National Clinical Pharmacy Specialist (NCPS) Critical Elements in Designing a Collaborative Practice Agreement (CPA) / Clinical Protocol Checklist

Facility:_____
Pharmacist:_____
Contact Information: _____
Date of Review: _____

Please check the box and enter the page number corresponding to the location in which each element may be found. If there is a missing element or more clarification is needed, please give details in the comments section below.

1. Statement of Need o Rationale/Purpose for Clinic o Include **local** data to support clinic	☑ _____ ☐ _____
2. Clinic Information o Process for obtaining referrals and determining clinic eligibility o Clinic Procedures o Process regarding referral back to primary care provider and/or discharge back to the primary care provider	☑ _____ ☐ _____ ☐ _____
3. Comprehensive Care o Process for managing associated comorbidities o Comorbidities identified o Health care maintenance program based on local need (examples may include but not limited to these programs: immunizations, tobacco cessation, associated screening tests, etc)	☐ _____ ☐ _____
4. Clear Statements that the Pharmacist is Authorized to do <u>ALL</u> of the following (required for consideration of approval/certification) o Order laboratory tests o Interpret laboratory tests o Perform limited physical assessment o Prescribe (initiate, modify, and discontinue) medications per CPA and/or privileging o Provide and document patient education o Provide follow-up of the patient	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____
5. Outcomes (required for consideration of approval/certification) o Identification of clinical and administrative outcome measures to be	☐ _____

collected o Annually obtain, document, and report outcomes to local leadership and NCPSC	☐ _____
6. Performance Improvement o Description of how outcome measures will be utilized to improve future performance o Description of peer review process o Report performance improvement annually	☐ _____ ☐ _____ ☐ _____
7. Training and Certifications o Define pharmacist training requirements and other qualifications to practice in this comprehensive care clinic o Describe process for annual evaluation and documentation of competencies	☐ _____ ☐ _____
8. Treatment Guidelines o Current National Clinical Practice Guidelines, if available, are referenced	☐ _____
9. Protocol Approval o Appropriate signatures with position titles o Original date of approval o Revision and/or review dates	☐ _____ ☐ _____ ☐ _____

Comments: