The Manitoba Pharmaceutical Association

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STANDARDS OF PRACTICE

COMMUNITY

(For Hospital and Personal Care Home Practice, please refer to Hospital & Personal Care Home Standards of Practice)

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STANDARD #1: DRUG DISTRIBUTION

EVERY PHARMACIST MANAGER SHALL BE RESPONSIBLE FOR THE PURCHASING, RECEIVING, STORAGE, DISTRIBUTION AND DISPOSAL OF DRUG PRODUCTS AND MEDICAL DEVICES IN THE PHARMACY.

Interpretation:

Pharmacy support personnel may be utilized to reduce the professional time committed to the mechanics of the drug and medical device distribution service without reducing the professional and legal control.

A. Community:

1.1. As drugs are received for the pharmacy or pharmacy department, they shall be handled in the following manner:

1.1.1. All products regulated by the Controlled Drugs and Substances Act (eg narcotic, controlled, and targeted substances etc) shall be delivered to the dispensary directly or, where applicable, to the receiving area and subsequently delivered to the dispensary forthwith;

1.1.2. The pharmacist manager shall be responsible to ensure established policy and procedures provide for the security of all medication received during the time elapsed from the actual receiving until the medication is stored properly by dispensary staff;

1.1.3. The pharmacist manager shall be responsible to ensure established policy and procedures provide for the safe and secure storage of drugs when storage within the dispensary is not possible.

1.2. All drugs and health care products shall be stored under proper conditions of sanitation, temperature, light, humidity, ventilation and security.

1.3. All expired drugs and health care products must be removed from the areas of sale as required in federal legislation, the Pharmaceutical Act, the regulations of the Pharmaceutical Act, Standards of Practice and Practice Directives. Products offered for sale shall be checked as often as necessary in order to comply with this section.

1.4. For any prescription medication, or regulated non-prescription medication to be provided to the patient by delivery, the pharmacist must:

1.4.1. attach any pertinent auxiliary labels to the container;

1.4.2. include additional warning labels or bulletins should there be any drug strength or dosage change and/or any generic substitution;

1.4.3. establish policy to ensure the proper storage of medication that is being delivered and, in default of the delivery, that the medication is returned to the

pharmacy within 24 hours;

1.4.4. include printed drug information plus pharmacy contact information, in addition to patient counselling.

1.5. For any prescription to be provided to the patient by mail service, the pharmacist must:

1.5.1. use a courier or postal method that has available signed proof of delivery, registered mail (or equivalent) for all narcotic, controlled and targeted substance prescriptions and retain the shipping receipt information for 60 days;

1.5.2. attach any pertinent auxiliary labels to the dispensed container;

1.5.3. include additional warning labels or other notation should there be any drug strength, or dosage change and/or change of brand provided;

1.5.4. include printed drug information plus contact pharmacy information, in addition to patient counselling.

1.6. All drugs and medical devices for disposal shall be rendered unusable and disposed of in accordance with federal and provincial laws, and regulations relating to hazardous waste materials.

1.7. The following must occur under the Drug Programs Information Network (DPIN):

1.7.1. "Days Supply" field must be filled in the DPIN system. Where dosages are suffixed by "prn" or indicate "ut dict", the day's supply should be calculated using professional judgement or calculated using the maximum dose resulting in a lower number of days supply;

1.7.2. When accessing the DPIN patient profile, as permitted under the Pharmaceutical Act of Manitoba and privacy legislation, without the provision of a prescription, the pharmacist must:

1.7.2.1. confirm the identity of the person requesting the access and their authority to do so;

1.7.2.2. clarify the inquiry with respect to patient care;

1.7.2.3. document the name of the person and reason for inquiry in a readily retrievable manner;

1.7.2.4. retain this information for a period of 2 years.

1.7.3. Where critical patient care codes, MY (duplicate drug other pharmacy) or MZ (duplicate therapy other pharmacy), appear, either separately or in addition to other codes, from the DPIN with the filling of a prescription, the pharmacist must intervene and document the interventions on the DPIN and the patient record in the pharmacy;

1.7.4. Where all other patient care codes appear from the DPIN with the filling of a prescription, the pharmacist shall use professional judgement in the review, intervention and documentation of the response. If the review reveals that an intervention is critical to patient care, or results in a change in the prescription, the pharmacist shall document the response in the DPIN and the patient record in the pharmacy;

1.7.5. Where a pharmacist has become aware of an individual that is receiving medication that is excessive or inconsistent with good medical or care and where the pharmacist has not been able to solicit satisfactory response through consultation with the prescriber(s), the identity of the patient and circumstance is to be forwarded in writing to the office of the Association.

1.8. **Residential Care Homes:**

All medication shall be individualized. Recommended is an individualized list for each patient authorized in advance (i.e. routine order) by either the physician or pharmacist (Schedule 2, 3 and Unscheduled);

B. Hospital Practice

(Please refer to Hospital Standards of Practice)

C. Personal Care Home Practice

(Please refer to Personal Care Home Standards of Practice)

D. Pharmacist's Responsibilities in the Refusal to provide Products or Services for Moral or Religious Reasons

1.9. Pharmacists shall hold the health and safety of the public to be their first consideration in the practice of their profession. Pharmacist who object, as a matter of conscience, to providing a particular pharmacy product or service must be prepared to explain the basis of their objections. Objecting pharmacists have a responsibility to participate in a system designed to respect a patient's right to receive pharmacy products and services.

1.10. The following policy reflects the need to meet a patient's requirement for pharmacy products and services while respecting a pharmacist's right of conscience:

1.10.1. A pharmacist is permitted to object to the provision of a certain pharmacy product or service if it appears to conflict with the pharmacist's view of morality or religious beliefs and if the pharmacist believes that his or her conscience will be harmed by providing the product or service. Objections should be conveyed to the pharmacy manager, not the patient.

E. Pharmacist's Responsibility When Asked to Provide a Drug That May Harm the Patient:

(Moved from Standard #2)

In this section, "standard of care" means the level of professional service that a reasonably prudent pharmacist would provide in caring for the patient in order to provide reasonable protection of the patient from harm.*

1.11. Ethically, pharmacists are obliged to hold the health and quality-of-life of their patients to be a prime consideration in all professional interactions. The standard of care when dispensing a drug includes a duty to inform the patient of the realistic consequences of its use, and to respect patient autonomy. The pharmacist must respect the autonomy of the patient to make decisions. This requires eliciting informed consent, where the pharmacist is satisfied that the patient possesses sufficient information and mental capacity to understand the risks and benefits of taking a particular drug, so that the patient may voluntarily accept or reject that particular treatment. During this process, the pharmacist is obliged to accurately disclose the material risks and benefits that are reasonably known, or can be;

1.12. Should the pharmacist not be satisfied that the patient has made an informed decision, the pharmacist may compromise respect for autonomy and exercise professional judgment in a manner which will reduce what the pharmacist believes might be an unsafe consequence for the patient to an acceptable level.

F. International Prescription Service Pharmacy:

The Manitoba Pharmaceutical Association's primary goal is for the protection of the public. As a result, the following policy is implemented for all pharmacies that fill prescriptions for patients who have not physically attended the pharmacy and provide pharmacy services for patients residing outside Canada:

1.13. The home page and any advertising on the Internet site must:

1.13.1. indicate The Manitoba Pharmaceutical Association presently licenses the pharmacy in the province of Manitoba and list the license number assigned;

1.13.2. indicate the name and physical location and telephone number of the Pharmacy;

1.13.3. not advertise in such a manner that would contradict the Code of Ethics or lessen the public image of the profession of pharmacy.

1.14. The pharmacy manager must advise the Registrar of The Manitoba Pharmaceutical Association the pharmacy is conducting business over the Internet, the Internet address of the site and the nature of the business.

1.15. Until such time the electronic transfer of prescriptions is approved, all prescriptions filled must be verbal orders, written orders or sent through a facsimile machine in accordance with the joint statement on the *Facsimile Transmission of Prescriptions*.

1.16. Pharmacists must comply with the Standards of Practice regarding counseling the patient about their medication treatment as well all other practice requirements applicable to a patient accessing the pharmacy services.

1.17. Safeguards must be implemented in the receiving and sending of data and the provision of medication to ensure patient personal health information is kept confidential.

1.18. The pharmacy must not contravene rules or regulations in effect in the jurisdiction where the patient resides.

1.19. The prescriptions and other records kept must be in compliance with all pertinent rules and regulations in effect in Manitoba.

The prescriptions that are delivered are done so in compliance with the Standards of Practice.

G. Compliance Packaging Standards (All Practice Areas except Hospital In-Patients);

Non-compliance and medication errors can significantly impact patient care resulting in negative health consequences for the patient, increase use of limited health care resources, and increased expenditures for third party payers. Compliance packaging has been widely recognized by patients, caregivers and allied health care professionals to enhance patient compliance permit more efficient utilization of health care personnel and reduce medication incidents and discrepancies.

These guidelines are directed towards pharmacy practices, which service patients within the community. However, they may also have applications in personal care home settings. The goal of these recommendations is to provide patients and care givers with consistent, user-friendly compliance packaging.

1.20. **Description of the drug appearance:** The description must include the shape and colour of the dosage and may also include size, form and identifiable markings.

1.21. **The location of the description of the drug on the package:** The description must appear on the package or on a label affixed to the package.

1.22. **Placement of labels:** All labels must be affixed directly to the package.

1.23. **Compliance with labeling requirements:** All labeling information must be in compliance with section 19(1) of the Regulations to the Pharmaceutical Act.

1.24. **Standardization of dosing time (changed from dosing information):** Information must appear on the package indicating where, the individual doses of the various prescriptions are to be found on the blister package (e.g. morning, noon, evening, or at bedtime). Further, the pharmacy must have a readily retrievable recording system in place, manual or on computer, to ensure current, consistent packaging and location of doses in the package, from refill to refill of the same medication.

1.25. **Lot number and expiry date:** The lot number and expiry date does not have to be identified if the packages are prepared pursuant to a prescription and have not been prepared in anticipation of receiving a prescription. Any compliance packaged medication cannot be repackaged more that once for the same patient when lot numbers and expiry dates are not tracked.

1.26. **Repackaging of returned medication;** In compliance with Section 23 of the Regulations to the Pharmaceutical Act medications returned by one patient cannot be repackaged for another patient. However, pharmacists may accept the return of medication to be repackaged for the same patient in incidents where a change in dosage has occurred. (See Lot Number & Expiry Date Section)

If the pharmacy uses:

a) the heat seal method of compliance packaging, or
b) does not track the expiration dates

medication can only be repackaged once.

If the pharmacy uses:

a) the cold seal method of compliance packaging, and
b) does track the expiration dates

medications can be repackaged until the expiration date.

A system must be in place to identify medication that has already being repackaged.

(It is recommended blister packages that already contain repackaged medication, be marked with an "R" for example; to identify it cannot be repacked again.)

1.27. **Changes in drug or dosage regimen:** Upon notification of a change in drug or dose…to the patient's compliance packages, the pharmacy must;

(1) Provide a new compliance package;
  (a) Repackage the compliance package;
  (b) Provide supplementary compliance packages, or
  (c) Provide non-blister type packaged medications,
(2) Provide an updated MAR (Medication Administration Record) when they are in use; within a reasonable time frame and in keeping with professional judgment.
(3) A Medication Administration Record (MAR) will be supplied a minimum of once per cycle when MAR's are in use;

(This will cover the item "Packaging of Specialized Dosages", as well.)

1.28. **Packaging of specialized dosages:** Should a patient require medications over a shorter period of time than the total time span of the other medication(s) dispensed in the cycle, it is important the packages are numbered in order for them to be used in the correct sequence. If a medication is introduced that requires a special dosing regiment during a medication packaging cycle (ie. 4, 8, 12 weeks) an additional package is recommended. The pharmacist should use their professional judgment in the packaging of medications to be used on an "as needed" basis.

1.29. **Child resistant closures:** The pharmacy is responsible for informing patient and caregivers that compliance packaging is not child resistant. Permission from the patient or caregiver must be documented and kept on file.

1.30. **Type of packaging:** The pharmacy must not dispense in compliance packaging any drug which is not appropriate for such packaging, according to manufacturer's directions, compendia sources or the pharmacist's professional

judgment. Policy must be established for the appropriate packaging of medication where physical or chemical form, light sensitivity, therapeutic incompatibility or risk of interaction with another drug in the compartment, could potentially reduce the effectiveness of the medication. When using a heat-sealing systems, care must be taken not to disrupt the integrity of the dosage form.

1.31. **Placing doses in package compartments for sealing:** Attention must be made to proper hygiene when placing the dosages in the blisters on the compliance packaging packages. Ongoing hand washing with a hypoallergenic soap, the use of rubber gloves and prevention of cross contamination, for patients with known anaphylactic responses to certain medications, must all be addressed in established policy.

1.32. **Disposal of compliance packaging:** The pharmacy must dispose of labeled compliance packaging in such a manner as to ensure patient confidentiality in compliance with the *Personal Health Information Act and Regulations.*

(July 2000, Revised July 2001 & June 2006)

H. Documentation Standard:

Documentation is a key element of every health professional's standard of practice. It is an integral activity for all health professionals involved in direct patient care. These guidelines are intended to provide basic documentation expectations which will be the foundation on which future documentation expectations will be based. Depending on the practice setting, more detailed documentation may be required than is set out in this document.

1.33. **Patient Information:** Pharmacists shall maintain patient profiles for all patients. A reasonable effort shall be made to obtain and record the following information:

a. Demographic information: name, address, telephone number, date of birth (age), gender.
b. Clinical information such as allergies and sensitivities and, where significant, disease state and/or chronic conditions.
c. Prescription information containing a comprehensive list of medications (e.g. drug name, strength, quantity, and date dispensed
d. Use of relevant devices (e.g. self testing, compliance devices, etc.)
e. Prior and present medical problems
f. Non-prescription, herbal, and homeopathic drug use
g. Non-medicinal use of drugs, alcohol, tobacco
h. Laboratory and/or physical examination results, if available
i. Non-safety vial requests

1.35 **Intervention Information:** Pharmacists shall evaluate the patient profile and, if required, intervene and appropriately document the following:

a. Actual and potential drug interactions to be monitored
b. Actual and potential adverse effects to be monitored
c. Drug compliance (i.e. early or late fills)
d. Drug discontinuations
e. Changes to dosage regimen (i.e. dosage increase or decrease)
f. Patient counselling refusals
g. Pharmacist's reasons for refusing to fill a prescription
h. Clarification or verification of prescription information (handwriting, dosage change)
i. Lost/stolen medications
j. Counselling on delivered prescriptions
k. MY, MZ responses to DPIN
l. Access to a patient DPIN profile when a prescription is not filled that day;
m. Pharmacist decisions for Part 2 EDS and the reasons for the decision
n. Provision of a lesser or greater quantity than specified by the physician, by package size restrictions, or upon patient request (i.e. patient wants 30 tablets)

1.36. **Prescription information:** Pharmacists shall document on the original, the new prescription, or the new transaction hardcopy the following information:

a. *Verbal Order, V/O, Phoned, Copy, Continued Care, Partial Fill,* or similar designation referring to how the authority to supply the prescription was obtained if it was not written or faxed. If more than one pharmacist is involved in obtaining the authorization and filling the prescription, the documentation must clearly demonstrate the responsibility of each;
b. *Deferred, Unfilled, Logged,* or similar designation when prescription information is pre-entered into the pharmacy computer and the prescription is not filled;
c. *"Prescriptions not filled," (NF), ward stock*, or similar designation when a prescription product based on a prescription and not filled as a prescription, is provided from the front store stock (OTC), or from ward stock;
d. The manufacturer or brand used;
e. Reference to the original prescription number on a new hardcopy when an old prescription number is updated.

2. PATIENT COUNSELLING

A PHARMACIST SHALL PROMOTE THE SAFE AND EFFECTIVE USE OF MEDICATION BY EDUCATING PATIENTS ABOUT THEIR DRUG THERAPY.

Interpretation

A. Community:

2.1 The pharmacist shall establish a patient medication profile system to assist in patient counselling and the monitoring of patient compliance with their medication treatment plan.

2.2 Prior to the release of prescribed medications, the pharmacist shall verbally counsel the patient providing specific information required for safe and effective drug therapy covering the areas described in 2.3 below.

2.3 Patient counselling shall provide information to the patient on the following aspects of medication use:

- 2.3.1 confirmation of identity of the patient;
- 2.3.2 confirmation of identity of the medication being dispensed;
- 2.3.3 confirmation of prescribed dosage regimen;
- 2.3.4 importance of compliance and what to do if a dose is missed;
- 2.3.5 instruction required to achieve the intended therapeutic response, which shall include, but not be limited to:
  - 2.3.5.1 information regarding significant drug interactions with other drugs non-prescription medication, natural health products, neutraceuticals and food;
  - 2.3.5.2 activities to avoid;
  - 2.3.5.3 common side effects and what to do if they occur;
  - 2.3.5.4 special storage requirements;
  - 2.3.5.5 prescription refill information

2.4 The dialogue inherent in section 2.3 shall occur prior to the release of all prescribed medication. The pharmacist may exercise professional judgement as to the content of dialogue prior to the release of repeat or refill prescriptions. Pharmacists are encouraged however, to ask specific questions regarding changes to dosage regimens, compliance, and efficacy and the presence of adverse effects.

2.5 Patient medication counselling shall be provided in an atmosphere of patient confidentiality and privacy.

2.6 The pharmacist is encouraged to provide appropriate written supplemental information with each new prescription.

2.7 Where the prescribed order is for a medical device or another health care item, the

pharmacist must ensure the patient is given complete instructions for proper use.

2.8 Notwithstanding section 2.2, if the patient refuses to participate in patient counselling the pharmacist shall document the refusal in a permanent record.

2.9 The pharmacist shall use any reasonable means in complying with the intent of 2.2 for patients or agents with language or communication disabilities.

2.10 The pharmacist shall evaluate the patient's understanding of the counselling information provided through appropriate questioning and/or follow-up.

2.11 Where prescribed medication is being released for delivery off premises, the pharmacist shall make all reasonable attempts to contact the patient directly. Failing this, the pharmacist shall provide the required information through other means (as described in section 1.4 and 1.5 of the Drug Distribution Standard).

2.12 Where prescribed medication is being released to a person acting as an agent for the patient, the pharmacist shall use professional judgement in providing the required counselling either through the agent or by contacting the patient directly. Failing this, the pharmacist shall provide the required information through other means (as described in section 1.4 and 1.5 of the Drug Distribution Standard).

2.13 In a licensed pharmacy, no one but a licensed pharmacist, or a pharmacy student or intern under supervision of a licensed pharmacist, shall undertake patient counselling regarding medication.

2.14 The patient counselling service may be augmented by drug awareness and information programs.

2.15 Manitoba has adopted the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Canadian Pharmacists and the NAPRA Supplemental Standards of Practice for Schedule II and III.

2.16 **Residential Care Homes:**

It's recognized that often in Residential Care Homes the counseling is through a patient's agent. It's also recognized that the medication may need to be released to the home prior to counseling of that agent. When this occurs, the counseling must be as immediate as possible within a reasonable amount of time

B. Hospital Practice (Please refer to Hospital Standards of Practice)

C. Personal Care Home Practice (Please refer to Personal Care Home Standards of Practice)

3. DRUG INFORMATION SERVICE

A PHARMACIST SHALL PROVIDE ACCURATE, UNBIASED, PERTINENT DRUG INFORMATION.

Interpretation

A. Community:

3.1 The pharmacy manager must ensure the pharmacy has the minimum information resources as determined by Council.

3.2 All drug information requests must be handled by a pharmacist, or a student or intern under the supervision of a licensed pharmacist.

3.3 The pharmacist shall select from the current drug literature those additional reference sources that will meet the drug information needs of the specific area of practice.

3.4 The pharmacist shall use professional expertise and judgement in processing drug information requests. This includes:

- 3.4.1 obtaining the necessary background information so that the request is received in a complete and understandable form;
- 3.4.2 interpreting the drug information request;
- 3.4.3 systematically and thoroughly conducting a literature search;
- 3.4.4 evaluating the literature in an accurate, unbiased manner;
- 3.4.5 formulating a relevant, coherent and informative response, and
- 3.4.6 communicating the response in a verbal and/or written form.

3.5 The pharmacist should contribute to the drug literature.

3.6 The drug information service shall provide current information on the assessment, management and the prevention of drug poisoning in conjunction with, or in absence of, a Poison Control Centre.

3.7 The pharmacist shall be aware of more extensive sources of information and the procedures necessary to access them.

3.8 Drug information services shall be available during all regular hours of operation. Where "on-call" service exists, drug information services shall be available after regular working hours.

C. Hospital Practice (Please refer to Hospital Standards of Practice)

D. Personal Care Home Practice (Please refer to Personal Care Home Standards of Practice)

4. FORMULARY

Standard:

10(1) A PHARMACIST SHALL PRACTICE IN ACCORDANCE WITH A FORMULARY APPROVED UNDER THE ACT.

10(2) A PHARMACIST WHO PRACTICES IN A HEALTH CARE FACILITY, PROVIDES SERVICE TO A LONG TERM CARE FACILITY OR RESIDENTIAL CARE FACILTY, SHALL PRACTICE IN ACCORDANCE WITH A FORMULARY ESTABLISHED AND APPROVED BY THE APPROPRIATE AUTHORITY.

Interpretation:

A. Community

The pharmacist shall have a knowledge of which products are considered interchangeable and understand the legal requirements concerning product selection according to the Manitoba Drug Benefits and Interchange ability Formulary.

5. HOURS OF PHARMACY SERVICE

A PHARMACY MANAGER SHALL ENSURE THAT THE PHARMACY HOURS MEET THE NEEDS OF THE COMMUNITY, HOSPITAL AND INSTITUTION ON A 24-HOUR BASIS WHERE IT IS PRACTICAL AND NECESSARY TO DO SO.

Interpretation:

A. Community:

5.1 The maximum possible hours of on-site pharmacist service shall be provided by the pharmacy based on needs of the institution or community and the availability of pharmacist staff.

5.2 The principle entrance must have hours of operation posted along with call-back information where available.

6. POLICIES AND PROCEDURES MANUAL

Standard:

A PHARMACY MANAGER SHALL ESTABLISH CURRENT WRITTEN POLICIES AND PROCEDURES TO PROVIDE PHARMACY STAFF WITH CLEAR DIRECTION ON THE SCOPE AND LIMITATIONS OF THEIR FUNCTIONS AND RESPONSIBILITIES.

Interpretation:

A. Community:

6.1 Written policies and procedures for pharmacy services shall guide all personnel in the performance of their duties.

6.2 A comprehensive policy and procedures manual will contain information relating to the medication distribution, professional responsibilities, administrative and non-dispensary operational aspects of the practice.

6.3 These policies and procedures shall be updated as circumstances in the pharmacy change (e.g. change of ownership, change of manager etc.) or at a minimum of every three years. and dated to indicate the time of the last review and/or revision.

6.4 **Residential Care Homes:**

The pharmacy Policy and Procedures Manual should have a specific entry describing the process in the pharmacy for supplying service to Residential Care Homes, when Residential Care Homes are serviced by the pharmacy.

All pharmacy staff shall be familiar with the manual. It is important for new staff orientation and crucial to staff development and continued competence.

B. Hospital Practice: (* small hospital exemption)

(Please Refer to Hospital Standards of Practice)

C. Personal Care Home Practice:

(Please Refer to Personal Care Home Standards of Practice)

7. LEGAL AND ETHICAL

Standard:

THE PHARMACIST/PHARMACY MANAGER/PHARMACY OWNER SHALL ABIDE BY THE LAWS AND ETHICAL PRINCIPLES GOVERNING THE PROFESSION OF PHARMACY TO ENSURE A HIGH LEVEL OF PATIENT CARE AND SAFETY.

Community Interpretation:

7.1 The pharmacist shall meet the responsibility in this standard and will practice in accordance with the following:

- 7.1.1 Controlled Drugs and Substances Act & Regulations
- 7.1.2 Narcotic Control Regulations
- 7.1.3 Food and Drugs Act & Regulations
- 7.1.4 The Pharmaceutical Act of Manitoba, Regulations, Code of Ethics, Standards of Practice, Guidelines, Practice Directives
- 7.1.5 Prescription Drug Cost Assistance Act
- 7.1.6 Personal Health Information Act
- 7.1.7 PIPEDA, and
- 7.1.8 All other regulatory requirements of pharmacy practice

7.2 The pharmacist shall exercise appropriate professional judgement in the application of the legal and ethical requirements.

8. EXTEMPORANEOUS COMPOUNDING

Standard:

A PHARMACIST SHALL BE RESPONSIBLE FOR ALL EXTEMPORANEOUS COMPOUNDING, WHICH SHALL BE DONE ACCORDING TO ESTABLISHED PROCEDURES, STANDARDS OF PRACTICE, GUIDELINES AND LEGAL REQUIREMENTS

9. MEDICATION INCIDENTS AND DISCREPANCIES

Standard:

A PHARMACIST SHALL EXPEDITIOUSLY CORRECT AND PROPERLY DOCUMENT ALL MEDICATION INCIDENTS AND FOLLOW UP ALL DISCREPANCIES.

Interpretation

A. Community:

9.1 Medications shall be prepared and dispensed according to established procedures done in an accurate, safe and in a timely manner. Failing this, the following definitions apply:

- 9.1.1 Medication incident (patient health potentially compromised):
  - 9.1.1.1 an erroneous medication commission or omission that has been subjected upon a patient.
- 9.1.2 Medication discrepancy (patient health not compromised):
  - 9.1.2.1 an erroneous medication commission or omission that has not been released for the patient, but would have resulted in a medication incident should it have gone undetected.
  - 9.1.2.2 All medication discrepancies would automatically become incidents once the prepared medication has been released by the licensed pharmacy.

9.2 All medication incidents are to be documented at the first available time. Discrepancies may be documented at the pharmacist's discretion.

- 9.2.1 All medication incidents shall be documented on a numbered pharmacy incident report form and in an incident/discrepancy pharmacy logbook. The logbook shall include at a minimum the date, prescription identity number, incident identity number and brief summary of the incident.
- 9.2.2 Medication discrepancies may be documented in a pharmacy logbook at the pharmacist's discretion.
- 9.2.3 The pharmacy manager shall review the incident/discrepancy pharmacy log reviewed on a regular basis. The review shall be documented in the log and any corrective measures noted.

9.3 All medication incidents shall be given priority over any other non-emergency tasks and duties.

9.4 The patient shall be contacted at once and the patient be advised of the medication incident. Should immediate patient contact not be obtained easily, every effort must be made to locate and contact the patient.

9.5 In medication incidents, arrangements are to be made by the pharmacist to get the

corrected medication to the patient at once.

9.6 The prescribing physician is to be advised of all medication incidents.

9.7 Documentation must be made on the back of the prescription or in another suitable record when medication incidents occur.

9.8 All medication incidents or discrepancies are to be reported to the pharmacy manager.

9.9 Strategic changes in dispensing procedures and provision of medication by the pharmacy shall be implemented in an effort to prevent the reoccurrence of medication incidents and discrepancies.