS. All variance requests should be submitted to the Board at least 15 working days prior to the next regularly scheduled Board meeting in order to be placed on the agenda for that meeting. View the department website at http://dsps.wi.gov for information regarding the dates of regularly scheduled Board meetings. *If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.*

☐ NEW PHARMACY ☒ EXISTING PHARMACY	**TYPE OF PHARMACY:** ☐ COMMUNITY ☒ INSTITUTIONAL	**CURRENT WI LICENSE NUMBER:** 8477-42

DBA: Name or title under which business is operated. **(This must be the name on the pharmacy label.)**

St. Joseph's Community Pharmacy

TELEPHONE NO. (262) 836-7006

FAX NO. (262) 836-7834

PHARMACY ADDRESS: number, street, city, zip code
3200 Pleasant Valley Rd., Inpatient Pharmacy, West Bend, WI 53095

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

CONTACT NAME OF PERSON REQUESTING VARIANCE
Nitish Bangalore
(please print)

TELEPHONE NO.
(262) 836-8297

EMAIL ADDRESS
nbangalore@froedterthealth.org (nbangalore@froedterthealth.org)

HOURS AVAILABLE
M-F 08:00 to 04:30

Do you wish to appear before the board for questions?
Yes ☐ No ☒

Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule	Variance Requested
7.01 (4)	7.01 (1) (c) & (d) - Having cartfill and automated dispensing cabinet replenishment verified by a validated pharmacy technician

NOTE – A variance may only be granted if it is authorized in the rule.

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

a. For each specific activity or practice involved indicate the specific rule for which a variance is being sought, and the authority which authorizes the variance.
b. Specifically identify how the proposed variance will meet professional standards for patient safety and confidentiality, including specifically each step in the prescription order handling/dispensing process to address: security, work flow delineation and accountability and pharmacist supervision over each step in the process.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Nitish Bangalore	Pharmacy Manager	03/22/2013
Requester Signature	Title	Date

Nitish Bangalore

Printed Name of person signing above

Froedtert HEALTH

St. Joseph's Hospital

Policy

Title: Tech-Check-Tech
Policy Type: (check one)
☐ Corporate ☒ Departmental ☐ Discipline
☐ Division ☐ Hospital ☐ Multi Departmental
Others: Pharmacy
Entities Impacted:
CMH ☐ FH ☐ FHMG ☐ FMLH ☐ SJH ☒

Policy Number: _____
Effective Date: _____
Date Revised: 03/13
Supersedes:

PURPOSE:

A. To clearly define the eligibility requirements, training, competency and ongoing quality assurance of the Validated Pharmacy Technician cart fill and Medication Dispensing Machine check program.

DEFINITIONS:

A. TCT - Tech-Check-Tech. The process by which a technician verifies medications for distribution that another technician has filled.

B. VPT - Validated Pharmacy Technician. A technician who has successfully completed the TCT training program and proven able to accurately verify medications picked by other technicians.

C. ADC – Automatic dispensing cabinet, e.g. Pyxis MedStation or MedSelect Flex.

D. VPT Candidate – A technician currently completing the TCT training program with the aim of becoming a VPT.

POLICY:

A. The Pharmacy Department of Froedtert Health St Joseph's Hospital allows Validated Pharmacy Technicians to verify medications selected for cart fill and the ADC by another pharmacy technician in accordance with an approved variance from the State of Wisconsin Pharmacy Examining Board. The TCT program:

1. Elevates the professional role and standards for pharmacy technicians.

2. Utilizes the VPT to perform TCT duties, allowing the shift of pharmacist time from distributive to cognitive functions; thus the TCT program cannot be used as a means to decrease pharmacist staffing.

PROCEDURE:

A. A variance approval or exemption from Wisconsin Pharmacy Examining Board must be obtained prior to implementing TCT.

B. A full-time registered pharmacist at the site of practice will be identified as the TCT program coordinator and will be responsible for assuring compliance with associated policies and procedures.

C. A complete list of technicians who have completed the TCT program and are in good standing will be kept by the TCT program coordinator.

D. In order to be eligible to become a VPT the technician must meet the following criteria:

1. Be employed by St. Joseph's Hospital Pharmacy Department for at least two

years.

2. Be a Certified Pharmacy Technician.

E. Training

1. Each VPT candidate will review the TCT Training and Self-Learning Packet (Addendum A).

2. VPT candidates will then complete a minimum of 24 hours of training with a TCT trainer.

3. One-on-one training is performed using the TCT Practical Training-Teaching Checklist (Addendum B).

4. VPT candidates will complete the TCT Didactic Exam (Addendum C) and must pass with a score of 90% or higher.

5. Following successful completion of the training, competence is assessed using the TCT Competency Checklist (Addendum D).

F. Initial validation

1. Once deemed competent, validation of the VPT candidate is performed according to the TCT Skill Validation process (Addendum E).

2. The technician must attain a 99.8% accuracy rate in checking medications filled by the dispensing technician. Results are documented on the TCT Initial Validation Error Log (Addendum F).

   a. At least 2,500 consecutive cart fill doses during at least five separate audits.

   b. At least 500 consecutive line items during at least five separate audits.

3. Artificial errors are introduced at a minimum rate of 0.2% of doses or line items checked. Results are documented on the TCT Artificial Error Log (Addendum G).

4. If the VPT candidate fails to achieve a 99.8% checking accuracy rate:

   a. First attempt – the VPT candidate must retake the Training steps and undergo repeat initial validation.

   b. Second attempt – the VPT candidate is not eligible to be considered a VPT.

G. TCT daily checking process

1. The VPT checks medications filled by the dispensing technician.

2. A pharmacist audits 10% of the total medications in the cart fill process or the ADC replenishment process checked by the VPT.

3. The results of VPT checking and pharmacist audit is documented daily on the TCT Daily Checking and Audit Log (Addendum H).

H. Quality Assurance

1. Results from the TCT Daily Checking and Audit Logs are recorded on the individual VPT's TCT QA Validation Log (Addendum I).

2. If the accuracy of the VPT is less than 99.8% over the lesser of a six month period or for the first 2000 validation doses within a six month period, the VPT is required to be re-trained and re-validated.

3. If the accuracy of the VPT is less than 99.8% on more than four occasions in a year, the VPT will be relieved from their VPT checking status for six months. The VPT may be re-trained and re-validated after the six month period.

4. If the re-validated VPT has less than 99.8% accuracy on any occasion during the three months following their six-month leave, they are no longer eligible for VPT status.

5. If a VPT does not perform TCT for more than two months, re-validation will be done with the first check upon return to TCT duties.

6. If the VPT does not check for four months, they will be re-trained and re-validated.

7. On or before January 31 and on or before July 31 of each year, the TCT Variance Report (Addendum J) is completed and submitted to the State of Wisconsin Pharmacy Examining Board.

RELATED POLICIES: A. SJH Clinical Policy Medication Dispensing SJH.CLN.127.

REFERENCES: A. Wisconsin Administrative Code, PHAR 7.01, Minimum Procedures for Compounding and Dispensing.

DISTRIBUTION MANUAL: SJH Policy & Procedure Manual – (Section, i.e. Safety)

Administration ☐ Clinical ☐
Human Resources ☐ Infection Control ☐
Safety ☐ Departmental: Pharmacy

AUTHORIZATION:

Title: Tech-Check-Tech Policy Number:

Date: _____

Nitish Bangalore, PharmD, BCPS
Manager, Pharmacy

Date: _____

Garret Newkirk, PharmD, MS, BCPS
Director, Pharmacy (CHD)

Title: Tech-Check-Tech Policy Number:

Addendum A - Tech-check-tech Training and Self-Learning Packet

Purpose
This training module will provide you with an overview of the knowledge required to participate in the Tech-check-tech (TCT) program as a Validated Pharmacy Technician (VPT).

Use of Self-Learning Packet
Upon successful completion of this packet, the VPT candidate will be prepared for the practical training in the TCT process. The information in this packet is intended to be combined with one-on-one practical training by the designated program coordinator or designee, before the start of the initial validation process. Assessment questions must be successfully answered with 90% accuracy before practical training is initiated.

Program Overview
The didactic training module is one portion of the training the VPT candidate will receive prior to becoming a VPT. An examination covering the information in this packet will be administered. A score of 90% or higher is required on this examination. The VPT candidate will also receive one-on-one practical experience training with a designated training coordinator in the cart fill and/or ADC process. Finally, the VPT candidate will be required to perform a validation including at least 2,500 doses for cart fill and 500 line items for ADC restocking. The VPT candidate must achieve an overall accuracy rate of 99.8% or higher on the validation. Upon the successful completion of the training and validation, the VPT candidate will be recognized as a VPT, and will be able to check medications filled by other technicians in the cart fill and/or ADC process.

Objectives
Upon completion of the didactic portion of training, the pharmacy technician will be able to:
- Describe the role of a VPT in the cart fill and ADC TCT process
- Describe the accuracy requirements of a VPT
- Identify the information required on the label of extemporaneous products packaged by the pharmacy
- Differentiate between the packaging, labeling, and product characteristics for various oral, topical, and injectable products
- Identify the brand names associated with common medications through the use of common references
- Recognize look-a-like/sound-a-like and tall man lettering of medication names
- Identify expired products
- Perform basic pharmaceutical calculations
- Understand commonly used abbreviations
- Understand the phases of the medication use process
- Understand medication errors that are commonly encountered when filling medications

1. Self-Learning Packet

1.1. Product Labels

The following information is contained on each product label:

- Medication name
- Medication strength
- Medication dosage form
- Expiration date (which may be on the product label or the product itself)

It is important to verify the medication name, strength, and dosage form on the product label match those listed on the Kathy Hospice, Medications/Oral Liquids, and Respiratory cartfill reports. Also, assure the number of units needed for each dose is correct, and that the total number of units is correct for the total quantity needed. Check the expiration date for each product to be sure that each product is not expired. Finally, check the patient name and room number on the cartfill list and the patient label to be sure that you place the medications in the correct patient's drawer.

1.2. Packaging Requirements

- Oral and injectable products are packaged and labeled in several different ways. Some medications are pre-packaged into bar coded and labeled unit dose packages. Other medications are packaged individually by hand and labeled. Still other products are bulk products that are packaged by the manufacturer.
- Regardless of the type of medication that is utilized, all doses must have the following information on the label:
    - Generic medication name
    - Medication strength
    - Manufacturer
    - National drug code (NDC)
    - Expiration date
    - Lot number
- You must check the expiration date of every medication to ensure that it may still be administered to the patient. Medications may not be placed in cart fill or ADC if their expiration date has passed.

1.3. Generic vs. Brand Names

- Generic medication names are always included on the label of medications.
- Depending on the medication that is selected, it may be necessary to know the brand names of some medications.
- References are available in the pharmacy to look up medication brand names when needed. Commonly used references include:
    - Institute for Safe Medicine Practices
    - Micromedex Drugdex
    - Facts and Comparisons
    - Lexi-Comp Drug Information Handbook

1.4. Pharmaceutical Calculations and Conversions

Title: Tech-Check-Tech Policy Number:

1.4.1. Conversions

1 gram (g) = 1000 milligrams (mg)
1 milligram (mg) = 1000 micrograms (mcg)
1 liter (L) = 1000 milliliters (mL)
1 ounce (oz) = approx 30 milliliters (mL)
1 ounce (oz) = 28.5 grams (g)
1 pound (lb) = 454 grams (g)
1 grain (gr) = 60 milligrams (mg)
1 teaspoon (tsp) = 5 milliliters (mL)
1 tablespoon (tbsp) = 15 milliliters (mL)
1 gallon = 3.785 liters (L)

1.4.2. Fractions

Fractions are a way of describing a portion of a whole. The numerator describes how many parts of the medication are present as the active ingredient.

1/100 is "one part out of one hundred"

1.4.3. Percentages (strengths)

Percentages are a way of describing a portion out of a hundred. The percentage indicates the percent of active ingredient that is present in the drug.

1% for solids is 1 gram medication per 100 grams of product
1% for liquids is 1 gram medication per 100 mL of product
Percentages are calculated as follows:
[(grams of medication) / (grams of product)] * 100% -or-
[(mL of medication) / (mL of product)] * 100%

1.4.3.1. Ratios (proportions)

Ratios, or proportions, are a way of relating one part to another. Ratios can also be given as fractions or percentages. The number preceding the colon is the number of parts of active ingredient present in the drug product.

1:1000 is "one part per one thousand total parts"
1:1000 is the same as 1 gram medication per 1000 grams product (or 1000 mL product)
1:1000 can also be described as the fraction 1/1000 or the percentage 0.1%

1.5. Pharmaceutical Abbreviations

1.5.1. Common electrolyte abbreviations

Na = Sodium
NS = Normal saline (0.9% sodium chloride)
K = Potassium
Mg = Magnesium
Ca = Calcium
Cl = Chloride

SO4 = Sulfate
PO4 = phosphate
HCO3 = bicarbonate
D5W = 5% dextrose in water

1.5.2. Common drug strength abbreviations

g = grams
mg = milligrams
mcg = micrograms
mEq = milliequivalents
gr = grains
kg = kilograms

1.5.3. Common drug volume abbreviations

L = liter (1000 ml)
mL = milliliter (can also be written as cc)
gtt = drop oz = ounce

1.5.4. Common route abbreviations

PO = oral
IM = intramuscular
SQ = SC = SubQ = subcutaneous (under the skin)
PR = rectal
IV = intravenous
GT = via gastrostomy tube
NG = via nasogastric tube
NJ = via nasojejunal tube
JT = via jejunostomy tube

1.5.5. Common frequency abbreviations

q = every or each
qhs = every night
bid = twice a day
tid = three times a day
h = hr = hour
q2h = every 2 hours
prn = as needed
ac = before meals
pc = after meals

1.6. Medication Errors

Medication errors are episodes of drug misadventure that should be preventable through effective system controls involving pharmacists, pharmacy technicians, physicians, other prescribers, nurses and others. It is the responsibility of all hospital staff to prevent medication errors through accurate job performance. There are several common errors that can occur when checking medications.

Title: Tech-Check-Tech Policy Number:

1.6.1. Incorrect patient / Incorrect room

Errors frequently occur when a medication is filled for an incorrect patient, resulting in an unneeded medication for one patient, and a missing medication for another. Errors also occur when two medications for different patients are accidentally switched, resulting in each patient receiving an incorrect medication. Always double check the patient name and room number prior to placing a medication in the medication storage area.

1.6.2. Look-alike / Sound alike medications

Many medication names look or sound similar. Errors commonly occur when a medication is pulled that has a name that looks or sounds similar to the prescribed medication. To decrease the chance for look-alike/sound-alike errors, the parts of the medication names that are different are capitalized. Examples are listed below:

Generic Name	Brand Name
Amoxicillin	Trimox
Amoxicillin/clavulanate several strengths	Augmentin
bus**PIR**one	Buspar
bu**PROP**ion	Wellbutrin
CISplatin	Platinol
CARBOplatin	Paraplatin
DOBUTamine	Dobutrex
DOPamine	n/a
glipi**ZIDE**	Glucotrol
gly**BURIDE**	Diabeta
Heparin	n/a
Hetastarch	Hespan
hydr**ALAZINE**	Apresoline
hydr**OXY**zine	Atarax
Metoprolol succinate	Toprol XL
Metoprolol tartrate	Lopressor
Metoclopramide	Reglan
Morphine	Astromorph
HYDROmorphone	Dilaudid
Nicotine patch	Nicoderm
Nitroglycerin patch	Transderm Nitro
PACLitaxel	Taxol
DOCEtaxel	Taxotere
predni**SONE**	Deltasone
predniso**LONE**	Ora-Pred
qui**NINE**	Qualaquin
qui**NIDine**	Quinalan
Quinapril	Accupril
tra**ZODone**	Destrel
tra**MADol**	Ultram
vin**CRIS**tine	Velban
vin**BLAS**tine	Oncovin

Title: Tech-Check-Tech Policy Number:

Always double check the name of each medication and pay close attention to those medications that have names that look similar to other medications. The complete list of look-alike / sound-alike medications can be found at the Institute of Safe Medication Practices website: http://www.ismp.org/tools/confuseddrugnames.pdf.

1.6.3. Route of administration / Dosage form

Many medications are available in several different dosage forms. It is important to understand the differences, and be able to recognize what form is needed for each medication. Always pay close attention to the dosage form, and make note of whether it is a tablet, capsule, liquid, solution, injection, etc. Another clue to the type of dosage form is to look at the route of each medication. For instance, you would not expect a tablet to be given intramuscularly (IM). Many medications also have different types of tablets or capsules. For instance, venlafaxine is available as standard immediate release tablets (Effexor®) or as extended release tablets (Effexor XR®). Pay close attention to whether a product is immediate release or extended release when checking medications.

1.6.4. Dilution errors

Many medications have more than one concentration available. This may result in an overdose or underdose of medication. Always double check the concentration of each liquid or injectable, and cross-reference it to the desired dose, to ensure that the correct product has been selected.

1.6.5. Medication strength errors

Just like with liquid concentrations, most oral medications that come in tablets or capsules have several different strengths available. Always double check to be sure that the tablet/capsule strength that is selected is correct.

1.6.6. Dose errors / number of medication units

Sometimes more than one medication unit will be needed to equal one dose. This occurs when a strength is prescribed that is not available as a single unit. Always check the number of units that are needed for each dose that you check. In addition, pay particular attention to doses that require half or quarter tablets.

1.6.7. Combination product errors

Several products are available as a combination of two or more medications. It is important to be sure that all medications are included in the product that is selected, and that the respective strengths or concentrations of each medication are correct.

1.7. Drug distribution processes

A unit dose system is medication distribution system that uses individually packaged and labeled medication doses dispensed for specific patients in a 24 hour supply. This system is used for dispensing scheduled medications in unit dose drawers that are exchanged daily. The following are the core activities that surround the distribution of medications:

Cart fill process

- On weekdays, the PM technician prints the Kathy Hospice, Medications/Oral Liquids, and Respiratory cartfill reports at 12:00.

- The days prior to weekend days and holidays, the Kathy Hospice, Medications/Oral Liquids, and Respiratory cartfill reports are printed at 16:00.
- Patient identification labels print on the unit dose printer. These are placed in each of the cartfill drawers.
- Custom oral liquids, special dosage forms (e.g. half tablets), and non-formulary drug labels print on the Custom Syringe printer. These are drawn up, split, or otherwise packaged as needed. The filled medications are placed on top of the cart corresponding to the drawer for the patient.
- Unit dose medications are filled based on the cartfill reports and placed in the correct medication drawer.
- The cartfill reports are placed face down on the top of the appropriate carts.
- The filling technician initials each cart that is filled on the Cartfill Checking Log.

Distribution Process

1. The medication order is entered and verified by the pharmacist.
2. First dose labels (if applicable) print on the Unit Dose or Custom Syringe Printer. These are filled and verified by a pharmacist and tubed or delivered to the patient.
3. Cartfill medications are filled as above.
4. Carfill medications are verified by the VPT or pharmacist.
5. The cart is taken to each inpatient patient care area.
6. Each patient-specific medication drawer is opened.
7. All medications in the contained medication drawer are separated. PRN and bulk medications are left in the drawer. All other medications that have been used are returned to the cart.
8. The new medications are placed in the medication drawer.
9. The medication drawer is locked.
10. The nurse or other authorized staff member (e.g. respiratory therapist) opens the medication drawer to retrieve medications.
11. Medications are administered by the authorized staff member.
12. Medications that are not used are returned to the medication drawer.
13. Medications returned to the Pharmacy are returned to stock if suitable for use. Otherwise medications are disposed.

Title: Tech-Check-Tech Policy Number:

Addendum B - Tech-check-tech Practical Teaching / Training Checklist

VPT Candidate Name: _____

1. The training pharmacist, TCT program coordinator or designated trainer will base the practical simulated one-on-one training on the provided criteria below.
2. Initial and date each box when both the trainee and trainer are certain that each topic has been adequately covered.
3. Upon successful completion of this checklist, the technician will be ready for their initial validation.

TCT Training	Tech	RPh	Date	Comments
Technician able to describe local cart fill process.				
Technician can describe how the ADC restocks are processed and organized.				
Technician can describe the different dosage forms (ex: unit dose tabs, caps, oral solution, injection, packet, suppository, patches, oral syringes etc).				
Technician can adequately identify everything on the medication check sheet (ex: patient name, room number, MRN, order number, medication, strength, quantity).				
Technician can accurately read and interpret the medication label on all types of medications (ex: drug, strength, route, expiration date).				
Technician can check all of the medications for the cart fill thoroughly and in a systematic manner without skipping any drawers.				
When the technician identifies an error, they can resolve the error. This is completed prior to distribution to patient care areas. (This will be evaluated during validation period).				
Technician provides feedback and suggestions for improvement to the dispensing technician on the errors identified.				
Checking is completed in a timely manner.				
Technician understands the importance of notifying the pharmacist in a timely manner that carts are checked and ready for auditing.				
Technician is capable of describing common errors when checking medications (dosage forms, quantity, expiration date etc).				

Comments:

Supervisor Signature _____ Date_____

Addendum C – Tech-Check-Tech Didactic Exam

Name: _____ Date: _____

Answer the following questions:

1. True / False: Pharmacists will double check at least 10% of the doses that you check each day.

2. Which of the following medications will you check as a validated pharmacy technician? (circle all that apply)
   a. First dose medications to be tubed to the floor
   b. Manually picked cart fill medications
   c. Robot filled cart fill medications
   d. Intravenous infusion medications that are prepared in the IV room

3. With what minimum accuracy rate must you be able to check medications as a validated pharmacy technician (VPT)?
   a. 95.5%
   b. 98.0%
   c. 99.0%
   b. 99.8%

4. True / False: As a VPT, you may check medications that you yourself pull from stock.

5. What is the minimum number of doses that you will need to check during the validation period?
   a. 1500
   b. 2000
   c. 2500
   d. 3000

6. Which of the following statements is false?
   a. Medication errors may lead to extreme patient harm and possibly death.
   b. Medication errors are no longer an issue because of advancements in technology.
   c. Medications errors are preventable.
   d. Medications errors can be made by any staff member.

7. True / False: During the validation period, errors will be purposely introduced into the medications that you are checking.

Complete the following dose conversions:

8.	750 mg	_____	g
9.	0.6 L	_____	mL
10.	2 teaspoons	_____	mL
11.	300 mcg	_____	mg
12.	10 cc	_____	mL
13.	3.2 g	_____	mg
14.	520 mL	_____	L
15.	3.8 L	_____	mL

Match the following abbreviations with the correct term:

16.	PO	_____	A. three times daily

17.	TID	_____	B. twice daily
18.	AC	_____	C. milliequivalents
19.	mg	_____	D. milliliters
20.	mEq	_____	E. by mouth
21.	BID	_____	F. milligrams
22.	mL	_____	G. before meals

Calculate the following dosages:

23. Acetaminophen elixir 160 mg/5 mL
Dose: 320 mg po q12h
How many mL are needed in a 24 hour period?

24. Lidocaine 1% injection
How many grams of lidocaine are in 200 mL?

25. Warfarin 1 mg tablet
Dose: warfarin 0.5 mg po qhs
How many tablets are needed in a 24 hour period?

26. Albuterol nebulizer solution vial 2.5 mg/3 mL
Dose: albuterol 2.5 mg po bid
How many vials are needed in a 24 hour period?

27. Clindamycin 150 mg capsule
Dose: clindmycin 300 mg po bid
How many capsules are needed in a 24 hour period?

28. Methylprednisolone 125 mg / 2 mL vial
What is the concentration of methylprednisolone in mg/mL?

29. Furosemide 10mg / mL
Dose: 80 mg
How many milliliters are needed for this dose?

Answer the following question:

30. List two common errors that are encountered while checking cart fill medication.

Title: Tech-Check-Tech Policy Number:

Addendum D - Tech-check-tech Competency Assessment Checklist

VPT Candidate Name _____ Date_____

Evaluating Pharmacist _____Date_____

This form should be completed during the technician's validation period. This evaluation will serve as a guide for the evaluating pharmacist to assess the practical training that the VPT candidate has received. The evaluating pharmacist should check either yes or no for each of the criteria below. The yes box should only be checked if the pharmacist auditor, TCT program coordinator, or designated trainer is certain that each point has adequately been met.

TCT—Evaluation Criteria	**Yes**	**No**	**Evaluating RPh**	**Date**
Technician will be observed for 5 consecutive days				
All manually filled doses are checked thoroughly and in a systematic manner without skipping drawers				
The technician documents doses checked and completion of cart fill / ADC restock				
Checking is completed in a timely manner (record the number of minutes)				
Errors identified from the cart fill / ADC restock are resolved prior to distribution to the floors				
The technician provides feedback and suggestions for improvement to the technician filler on the errors identified				
Pharmacist are notified in a timely manner that carts are checked and ready for auditing				
Technician is capable of describing common errors when checking medications (dosage form, strength, quantity, expiration date etc)				

Comments:

Supervisor Signature _____ Date_____

Title: Tech-Check-Tech

Policy Number:

Addendum E - Tech-check-tech Skill Validation

1. Validation for Cart Fill:

1.1 Process

Once didactic and practical training are completed, the technician must demonstrate the ability to attain a 99.8% accuracy checking rate to be considered a Validated Pharmacy Technician (VPT), able to perform the duties of TCT. A total of 2500 consecutive doses (divided over at least five separate audits) must be checked with 99.8% accuracy. Validation audits will be conducted by a supervising registered pharmacist who will check each dose initially checked by the VPT candidate to assure accuracy. Any errors found to be due to improper checking will be recorded by the auditing pharmacist on the Initial Validation Error Log Form and discussed with the VPT candidate. All audit results will be maintained by the designated TCT program coordinator in a quality assurance file. Errors include but are not limited to: incorrect drug, incorrect strength, incorrect dosage form, extra or insufficient quantity and omitted medications.

If a technician fails in the first attempt to achieve 99.8% checking accuracy and wishes to proceed with VPT process, they must retake the didactic course along with 24 hours of one-on-one practical training. Once completed, they may re-attempt the validation process. If a technician fails for a second time at achieving 99.8% checking accuracy, they are no longer eligible to become a VPT.

1.2 Introduction of Artificial Errors

Artificial errors are intentionally-included errors designed to test the technician's ability to correctly identify and correct such dispensing errors. Included in the validation audits, the supervising pharmacist will introduce a minimum of five artificial errors (0.2% error rate for 2500 checked line items). The pharmacist will keep a record of the introduced errors on the Artificial Error Log Form to ensure such errors are identified and removed before dispensing.

2. Validation for Automated Dispensing Cabinets (ADCs):

2.1 Process

Once didactic and practical training are completed, the technician must demonstrate the ability to attain a 99.8% accuracy checking rate to be considered a VPT, able to perform the duties of TCT. At least 500 consecutive line items (divided over at least 5 separate audits) must be checked with 99.8% accuracy. Validation audits will be conducted by a supervising registered pharmacist who will check each dose initially checked by the VPT candidate to assure accuracy. Any errors found to be due to improper checking will be recorded by the auditing pharmacist on the Initial Validation Error Log Form and discussed with the VPT candidate. All of the audit results will be maintained by the designated TCT program coordinator in a quality assurance file. Errors include but are not limited to: incorrect drug, incorrect strength, incorrect dosage form, extra or insufficient quantity and omitted medications.

If a technician fails in the first attempt to achieve 99.8% checking accuracy, they may retake the didactic course along with 24 hours of one-on-one practical training. Once completed, they may re-attempt the validation process. If a technician fails for a second time at achieving 99.8% checking accuracy, they are no longer eligible to become a VPT.

2.2 Introduction of Artificial Errors

Artificial errors are intentionally-included errors designed to test the technician's ability to correctly identify and correct such dispensing errors. Included in the validation audits, the supervising pharmacist will introduce a minimum of 1 error (0.2% error rate for 500 checked line items). The pharmacist will keep a record of the introduced errors on the Artificial Error Log Form to ensure such errors are identified and removed before dispensing.

Title: Tech-Check-Tech Policy Number:

Addendum F - Initial Validation Error Log Form

VPT Candidate Name _____

Validation Type: _____ Cart Fill _____ ADC

- An auditing staff pharmacist should complete this form after the VPT candidate has completed the didactic and simulated practical training successfully.
- Once the VPT candidate finishes, the pharmacist will audit each dose/line item for accuracy.
- Any errors found to be due to improper checking by the VPT candidate will be documented below and discussed with the VPT candidate and filling technician. Each error discovered should be documented on a separate line, even if it is a recurrent error.
- Once the audit is complete, the pharmacist will file this in the corresponding folder for the program coordinator to transcribe into the electronic database and be properly filed.
- To complete the validation, a technician must check at least 2500 doses (cart fill) or 500 line items (ADC) during at least 5 separate audits while maintaining 99.8% accuracy

Date	Auditing RPh	# Doses Checked	Type of Error Identified*	# Doses Filled Wrong	Artificial Errors Resolved	% Accuracy (total # of errors / total # checked doses)
TOTALS						

***Type of Error Code**
A = Incorrect drug B = Incorrect strength C = Incorrect dosage form
D = Extra/Insufficient Quantity E = Omitted medication F = Other

Supervisor Signature: _____ Date: _____

Title: Tech-Check-Tech Policy Number:

Addendum G - Artificial Error Log Form

VPT Candidate Name _____

Validation Type: _____ Cart Fill _____ ADC

- An auditing staff pharmacist should complete this form after the VPT candidate has successfully completed the didactic and simulated practical training.
- Once the VPT candidate finishes, the auditing pharmacist will double-check each dose/line item for accuracy.
- Any artificial errors introduced in the audit will be documented on this form. This will be used to ensure the errors are identified and removed before dispensing
- Once the audit is complete, the pharmacist will file this in the corresponding folder for the program coordinator to transcribe into the electronic database and be properly filed.
- Artificial errors need to be introduced in the validation process at a rate of 0.2% (5 errors per 2500 doses for cart fill; 1 error per 500 line items for ADC).

Date	Auditing RPh	Type of Error Introduced*	Description	Was the error caught by the VPT candidate?	Was the error removed?
TOTALS					

***Type of Error Code**

A = Incorrect drug B = Incorrect strength C = Incorrect dosage form
D = Extra/Insufficient Quantity E = Omitted medication F = Other

Supervisor Signature: _____ Date: _____

Title: Tech-Check-Tech Policy Number:

Addendum H - Daily Checking and Audit Log

VPT Name _____ Date_____

- The VPT should fill out the upper log to track the errors they discovered and corrected.
- A pharmacist must perform a daily quality assurance audit of the medications checked by the VPT prior to their delivery to the floors. This audit will consist of at least 10% of all manually picked doses for the total cart fill and/or ADC restock each day.
- All errors observed by the pharmacist conducting the audit will be recorded on the lower table and discussed with the VPT. This form should be given the TCT program coordinator for record keeping and database entry.

VPT Checking Log				
Cart Fill or ADC?	**# Doses Checked**	**# of Doses with Errors**	**Type of Filling Error***	**Corrected? (Y/N)**

*Type of error code: A = Incorrect drug; B = Incorrect strength; C = Incorrect dosage form
D = Extra / insufficient quantity of doses; E = omitted medication F = Other

Pharmacist Checking Log				
Cart Fill or ADC?	**# Doses Checked by VPT**	**# of Doses Checked by RPh**	**# of Doses/Line Items with Errors**	**Type of Filling Error***

VPT Signature: _____ Date: _____

Pharmacist Signature: _____ Date: _____

Title: Tech-Check-Tech Policy Number:

Addendum I – QA Validation Log

Cart Fill / Replenishment 6 Month Tracking

Technician:

OVERALL TOTALS FOR TECHNICIAN

Month	Total Doses Checked by Tech	Doses Double Checked by RPh	% Checked by RPh	# Errors Found	Tech Accuracy Rate
January	0	0	#DIV/0!	0	#DIV/0!
February	0	0	#DIV/0!	0	#DIV/0!
March	0	0	#DIV/0!	0	#DIV/0!
April	0	0	#DIV/0!	0	#DIV/0!
May	0	0	#DIV/0!	0	#DIV/0!
June	0	0	#DIV/0!	0	#DIV/0!
July	0	0	#DIV/0!	0	#DIV/0!
August	0	0	#DIV/0!	0	#DIV/0!
September	0	0	#DIV/0!	0	#DIV/0!
October	0	0	#DIV/0!	0	#DIV/0!
November	0	0	#DIV/0!	0	#DIV/0!
December	0	0	#DIV/0!	0	#DIV/0!

DAILY LOGS

Month	Date	Total Doses Checked by Tech	Doses Double Checked by RPh	% Checked by RPh	# Errors Found	Tech Accuracy Rate	RPh Checker
January				#DIV/0!		#DIV/0!	
				#DIV/0!		#DIV/0!	
February				#DIV/0!		#DIV/0!	
				#DIV/0!		#DIV/0!	

(Further rows deleted. Electronic Excel spreadsheet on file.)

Title: Tech-Check-Tech Policy Number:

Addendum J – TCT Variance Report

Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935, Madison, WI 53708-8935
1400 E. Washington Avenue, Madison, WI 53703
FAX #: (608) 261-7083
Phone #: (608) 266-2112
E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REPORT

TECH-CHECK-TECH

COMPLETED REPORTS MUST BE SUBMITTED TO THE BOARD ON OR BEFORE JANUARY 31 AND JULY 31 OF EACH YEAR AFTER A TECH-CHECK-TECH VARIANCE IS GRANTED. Pharmacy information must be the name or title under which business is operated and the variance is granted. (This must be the name on the pharmacy label.)

DBA NAME OF PHARMACY: (This must be the name on the pharmacy label.)	WI LICENSE NUMBER:	DATE VARIANCE GRANTED:
TELEPHONE:	EMAIL:	
CONTACT PERSON:		

PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code

TECH-CHECK- TECH VARIANCE REPORT
OVERALL ACCURACY RATES FOR PHARMACY
FOR TIME PERIOD ☐ January 1-June 30 ☐ July 1-December 31
FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
Sub Total from Additional Pages (as necessary)				%		%
Total				%		%

OTHER REPORTING REQUIREMENTS: ☐ Yes ☐ No If yes, attach additional sheets.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief; the variance applied for covers only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Reporter Signature _____ Title _____ Date _____

Printed Name of person signing above _____

#3002 (7/12)
Ch. 450, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

Pharmacy License #: ______________________ Report Period: ___/___/___-___/___/___

TECH-CHECK- TECH VARIANCE REPORT

ACCURACY RATES BY MONTH BY TECHNICIAN

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**				%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**				%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**				%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Technician Designation ________

Month Check Range ☐	☐	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
January	**July**				%		%
February	**August**				%		%
March	**September**				%		%
April	**October**				%		%
May	**November**				%		%
June	**December**				%		%
Total					%		%

Title: Tech-Check-Tech

Policy Number:

Policy Title: Policy Procedure Creation and/or Revision
Entities Impacted: CMH ( ) FH ( ) FHMG ( ) FMLH ( ) SJH (X)
Hospital (X) Dept. _____( ) Division _____( )
Multi-Departmental _____( )
Others: _____

Policy Number: SJH-ADM.001
Effective Date: 10.1.11

PURPOSE: The purpose of this addendum is to provide a tool that can be used to route a policy for review to all stakeholders, including Directors/Managers of those departments affected by a policy/procedure draft or revision in lieu of routing via email using voting buttons.

Review Tracking Cover Sheet

List the stakeholders, whether individuals, physicians, committees, work groups, other departments, etc. that must review the attached policy prior to submission to the St. Joseph's Hospital Policy & Procedure Committee.

Date Sent to Reviewer	Name of Reviewer(Stakeholder)	Date Reviewed
03/21/2013	Chris Vogt	
03/21/2013	Garret Newkirk	

UW Health
University of Wisconsin Hospital and Clinics

March 10, 2014

Thaddeus Schumacher, PharmD
Chair, Pharmacy Examining Board
Department of Regulation and Licensing
State of Wisconsin
PO Box 8935
Madison, WI 53708-8935

Dear Mr. Schumacher,

The University of Wisconsin Hospital and Clinics (UWHC) Department of Pharmacy is writing to request an addendum to our current variance restricting the final verification of a product's accuracy to a pharmacist. The variance allows trained pharmacy technicians to complete the final accuracy verification for a unit dose medication filled by another technician during a cart fill process. We are proposing to implement a first dose tech-check-tech (TCT) pilot program, in which trained pharmacy technicians would provide the final accuracy verification for a unit dose medication dispensed as the first dose of a new medication order. Therefore, an addendum to our current variance would allow trained pharmacy technicians to check unit dose medications labeled as first dose, in addition to the medications dispensed in the cart fill process.

At UWHC, medications checked by the pharmacy technicians in the TCT program only include unit dose products dispensed from semi-automated dispensing technology. Throughout the dispensing process, pick-to-light technology will visually indicate to the filling technician where the correct medication is located and barcode scanning technology ensures the correct medication is being dispensed. Pharmacy technicians are not allowed to perform the final accuracy verification of sterile or non-sterile extemporaneous products.

The final verification for validity, completeness, and appropriateness of the medication order continues to remain the responsibility of a pharmacist. The accuracy of labeling a product with a barcode also remains the responsibility of the pharmacist. UWHC utilizes point-of-care bar code medication scanning during the administration phase, adding an additional layer of safety. This serves as a final check that the right product and dose reaches the right patient at the right time. Pharmacists are responsible for verifying a technician's accuracy through an ongoing quality assurance program. Re-validation and training plans are in place for technicians who fall below acceptable accuracy rates.

I have attached an executive summary outlining the first dose tech-check-tech program for your review.

Thank you for your consideration of this request.

Sincerely,

Stacy Livingston, PharmD
Medication Systems and Operations Resident

Steve Rough, MS, RPh
Director of Pharmacy

Enclosures

First Dose Tech-Check-Tech
Proposal to the Wisconsin Pharmacy Examining Board
March 2014

Executive Summary

Background

The pharmacy technician's role is continually progressing, allowing them to perform higher level technical functions throughout the pharmacy department. One of these functions includes the utilization of trained pharmacy technicians to verify the accuracy of medications filled by another pharmacy technician. This process is referred to as tech-check-tech (TCT) and is permissible in a number of states through regulations or upon obtaining a variance from the State Board of Pharmacy.

In 2004, the University of Wisconsin Hospital and Clinics (UWHC) implemented a TCT program upon receiving an approved variance from the Pharmacy Examining Board. The variance allows a trained pharmacy technician to complete the final check of medications filled via a cart fill process while maintaining a 99.8% checking accuracy. From May 2004 to June 2013, pharmacy technicians in the program have checked approximately 1, 900,000 doses through the cart fill process while maintaining a cumulative accuracy rate of 99.84%. Implementation of TCT allowed for the advancement of the role of the pharmacist at UWHC including expanded direct patient care activities, performance improvement projects, and precepting students and residents. As technology continues to advance, a variety of mechanisms to assist in maintaining the accuracy and safety of the medication dispensing process have been implemented. In light of these advancements and the success of the UWHC TCT program, expansion to first dose TCT was identified as a goal for the pharmacy department.

Proposal

To implement a pilot program expanding the current UWHC TCT program to allow properly trained and validated pharmacy technicians to provide the final verification of first dose medications dispensed from semi-automated dispensing technology. Further, to maintain a quality assurance program evaluating technician checking accuracy for both cartfill and first dose medications through a double-check system by pharmacists. Data collected on the results of this pilot will be reported to the Pharmacy Examining Board with our next variance report.

Description of Proposed System

Pharmacy technicians will undergo practical and didactic training to understand and demonstrate knowledge in unit dose medication systems and product verification. Following practical and didactic training and competency assessment, the technicians will then independently check at least 2,500 filled doses, encompassing both cart fill and first dose medications, in a minimum of 5 separate audits to represent the validation period. All doses checked by the technician during this validation period will be double checked by a pharmacist to ensure the technicians ability to achieve a checking accuracy rate of at least 99.8%. Upon successful completion of both training phases these technicians will then be allowed to perform TCT. These validated technicians will be responsible for checking the accuracy of all first dose and cartfill medications during their scheduled shifts. Each day, a pharmacist will continue to

provide a quality assurance check of 10% of the total doses checked by each technician. The accuracy rates of the technicians will be evaluated on an ongoing basis to confirm each technician in the program is maintaining a 99.8% accuracy rate. Re-validation and training will be completed as necessary. Technicians who do not successfully demonstrate the ability to maintain their accuracy rate will be removed from the TCT program.

Benefits

1. Increased time available for inpatient pharmacists to spend on clinical patient care activities.
2. Increased responsibility and job satisfaction for inpatient pharmacy technicians by further advancing their daily technical functions.

Current Progress and Next Steps

1. Receive Pharmacy Examining Board approval for an addendum to the University of Wisconsin Hospital and Clinics current tech-check-tech variance to implement a first dose tech-check-tech pilot program.
2. Train and validate pharmacy technicians to allow them to check both cartfill and first dose medication dispenses from semi-automated dispensing technology.
3. Maintain a quality assurance program to ensure 10% of daily doses are double checked by pharmacists for each technician in the program.
4. Collect data on technician accuracy and report to the PEB.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

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

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

COMPLETED FORM MUST BE SUBMITTED AND APPROVED BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETINGS AND THIS MAY TAKE AN EXTENDED PERIOD OF TIME FOR APPROVAL. PLEASE SUBMIT FORM REQUESTS IN ADVANCE TO ENSURE NO FURTHER DELAYS. All variance requests should be submitted to the Board at least 15 working days prior to the next regularly scheduled Board meeting in order to be placed on the agenda for that meeting. View the department website at http://dsps.wi.gov for information regarding the dates of regularly scheduled Board meetings. *If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.*

☐ NEW PHARMACY ☒ EXISTING PHARMACY	**TYPE OF PHARMACY:** ☐ COMMUNITY ☒ INSTITUTIONAL	**CURRENT WI LICENSE NUMBER:** 5940-42

DBA: Name or title under which business is operated. **(This must be the name on the pharmacy label.)**

TELEPHONE NO. (608) 263-1290

FAX NO. (608) 263-9434

PHARMACY ADDRESS: number, street, city, zip code
1600 Highland Ave F6/133 Madison, WI 53792

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

CONTACT NAME OF PERSON REQUESTING VARIANCE
Stacy Livingston
(please print)

TELEPHONE NO.
(608) 263-1283

EMAIL ADDRESS
slivingston@uwmedicine.org

HOURS AVAILABLE
8-5pm

Do you wish to appear before the board for questions?
Yes ☒ No ☐

Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule	Variance Requested
7.01 (4)	7.01 (1)(c) and (d)

NOTE – A variance may only be granted if it is authorized in the rule.

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

a. For each specific activity or practice involved indicate the specific rule for which a variance is being sought, and the authority which authorizes the variance.
b. Specifically identify how the proposed variance will meet professional standards for patient safety and confidentiality, including specifically each step in the prescription order handling/dispensing process to address: security, work flow delineation and accountability and pharmacist supervision over each step in the process.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

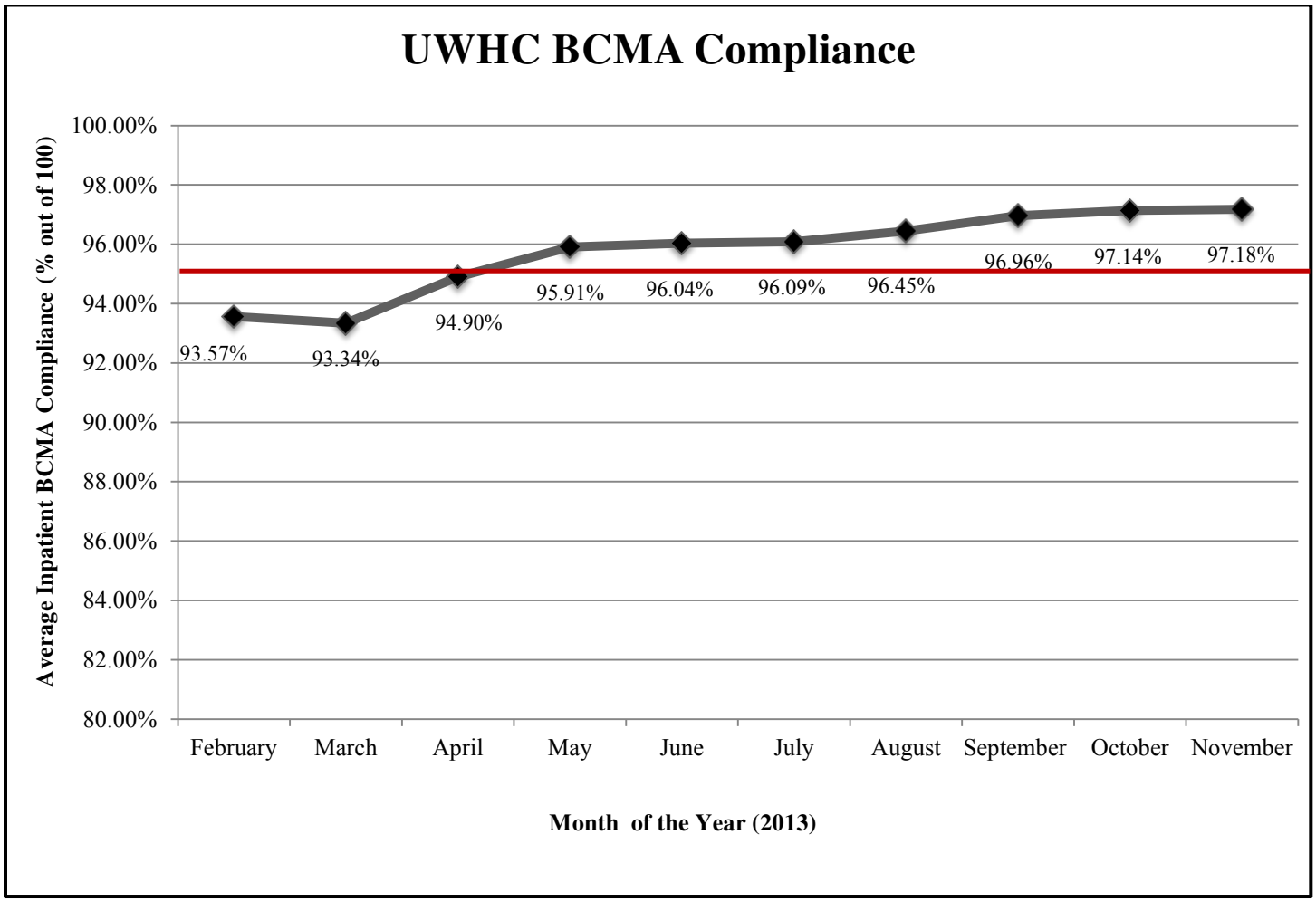
Stacy Livingston	Medication Systems tOps Resident	3/10/14
Requester Signature	Title	Date

Stacy Livingston

Printed Name of person signing above

University of Wisconsin Hospital and Clinics (UWHC)

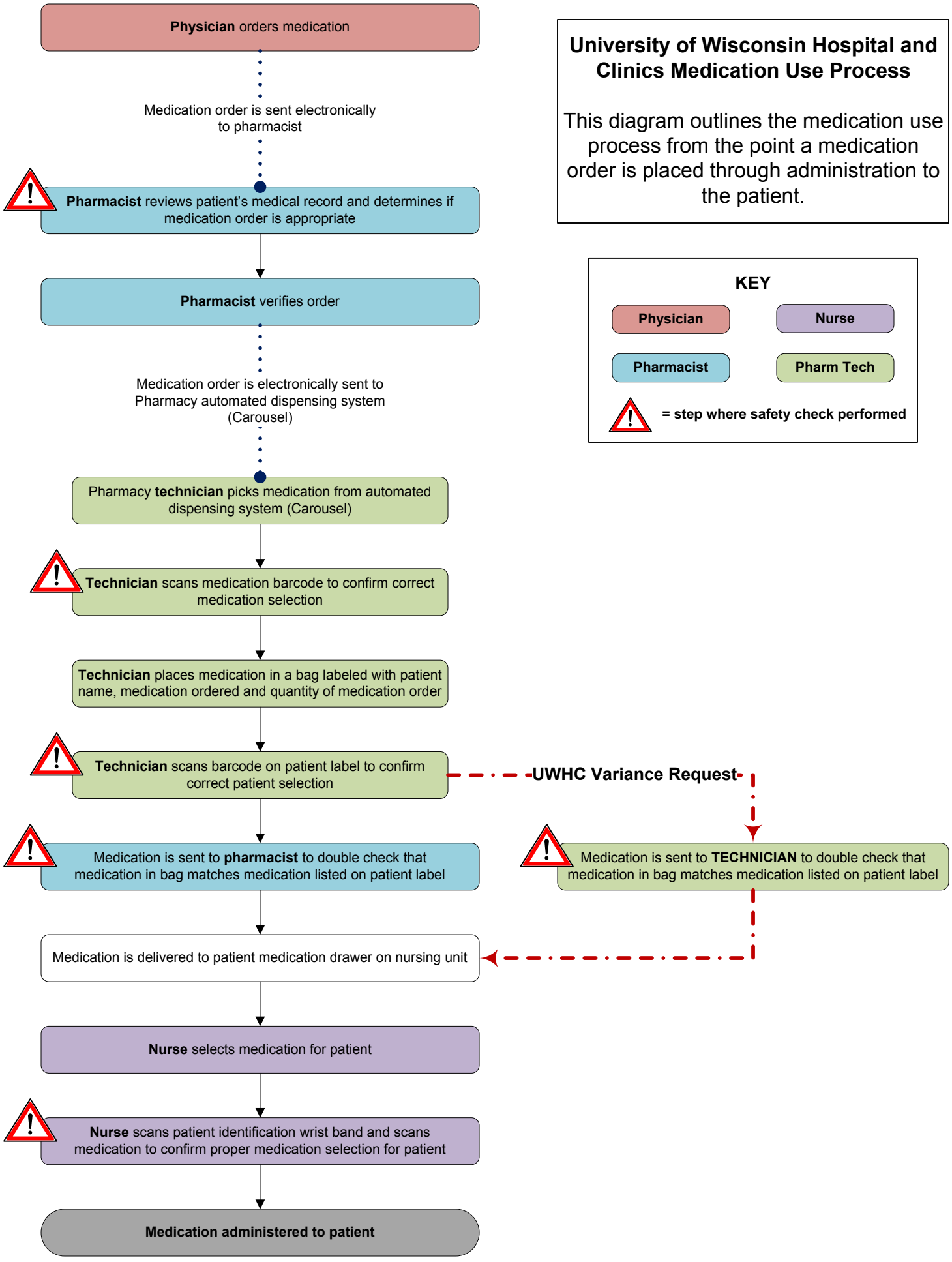
Barcode Medication Administration (BCMA) Scanning Compliance



Red Line = Total Hospital BCMA Compliance Goal is 95%.

BCMA Scanning Reports

- Monthly BCMA scanning reports are sent to nurse managers and respiratory therapy managers covering all the inpatient care units.
- The scanning reports include the following:
  - Total number of inpatient administrations and compliance on those units.
  - Each inpatient unit's performance in comparison to other units throughout the hospital.
  - Total BCMA compliance for all direct reports for each nurse manager and if they have improved since the previous month.
  - Top ten medications not scanned by the nurse manager's direct reports.
  - Top ten nurses with the lowest BCMA scanning compliance rates.
  - Barcodes that have been fixed by the informatics team when notified they were not working correctly the prior month.


Physician orders medication
Medication order is sent electronically to pharmacist
Pharmacist reviews patient's medical record and determines if medication order is appropriate
Pharmacist verifies order
Medication order is electronically sent to Pharmacy automated dispensing system (Carousel)
Pharmacy technician picks medication from automated dispensing system (Carousel)
Technician scans medication barcode to confirm correct medication selection
Technician places medication in a bag labeled with patient name, medication ordered and quantity of medication order
Technician scans barcode on patient label to confirm correct patient selection
UWHC Variance Request
Medication is sent to pharmacist to double check that medication in bag matches medication listed on patient label
Medication is sent to TECHNICIAN to double check that medication in bag matches medication listed on patient label
Medication is delivered to patient medication drawer on nursing unit
Nurse selects medication for patient
Nurse scans patient identification wrist band and scans medication to confirm proper medication selection for patient
Medication administered to patient
University of Wisconsin Hospital and Clinics Medication Use Process
This diagram outlines the medication use process from the point a medication order is placed through administration to the patient.
KEY
Physician
Nurse
Pharmacist
Pharm Tech
= step where safety check performed

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Sunny Phoenix to Welcome Boards of Pharmacy for the NABP 110th Annual Meeting

NABP invites its members and other pharmacy stakeholders to experience America's sunniest metropolis for the NABP 110th Annual Meeting in Phoenix, AZ. Set in a city named after a mythical rising and rebirth, Phoenix provides an ideal setting for this year's Annual Meeting, *"A Partnership Reborn:* Revitalized and Reunited – Boards of Pharmacy and NABP." After participating in important business sessions and timely continuing pharmacy education sessions, attendees will have the opportunity to explore the city's diverse, ancient culture, colorful deserts, and mountainous views. The Annual Meeting will be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel.

Known for its ancient roots, Phoenix was first inhabited as early as 300 BC by the Hohokam people who sought use of the desert land and created the first major urban civilization in the Salt River Valley. A resourceful and industrious people, the Hohokam developed an irrigation system made up of more than 100 miles of canals that is still in use today. The fate of these ancient people is a mystery, but anthropologists believe they faced a prolonged drought that led to their civilization's destruction. According to legend, it was pioneer Darrell Duppa who saw the ruins and canals the Hohokam left behind and believed another civilization would soon rise from the ashes, giving the city its name, Phoenix.

In the second half of the 19th century, settlers such as John W. "Jack" Swilling of Wickenburg moved into the valley and began farming the land and reusing the canals created by the Hohokam. Swilling organized the first successful, modern irrigation project. He founded and developed the Swilling Irrigation Canal Company that started a large farming community that brought new life back to Phoenix.

Today, Phoenix is being reborn again, reinventing itself as a booming metropolis attracting travelers from all over the nation. With the recent development of new hotels, the new Phoenix Convention Center, and its thriving entertainment district, downtown Phoenix lives up to the story of its name.

Local Sites

Whether you are a recreational outdoors person, a nature enthusiast, or appreciate ancient history, Phoenix has something for every traveler. The city's most famous landmark, Camelback Mountain, challenges hikers with a 2,700-foot trek to traverse the mountain's hump. The landmark is said to resemble a camel in repose. The Desert Botanical Garden is also a sightseeing landmark in the city. The 50-acre garden features desert plants from all over the world.

For visitors wishing to immerse themselves in the Phoenix culture, the city is full of historic museums to suit every taste. The Phoenix Art Museum has been a vibrant destination for over 50 years and showcases art collections including European, Asian, Latin American, Western American, and contemporary pieces. The museum also features live performances, independent art films, and educational programs. Additional cultural hot spots include the Musical Instrument Museum and the Pueblo Grande Museum Archaeological Park.

Those visitors looking for unique shopping and dining experiences should head over to the Biltmore Fashion Park, a fashionable shopping destination located near the famed Arizona Biltmore Hotel. Also in Phoenix is Heritage Square. This hot spot is home to the Arizona Science Center and famous food landmarks, including Pizzeria Bianco, which was featured on the Food Net-

work and named by a *New York Times* food critic as the best pizza in the country.

Just steps away from the Sheraton Phoenix Downtown Hotel, visitors can check out Phoenix's newest addition, CityScape Phoenix, a two-block concentration of restaurants, bars, and fashion retailers.

Optional Tour

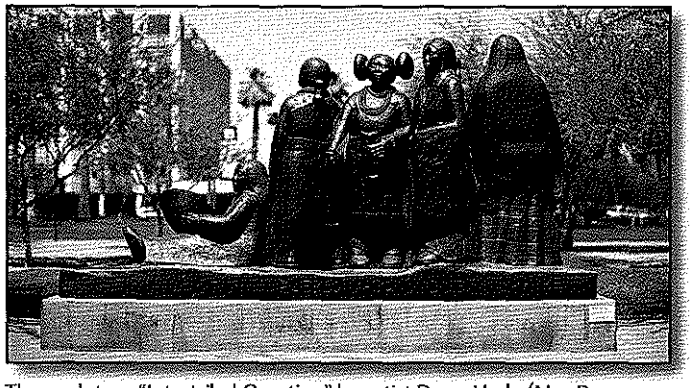
Attendees of the Annual Meeting will have the opportunity to take in the sites of Phoenix during the optional tour, "The Spirit of Phoenix Tour – Native Culture and Urban Sophistication," which will be held Monday, May 19, from 1:30 to 5:30 PM. The cost of the tour is $60 per person. Advanced payment and registration is required.

The motor coach tour will take attendees to the world famous Heard Museum: American Indian Art and History. At the Heard, attendees will have the unique opportunity to visit the moving and powerful exhibit, "Remembering Our Indian School Days: The Boarding School Experience," which memorializes a time in United States history when the federal government forced Native Americans to attend residential boarding schools located miles from home. Celebrating the spirit of survival, the exhibit draws on first-person recollections, memorabilia, and the writings of four generations of Indian School alumni.

Later in the tour, attendees will visit the world's first, five-star hotel – the Arizona Biltmore Hotel. Designed by Albert Chase McArthur, with a Frank Lloyd Wright-influenced design, the historic hotel opened its doors in 1929 and has hosted every president since Herbet Hoover, European royalty, and hundreds of movie stars and musicians including Marilyn Monroe and Irving Berlin.

Getting Around

The Sheraton Phoenix Downtown Hotel is conveniently located in the epicenter of the city and just six miles away from the Phoenix Sky Harbor International Airport. Individuals arriving from the airport can get to downtown Phoenix best by using the city's new METRO light rail, which offers fares for $2 each way, or $4 for an all-day pass. The light rail is a 20-mile line with 28 stops that runs for 20 hours a day, seven days a week, and comes every 12 minutes. Attendees may purchase light rail fare on board or at fare vending machines located at every light rail station. The nearest METRO light rail station by the airport is located at 44th St/Washington and is accessible via the PHX Sky Train shuttle service. This free shuttle is available 24 hours a day and can be accessed by airport travelers from Terminal 4 on Level 3 near the gates and security checkpoints.



The sculpture "Intertribal Greeting" by artist Doug Hyde (Nez Perce, Assiniboine, and Chippewa) stands outside the Steele Auditorium of the Heard Museum: American Indian Art and History. This popular Phoenix destination features the collections of Native American artwork, pottery, books, textiles, and jewelry. Photo courtesy of Greater Phoenix Convention and Visitors Bureau.

Taxis are also an affordable option from the airport to downtown. Taxi fares to and from the airport range in price from $15 to $25. Limousine services range in price from $35 to $85. Rental car services are also available at the airport. Reservations are recommended for attendees planning on renting a car at the airport as vehicles are limited for walk-up customers. Valet parking at the hotel is $27 per night and self-parking is available at $17 per night.

Once in downtown Phoenix, transportation to local attractions is available by the METRO light rail, taxi cab, or by utilizing the city's pedal cab services. For more details on getting around Phoenix, visit *www.visitphoenix.com/getting-around/index.aspx.*

Additional information about the 110th Annual Meeting is available on the NABP Web site at *www.nabp.net/meetings.*

Additional Phoenix Links

Arizona Science Center
www.azscience.org

Biltmore Fashion Park
www.shopbiltmore.com

Desert Botanical Garden
www.dbg.org

Downtown Phoenix Guide
www.downtownphoenix.com

Heard Museum
www.heard.org

Heritage Square
http://phoenix.gov/parks/parks/heritagepk.html

Musical Instrument Museum
http://mim.org

Phoenix Art Museum
www.phxart.org

Pueblo Grande Museum Archaeological Park
www.pueblogrande.com

Members Encouraged to Apply for Annual Meeting Travel Grant

The NABP Foundation will once again offer active member state boards of pharmacy travel grant opportunities to attend the NABP 110th Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board's administrative officer.

In years past, the travel grant was provided only for voting delegates. Although that restriction no longer applies, in order to receive reimbursement, active member boards of pharmacy still must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

The grant was established to assist boards in sending voting delegates to the Annual Meeting so they may participate in important business including discussing and voting upon resolutions and amendments to the NABP Constitution and Bylaws, electing NABP Executive Committee officers and members, and attending educational sessions regarding current issues facing pharmacy regulators.

The NABP Annual Meeting Travel Grant program lessens the costs for qualified individuals by providing funds for travel expenses, including travel, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to $1,500 in grant monies to attend the NABP 110th Annual Meeting. The grant does not include Annual Meeting registration fees.

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of pharmacy. Applications can be submitted by mail to the NABP Executive Office, at NABP Headquarters or via e-mail at exec-office@nabp.net. NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether or not they have qualified for the grant. Last year, 44 state boards of pharmacy applied and were approved for the NABP 109th Annual Meeting Travel Grant.

For more information on the Annual Meeting Travel Grant, contact the NABP Executive Office at exec-office@nabp.net.

Sponsorship and Educational Grant Opportunities for NABP 110th Annual Meeting Now Available

Organizations have an opportunity to gain exposure through numerous sponsorship and educational grant opportunities available at the NABP 110th Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. Contributing organizations help NABP provide quality programs designed to assist board of pharmacy members, executive officers, and compliance staff to meet their responsibilities for safeguarding the public health while creating visibility for the sponsoring organization.

Contributing organizations will be recognized from the podium by session or event, and will also be identified in meeting program materials, the *NABP Newsletter,* and on the NABP Web site at *www.nabp.net.* In addition, sponsoring organizations contributing $5,000 or more to the meeting are entitled to two complimentary meeting registrations valued at $575 each. Contributions of $1,000 to $4,999 entitle the donors to one complimentary meeting registration.

For more details on sponsorship and grant opportunities, organizations may contact NABP via e-mail at custserv@nabp.net or via phone at 847/391-4406.

Online Registration Coming Soon for the 110th Annual Meeting

Online registration will be available in February 2014, for the NABP 110th Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. Attendees are encouraged to register early to receive reduced registration rates. In order to receive the early registration rate, attendees must register **on or before April 7, 2014.** Once available, registration may be accessed via the Meetings section of the NABP Web site at *www.nabp.net/meetings.*

NABP offers attendees three payment options:

1. Using a credit card (American Express, MasterCard, or Visa)
2. Mailing in the payment
3. Paying in Phoenix

More information about the 110th Annual Meeting is available in the Meetings section of the NABP Web site at *www.nabp.net/meetings.*

Meeting Program

May 17-20, 2014 Sheraton Phoenix Downtown Hotel Phoenix, AZ

Saturday, May 17, 2014

10 AM - 6 PM
Registration/Information Desk Open

1:30 - 3:30 PM
Pre-Meeting CPE

4 - 4:30 PM
Pre-District Meeting Orientation

4:30 - 5:30 PM
Annual Meeting Orientation

6 - 9 PM
President's Welcome Reception
Honoring NABP President
Karen M. Ryle, MS, RPh
Dinner will be served
Dress: business casual

Sunday, May 18, 2014

7 AM - 4:30 PM
Registration/Information Desk Open

7:30 - 8:30 AM
NABP AWAR$_X$E Fun Run/Walk

8:30 - 11:30 AM
Hospitality Brunch and Educational Table Top Displays

8:30 - 11:30 AM
Joint CPE
Educational Poster Session – Partnering to Protect Public Health

Noon - 3:15 PM
First Business Session

12:30 - 1:30 PM
Keynote Address
Captain Mark Kelly

3:30 - 4:30 PM
Joint CPE

Monday, May 19, 2014

7:30 AM - 1 PM
Registration/Information Desk Open

7:30 - 8:45 AM
NABP/USP Breakfast

8:45 - 10:15 AM
Joint CPE

10:30 AM - Noon
Second Business Session

Noon - 12:30 PM
Informal Member/Candidate Discussion

1:30 - 5:30 PM
Optional Tour
The Spirit of Phoenix Tour – Native Culture and Urban Sophistication
Reservation Required

Tuesday, May 20, 2014

7:30 AM - 4 PM
Registration/Information Desk Open

7:45 - 8:45 AM
Continental Breakfast

8:45 - 10:15 AM
Executive Officer and Board Member CPE

8:45 - 10:15 AM
Compliance Officer CPE

10:30 AM - Noon
Joint CPE

Noon - 1:30 PM
Lunch Break
(On your own)

1:30 - 4 PM
Final Business Session

5:45 - 6:45 PM
Awards Dinner Reception

7 - 10 PM
Annual Awards Dinner
Dress: semiformal

Note: The 110th Annual Meeting schedule is subject to change.

NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). ACPE Provider Number: 205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education Participation online and submitting it electronically to NABP. Full attendance and completion of the program evaluation and learning assessment for each session are required to receive CPE credit and be recorded in the CPE Monitor® system.

Continuing Legal Education (CLE) Policy: NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending CPE sessions. To apply for CLE credit, attendees must initiate the program approval process in their own states by completing and submitting the appropriate application materials and forms. NABP will provide documentation as necessary.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Wisconsin Pharmacy Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
March 26, 2014	☐ Yes ☐ No	**Request by the UW-Madison School of Pharmacy – Discussion and Consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Thad: I am involved in a study looking at the new USP RX label standards. The study would like to get the opinions of various pharmacy stakeholders about the new standards. Your involvement would entail participating in a 45-60 minute interview about the label standards. I can send you the interview guide if you would like it and if the PEB would like to see it. Basically, we are interested in factors that would facilitate or impede the adoption of the label standards. We plan to talk with pharmacists (chain, indep), pharmacy managers (chain, indep), pharmacy dispensing system vendors, and primary care providers about the new label standards. Let me know what you need from me.

David A. Mott, PhD, FAPhA

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