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OF BRITISH COLUMBIA

Structured Practical Evaluation (SPE) Orientation

Pharmacy Technician Regulation Bridging Program



Facilitator: Doreen Leong, Director Registration
and Special Projects



Welcome to the Structured Practical Evaluation (SPE) Orientation. The SPE is a required component of the Management of Drug Distribution Systems (MDDS) Bridging Program for technicians currently in practice seeking regulation. This component is administered by the College of Pharmacists of BC and there is no fee associated with it.

If you have accessed this orientation you are either:

- A current technician who has successfully completed the MDDS bridging program either in-class, online or via the PLAR challenge exam, or
- A pharmacist or a pharmacy technician registered with the College of Pharmacists of BC who has consented to be an evaluator



My name is Doreen Leong, Director of Registration and Special Projects for the College of Pharmacists of BC. I am the project lead for the pharmacy technician regulation initiative and will be your facilitator for this SPE orientation. The purpose of this orientation is to provide participants and evaluators with an overview of the requirements of the Structured Practical Evaluation component and each of your individual roles in fulfilling this requirement.

Before we begin, I would like to take this opportunity on behalf of the College of Pharmacists of BC to acknowledge the participants and wish you continued success in your pursuit of regulation and to thank the evaluators for taking time out of your busy schedules - quite simply this would not be possible without your support.

What is SPE?

- Evaluation of a technician's ability to accurately and consistently do a final check of the product preparation of a prescription
- Evaluation process is called an "Independent Double Check (IDC)"



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So what is SPE?



The Structured Practical Evaluation, or SPE, is an evaluation of a technician's ability to accurately and consistently do a final check of the product preparation.



This evaluation is done through a process termed the Independent Double Check (IDC).

What is IDC?

- **“Independent Double Check” definition:**
 - Process by which a second practitioner (the SPE participant) conducts a verification of another practitioner’s (technician or pharmacist) drug preparation
 - Such verification by the SPE participant may be performed in the presence or absence of the first practitioner who prepared the prescription, however, the first practitioner can not communicate in any way to the SPE participant what they would expect them to see



The definition of the Independent Double Check comes from the Institute for Safe Medication Practices (ISMP)



It is a process by which a second practitioner (the SPE participant) conducts a verification of another practitioner’s drug preparation. The drug preparation can be done by a technician or a pharmacist but the SPE participant who will be doing the Independent Double Check can not have had any participation in the product preparation ie; entering the prescription in the computer, dispensing or labeling the prescription.



Such verification by the SPE participant may be performed in the presence or absence of the first practitioner who prepared the prescription, however, the first practitioner can not communicate in any way to the SPE participant what they would expect them to see

The key here is that in order to maximize the independence of the double check, if the first practitioner is present they must ensure that they do not say anything to the SPE participant regarding what they would expect them to see during their check, which would be referred to as ‘confirmation bias’.

IDC Requirements

- Participants must perform the final check under normal working conditions
- Total of 500 checks with zero errors, with a maximum of 50 checked per day
- Strongly recommend that a full complement of the various types of prescriptions/orders and various products including new and repeat prescriptions
- Includes compounding, sterile preparations, dosettes and blister cards along with regular prescriptions
- Proportionate representation of what is normally done in your practice



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Participants must perform the final check under normal working conditions.



A total of 500 checks must be performed with zero errors, with a maximum of 50 prescriptions checked per day.

This means that you can perform 20 checks one day, 50 checks the next and so on, as long as the maximum of 50 checks per day is not exceeded.



It is Strongly recommended that a full compliment of the various types of prescriptions/orders and various products including new and repeat prescriptions are covered.

The drug distribution systems taught in the MDDS bridging program includes those found in community, hospital (or institutional) and Long Term Care pharmacy practices.

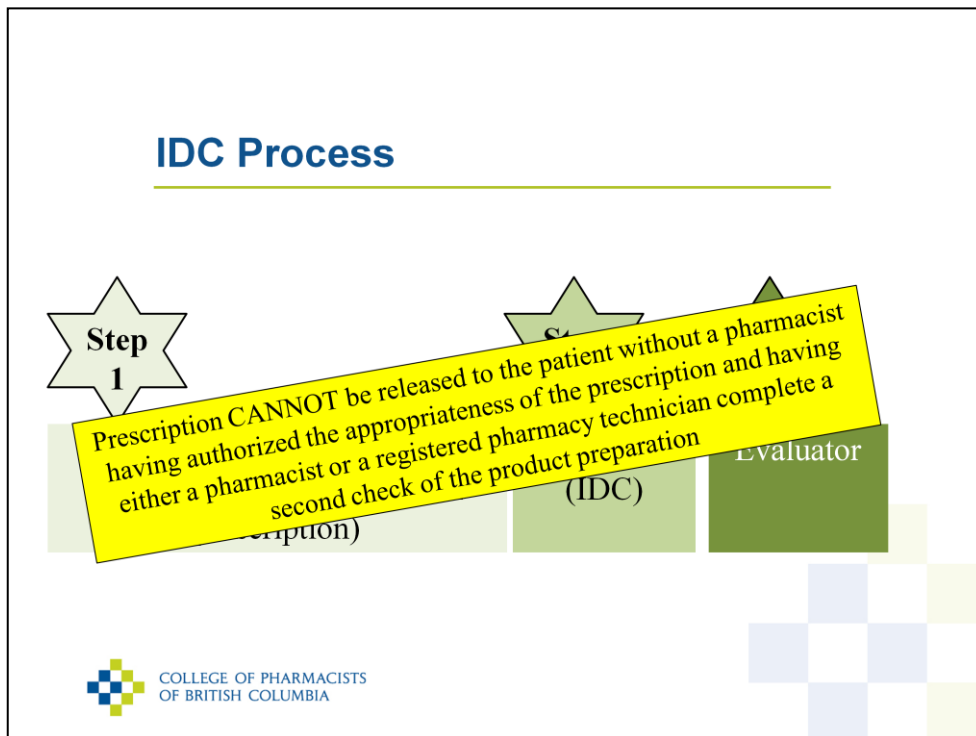


In all of these practices, there are also different types of compounds, sterile preparations, dosettes and blister cards along with regular prescriptions.

The College recommends that the checking process involve a variety of these types of distribution systems, packages and products.



There should be a proportionate representation of what is normally done in your practice.



Graphically, the process looks like this . . .



Step 1 – a practitioner or multiple practitioners (technician or pharmacist) prepares the drug, in other words inputs the prescription into the computer, fills the prescription and labels the product – there are a few important things to note in this step. First of all, although it is possible, but not recommended, for the evaluator to participate in some or all aspects of the product preparation the actual SPE participant can not participate in any aspect of this step.



Step 2 – this is the step where the SPE participant will perform an independent double check of the drug preparation. As stated in the previous slide, should the practitioner who prepared the prescription be present during this step they must ensure that they do not communicate any information to the SPE participant. The details of what the participant needs to check will be discussed shortly.



Step 3 – in the final step of the process the Evaluator will validate the check performed by the SPE participant ensuring that no errors were made. A little later in this orientation we will discuss the steps to take if an error occurs.

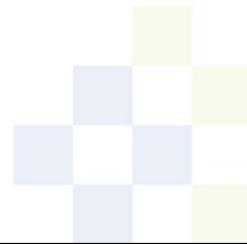
Although this is the conclusion of the IDC process, it's important to note that this prescription CAN NOT be released to the patient without a pharmacist having authorized the appropriateness of the prescription and having either a pharmacist or a registered pharmacy technician complete a second check of the product preparation – this is necessary because the SPE participant is not yet a registered pharmacy technician and therefore does not have independent authority to do this.

The Five Rights

- Right Patient
- Right Drug
- Right Dosage Form/Route
- Right Dose
- Right Prescriber (where appropriate)



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The basic prescription information an SPE participant will be checking for, are identified in the five rights which you will be familiar with from practice and the MDDS program material - the Right Patient, the Right Drug, the Right Dosage Form/Route, the Right Dose and the Right Prescriber (where appropriate).

You will use this process as a reference for checking community and/or hospital prescriptions/orders, vials, compounds, unit dose bins, interim doses, IV fill lists, blister cards/dosettes or other similar processes.

The Five Rights

The Right Patient

- Check the patient's name on the prescription/order and compare to the label/product for accuracy
- Check the date on the prescription/order
- Ensure that the bin/product item, etc. has been labeled with the correct patient name, room number and floor (hospital)



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In checking for the right patient:

- ☞ Check the patient's name on the prescription or order and compare it to the label or product for accuracy
- ☞ Check the date on the prescription or order. Also, ensure you're considering legislative requirements
- ☞ For hospitals, you need to ensure that the bin/product item, etc. has been labeled with the correct patient name, room number and floor

The Five Rights

The Right Drug

- Check the drug name on the prescription/order and compare to the label/product
- Identify if a generic drug is available
- Match the DIN on the hard copy to the manufacturer bottle/product
- Check the physical appearance of the tablets/capsules to ensure that the product in the vial is what the label states
- Hospital - follow auto-substitution policies, as applicable



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For the right drug:

- ☞ Check the drug name on the prescription or order and compare to the label or product.
- ☞ Identify if a generic drug is available from the various lists you may have in your pharmacy
- ☞ Match the drug identification number or DIN on the hard copy transaction tag to the manufacturer's bottle or product.
- ☞ Check the physical appearance of the tablets/capsules to ensure that the product in the vial is what the label states.
- ☞ For hospitals, you need to follow auto-substitution policies, as applicable

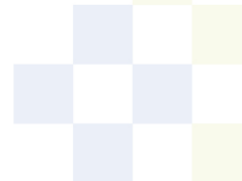
The Five Rights

The Right Dosage Form/Route

- Check the correct product has been selected and ensure product integrity
- Hospital - ensure the product has been correctly selected and placed into the correct bin/bag, etc.
 - Quantity of the “product item” matches the quantity on the pick list/MAR/label
 - Placed in the bin in order of administration times with regularly scheduled medications in the front and “prn” orders in the back. Same with dosettes/IV’s or drug card systems, as applicable



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For the right dosage form/route:

- ☞ Check the correct product has been selected and ensure product integrity
- ☞ For hospitals, ensure the product has been correctly selected and placed into the correct bin/bag, etc.
- ☞ Check that the quantity of the “product item” matches the quantity on the pick list/MAR/label
- ☞ Check that the product is placed in the bin in order of administration times with regularly scheduled medications in the front and “prn” orders in the back. This is the same with dosettes/IV’s or drug card systems, as applicable.

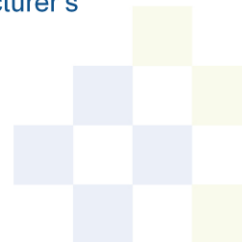
The Five Rights

The Right Dose

- Check calculations for dosage/compounding, etc.
- Verify that the directions on the prescription are the same as what is stated on the label.
- Check that the dosing interval/frequency is correct
- Check the quantity on the prescription and label
- Check the number of refills on the prescription and label
- Check the expiration date on the manufacturer's bottle/product item



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For the right dose:

- ☞ Check calculations for dosage/compounding, etc.
- ☞ Verify that the directions on the prescription are the same as what is stated on the label
- ☞ Check that the dosing interval/frequency is correct e.g. TID (three times a day)
- ☞ Check the quantity on the prescription and label to ensure they are the same
- ☞ Check the number of refills on the prescription and vial label to ensure they are the same
- ☞ Check the expiration date on the manufacturer's bottle or product item

The Five Rights

The Right Prescriber

- Check the practitioner's name (physician/midwife/nurse practitioner/dentist, etc.)



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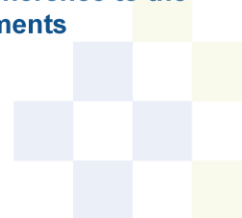


For the right prescriber:

- ☞ Check the prescriber's name whether they are a physician, midwife, nurse practitioner, dentist, etc. to ensure it is the correct practitioner

The Five Rights

- **In addition to the five rights each prescription/order needs to be checked according to legislative requirements**
 - Ensure all documentation has been completed and filed.
 - Include any auxiliary information necessary
 - Hospital - ensure medication will be delivered to the patient or care unit in a timely manner
- **After the IDC process has been completed, the evaluator will validate each prescription/order for adherence to the 5 Rights and any other legislative requirements**



- ☞ In addition to the five rights, each prescription or order needs to be checked according to all legislative requirements.
 - ☞ Ensure all documentation has been completed and filed
 - ☞ Include any auxiliary information necessary
 - ☞ In hospitals, ensure medications will be delivered to the patient or care unit in a timely manner
- ☞ As a reminder, after the Independent Double Check process has been completed, the evaluator will need to validate each prescription/order for adherence to the 5 Rights and any other legislative requirements.

What happens if an error is made?

- **No errors are allowed in the checking process**
- **If an error occurs during the first attempt, the participant will be informed by their evaluator who will review and discuss the error(s) made and restart the process**
- **If an error occurs during the second attempt, a detailed discussion must occur between the participant and evaluator**
 - Period of time must pass before restarting process to allow the participant to observe the process and review materials if necessary



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As already explained, an SPE participant will be required to complete a total of 500 checks (no more than 50 per day) without making any errors.

If an error occurs during the first attempt, the participant will be informed by their evaluator, who will review and discuss the error(s) made and restart the process with the participant starting at zero. This means that even if a participant has checked 495 prescriptions correctly, if an error is made, they must restart at zero.

If an error occurs during the second attempt, a detailed discussion must occur between the participant and evaluator and an agreed upon period of time must pass before the checking process starts again for a third time. The time is to be used for the participant to observe the process in the workplace and review any materials if necessary.

Maximum errors allowed

- Typically, no participant will be permitted more than 3 attempts
- If an error occurs in the 3rd attempt, the evaluator must inform CPBC
- CPBC will decide if review, retraining or reassignment is necessary
- The evaluator and participant will be informed by CPBC of the next action to take
- The evaluator must document the failed 3rd attempt on the Daily Tracking Log



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- ☞ Normal practice is that no participant will be allowed more than 3 attempts to successfully check 500 prescriptions without an error.
- ☞ If an error does occur during the 3rd attempt, the evaluator must inform the College of Pharmacists of BC.
- ☞ The College will decide if review, retraining or reassignment is necessary.
- ☞ The evaluator and participant will be informed of the appropriate action to take.
- ☞ The evaluator must document the failed 3rd attempt on the Daily Tracking Log, this Log will be explained in detail shortly in this presentation.

SPE Materials

- **SPE materials consist of the following items:**
 - Daily Tracking Log
 - with a maximum of 50 accurately checked items per day
 - includes any dispensing or checking errors found
 - retain for records, may be requested by CPBC
 - Declaration of Completion Form
 - SPE Feedback Form
- **Forms available on CPBC's website at: www.bcpharmacists.org**



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The materials for SPE consist of the following 3 items:

- ☞ Daily Tracking Log (to be filled out by both the evaluator and the SPE participant) ☞ should add up to a minimum of 500 accurately checked items (maximum of 50 per day), and ☞ include any dispensing or checking errors found. ☞ These forms should be retained during the SPE process as they may be requested by the College
- ☞ Declaration of completion form is to be completed and submitted by the evaluator once 500 items have been checked accurately or after 3 unsuccessful attempts
- ☞ The SPE Feedback Form is to be completed and submitted by the SPE participant, to give the College an idea of the overall SPE experience
- ☞ These forms are all available on the College's website at www.bcpharmacists.org

"Daily" Tracking Log


Check items according to legislative requirements, and according to the 5 Rights:

- Right Patient
- Right Drug

Date: *January 9th, 2011*

SPE Participant: *John Smith* Evaluator: *Mary Jones*

Check #	Rx # or type of items checked	Error Identified	Check Complete (Initial)	No Error Missed (Initial)	Error Missed (Initial)	Type of Error Missed
<i>1</i>	<i>1234567</i>	<i>n/a</i>	<i>JS</i>	<i>MJ</i>		
<i>2</i>	<i>7654321</i>	<i>Wrong dose strength</i>	<i>JS</i>	<i>MJ</i>		
<i>2</i>	<i>7654321</i>	<i>Wrong patient</i>	<i>JS</i>	<i>MJ</i>		
<i>3</i>	<i>1234567</i>	<i>n/a</i>	<i>JS</i>		<i>MJ</i>	<i>Wrong drug</i>

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Now that we've gone through the requirements of successfully completing the Structured Practical Evaluation, here is the form you will use to record your progress, called the Daily Tracking Log. Lets take a closer look at the instructions on completing this form. All prescriptions/items are to be checked according to legislative requirements as well as according to the 5 Rights as discussed on previous slides. Using a new Daily Tracking Log for each day, the participant will record all items checked, up to a maximum of 50 checks per day and accumulating 500 checks in total. All checks are to be recorded on this Log, along with any details of all errors missed by the SPE participant. These forms are to be retained and made available to the College upon request. The SPE Participant will use a new line to log each error identified during the Independent Double Check. So if there is more than one error made in a prescription or item, log each error separately. The Evaluator will then record any error missed by the participant during the IDC.

Now for a closer look at filling out the Log. Each day, the SPE participant will begin by recording the date, their name, and the name of their evaluator. Keep track of how many checks are completed each day in the 'check #' column, record the prescription #, where applicable, or type of item checked in the next column. If there is an error identified in the prescription or item, record the details in the 'Error Identified' column, or, if there is no error, record n/a and initial the 'Check Complete' column. For the purpose of these examples, lets assume that you will perform several checks prior to having your evaluator verify them, as it is not required to have the evaluator verify immediately after each check. So moving on to the next check, again record the prescription # or type of item checked, this time an error has been identified. The error is the wrong dose or strength of a medication being filled in comparison to what was on the original prescription or item. This is noted in the Error Identified column. In this same prescription, a second error has been identified so a new line is used on the Log to record the details of the error, in this case the wrong patient name was recorded on the label of the prescription. Once all errors have been identified on the prescription, initial that the check is complete. In the third example, the appropriate information is filled out regarding the prescription # or type of item, no error has been identified and the check is initialed as complete. Now the evaluator verifies the completed checks and initials that no error has been missed. If an error is missed by the SPE participant, the evaluator will initial in the Error Missed column and provide details of the error in the Type of Error Missed column. In this case the wrong drug was dispensed in comparison with what was on the original prescription. Once the evaluator has identified that an error has been missed. This would end attempt #1 and following a discussion with the SPE participant, attempt #2 would begin at zero. Assuming that the second attempt is successful, in other words, 500 checks are accurately done, the SPE component is successfully completed. At this point, as already mentioned, the Evaluator would complete the Declaration of Completion Form and the participant would complete the SPE Feedback Form.

Getting Started

SPE participant and evaluator meet to ensure:

- **Both understand the expectations as outlined**
- **Mutually agree upon the process and timelines you will be adhering to**



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You are now ready to get started! ☺ The SPE participant and the evaluator should meet to ensure that you ☺ both understand the expectations as outlined and ☺ mutually agreed upon the process and timelines you will be adhering to.

Contacts

- College of Pharmacists of BC (CPBC) website: www.bcpharmacists.org
 - Email: pharmacytech@bcpharmacists.org
 - Phone: (604) 733-2440



Once again on behalf of the College of Pharmacists of BC I would like to acknowledge the participants and wish you continued success in your pursuit of regulation and to thank the evaluators for taking time out of your busy schedules to support this important work.

As you will see on the screen in front of you is the College's general contact information. We invite you to get in touch with us prior to beginning the SPE process, or at any time during the process, should you have any questions or concerns.