Commission SBAR Communication

Agenda Item/Title: Oroville Pharmacy

Date SBAR Communication Prepared: 1/16/2020

Reviewer: Irina Tiginyanu

Link to Action Plan:

Action ☑️ Information ☐ Follow-up ☐ Report only

Situation:

Pharmacy is seeking approval for their assistant AUP

Background:

Assessment:

Pharmacy assistants are performing within their scope of practice

Recommendation:

Recommendation to approve the ancillary utilization plan for assistants

Follow-up Action:
Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health website.

Note: Utilization plans for technicians and assistants must accompany this application.

Select One: [ ] New  [ ] Update

1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
<th>C 600 216 985</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEIN #</td>
<td>91-0978789</td>
</tr>
<tr>
<td>Legal Owner/Operator Name</td>
<td>Richard J Larson rph</td>
</tr>
<tr>
<td>Pharmacy License #</td>
<td>PHAR.CF.00001548</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>Oroville Pharmacy</td>
</tr>
<tr>
<td>Physical Address</td>
<td>1416 Main St</td>
</tr>
<tr>
<td>City</td>
<td>Oroville</td>
</tr>
<tr>
<td>State</td>
<td>WA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>98844</td>
</tr>
<tr>
<td>Facility Phone (enter 10 digit #)</td>
<td>509-476-3411</td>
</tr>
<tr>
<td>Fax (enter 10 digit #)</td>
<td>509-476-3773</td>
</tr>
</tbody>
</table>

2. Facility Specific Information

<table>
<thead>
<tr>
<th>Number of Employees:</th>
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<tbody>
<tr>
<td>Pharmacists</td>
</tr>
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</table>

3. Key Individuals

<table>
<thead>
<tr>
<th>Responsible Pharmacist</th>
<th>Richard J Larson rph</th>
</tr>
</thead>
<tbody>
<tr>
<td>License #</td>
<td>PH800010132</td>
</tr>
</tbody>
</table>

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

[Signature]

Oct 8, 2019

Signature of Owner/Authorized Representative of Pharmacy

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Assistants

A. Places, receives, unpacks and stores dmg orders.
B. Files and retrieves various pharmacy records as required.
C. Files completed prescriptions alphabetically on the shelf for patient pick up.
D. Maintains assigned work areas and equipment in clean and orderly condition.
E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
F. Handles nonprofessional phone calls to/from:
   1. Patients requesting refill of a prescription by number.
   2. Calls to physician’s office requesting refill authorization:
      a. Refill requests shall be made stating the patient’s name, medication and strength, number of doses and date of prior refills.
      b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
   3. Calls from physician’s office authorizing refills providing no changes in the prescription are involved.
   5. Calls regarding business hours or delivery services.
   6. Calls regarding the availability of goods and services—these might require transferring the call to another person.
   7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
   8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
G. Operates cash register and related front counter tasks.
H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
I. May generate a label for refill prescriptions only where there is no change in the prescription.