INDIAN HEALTH MANUAL CHAPTER 7

Pharmacy Policy Alignment Review Tool

	Area:	**Facility Location:**
Date of Review:		**Completed By:**
Date of Last Review:		

PERFORMANCE ELEMENT	Methodology	Satisfactory	Unsatisfactory	NA	DATE OF COMPLETION EVIDENCE OF COMPLIANCE
PHARMACY AND THERAPEUTICS COMMITTEE ***3-7.3***					
Written policy for medication substitution in the event of medication shortage/outage.					
Formulary					
Pharmacy has authorization to dispense therapeutically equivalent generic drugs (auto-substitution policy).					
Written policy governing the activities of Medical Pharmaceutical Service Representatives (MPSR).					
1. MPSRs have received a copy of rules.					
2. Activities of MPSRs are monitored by pharmacy.					
STAFFING REQUIREMENTS ***3.7-4***					
Adequate staffing to carry out basic IHS Pharmacy Services and expanded specialty pharmacy services (comparison of IHS RRM to approved staffing levels)					
MEDICATION PROCUREMENT ***3-7.5***					
Written policy complies with requirements of DSCSA.					
INVENTORY MANAGEMENT ***3-7.6***					
Medication Storage					
Written policy in place to accept medication deliveries outside the pharmacy hours, including identification of individuals authorized to sign for delivery.					
Written policy must be in place for medications and Look Alike / Sound Alike (LASA) medications stored and used in all locations					
Disposal of Unused Patient Medications					
Pharmacies provide assistance to patients with disposal of medications as outlined in Part 3 Chapter 7 "Pharmacy" of the Indian Health Manual.					
PHARMACY SECURITY ***3-7.7 – all mandatory elements***					
Local policy restricts physical key use to times when security-enhanced or cipher-type locks are not functioning (power outage).					
PHARMACY SERVICES ***3-7.8***					
Medication/Drug Recalls					
Written policy in place for drug recalls.					

PERFORMANCE ELEMENT	Methodology	Satisfactory	Unsatisfactory	NA	DATE OF COMPLETION EVIDENCE OF COMPLIANCE
MEDICATION ORDERING/PRESCRIBING *3-7.9*					
For hospitals, a written policy must specify the required elements of the following:					
1. PRN orders					
2. Standing orders					
3. Hold orders					
4. Automatic stop orders					
5. Resume orders					
6. Titrating orders					
7. Taper orders					
8. Range orders					
9. Compounded medication orders					
10. The generic drug names are used for prescribing and labeling.					
Written policy defines the requirements for indication-for-use on the medication order.					
Written policy defines procedures for ordering, storing, prescribing and administering look-alike or sound-alike drug names.					
Written policy defines what actions pharmacists can take for medication orders that are incomplete, illegible or unclear.					
Written policy lists non-approved abbreviations to be avoided during prescribing and is approved by P&T committee.					
Allergy and adverse drug reaction information is recorded in the EHR.					
Written policy regarding use of verbal or telephone orders; discouraged unless emergency situation.					
Written policy defined for contacting telehealth providers when medication order clarification is required.					
PREPARING AND DISPENSING MEDICATIONS *3-7.10*					
Mailing Prescriptions					
Written facility policy defines patients eligible to receive prescription refill mail-out service and any restrictions (prescriptions can be mailed locally or from a central fill pharmacy).					
Local policy states that new or first-time prescriptions are filled and dispensed locally and shall not be mailed.					
CLINICAL PHARMACY SERVICES *3-7.11*					
Written policy defines the following for pharmacist clinical privileging:					
1. How privileges are granted (required when pharmacist serves as non-physician provider to initiate, modify, renew or discontinue medication therapy) and/or initiating a CPA.					
2. Process for renewal of clinical privileges.					
3. Professional practice evaluations (focused and ongoing).					
4. All required competency assessments, education, training, and experience requirements.					
5. A renewal process at least every 2 years.					
Initial privileges are approved for a 1-year provisional period during which qualifications and clinical skills are assessed.					
Mentorship is required for:					
1. Currently employed clinical pharmacists with less than one year post-graduate experience.					
2. Clinical pharmacists requesting initial or expanded privileges in a specialized practice area when there is insufficient evidence of education, training or experience.					
3. Clinical pharmacists seeking privileges complete application, which has been endorsed by the Chief Pharmacist and Clinical Director prior to submission to the medical staff.					

Methodologies: D = Demonstration/Observation Q = QA Findings V = Verbal

PERFORMANCE ELEMENT	Methodology	Satisfactory	Unsatisfactory	NA	DATE OF COMPLETION EVIDENCE OF COMPLIANCE
CPAs contain the following elements:					
1. Statement of need and purpose for agreement.					
2. Process for obtaining referral and eligibility documentation.					
3. Patient care procedures.					
4. Process regarding referral and/or discharge back to referring primary provider.					
5. Statement of tasks that pharmacist is authorized to perform (interpret laboratory tests, limited physical assessment, patient education, etc.).					
6. Identify clinical outcomes and annually report to medical staff.					
7. Describe continuous performance improvement process and report annually to medical staff.					
8. Implement peer review process.					
9. Define pharmacist training requirements.					
10. Describe process for annual evaluation and documentation of competencies.					
11. Identify and adhere to current national Clinical Practice Guidelines					
12. Agreement is signed with appropriate signatures, position titles and dates of approval					
13. All revision and review dates will be documented					
Professional practice evaluation forms are reviewed with each pharmacist prior to the start of the first evaluation period and anytime the indicators are changed.					
Chief Pharmacist reviews all professional practice evaluation activities on an ongoing basis and report to medical staff, as appropriate.					
INPATIENT PHARMACY ***3-7.12***					
Written policy for medication administration includes:					
1. Patient outpatient medication/supplies brought into the SU (includes use, disposition, storage or return).					
2. When a pharmacist authorizes the use of patient's own medication (when not obtainable in a timely manner through routine procurement methods) the medication is ordered by the provider in EHR					
3. A clinical pharmacist identifies and validates the correctness of the patient-supplied medications prior to dispensing or administration to patient.					
4. Patient-supplied medications are re-labeled by the pharmacy department.					
Medication orders are re-evaluated by the provider when there is a change in patient status or when patient is relocated.					
A written policy may define requirements for stop orders or reinstatement of prior medication orders if the same treatment team follows the patient after relocation.					
A clinical pharmacist verifies all inpatient orders reviewing all diagnoses and indications for use.					
When electronic order entry is unavailable there is a locally approved form that is utilized for all medications, including parenteral fluids, and includes all requirements for prescription ordering.					

PERFORMANCE ELEMENT	Methodology	Satisfactory	Unsatisfactory	NA	DATE OF COMPLETION EVIDENCE OF COMPLIANCE
When electronic ordering is unavailable and the provider utilizes "keep vein open" or "keep open" provider also indicates appropriate flow rate.					
Orders that do not specify a finite duration will not be subject to automatic stop, discontinuation or expiration dates except for the following:					
All orders are automatically cancelled when patient undergoes surgery or is admitted or discharged from ICU.					
New orders are written post-operatively or upon ICU admission or discharge.					
Post-operative and ICU transfer orders written as "renew all previous orders" are not permitted.					
When patient is discharged any partially-used bulk medications are relabeled to meet outpatient requirements and dispensed to those patients.					
Before administering new medications, the patient or patient proxy is informed about any potential ADR or other concerns (completed by provider or nurse when clinical pharmacist unavailable).					
Pharmacy Staffing During Off-Hours					
A contingency plan is in place for those pharmacies not open 24 hours-a-day and 7-days-a-week to assure there is a review of the medication orders prior to administration and covers the following:					
1. Review is performed by a clinical pharmacist at remote site or a Licensed Independent Practitioner in emergent situations.					
2. Review is completed by an individual who is not the prescriber and completed before first dose administered.					
3. Clinical pharmacist conducts a retrospective review as soon as possible or when the pharmacy opens (whichever is sooner).					
Emergent medications may be stored in a night cabinet, automated storage cabinet or section of the pharmacy with controlled access and separate from the main pharmacy.					
A clinical pharmacist is available either on-call or at another location to answer questions and/or provide access to medications not available.					
QUALITY ASSURANCE AND IMPROVEMENT ***3-7.14***					
PERFORMANCE ELEMENT	Methodology	Satisfactory	Unsatisfactory	NA	DATE OF COMPLETION EVIDENCE OF COMPLIANCE
QAPI plan is approved by the SU CD and the CEO.					
QAPI plan includes (but not limited to) the following:					
1. Ensure medications are safely stored, dispensed, and/or administered (safety measures for look-alike sound-alike; high alert; and hazardous medications).					
2. Monitoring and evaluating the QAPI plan.					
3. Written annual evaluation of the pharmacy QAPI.					
4. Reporting and monitoring of pharmacy services to other departments (facility QAPI committee, Governing Body).					
OTHER					
All pharmacy policies updated yearly					
Pharmacy contact list contains correct numbers and is updated quarterly					
APC completed annual controlled substance audit					
APC completed annual program review.					

COMMENTS/FOLLOW-UP ITEMS/ACTION PLAN