

Tech-Check-Tech Toolkit

Completed June 2021 by the Tech-Check-Tech Pilot Project in collaboration with: the Northland Association of Pharmacy Technicians (NAPT), an academy of the North Dakota Pharmacists Association (NDPhA), and North Dakota State University (NDSU), with funding granted by the Pharmacy Technician Certification Board (PTCB)



NDPhA NORTH DAKOTA
PHARMACISTS
ASSOCIATION

NDSU

PTCB
Pharmacy Technician Certification Board®

Tech-Check-Tech Toolkit Table of Contents

Introduction Letter	PAGE 2
Policy and Procedure Template	PAGE 3
Appendix A (TCT Quality Related Event Form).....	PAGE 6
Appendix B (TCT Authorization Log).....	PAGE 7
Appendix C (TCT Audit Form)	PAGE 8
TCT Training Module Link	PAGE 9

Pharmacy colleagues,

While tech-check-tech (TCT) has been allowed in North Dakota and many other states for decades, the uptake in pharmacies has been slow. To reduce barriers to TCT implementation and advocate for expansion of the pharmacy technician role, the Northland Associations of Pharmacy Technicians, as an academy of the North Dakota Pharmacists Association, paired with North Dakota State University to create a toolkit to aid pharmacies in any practice setting. With funding provided by the Pharmacy Technician Certification Board through a grant for pharmacy technician role advancement, the TCT Pilot Project committee worked to create tools for you to implement in your pharmacy.

The TCT Pilot Project committee met from June 2019 through July 2021. The committee, with representation from across the profession, created education and a practice-ready toolkit for TCT in North Dakota. The toolkit was tested in 7 pilot sites including 6 community pharmacies and 1 hospital pharmacy over a 9-month duration.

After incorporating feedback from our pilot sites and lessons learned throughout the project, we are pleased to present you with our finalized Tech-Check-Tech Toolkit. Included in the toolkit you will find:

- A policy and procedure template complete
- TCT quality assurance forms
- Link to an educational video for pharmacy technicians training to become a TCT Checker

This toolkit is meant to be adaptable to any practice setting and any type of workflow. We are hopeful that this simplified, practice-ready toolkit will bring TCT to your pharmacy in order to advance the role of the pharmacy technician, free up pharmacist time for clinical roles, and help technicians continue to increase their career satisfaction.

Please reach out with any and all questions. We are here to help and guide you. Email dhalvorsonrphtech@gmail.com and we will get you in touch with a team to help make TCT a reality for you.

In closing, we hope you find the toolkit and its resources to be helpful in implementing TCT in your pharmacy.

Best regards,

The TCT Pilot Project Committee

Tech-Check-Tech Policy and Procedure Template

I. PURPOSE:

To outline the components and requirements of Tech-Check-Tech in all practice settings.

II. POLICY:

Define the utilization of Tech-Check-Tech in the pharmacy practice setting in areas as outlined in this policy.

III. REGULATIONS:

ND laws and rules section 61-02-07.1-12: Technicians checking technicians.

IV. DEFINITIONS:

1. Tech-Check-Tech (TCT):
 - i. A program utilizing specifically trained and qualified technicians to check medications dispensed by another technician
2. Filler:
 - i. An individual who completes the initial filling of medications
 - ii. Must meet one of the following criteria:
 1. North Dakota Registered Pharmacy Technician
 2. North Dakota Technician in Training
3. Checker:
 - i. An individual who has completed the TCT validation process and is currently authorized to check another technician's work
 - ii. Must meet the following criteria:
 1. North Dakota Registered Pharmacy Technician that has been validated as a Checker
4. Supervisor:
 - i. Designated pharmacy staff member responsible for overseeing the activities described in this policy
 - ii. Must meet one of the following criteria:
 1. North Dakota Registered Pharmacy Technician that has been validated as a Checker
 2. North Dakota Registered Pharmacist
5. Unit Dosing:
 - i. The process of re-packaging a product from the manufacturer's original container to a packaging system approved by the facility
6. Patient Prescription Dispensing:
 - i. The process of preparing a prescription that is designated for a specific patient

7. Audit:
 - i. The process in which the work performed by the Checker is reviewed for accuracy. The auditor must meet one of the following criteria:
 1. North Dakota Registered Pharmacy Technician that has been validated as a Checker
 2. North Dakota Registered Pharmacist
 - ii. An audit consists of a minimum of 20 medication fills (does not need to be completed consecutive) and documented on the TCT Audit Form (Appendix C)
8. Near Miss:
 - i. An error made by the Filler and discovered by the Checker during the checking process and prior to releasing from the pharmacy

V. **PROCEDURE:**

In this section the site will identify the areas Tech-Check-Tech will be utilized, which may include: unit dosing, patient prescription dispensing, IV preparation, automation dispensing, etc. See sample 1 and 2 below.

1. Non-patient specific activity:
 - i. The Filler will complete the Unit Dosing task as per site standards
 - ii. The Checker will validate the completeness of the Unit Dosing to ensure the following:
 1. Right dose
 2. Right strength
 3. Right drug
 4. Right dosage form
 5. Right storage/handling
 6. Right quantity
2. Patient specific activity:
 - i. The Filler will process the prescription as per site standards
 - ii. The Checker will validate the completeness of the fill to ensure the following:
 1. Right patient
 2. Right dose
 3. Right strength
 4. Right drug
 5. Right dosage form
 6. Right storage/handling
 7. Right quantity
3. Processing of error found:
 - i. Near misses identified by the Checker shall be documented on the TCT Quality Related Event Form (Appendix A).
 - ii. Checker shall discuss near misses found with Filler

VI. **TRAINING:**

1. Completion of the Tech-Check-Tech (TCT) training module
2. Practical training shall consist of one-on-one training with a Checker or pharmacist for a minimum of eight hours

VII. **VALIDATION:**

1. The Checker must maintain a 99% accuracy rate over a minimum of five Audits
2. The TCT Authorization Log (Appendix B) must be completed and signed

VIII. **QUALITY ASSURANCE:**

1. An Audit of the Checker shall be completed bi-annually for the first year and annually thereafter. The Audit shall be completed randomly and documented on the TCT Audit Form (Appendix C).
2. If a Checker fails a random Audit, the Checker shall complete the following:
 - i. Repeat a random Audit within a month
 - ii. If Checker fails a consecutive Audit, the Checker shall no longer be able to work in that capacity until they repeat the training and validation process as outlined above

TCT Quality Related Event Form (Appendix A) – Daily technician use

Form description: This form is used to document near misses caught by the Technician Checker or errors found after final product verification.
Technicians use this form daily to document all items caught, with the hope of identifying system-based changes needed to prevent future errors

Today's Date: _____

RX TYPE <i>Electronic Fax Phone Transfer Voicemail Written</i>	New or Refill	WHERE, WHAT AND WHEN				REACHED THE PATIENT? (if yes – mark Severity level)	DRUGS INVOLVED		PHARMACY NOTES
		Where was QRE Discovered?	Where did the QRE Occur?	What Type of QRE?	What time was QRE Made?		Prescribed/ Strength	Dispensed/ Strength	
WHERE was the QRE DISCOVERED?		WHERE did the occur				Severity Level			
A. Receipt of Rx B. Data entry C. Entry check D. Assembly of Rx/filling E. Product Verification F. Bagging		A. Receipt of Rx B. Data entry C. Assembly of Rx/filling D. Bagging E. POS/delivery area/delivery to patient F. Intervention/prescriber Error				Level 0 = Internal, reached patient but didn't leave pharmacy Level 4 = Moderate harm, bodily or psychological Level 1 = Reached patient, inconvenience Level 5 = Severe harm, bodily or psychological Level 2 = Mild anxiety, emotional distress Level 6 = Death Level 3 = Mild harm, additional monitoring			
WHAT TYPE of QRE OCCURRED?						Contributing Factors			
1. Calculation or decimal point error 2. Clarification needed/Rx unclear 3. Discovered prescribing provider error 4. Incorrect beyond use date 5. Left out/wrong out package inserts, labels, ancillary equipment, syringes 6. Missing or inappropriate auxiliary labels 7. Order mix up 8. Safety cap issue 9. Shipping/packaging error		10. Technique or precision 11. Wrong container 12. Wrong date 13. Wrong packaging 14. Wrong days supply 15. Wrong directions 16. Wrong strength 17. Wrong dosage form 18. Wrong drug		19. Wrong generic substitution/ DAW wrong 20. Wrong label on Rx or container 21. Wrong NDC 22. Wrong patient/ patient profile 23. Wrong prescriber/no prescriber 24. Wrong quantity/amount 25. Wrong refill info/ refill omitted 26. Wrong storage		1. Environmental factors/physical space/ lighting/noise/distractions 2. Human related (e.g. calculation errors/ miscount) 3. Product Characteristics (measures, look alike, sound alike, and high risk nomenclature) 4. Technology/Equipment or software defects 5. Work-around			

TCT Audit Form (Appendix C) – Used bi-annually or annually

Form description: This form is used to document the Audit of a Checker as defined under Audit in the definition section of the policy and procedure.
Pharmacist or another technician checkers use this form to check the work of a pharmacy technician checker bi-annually for the first 12 months then yearly thereafter

Today's Date: _____

Auditor's Name and credentials: _____

I certify that I have audited 20 filled Rx's and documented near misses or errors below: _____

Name of Checker being audited: _____

RX TYPE <i>Electronic Fax Phone Transfer Voicemail Written</i>	New or Refill	WHERE, WHAT AND WHEN				REACHED THE PATIENT? (if yes – mark Severity level)	DRUGS INVOLVED		PHARMACY NOTES
		Where was QRE Discovered?	Where did the QRE Occur?	What Type of QRE?	What time was QRE Made?		Prescribed/ Strength	Dispensed/ Strength	
WHERE was the QRE DISCOVERED?		WHERE did the QRE				Severity Level			
A. Receipt of Rx B. Data entry C. Entry check D. Assembly of Rx/filling E. Product Verification F. Bagging		A. Receipt of Rx B. Data entry C. Assembly of Rx/filling D. Bagging E. POS/delivery area/delivery to patient F. Intervention/prescriber Error				Level 0 = Internal, reached patient but didn't leave pharmacy Level 4 = Moderate harm, bodily or psychological Level 1 = Reached patient, inconvenience Level 5 = Severe harm, bodily or psychological Level 2 = Mild anxiety, emotional distress Level 6 = Death Level 3 = Mild harm, additional monitoring			
WHAT TYPE of QRE OCCURRED?						Contributing Factors			
1. Calculation or decimal point error 2. Clarification needed/Rx unclear 3. Discovered prescribing provider error 4. Incorrect beyond use date 5. Left out/wrong out package inserts, labels, ancillary equipment, syringes 6. Missing or inappropriate auxiliary labels 7. Order mix up 8. Safety cap issue 9. Shipping/packaging error 10. Technique or precision 11. Wrong container 12. Wrong date 13. Wrong packaging 14. Wrong days supply 15. Wrong directions 16. Wrong strength 17. Wrong dosage form 18. Wrong drug 19. Wrong generic substitution/ DAW wrong 20. Wrong label on Rx or container 21. Wrong NDC 22. Wrong patient/ patient profile 23. Wrong prescriber/no prescriber 24. Wrong quantity/amount 25. Wrong refill info/ refill omitted 26. Wrong storage						1. Environmental factors/physical space/ lighting/noise/distractions 2. Human related (e.g. calculation errors/ miscount) 3. Product Characteristics (measures, look alike, sound alike, and high risk nomenclature) 4. Technology/Equipment or software defects 5. Work-around			

Tech-Check-Tech Training Module

Free, 1 hour (no CE credit)

The link below includes a 1-hour training module for pharmacy technicians to complete prior to implementing TCT. This is available free of charge for all to use as you see fit.

Course objectives:

- Discuss the role of the pharmacy technician in tech-check-tech and continuous quality improvement.
- Practice evaluating filled prescriptions in community, LTC, and institutional settings.
- Discuss the application of policies and procedures for tech-check-tech in various pharmacy practice settings.
- Review pharmacy calculations and how these apply to TCT.



Scan above QR code with camera phone
or use this link:

<https://youtu.be/WiYVzJD8uBA>