



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

Practice Direction Secondary Hospital Services Component

1.0 Scope and Objective:

1.1 Expected Outcome

This document is a practice direction by Council concerning the secondary hospital services component through the authority of *The Pharmaceutical Regulations to The Pharmaceutical Act* and *The Pharmaceutical Act*. The reason a hospital may choose to receive secondary hospital services from a licensed pharmacy is due to a lack of permanent staff at the secondary hospital, or due to an inability to meet the minimum requirements and standards for a pharmacy licence or a lack of workload to support a licenced pharmacist on site for the required minimum hours.

1.2 Document Jurisdiction (Area of Practice)

Compliance is expected from all licenced pharmacists providing secondary hospital services in Manitoba.

1.3 Regulatory Authority Reference

Section 39 of *The Pharmaceutical Regulations to the Pharmaceutical Act* empowers the Council to create a practice direction for a secondary hospital services component.

2.0 Practice Direction

2.1 Definitions:

- 2.1.1 Main Pharmacy: The pharmacy licensed under the *Pharmaceutical Act* that is establishing a secondary hospital services component.
- 2.1.2 Secondary Hospital Services Component: This component is intended for a smaller acute care hospital without a licenced pharmacy in a rural setting that is receiving licenced pharmacist services from a larger hospital in another location or from a community pharmacy. The level of pharmacy practice meets the needs of the hospital and typically involves drug distribution, limited hours and patient care services. This does not include a facility with only transitional care beds, long term care beds or a mixture of both.

2.2 Drug Distribution:

- 2.2.1 The main pharmacy may provide drugs, including those covered under the Controlled Drugs and Substances Act (CDSA), to the secondary hospital services component location through an inter-facility transfer. Upon receipt, the drugs

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- must be signed for by a person who is authorized to do so by the secondary hospital services component location.
- 2.2.2 . The pharmacy manager from the main pharmacy shall ensure that policy and procedures are in place for the safe and secure storage of drugs at the secondary hospital, and safe and secure transportation of drugs between the main pharmacy and the secondary hospital services component.
- 2.2.2.1 All drugs (including investigational drugs and patient's own medication) shall be stored under proper conditions of sanitation, temperature, light, humidity, ventilation, regulation and security and shall be available to authorized personnel only.
- 2.2.2.2 Policy shall be established to ensure the proper storage and environmental conditions for medications that are being delivered and, in default of the delivery, return of the medication to the main pharmacy as soon as possible.
- 2.2.2.3 All parts of the transportation system and subsequent storage shall protect the medication from pilferage and breakage and deterioration due to extreme environmental variation (e.g. temperature, humidity).
- 2.2.2.4 Procedures shall be in place to ensure that CDSA medication is delivered promptly, intact and placed in properly secured storage areas.
- 2.2.2.5 A process for conducting regular inspections (at a minimum of once every three months) of all drug storage areas shall be in place. A written record shall verify that:
- 2.2.2.5.1 Disinfectants and drugs for external use are stored separately from internal and injectable medications.
- 2.2.2.5.2 Drugs requiring special environmental conditions for stability are properly stored and monitored appropriately.
- 2.2.2.5.3 Outdated drugs are removed from stock.
- 2.2.2.5.4 Emergency drugs are readily accessible and stored appropriately, and
- 2.2.2.5.5 CDSA medications are stored with proper measures of security.
- 2.2.2.6 Procedures for returning drugs to stock shall be implemented and shall consider the integrity of the packaging and storage.
- 2.2.3 Drugs for disposal shall be disposed of in accordance with federal and provincial laws, and regulations relating to hazardous waste materials.
- 2.2.4 Medication repackaging (medications taken from the original labeled container and placed in another container and labeled) shall be done by pharmacy personnel only.

2.3 Inventory Management

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- 2.3.1 The main pharmacy department shall establish and maintain adequate records of drug purchases and transfers necessary for inventory control and legal requirements.

2.4 Drug Recall Procedure

- 2.4.1 There shall be drug recall procedures that can be readily implemented.

2.5 Ordering

- 2.5.1 Provisions shall be made for sending the medication orders to the main pharmacy and subsequently retaining the original medication order on the patient's chart.

2.6 Medication Profiles and Reviews

- 2.6.1 A policy requiring a medication profile system for patients of the hospital shall be in place. Medication profiles shall be reviewed by a licensed pharmacist using the Drug Order review process for all orders. This review should take place prior to the dispensing of the patient's medication(s) and where not possible done retrospectively..
- 2.6.2 The medication profiles must be readily accessible by the licenced pharmacist while on site at the secondary hospital and from the main pharmacy.

2.7 Medication Repackaging and Labelling

- 2.7.1 The final check of a drug prepared for dispensing shall be restricted to the licenced pharmacist or authorized pharmacy technician under section 60(1)b of the regulations .
- 2.7.2 Medication repackaged by the main pharmacy or at the secondary hospital services component shall not be changed or altered in content or labelling by anyone other than pharmacy personnel. This does not include preparing a drug just prior to administration to the patient when done so by a health care professional within the guidelines set by the manufacturer or the main hospital.
- 2.7.3 Medication repackaged and labelled by the main pharmacy or by the secondary hospital service component shall comply with the policy of the main pharmacy for repackaged medications.
- 2.7.4 Patient-specific medication labeling may indicate the name of the licenced pharmacy as the main pharmacy and must also indicate the name of the secondary hospital services component.
- 2.7.5 Medication must be dispensed using any of the systems described in the hospital standards of practice.
- 2.7.6 Ward Stock Medications

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- 2.7.6.1 The main pharmacy shall establish a list of ward stock medications for each ward and that list shall be reviewed on an annual basis by the pharmacy.
- 2.7.6.2 The supply, distribution and monitoring of ward stock medication shall be the responsibility of the main pharmacy.
- 2.7.6.3 CDSA drugs may be provided as a special form of ward stock and shall be stored in a secured area in accordance with legal requirements.
- 2.7.6.4 Emergency drugs shall be readily accessible and stored appropriately.

2.8 Formulary:

- 2.8.1 A licenced pharmacist, representing the main pharmacy, shall participate in the development and management of a hospital formulary system. Where at all possible, the formulary at the secondary hospital should be reflective of the formulary at the main pharmacy.

2.9 Hours of Pharmacy Service:

- 2.9.1 If the secondary hospital services component preclude the provision of a 24 hour pharmacy operation, pharmacy consultation and drug information service shall be provided by a designated licenced pharmacist “on-call” as facilitated by the main pharmacy.
- 2.9.2 Where a central drug storage location exists in the secondary hospital (in addition to storage areas on a ward or individual patient medications),
- 2.9.3 on-pharmacy personnel access to the secondary hospital services component drug storage sites is limited to only emergency circumstances, and the pharmacy manager, in co-operation with the medical and nursing staff, shall develop policies and procedures for non-pharmacy personnel access, and, non-pharmacy personnel may not have unauthorized or uncontrolled access to the narcotic and controlled substances storage site inside of the secondary hospital services component Section 2.9.2 would also apply to a decentralized drug storage service with the appropriate modifications to limit non-pharmacy personnel access.
- 2.9.4 A suitable locked storage cabinet or cart (e.g. medication night cabinet) shall be stocked with a minimum supply of those drugs most commonly required for immediate emergency use within the institution. The drug shall be stored in properly labeled unit-of-use containers and be indexed in such a manner as to permit rapid accessibility.
- 2.9.5 A record shall be kept on all withdrawals. This record shall include: patient name and location, drug product and quantity, signature of authorized health professional, and date the drug is removed.

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2.10 Policies and Procedures Manual:

- 2.10.1 A pharmacy providing service as a secondary hospital services component must maintain two separate manuals, one specific to the licenced pharmacists, and the second as a guide to other healthcare professionals practicing in the secondary hospital services component site. There may be areas of overlap within each manual.
- 2.10.2 These policies and procedures shall be updated as circumstances in the secondary Hospital services component site change or at a minimum of every three years and dated to indicate the date of the last review and/or revision.
- 2.10.3 The main pharmacy shall be involved in planning, decision making and formulation of policies related to drug use control within the secondary hospital.
- 2.10.4 The pharmacy will be responsible for the adherence to the approved pharmacy policies and procedures throughout the secondary hospital.
- 2.10.5 The pharmacy manager shall work in collaboration with the medical and nursing staff to develop policies and procedures regarding patient self-administered medication, patient counselling and medication reconciliation programs.

2.11 Pharmacy and Therapeutics Committee

- 2.11.1 The main pharmacy shall be represented by a licenced pharmacist on the secondary hospital's Pharmacy and Therapeutics Committee or similar patient-care committee as they exist.

2.12 Medication Errors:

- 2.12.1 All medication incidents are to be documented at the first available time.
- 2.12.2 Medication incidents shall be reported according to facility policy and in accordance with applicable legislation.
- 2.12.3 All medication incidents or discrepancies shall be examined and reported. Compliance with the Critical Incident reporting legislation is required. The resulting information shall be used as an educational tool with the ultimate objective of enhanced accuracy and patient safety as it relates to drug therapy.

3.0 Compliance Adjudication

- 3.1 All documentation must be readily accessible and open to regulatory review.

4.0 Appendices

- 4.1 Not applicable

A Practice Direction is a written statement made by Council for the purposes of giving direction to members and owners about the conduct of their practice or pharmacy operations. Compliance with practice directions is required under the Pharmaceutical Act.

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