BRITISH COLUMBIA | BCPharmaCare

Audit readiness self-check tool

PharmaCare's Audit team's requirements are summarized on BC PharmaCare Audits and provided in detail in PharmaCare Policy Manual, Section 10.1: Audit

All legislation, regulation, policy, and College requirements must be followed and are auditable.

BC PharmaCare providers are encouraged to:

- Use this checklist, conduct internal self-audits regularly, and share findings with pharmacy leaders and staff
- Designate a staff member to keep up with PharmaCare Audit requirements, ensure pharmacy recordkeeping meets requirements, train staff, and respond to any requests from Audit
- Make sure records can be produced promptly, e.g.,
  - ☑ Complete documentation for every PharmaCare claim
  - ☑ Supporting records for all claimable services
  - ☑ Prescription scans are legible and complete
  - ☑ Authorization forms for coverage
  - ☑ Inventory records for covered items
  - ☑ Records are organized and readily retrievable

Prescription documentation

Written prescriptions

☐ Original written prescription retained (paper or compliant digital image)
☐ All pharmacist annotations captured and legible
☐ Prescription includes prescriber information
☐ Prescription includes date written
☐ Drug, strength, dosage form, directions, and quantity clearly documented
☐ Any alterations are appropriately documented

Verbal prescriptions

☐ Complete written record of verbal prescription (including medication ordered)
☐ Name of prescriber
☐ Date and time
☐ Name of receiving pharmacist

PharmaCare billing

For every PharmaCare claim:

☐ Documentation supports the claim submitted
☐ DIN billed matches medication dispensed
☐ Quantity billed matches quantity dispensed (and is billed according to PharmaCare's Correct quantities list)
☐ Days' supply billed is supported by directions and quantity dispensed
☐ Dispensing fees claimed are supported by documentation
☐ Any intervention or clinical service claims are fully documented

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Patient medication profile

☐ Medication history is up to date

☐ Clinical notes up to date

Evidence of dispensing

Maintain documentation proving that medication was dispensed:

☐ Prescription record

☐ Dispensing transactions, including all refills

☐ Delivery/courier/shipping documentation (if delivered)

Special documentation frequently reviewed during audits

Emergency supplies

☐ Rationale

☐ PharmaCare-required intervention codes

☐ Prescriber follow-up

Frequent dispensing

☐ HLTH 5378 - Frequent Dispensing Authorization form (PDF, 1.2MB)

☐ Prescriber handwritten "daily dispense" on every daily dispensed prescription

☐ Supporting clinical rationale

Witnessed dosing/methadone/PA

☐ Administration records

☐ Witness accountability log

☐ Missed doses

☐ Prescriber communications

Inventory and purchase records

☐ Invoices for drug purchases

☐ Records of receipt

☐ Transfer records

☐ Narcotic and controlled drug records

☐ Health Canada loss or theft reports

☐ Inventory adjustments

☐ Inventory counts (narcotic inventory counts are required every 3 months and at every manager or ownership change)

Record retention

☐ Retained for at least 4 years from last dispensing activity (refills could mean records may effectively be retained for 4 to 6 years)

☐ Electronic records remain accessible and retrievable

☐ Archived records can be produced promptly upon request

Electronic records management

☐ Scanned prescriptions are complete and legible

☐ Colour scanning

☐ Electronic records are periodically backed up

☐ Records are searchable and retrievable