



# The Manitoba Pharmaceutical Association

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## STANDARDS OF PRACTICE

### Personal Care Home - Long Term Care

(For Community and Hospital Standards of Practice  
Please Refer to MPhA Community Standards of Practice and the MPhA Hospital Standards of Practice)

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Appendix One: Sample Quarterly Medication Review Process

**Standard 1:**

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

**Standard 2:**

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

**Standard 3:**

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

**Standard 4:**

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 SHALL PRACTICE IN ACCORDANCE WITH A FORMULARY ESTABLISHED AND APPROVED BY THE FACILITY.

**Standard 5:**

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.

**Standard 6:**

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

**Standard 7:**

THE PHARMACY SHALL ABIDE BY THE LAWS AND ETHICAL PRINCIPLES GOVERNING THE PROFESSION OF PHARMACY TO ENSURE A HIGH LEVEL OF RESIDENT CARE.

**Standard 8:**

A PHARMACIST SHALL BE RESPONSIBLE FOR ALL EXTEMPORANEOUS COMPOUNDING WHICH SHALL BE DONE ACCORDING TO ESTABLISHED PROCEDURES AND LEGAL REQUIREMENTS.

**Standard 9:**

A PHARMACIST SHALL EXPEDITIOUSLY CORRECT AND PROPERLY DOCUMENT ALL DISPENSING ERRORS, INCIDENTS AND DISCREPANCIES.

## STANDARD #1 DRUG DISTRIBUTION

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

### Long Term Care Interpretation:

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

### A. Purchasing, Receiving and Storage

- 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 described 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.

### B. Distribution

- 1.4. For any prescription medication, or National Association of Pharmacy Regulatory Authorities (NAPRA) Schedule II or III and other regulated non-prescription medication to be provided to the resident by delivery, the pharmacist must:
  - 1.4.1. attach any pertinent auxiliary labels to the container; and/or ensure auxiliary instructions are included on the medication administration record (MAR);
  - 1.4.2. include additional warning labels or bulletins should there be any drug strength or dosage substitution change and/or any generic substitution;

- 1.4.3. establish policy to ensure the proper storage and environmental conditions for medication that are being delivered and, in default of the delivery, that the medication is returned to the pharmacy the next business day;
  - 1.4.4. include printed drug information plus contact pharmacy information, in addition to counselling to the resident or nursing where the product is new or unusual to facilitate staff and resident education if required;
- 1.5. For any prescription to be provided for the resident by mail service or courier, the pharmacist must:
- 1.5.1. use a courier or postal method or where not available, the best available method that has available signed proof of delivery including 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 and/or ensure auxiliary instructions are included on the MAR;
  - 1.5.3. include additional warning labels or other notation should there be any drug strength, or dosage substitution change and/or change of brand or generic substitution provided;
  - 1.5.4. include printed drug information where product is new or unusual to facilitate staff and resident education if required.

### **C. Disposal**

- 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.

### **D. DPIN (Drug Programs Information Network)**

- 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 resident profile, as permitted under the Pharmaceutical Act 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 resident 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 resident 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 resident record in the pharmacy.
  - 1.7.4. Where all other resident 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 resident care, or results in a change in the prescription, the pharmacist shall document the response in the DPIN and the resident record in the pharmacy.

\* Pharmacies based in hospitals may not have access to DPIN adjudication and may be exempt.

## **E. New Prescriptions**

- 1.8. When original or faxed prescriptions are filed, the resident location is not required provided all prescriptions are filed together for a particular home. All prescriptions must be filed in a consistent manner, alphabetical and/or chronologically, that would facilitate ready retrieval.
  - 1.8.1. All information required by 18(1) of the *Pharmaceuticals Regulations* to *The Pharmaceutical Act* must be recorded and readily available as hard copy or software record.
  - 1.8.2. The following minimum information must be documented on the original or faxed prescription:
    - 1.8.2.1. resident name and one other identifier (e.g. PHIN, date of birth, facility & room number);
    - 1.8.2.2. drug, strength and quantity dispensed;
    - 1.8.2.3. date dispensed;
    - 1.8.2.4. pharmacist initials.
  - 1.8.3. Only original or faxed prescriptions, not NCR copies are to be sent to the pharmacy (hospital pharmacies exempt).
  - 1.8.4. All original prescriptions for sales reportable narcotics must be matched to facsimile prescriptions as these drugs are not covered under the Facsimile Transmission of Prescriptions Joint Statement.
  - 1.8.5. When prescriptions are filled from ward stock, bulk, or in-house DRUGS, a clear notation WS (ward-stock) or NF (not filled) or LOG should appear beside the entry to reflect that the prescription has been "logged".
  - 1.8.6. The direction on the MAR should indicate "use stock" or "use in-house drug" as appropriate.
  - 1.8.7. All prescription forms must have a statement indicating the order is to be continued until next medication review or unless otherwise specified.
  - 1.8.8. All prescription forms may indicate "generic substitution authorized unless otherwise specified."
  - 1.8.9. Resident medication DPIN profiles must be reviewed at a minimum, prior to dispensing of all new medications or discontinuation of a medication.

## **F. Verbal Orders by Nurses [Not Including RN (EP's Nurse Practitioners) who are Prescribers Themselves]**

- 1.9. A pharmacist may dispense a prescription pursuant only to an order from a prescriber. All telephone prescriptions communicated by a prescriber, and transcribed or transmitted by a nurse on behalf of the prescriber, and faxed to pharmacy must be co-signed by the prescriber on his/her next visit and sent immediately to the pharmacy within fourteen days of the original order.

Verbal orders within the personal care home (PCH) should be discouraged.  
The signed prescription must be attached to the original prescription prior to filing (usually the fax or NCR copy).

## **G. Refill Prescriptions**

- 1.10 Any time there is a change in prescriber, all computer and hard copy records must be able to identify the authorizing prescriber of each refill.
  - 1.10.1 Medication Review sheets must contain the statement "This signature (of the prescriber) authorizes the provision of the medications until the next medication review or discontinuance by the prescriber."
  - 1.10.2 Medication Review sheets must be kept for two years and filed in a readily retrievable manner, alphabetically by PCH and resident, and chronologically.
  - 1.10.3 Resident medication profiles must be reviewed prior to dispensing of all medications.
  - 1.10.4 Refills may be documented by either a logbook recording system or printed refill sheets.
  - 1.10.5 Logbook System
    - 1.10.5.1 The date, prescription number, quantity dispensed, price and handwritten initials of the dispensing pharmacist must be recorded.
    - 1.10.5.2 Logbook pages must be filed in an orderly, chronological manner, a new page for each day, or separate page (MAR) for each resident.
    - 1.10.5.3 Logbook systems using a separate page (MAR) for each resident may document controlled and/or narcotic prescriptions providing a separate hardcopy prescription is filed chronologically and numerically.
    - 1.10.5.4 Logbook records must be retained for two years.
  - 1.10.6 Refill Record
    - 1.10.6.1 Daily refill records cannot include new prescriptions and must indicate the date, prescription number, quantity dispensed and price of each refill.
    - 1.10.6.2 Packing slips may serve as the refill record and may include new and refill prescriptions.
    - 1.10.6.3 Refill records must be signed and dated, line by line or in batches by, the dispensing pharmacist.
    - 1.10.6.4 Refill records are to be filed by home and then date, or by date and then home.
    - 1.10.6.5 Refill record system applies to all prescribed medication but not controlled or narcotic prescriptions.
    - 1.10.6.6 Refill records must be retained for two years.

## **H. Narcotic/Controlled Prescriptions**

- 1.11 Narcotic/Controlled prescriptions supplied from in house drug box should indicate such in house drug stock beside the order, and filed in the narcotic file.
  - 1.11.1 Should a resident require their own supply of narcotic or controlled medication, a verbal or written order must be received as required by legislation.
  - 1.11.2 All narcotic/controlled drugs available within a PCH as an “in-house drug” or within the Stat or Emergency Box require a written Rx with specific quantities from the designated Medical Director.

### **I. Leave of Absence/Pass Medications**

- 1.12 The pharmacy must prepare leave of absence (LOA) medications in compliance with the labelling and packaging requirements, including child resistant containers, unless requested otherwise by the resident or their agent.
  - 1.12.1 The preparation of LOA medications by the pharmacy is only required when requested by the home. (If the home decides to provide LOA medications without informing the pharmacy, the home accepts full responsibility for packaging and labelling).
  - 1.12.2 The pharmacy should establish a clear process with the PCH for requesting LOA medication, which may include a request for advance information and minimum away time period.

### **J. Controlled Dose/Compliance Packaging**

- 1.13. Medication should be dispensed in individually labelled controlled dose blister packed cards or compliance packaging. The tactile process of preparing blister packed medication must be performed in such a manner as to optimize sanitary preparation of the medication.

#### **1.14. Compliance Packaging Standards**

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.

- 1.14.1 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.
- 1.14.2 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.
- 1.14.3 Placement of labels: All labels must be affixed directly to the package.
- 1.14.4 Compliance with labelling requirements: All labelling information must be in compliance



- with section 19(1) of the Regulations to the Pharmaceutical Act.
- 1.14.5 Standardization of dosing time: 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.
  - 1.14.6 Lot Number and Expiry date: In Personal Care Home practice, the lot number and expiry date must be identified on each package.
  - 1.14.7 Repackaging of returned medication: In Personal Care Home pharmacy practice, medication may be repackaged once for a second use if the medication is packaged one drug per pouch/package. If the pouch/package contained more than one drug, no repackaging may be undertaken.
  - 1.14.8 Child Resistant Closures: The pharmacy is responsible for making sure the Personal Care Home is aware that compliance packaging is not child resistant and that permission from the patient or caregiver must be documented and kept on file when medication is supplied to a resident who temporarily leaves the facility for the community (e.g. social leave).
  - 1.14.9 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 heat-sealing systems, care must be taken not to disrupt the integrity of the dosage form.
  - 1.14.10 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.
  - 1.14.11 Disposal of Compliance Packaging: The pharmacy must dispose of any returned labelled compliance packaging in such a manner as to ensure patient confidentiality in compliance with the personal health Information Act.

## **K. Prescription Labelling**

- 1.15. Section 19 to the Pharmaceutical Act Regulations must be adhered as well as:
  - 1.15.1. auxiliary labelling as required.
  - 1.15.2. route of administration (if other than oral).
  - 1.15.3. maintaining pharmacy identification.
  - 1.15.4. Pharmacy identification (name, address, and phone) may be located on the external pouch porter for an automated distribution system, as well as the resident name, room number, physician and picture.
  - 1.15.5. Pharmacy identification (name and phone) must be located on the internal pouch (i.e. each pouch).

1.15.6. small containers (i.e. ophthalmic preparations) must be placed in a larger container bearing a label with all the necessary information - the small containers must be labelled with:

- 1.15.6.1. Rx number
- 1.15.6.2. resident name
- 1.15.6.3. drug, drug strength, and route of administration (if other than oral)

#### **L. Expired Medication**

- 1.16 Expired products must be removed from the areas of sale as described in Section 26 of the Regulations of the Pharmaceutical Act. Products offered for sale shall be checked as often as necessary in order to comply with this section.
- 1.16.1 Product will be provided to the PCH for emergency/stat, stock, extra-dose binder or in-house drug use with the best expiry date.
  - 1.16.2 Product will be dispensed to a resident for PRN use with the best expiry date.
  - 1.16.3 A process must be in place to track expiry dates and lot numbers on dispensed medication.

#### **M. Drug Storage**

- 1.17 All drugs shall be stored under proper conditions of sanitation, temperature, light, humidity, ventilation and security, within the pharmacy. Recommendations and a process for auditing and monitoring the above noted conditions in the PCH shall be established.

#### **N. Delivery**

- 1.18 Medication shall be securely delivered to the personal care home from the pharmacy with the least amount of delay
- 1.18.2 All parts of the transportation system shall protect the medications from pilferage, breakage and deterioration due to extreme environment variation (e.g. temperature, humidity).
  - 1.18.3 A chain of signature must be established and maintained when prescriptions are transported by non pharmacy staff.
  - 1.18.4 The delivery by non pharmacy staff must be taken directly to a nurse in the PCH and a signed record of the receipt shall be kept.
  - 1.18.5 If the delivery cannot be made or is not accepted, the medication must be returned to the pharmacy within the next business day.

#### **O. Returned Medications**

- 1.19 Medications dispensed for administration, but not used, shall be returned to the pharmacy.
- 1.19.1 Procedures for returning drugs to stock shall be instituted. These shall include the following considerations:
    - 1.19.1.1 integrity of returned drug package,
    - 1.19.1.2 proper storage of the drug on the nursing care station,

- 1.19.1.3 the resident has not been in possession of the drug,
- 1.19.1.4 medications which have been packaged together, and without expiry date or lot number, shall not be returned to stock.

#### **P. Re-Use of Medications**

- 1.20 Any liquid, topical or injectable preparations whose seal has been broken cannot be re-used.

#### **Q. Drug Recall Procedures**

- 1.21 On drug recall occasion, all stock of the medication, in the particular form and strength, must be pulled from use in the PCH and pharmacy, and replaced with product not subject to the recall. The pharmacy shall ensure that a process exists and is clearly documented with the PCH.

#### **R. Medication Room Inspections**

- 1.22 Pharmacists or pharmacy technicians shall inspect all drug storage areas regularly, at least every three to four months.
- 1.22.1. A written record shall be maintained by the pharmacy and a copy distributed to the PCH.
  - 1.22.2 The inspection should include but not be limited to the following:
    - i) medication shall be stored securely on the ward and available to authorized personnel only,
    - ii) narcotics and controlled drugs substances are being stored with proper measures of inventory control and security,
    - iii) drugs requiring special environmental conditions for stability are properly stored and all drugs are stored under environmental conditions specified by the manufacturer's,
    - iv) no outdated drugs are stocked,
    - v) drugs are not being overstocked,
    - vi) discontinued medications are returned to the pharmacy,
    - vii) disinfectants and drugs for external use are stored separately from internal and injectable medications,
    - viii) resident specific medications are stored separately from stock medication,
    - ix) drugs which may be required on an urgent or emergency basis are in adequate and proper supply, with a current list and inventory system that provides a record of use.
    - x) in-house drugs are in sufficient supply,
    - xi) extra dose binder process is monitored, complete, and the inventory system provides a record of use,
    - xii) standards of neatness and cleanliness are consistent with good medication handling practices,
    - xiii) Narcotic and controlled drugs are stored in a double lock system with proper measures of inventory control.

**S. Ward Stock (Stock), Emergency Drug Box, In-House Drug Box Medications** (i.e. Non Patient Specific Medications)

1.23 Solid oral stock medications should be provided in a controlled dose format.

1.23.1 The pharmacy, in collaboration with the PCH, shall establish a list of ward stock medications and that list shall be reviewed by PCH and pharmacy at least every three years.

**T. Medication Administration**

1.24 The pharmacy provider shall advise the personal care home on a comprehensive medication administration system in terms of administering medication to the residents of the personal care home.

**U. Medication Reviews**

1.25 Medication Reviews must be done at a minimum of every three months and include nursing, pharmacist and prescriber.

1.25.1. Medication reviews must be signed by the prescriber and the original signed document kept in a readily retrievable manner in the pharmacy.

**V. Herbal Medication**

1.26 Pharmacists will, to the best of their ability, ensure herbal products used by residents do not interact with prescribed medication, and if so, consult the prescriber.

**W. Pre-packaging**

1.27 A process should be in place to track medication previously packaged, to prevent its use more than twice.

## STANDARD #2 RESIDENT COUNSELLING

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

### Long Term Care Interpretation:

- 2.1 The pharmacist is involved in providing care to residents residing within a personal care home shall promote safe and effective medication use by interacting with other healthcare professionals and family involved in the care of the resident, and where possible or requested by the resident:
  - providing pertinent information to personal care home (PCH) staff regarding possible significant interactions, and special storage requirements.
  - providing feedback through written report or attendance at initial and annual care conferences.
  - assessing indications, goals and monitoring outcomes with the healthcare team during quarterly medication reviews.
  - Providing in-services on new drugs, or topics requested by the PCH at least twice annually.
  - Documented evidence of clinical pharmacist expertise on-site in the PCH.
  - The pharmacist shall be available to provide staff with information regarding an individual resident's medication profile as part of their overall care plan.
- 2.2 The pharmacist shall assist in determining whether a PCH resident is capable of self-administering medication.
- 2.3 The pharmacy service in co-operation with administration, medical and nursing staff (often in a PCH this is a function of pharmacy and therapeutics (P & T) committee shall be involved in developing policies on resident counselling.
- 2.4 The pharmacist shall document the occurrence of the resident counselling and this documentation shall become a permanent record in the resident's chart.

## STANDARD #3 DRUG INFORMATION SERVICE

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

### Long Term Care Interpretation:

- 3.1 The pharmacy must at least have 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 pharmacist shall ensure the availability of current information on the assessment, management and the prevention of drug poisoning by referral to, or 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 twenty-four hours a day, seven days a week. If staffing is not feasible after regular hours, drug information shall be provided by a pharmacist "on-call". Where the pharmacy service is provided by only one pharmacist and if it is necessary for that pharmacist's absence, the pharmacist must make arrangements in advance for the provisions of drug information services.
  - 3.8.1 The pharmacist shall provide specific information related to individual resident's drug related treatment in case conferences and drug review sessions.

## STANDARD #4 FORMULARY

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 SHALL PRACTICE IN ACCORDANCE WITH A FORMULARY ESTABLISHED AND APPROVED FOR THE FACILITY.

### Long Term Care Interpretation:

- 4.1 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 Interchangeability Formulary, or other approved formulary.
- 4.2 The pharmacist shall participate in the development and management of a national, provincial, regional or facility formulary system based on both therapeutic and economic consideration of drug use.
- 4.3 The formulary is a list of drugs approved for use in the facility.
- 4.4 The formulary shall include a description of any relevant preparation and administration in place for the use of the drugs listed.

## STANDARD #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.

### Long Term Care Interpretation:

- 5.1 If the requirements of an individual institute and the availability of pharmacy staff preclude the provision of a 24 hour pharmacy operation, there shall be on-call pharmacy service for urgent medications not available through the stat box and/or for information required on an urgent basis.
- 5.2 Appropriate mediation for immediate response shall be available in the facility.
- 5.3 When the pharmacy is closed, an authorized nurse shall obtain needed drugs from the stat box, or extra dose binder. The prescriber order shall be referred to the pharmacist for verification by a pharmacist.
- 5.4 A record shall be kept on all withdrawals. This record shall include:
  - Resident name & location,
  - Complete description of drug product and quantity,
  - Signature of authorized nurse,
  - Date the drug is removed.



## **STANDARD #6 POLICIES & PROCEDURE MANUAL**

**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.**

### **Long Term Care Interpretation:**

A pharmacy providing service to a personal care home (PCH) must maintain two separate manuals, one specific to the pharmacists practicing in the setting, the second as a guide to other healthcare professionals practicing in the PCH site. There may be areas of overlap within each manual.

### **A. Pharmacy In-House Policy and Procedure**

- 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, and 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 date of the last review and/or revision.
- 6.4 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. PCH Pharmacy Policy and Procedure Manual**

- 6.5 The Pharmacy Policy and Procedure manual shall be developed by pharmacists in collaboration with other health care disciplines and approved by administration (if applicable).
- 6.6 The pharmacy shall communicate the appropriate policies and procedures necessary for the attainment of drug-use control to other departments and professional groups within the PCH. Contents should address
  - contact information for the pharmacy,
  - service objectives,
  - the medication system provided,
  - medication orders and procedures,
  - medication administration ,
  - equipment systems and supplies, including forms such as medication administration record (MARs), quarterly medication reviews (QMR), Resident Status, etc,
  - education and may include additional drug information,
  - quality assurance,
  - other pharmacy services,
- 6.7 The pharmacy will be responsible for the adherence to the approved pharmacy policies and procedures throughout the institution.

## STANDARD #7 LEGAL AND ETHICAL

THE PHARMACY SHALL ABIDE BY THE LAWS AND ETHICAL PRINCIPLES GOVERNING THE PROFESSION OF PHARMACY TO ENSURE A HIGH LEVEL OF RESIDENT CARE..

### Long Term Care Interpretation:

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

- Controlled Drugs and Substances Act & Regulations
- Narcotic Control Regulations
- Food and Drugs Act & Regulations
- The Pharmaceutical Act of Manitoba, Regulations, Code of Ethics, Standards of Practice, Guidelines, Practice Directions
- Prescription Drug Cost Assistance Act
- Personal Health Information Act
- Personal information protection and electronic document act (PIPEDA)
- Protection of Persons in Care Act
- National Association of Pharmacy Regulatory Authorities (NAPRA) Standards of Practice
- Personal Care Homes Standards Regulation, Standard 12, Pharmacy Services August 1, 2005 and
- All other legislated and practice regulatory requirements of pharmacy practice.

### A. Ethical

Code of Ethics

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

### B. Pharmacist's Responsibility when asked to Provide a Drug that may Harm the Resident

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

7.4 Ethically, pharmacists are obliged to hold the health and quality-of-life of their residents to be a prime consideration in all professional interactions. The standard of care when dispensing a drug includes a duty to inform the resident of the realistic consequences of its use, and to respect resident autonomy. The pharmacist must respect the autonomy of the resident\* to make decisions. This requires eliciting informed consent, where the pharmacist is satisfied that the resident\* possesses sufficient information and mental capacity to understand the risks and benefits of taking a particular drug, so that the resident\* 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 reasonably expected under the circumstances.

- 7.5 Should the pharmacist not be satisfied that the resident\* 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 resident to an acceptable level.
- 7.6 In these instances where the pharmacist assesses the risk to the resident\* to exceed the benefit, documentation of all discourse and action must occur.

(\*Resident or Designated Care Decision Maker)

## STANDARD #8 EXTEMPORANEOUS COMPOUNDING

A PHARMACIST SHALL BE RESPONSIBLE FOR ALL EXTEMPORANEOUS COMPOUNDING WHICH SHALL BE DONE ACCORDING TO ESTABLISHED PROCEDURES AND LEGAL REQUIREMENTS.

## STANDARD #9 MEDICATION ERRORS

A PHARMACIST SHALL EXPEDITIOUSLY CORRECT AND PROPERLY DOCUMENT ALL DISPENSING ERRORS, INCIDENTS AND DISCREPANCIES.

- 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:
- Medication incident (patient health potentially compromised),
  - An erroneous medication commission or omission that has been subjected upon a patient.
  - Medication discrepancy (patient health not compromised),
  - 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,
  - 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 on a regular basis. The review shall be documented in the log and any corrective measures noted.
- 9.2.4 The Pharmacy and Therapeutics Committee review of medication incidents should be documented as part of the error reporting process.

## Appendix One: Sample Quarterly Medication Review Process

### 1.0 POLICY

Quarterly Medication Reviews (QMR) will be conducted using an interdisciplinary approach no less than quarterly (every 3 months).

### 2.0 PURPOSE:

To ensure a medication review process which promotes appropriate and effective pharmacotherapy for residents of personal care homes (PCH).

### 3.0 PROCEDURE:

3.1 The Quarterly Medication Review (QMR) will contain:

- Resident Name, Date of Birth (Age) and Room Number
- Physician and PCH identification
- Date of Printing
- Diagnoses, Allergies, and an area for notes
- Product and Treatment listing, including prescription number, directions, quantity dispensed, date first dispensed, last dispensed, and cost
- Column for physician to indicate continue or discontinue
- Area for comment by interdisciplinary team
- Area for signature and completion date for all members of team.

3.2 QMR reports shall be completed for all residents each quarter.

3.3 A system of responsibility for QMR completion shall be established by the Chief Nursing representative and shall include:

- completion in an interdisciplinary team format which meets together for effective resident care
- core interdisciplinary team consists of nursing, medicine and pharmacy consulting with resident and family. The team may also include social work, dietary, OT/PT and other disciplines.
- completion within a time span of 2 weeks, from the original preparation/printing of the QMR by

pharmacy to final review by the interdisciplinary team

- updating/reprinting if needed before team review/physician completion
- filing the QMR report chronologically in the resident record in a readily retrievable manner in the physician order section.


3.4 The interdisciplinary Quarterly Medication Review Process should include:

- reviewing all medication orders for indication, efficacy, appropriate dosage and administration
- monitoring the resident for effective outcomes, in instances such as
  - order changes
  - quality of life indicators (pain / behaviour management / depression, etc)
  - polypharmacy
  - cost-effectiveness
- reviewing lab values, weight/blood pressure, and cognitive status where applicable
- monitoring PRN medication usage, considering discontinue order if not used in three months
- a distinct focus, identified by the Pharmacy and Therapeutics Committee, completed, and evaluated for each regular QMR session, and reported to the Pharmacy and Therapeutics Committee.

3.5 Pharmacy recommendations at medication regimen review shall be documented and shall form part of the resident's health record.

3.6 For physician compensation the "RHA Quarterly Medical Review" Form "B" must be completed and submitted to Manitoba Health after completion of review.

## Appendix Two: Sample Guideline for a Quality Quarterly Medication Review Process:

 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Guideline for a Quality Quarterly Medication Review Process	Policy Number	Page:
	Approval: PCH Pharmacy Services Advisory Council	Department: WRHA PCH Program	
	Date:	Supersedes: New	

### PURPOSE:

To ensure a quality medication review process.

### PROCEDURE:

1. Quarterly Medication Review reports shall be completed for all residents each quarter, with no more than 105 days between completion of reports.
2. A system of responsibility for Quarterly Medication Review completion shall be established and should include:
  - completion in an interdisciplinary team format
  - completion within a time span of 2 weeks, from the original preparation/printing of the QMR by pharmacy to final review by the interdisciplinary team
  - updating/reprinting if needed before team review/physician completion
  - filing the QMR report chronologically in the resident record in a readily retrievable manner in the physician order section
3. The interdisciplinary Quarterly Medication Review Process should include:
  - the review and evaluation of medication orders
  - monitoring the resident for effective outcomes ( in instances of but not exclusively, order changes, pain /behaviour management, polypharmacy, and cost-effectiveness)
  - the review by the team of lab values, diagnoses, weight/blood pressure, and cognitive status
  - the monitoring of PRN medication usage, considering discontinue order if not used in three months
  - a distinct focus to be identified for each regular QMR session.
4. Pharmacy recommendations at medication regimen review shall be documented and shall form part of the resident's health record.
5. Completion of QMR process shall be tracked by the facility, and reported quarterly to the WRHA LTC Pharmacy Program. (See attached Quarterly Report Form)

Appendix Three:  
Sample Quarterly Medical Review Physician Remuneration Claim Form

Form B

RHA QUARTERLY MEDICAL REVIEWS  
Physician Remuneration Claim Form

For physicians providing service to Personal Care Homes within the \_\_\_\_\_ RHA, please forward your request for remuneration to appropriate responsible individual

Person  
Position  
Fax:

Physician Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Other Members of the Healthcare Team in Attendance:

Pharmacist: \_\_\_\_\_

Signature: \_\_\_\_\_

Nurse: \_\_\_\_\_

Signature: \_\_\_\_\_

Other \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date of Review: \_\_\_\_\_

Time of Review From \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

Personal Care Home \_\_\_\_\_

Hours Claimed: \_\_\_\_\_

Number of Residents Reviewed: \_\_\_\_\_

Approval for Payment \_\_\_\_\_  
(Regional Medical Director)



Date: \_\_\_\_\_