

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056
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**CQI Bimonthly Summary
Form C-550****INSTRUCTIONS**

Maintain all Individual Incident Report Evaluation forms (C-650) with corresponding CQI Bimonthly Summary (C-550).

K.A.R. 68-19-1 requires the PIC to complete a summary and communicate the information to all pharmacy personnel no later than February 15, April 15, June 15, August 15, October 15, and December 15 each year.

FACILITY INFORMATION

Facility Name	Facility Registration Number
Date Summary Communicated to Pharmacy Personnel	Method of Communication (i.e., meeting, email, webinar, etc.)

SUMMARY TYPE (Indicate which Bimonthly Summary this represents)

- February August Year: _____
 April October
 June December

Null Report: Check this box if this summary is being filed as a null report under K.A.R. 68-19-1(b)(4).

INCIDENT TYPE SUMMARY

Incident type	Number of Rx's associated with incident type
Wrong drug	
Incorrect drug strength	
Incorrect dosage form	
Wrong patient	
Inadequate or incorrect packaging, labeling, or directions	
Dispensed drug resulted in (or has potential to result in) serious harm to patient	
Other (list):	

EVALUATION OF OUTCOME AND EFFECTIVENESS OF CORRECTIVE ACTION PLAN (CAP)

Use multiple copies of page 2, as needed, to address all incident types.

Incident Type	CAP Implementation Date
CAP Description	
CAP Review <input type="checkbox"/> First review <input type="checkbox"/> Second review	CAP effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

PIC CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE _____

PRINTED NAME _____

DATE _____



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SUPPLEMENTAL EVALUATION OF CAP

Incident Type	CAP Implementation Date
CAP Description	
CAP Review <input type="checkbox"/> First review <input type="checkbox"/> Second review	CAP effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

Incident Type	CAP Implementation Date
CAP Description	
CAP Review <input type="checkbox"/> First review <input type="checkbox"/> Second review	CAP effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

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SIGNATURE

PRINTED NAME

DATE