

Ancillary Care Areas: Pharmacy

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Use this tool in conjunction with the following sections of The Doctors Company's *Interactive Guide for Hospitals*:

- Patient Care Systems: Medication Management
- Patient Care Systems: Medication Management System Review

Always/ Sometimes Never/ N/A
Yes No

DEPARTMENT MANAGEMENT

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The following policies and procedures are in place to ensure patient and staff safety: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Infection control. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Preventive maintenance and calibration of equipment, according to manufacturers' recommendations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Delivery of dangerous drugs and devices to the pharmacy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Sample drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Drugs brought to the hospital by the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Handling cytotoxic and hazardous drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Managing drug product shortages. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Compounding services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. The security of the pharmacy is adequate. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Doors to the pharmacy are always locked. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Schedule II-V drugs are stored securely in the pharmacy (e.g., safe, vault, or locked cabinet/drawer). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The hospital has a formulary. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The formulary is reviewed at least annually. |

(Resource: American Society of Health-System Pharmacists [ASHP] policy positions, statements, guidelines, and endorsed documents on Formulary Management at <http://www.ashp.org/menu/PracticePolicy/PolicyPositionsGuidelinesBestPractices/BrowsebyTopic/FormularyManagement.aspx#>.)

Ancillary Care Areas: Pharmacy

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The pharmacy complies with all federal and state pharmacy laws. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The hospital follows legal guidance on how drugs purchased under preferential prices are used. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. If required by the state, pharmacy self-assessments are completed. |
| | | | | (Resource: State laws may include a pharmacy self-assessment, e.g., see California State Board of Pharmacy, Hospital Pharmacy Self-Assessment ,17M-14 with Updates [2013] at http://www.pharmacy.ca.gov/forms/17m_14_ur.pdf .) |

HUMAN RESOURCES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. A licensed pharmacist directs the operation of the hospital's pharmacy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. There are job descriptions for all pharmacy staff positions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Only registered pharmacists perform functions that require professional judgment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Technicians or ancillary personnel perform only technical tasks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Pharmacy technicians are under the direct supervision of a pharmacist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Pharmacists supervise only the number of technicians permitted by state law. |
| | | | | 9. If pharmacy interns train at the hospital: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Interns are under the direct supervision of a pharmacist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Pharmacists supervise only the number of interns permitted by state law. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. If the hospital has a clinical pharmacy program or service, the clinical pharmacist is PharmD prepared or higher. |

PATIENT CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | | | | 11. If the pharmacy is not open and staffed by a pharmacist 24 hours a day, seven days a week: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. There is documentation of medications removed from the off-hours drug supply cabinet when the pharmacy is closed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Only qualified staff members remove drugs from the off-hours drug supply cabinet. |

Ancillary Care Areas: Pharmacy

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. A unit dose medication system is used throughout the organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Unit-dose drugs are barcoded and correctly labeled, and the barcode is readable at the patient's bedside.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Outdated products are placed in a special area where pharmacists cannot retrieve them when processing an order.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. The hospital has a medication error reporting program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. The hospital has a dispensing error reporting program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Medication errors are ranked according to degree of potential severity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. The pharmacy and therapeutics committee (or other appropriate committee) is involved in reviewing all medication errors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Through the U.S. Food and Drug Administration's (FDA's) MedWatch program, the director of the pharmacy reports any adverse events and product problems with medications, medical devices, special nutritional products, and other products regulated by the FDA. (www.fda.gov/Safety/MedWatch)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. A pharmacist is on the infection control committee.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. If the pharmacy prepares ophthalmic preparations extemporaneously, the procedures used comply with the ASHP Guidelines on Pharmacy-Prepared Ophthalmic Products. (http://www.ashp.org/DocLibrary/BestPractices/PrepGdlOphthal.aspx)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. The pharmacy offers/provides a patient counseling service/program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. If the hospital uses non-FDA-approved medications (i.e., the hospital is involved in research activities involving medications), an institutional review committee develops and reviews protocols.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. The pharmacy has a policy and procedure in place to address the use of medications for non-FDA-approved ("off-label") uses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Literature supports such uses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The policy and procedure identifies a contact person for questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Off-label use is monitored by the pharmacy and therapeutics committee.

Ancillary Care Areas: Pharmacy

Always/
Yes Sometimes Never/
No N/A

ENVIRONMENT OF CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. If the pharmacy has an IV admixture program: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. There is a laminar flow hood. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. It is properly certified (at least annual review of certification). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. There is a needle disposal box. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. IV containers are checked or inspected prior to use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. IV admixtures are prepared only by pharmacists. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. If not, documentation on the individuals' training/proficiency is maintained. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. If prepared in the pharmacy by a non-pharmacist, the IV admixtures are reviewed by a pharmacist prior to dispensing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. If the pharmacy mixes cytotoxic drugs: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. A vertical flow hood is used. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. At least one spill kit is immediately available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Personal protection items are available (e.g., gloves, impervious outer coverings, masks, goggles, or face shields). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. There is a needle disposal box. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. A contaminated waste container is available for disposable gloves, outer coverings, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. If no vertical flow hood is available: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Micro filter masks, goggles, impervious outer coverings, and gloves are worn when mixing cytotoxic drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. The cytotoxic drugs are mixed in an area away from other employees to prevent or minimize their exposure. |

Ancillary Care Areas: Pharmacy

Always/
Yes

Sometimes

Never/
No

N/A

PROCESS IMPROVEMENT AND PATIENT SAFETY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Adverse events and near misses are reported according to policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The department provides constructive and timely feedback on each reported adverse event and near miss. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how information on adverse events and near misses is used to improve patient safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. The department has a patient safety plan with specific goals and objectives. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. The department collects data needed to track progress toward the department patient safety goals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Staff members are able to describe how they use data to determine which safety projects to adopt. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how they use data to improve patient care. |

Additional Resource

Institute for Safe Medication Practices (ISMP) Medication Safety Self-Assessment® for Hospitals at <http://www.ismp.org/selfassessments/Hospital/2011/full.pdf>.

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.