

Confidential

Process Related Events Report

ProCare Rx

Reference Rx # _____

Reference Fill Date _____

This audit is for Continuous Quality Improvement Peer Review Committee purposes. The information contained is confidential.

Pharmacy – ProCare Rx PBM has received information there may have been an error associated with a shared patient's prescription. For quality assurance purposes, ProCare Rx tracks these types of incidences. If no error occurred, please check the corresponding box. If there was an error related to the reference number above, please complete the table and fax this sheet back to (866) 999-7736.

No Error: ☐

Thank you, ProCare Rx Clinical Team

Pharmacy Name _____
 Reporting Pharmacist: _____
 Pharmacy NPI/NCPDP ID #: _____ Date: _____
 Total Rx Filled: (new) _____ (refill) _____

New Rx	Refill Rx	Quality Related Event (QRE)						Drug(s) Involved	
		Where was the QRE caught?	What type of QRE was made?	Where was the QRE made?	Received by patient? YES NO	What time was QRE made?	Pharmacy Notes: What happened and why May also note any steps that will be taken to avoid future incidents	Prescribed	Dispensed
X		1	B	12	No		EXAMPLE DATA ----- Pulled incorrect stock bottle from shelf; We decided to emphasize NDC check	Warfarin 2.5	Warfarin 5

QRE caught during...	What Type of QRE was made?	Where in the process was the QRE made?
[1] Final Pharmacist check [2] Partner check [3] Will-call audit [4] Patient Discovery [5] Other [6] Entry [7] Filling [8] Counseling [9] Delivery	A = Incorrect Drug B = Incorrect Strength C = Incorrect Directions D = Failure to Counsel F = Refill Incorrect G = Generic Substitution H = Incorrect Quantity I = Incorrect Prescriber K = Safety cap L = Confidentiality O = Other (explain) P = Failure in Drug Review Q = Order Mix up	Receiving the RX 1. Incorrect/No prescriber 2. No/Incorrect Allergies noted 3. Patient Info Missing/Incomplete 4. Date of Birth Missing 5. Other (Explain Below) Entry Process 6. Selected Incorrect drug 7. Selected Incorrect patient/profile 8. Selected Incorrect strength 9. Entered Incorrect directions 10. Incorrect refill info 11. Inappropriate response to DUR alert 12. Patient Profile incomplete /inaccurate 13. DAW incorrect 14. Incorrect prescriber 15. Incorrect Day Supply 16. Incorrect Date 17. Incorrect Quantity Filling Process 18. Order Mix-up 19. Other 20. Selected incorrect drug 21. Selected incorrect strength 22. Placed incorrect label on container 23. Incorrect quantity 24. Order mix up 25. Safety cap/easy open requested 26. Missing or inappropriate auxiliary labels 27. Other (explain in column above) Pharmacist Drug review 28. Explain in Column above

Counseling 29. Explain in Column above Delivery 30. Order Mix-up 31. Incorrect Patient 32. Other Telephone 33. Explain in Column above Intervention 34. Discovered Doctor error 35. Discovered Nurse error 36. Other 37. Clarification
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**Please note that this form is to be completed by the dispensing pharmacy. This form and its contents are permissible under HIPAA, as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.