INDIAN HEALTH MANU	JAL CI	IA	PT	EF	<b>R</b> 7	
Pharmacy Policy Alig	nment	Re	vie	w [	Гоо	1
Area:	Facility Location:					
Date of Review:	Completed By:					
Date of Last Review:						
PERFORMANCE ELEMENT		Methodology	Satisfactory	Unsatisfactory	VN	DATE OF COMPLETION EVIDENCE OF COMPLIANCE
PHARMACY AND THERAPEUTICS COMMITTEE 3-7.3	}					
Written policy for medication substitution in the event of medication shortage/outag	ge.		Ι			
Formulary		I	<u> </u>	-		
Pharmacy has authorization to dispense therapeutically equivalent generic drugs (au substitution policy).	ito-					
Written policy governing the activities of Medical Pharmaceutical Service Represer (MPSR).	ntatives					
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 services (comparison of IHS RRM to approved staffing levels)	pharmacy					
MEDICATION PROCUREMENT 3-7.5		1	-	1		
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, identification of individuals authorized to sign for delivery.	including					
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		-		-	<u> </u>	
Pharmacies provide assistance to patients with disposal of medications as outlined in E 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-ty are not functioning (power outage).	pe locks					
PHARMACY SERVICES 3-7.8						
Medication/Drug Recalls						
Written policy in place for drug recalls.						

PERFORMANCE ELEMENT	1	1			
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MEDICATION ORDERING/PRESCRIBING 3-7.9					
For hospitals, a written policy must specify the required elements of the following:	Γ				
1. PRN orders					
PRN orders     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	1	1			
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	<u>I</u>	I			
Written policy defines the following for pharmacist clinical privileging:	1	1	1	<u> </u>	
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).					
<ol> <li>All required competency assessments, education, training, and experience requirements.</li> </ol>					
5. A renewal process at least every 2 years.	L				
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.					
<ol> <li>Clinical pharmacists requesting initial or expanded privileges in a specialized practice area when there is insufficient evidence of education, training or experience.</li> </ol>					
<ol> <li>Clinical pharmacists seeking privileges complete application, which has been endorsed by the Chief Pharmacist and Clinical Director prior to submission to the medical staff.</li> </ol>					
<u>Methodologies</u> : $D = Demonstration/Observation Q = QA Findings V = VerbalPage 2 of 5$					

PERFORMANCE ELEMENT	1	1			
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CPAs contain the following elements:	Σ	š	þ		
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.					
<ol> <li>Statement of tasks that pharmacist is authorized to perform (interpret laboratory tests, limited physical assessment, patient education, etc.).</li> </ol>					
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					
<ol> <li>Agreement is signed with appropriate signatures, position titles and dates of approval</li> </ol>					
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 EHD					
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.		1			
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.		1			
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.					

Methodologies: D = Demonstration/Observation Q = QA Findings Page 3 of 4 V = Verbal

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Pharmacy contact list contains correct numbers and is updated quarterly	Pharmacy contact list contains correct numbers and is updated quarterly	F				
APC completed annual controlled substance audit	APC completed annual controlled substance audit	$\square$				
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Methodologies:	D = Demonstration/Observation	Q = QA Findings	V = Verbal
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COMMENTS/FOLLOW-UP ITEMS/ACTION PLAN	
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