

Risk Management Self-Assessment Checklist for Pharmacists

The checklist that follows is designed to assist pharmacists and other pharmacy professionals in evaluating and modifying their current customs and practices, in order to enhance medication dispensing processes and patient safety. This checklist as well as other risk management tools for pharmacists and pharmacy business owners may be downloaded at [Healthcare Providers Service Organization](#) or [CNA Healthcare](#).

Professional Conduct	Yes	No	Comments/Action Plans
I understand that I am responsible for maintaining and assessing my own professional competencies and assessing my strengths and weaknesses.			
I regularly undergo continuing education and implement the information I learned to improve my clinical knowledge, skills and performance			
I regularly update my knowledge of complementary and alternative therapies (e.g., nutritional supplements, herbal compounds, homeopathic compounds), in order to recognize potential adverse reactions.			
I seek to learn about new technologies and automated pharmacy practices and utilize updated tools when appropriate and feasible.			
I maintain positive, collaborative working relationships with prescribing practitioners and other healthcare professionals.			
I refrain from making inappropriate comments about patients, colleagues and other healthcare professionals.			
I collaborate with or obtain supervision from a prescriber as defined by my state laws and/or regulations and as required by the needs of my patients.			

Environment	Yes	No	Comments/Action Plans
I maintain a clean and safe medicine preparation area, in order to minimize the possibility of contamination and/or human error.			
I prepare compounded medicines according to written formulas and quality standards for raw materials, equipment and preparation processes, including sterility where appropriate.			
I verify that management and frontline staff are trained and skilled in the principles and applications of CONTINUOUS QUALITY IMPROVEMENT (CQI). (From the Institute for Safe Medication Practices Community/Ambulatory Pharmacy .)			
I store and secure medications and medical products carefully and in compliance with relevant state and federal requirements.			
I ensure that my pharmacy has established a contingency plan for medication and medical device shortages, which involves contacting suppliers and other pharmacies.			
I ensure that my pharmacy has a recall and reporting process for unsafe medications and defective medical devices.			
I ensure that my pharmacy disposes of medical and medication waste safely and in accordance with applicable state and federal laws.			
I educate patients on the appropriate way to safely dispose of expired or unused medications and remind them of the importance of disposing of such drugs.			
I speak to patients, families, practitioners and others in a courteous and professional manner, respecting their dignity and feelings.			
When educating patients or family members or speaking to practitioners, I utilize private areas to maintain confidentiality.			

This tool serves as a reference for organizations to evaluate risk exposures associated with pharmacists and pharmacy professions. The content is not intended to be a comprehensive listing of all actions needed to address the subject matter, but rather is a means of initiating internal discussion and self-examination. Your clinical procedures and risks may be different from those addressed herein, and you may wish to modify the tool to suit your individual practice and patient/client needs. The information contained herein is not intended to establish any standard of care, serve as professional advice or address the circumstances of any specific entity. The statements expressed do not constitute a risk management directive from CNA. No organization or individual should act upon this information without appropriate professional advice, including advice of legal counsel, given after a thorough examination of the individual situation, as well encompassing a review relevant laws and regulations. CNA assumes no responsibility for the consequences of the use or nonuse of this information.

Medication Management	Yes	No	Comments/Action Plans
I obtain, verify and/or update patient information (patient's full name [including suffix], address, home telephone number, alternate means of contact [e.g., email address or cellular telephone number], gender, date of birth, and allergies) entered into the computer system before prescribing medications and at each encounter. (From the Institute for Safe Medication Practices Community/Ambulatory Pharmacy .)			
I obtain, verify/review and/or update a patient's current medication list at every encounter, including prescription, over-the-counter (OTC) medications (with dose, frequency, and route), immunizations (with vaccination dates), vitamins, herbal products, dietary supplements, homeopathic medications, and alternative medicines and entered into the computer system. (From the Institute for Safe Medication Practices Community/Ambulatory Pharmacy .)			
When taking telephone orders, I read back the medication order to the practitioner or authorized agent for confirmation. (From the Institute for Safe Medication Practices Community/Ambulatory Pharmacy .)			
Prior to dispensing medication, I provide medication management to ensure that the medication is right for the patient and his/her health condition.			
I have access to current written/electronic medication reference information, standard treatment/clinical guidelines and other evidence-based resources designed to promote safe, rational and effective use of medicine.			
I ensure that my pharmacy has established standard operating procedures for referrals to physicians, specialists or other healthcare providers, where appropriate.			
I intervene when necessary, e.g., if the prescription does not correspond to the patient's diagnosis or specific needs, or if the patient responds poorly to the chosen therapy.			
I carefully assess and monitor medication therapy, documenting clinical data and tracking patient outcomes.			
I perform point-of-care testing for patients, in order to monitor and adjust therapy, when needed.			
When I document allergies (medications, foods, environmental), I document the type of reaction to the allergen.			
I verify a patient's age prior to dispensing or administering a vaccine. Verification is performed by requesting the date of birth and second patient specific indicator (i.e. mailing address).			
When patients are taking opioids or other high-alert medications, I implement a range of additional safeguards, including the following:			
<ul style="list-style-type: none"> - Educating the patient – verbally and in writing – on the risks of taking opioids and the ways to minimize or manage those risks. 			
<ul style="list-style-type: none"> - Monitoring the patient for signs of abuse or misuse. 			
<ul style="list-style-type: none"> - Using prescription drug monitoring programs to identify patients at increased risk of addiction, abuse or overdose. 			
<ul style="list-style-type: none"> - Communicating with the prescribing practitioner regarding any concerns or unusual patient behavior. 			
<ul style="list-style-type: none"> - Dispensing naloxone per authority and counseling the patient and patient's family on how to administer. 			
<ul style="list-style-type: none"> - Appropriately storing the medications to prevent diversion or misuse. 			
I am aware how to report errors or near-misses within my organization and adverse drug reactions to the U.S. Food and Drug Administration.			
I ask management to include a discussion of medication errors and near misses and ways to avoid them at all staff meetings. (From the Institute for Safe Medication Practices Community/Ambulatory Pharmacy .)			

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Pharmacist-Patient Relationship	Yes	No	Comments/Action Plans
I convey to patients specific risks associated with not following instructions. For example, <i>“This medication must be taken in full and as prescribed in order to obtain therapeutic benefits. Can you tell me in your own words the benefits you will receive from taking this medication and the risks of not taking it?”</i>			
I have been trained to communicate with difficult patients either by workshops and/or role-playing scenarios.			
I document a patient’s current prescription medications and over-the-counter remedies and check for potential interactions at every encounter in the patient’s pharmacy record.			
I document telephone consultations/conversations with pharmacy patients in the pharmacy record.			
I document barriers to communication in the patient’s pharmacy record, including low health literacy, cognitive impairment and limited English proficiency.			
I ask patients to teach back critical instructions , and their response(s) are noted in the patient’s pharmacy record. For example, <i>“It is important that you understand exactly how to take/use this medication. Can you tell me in your own words how you would take/use the medication?”</i>			

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