

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

Facility: _____

Reviewer: _____

Reviewer's Contact Information: _____

Date of Review: _____

Please enter the page number of the CPA in which the following information may be found and submit this document with your CPA for NCPS committee review.

<p>1. Statement of Need</p> <ul style="list-style-type: none"> ○ Rationale/Purpose for Clinic ○ Include local data to support clinic 	<ul style="list-style-type: none"> ○ _____ ○ _____
<p>2. Clinic Information</p> <ul style="list-style-type: none"> ○ Process for obtaining referrals and determining clinic eligibility ○ Clinic Procedures ○ Process regarding referral back to primary care provider and/or discharge back to the primary care provider 	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____
<p>3. Clear Statements that the Pharmacist is Authorized do <u>ALL</u> of the following (required for consideration of approval/certification)</p> <ul style="list-style-type: none"> ○ Order laboratory tests ○ Interpret laboratory tests ○ Perform limited physical assessment ○ Prescribe (initiate, modify, and discontinue) medications per protocol. ○ Provide and document patient education ○ Provide follow-up of the patient 	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____ ○ _____ ○ _____ ○ _____
<p>4. Outcomes (required for consideration of approval/certification)</p> <ul style="list-style-type: none"> ○ Identification of clinical and administrative outcome measures to be collected ○ Annually obtain, document, and report outcomes to local leadership and NCPSC 	<ul style="list-style-type: none"> ○ _____ ○ _____
<p>5. Performance Improvement</p> <ul style="list-style-type: none"> ○ Description of continuous performance improvement process ○ Description of peer review process ○ Report performance improvement annually 	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____

<p>6. Training and Local Certification</p> <ul style="list-style-type: none"> ○ Define pharmacist training requirements and other qualifications to practice in a disease state management clinic ○ Describe process for annual evaluation and documentation of competencies 	<ul style="list-style-type: none"> ○ _____ ○ _____
<p>7. Treatment Guidelines</p> <ul style="list-style-type: none"> ○ Current National Clinical Practice Guidelines, if available, are referenced 	<ul style="list-style-type: none"> ○ _____
<p>8. Protocol Approval</p> <ul style="list-style-type: none"> ○ Appropriate signatures with position titles ○ Original date of approval ○ Revision and/or review dates 	<ul style="list-style-type: none"> ○ _____ ○ _____ ○ _____

Comments: