Activity Intent/Trigger/Abstract Strategy	Tasks	Breakdowns
Intent: Prepare 'General' prescription to be dispensed. Trigger: Clinician places a medication order (non PAP). Abstract Strategy: To expedite the process, pharmacist prepares medication orders for patients with chronic conditions prior to clinician examination.	 T1. Scan EMR dashboard to see if patient status has changed to a blue icon. T2. Receives prescription information in EMR. T3. Scans stock cabinets for medication. 	B1 . Clinician failed to update patient status after examination B2 . The dispensary does not ha the prescribed medication.
<i>Intent:</i> Prepare PAP medications to be dispensed. <i>Trigger:</i> An PAP patient has checked in at the clinic and has met with the pharmacist.	 T1. If patient is a monthly scheduled patient, then pharmacist has a one-on-one counseling session with the patient in an exam room. T2. Medications are retrieved from PAP cabinet. T3. Medication labels are prepared and taped on top of previous labels. T4. Medications are dispensed immediately to patient (patient only requires clinician examination every three visits). 	 B3. PAP medications have not been re-ordered. B4. Patient was due for an annu program re-enrollment but paperwork has not been processed.
Intent: Discuss new medication plan with clinician. Trigger: Clinician prescribes a medication that the dispensary does not have. Abstract Strategy: Pharmacist feels comfortable determining a new treatment plan for the patient without consulting the clinician.	 T1. Find clinician in the clinic during clinic session. T2. Consult clinician to discuss the problem. T3. Determine new treatment plan with clinician. T4. Scan medication cabinets for new medication. T5. Correct EMR entry to adjust for the new order. 	 B5. Pharmacist must leave his/h workspace to interrupt a clinicia while he/she is with a new patient. B6. Clinician does not remember all of the details from a recent patient and must refer to EMR. B7. The prescribed medication required; thus, patient must buy the medication from community pharmacy. B8. EMR order correction process is cumbersome and time

<i>Intent:</i> Dispense medications. <i>Trigger:</i> Patient prescriptions are prepared and ready to be filled.	 T1. All medication stock bottles are located and retrieved from cabinets. T2. New patient-medication bottles are retrieved from drawers. T3. Pharmacist counts the amount of pills to be dispensed. T4. Pills are filtered into new medication bottles. T5. Medication labels are written and affixed to bottles. 	 B9. There are not enough pills in the current stock bottle. B10. The pharmacist miscounted and needs to start over. B11. There is an error transcribed on the medication label and it must be re-written. B12. Wrong medication label is taped on the medication bottle.
<i>Intent:</i> PAP application initiation. <i>Trigger:</i> A low-income patient	 T1. Pharmacist explains the PAP application process to the patient. T1. Pharmacist locates correct PAP application. T2. Patient fills out required fields. T3. Pharmacist and patient discuss what 	B13. There are no copies of the correct PAP application.B14. Patient is unable to provide income documents.
qualifies for prescription medication from a pharmaceutical manufacturing company.	materials the patient must bring in to receive the medication (i.e. W2 form). T4 . Application is placed in a bin to be processed.	
	T1. Pharmacist retrieves new document from a binder.	B15 . There are no copies of the Pharmacy Activity Sheet.
<i>Intent:</i> Complete the Pharmacy Activity Sheet.	T2 . Pharmacist transcribes dispensed medication information from that clinic session to the form.	B16 . Pharmacist forgets to transcribe low-inventory medication.
<i>Trigger:</i> The last patient has received medications.	T3. Transcribes low inventory alerts to the proper section of the form.T4. Deposits form in specified outgoing bin located in the check-in room.	B17. There is insufficient time to fill out the form in its entirety.