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PREFACE

Reliant Long Term Care is committed to providing quality pharmacy services to residents of nursing facilities and retirement communities. Our focus is patient centered pharmacy care and compliance in all areas of state and federal pharmacy and patient privacy regulations.

The contents of this policy and procedure manual are the result of numerous sources of information including rules of the Iowa Board of Pharmacy Examiners, required pharmacy reference sources, the Iowa Pharmacy Association Training Manual and standard industry practice for long term care pharmacies.

It is standard company practice for all employees to review and follow the policies outlined within this manual. As the healthcare industry continues to change and laws pertaining to pharmacy are revised, this manual will be reviewed on a regular basis to ensure the accuracy of the information provided.
Section I
Pharmacy Operations
IA: HOURS OF OPERATION AND DELIVERY STANDARDS

Purpose
To ensure access to medication 24 hours a day, 7 days a week for residents in a nursing facility.

Principle
Reliant Long Term Care has normal business hours from 9:00 AM to 5:30 PM Monday through Friday, and 9:00 AM to 12:00 PM on Saturday. Our delivery drivers arrive at the pharmacy at approximately 5:00 PM to load and begin their routes between 5:45 PM and 6:00PM.

Reliant Long Term Care has a pharmacist and driver available 24 hours a day, 7 days a week for emergency needs. Nursing facilities may access the pharmacist on call by calling the after hours number provided.

Reliant Long Term Care is able to provide efficient and effective service delivery through the excellent organizational skill of our pharmacists, technicians, and drivers. There is an atmosphere of open and frequent communication among all our staff members. Our pharmacists and drivers carry cell phones for more immediate availability.

Procedure

1. A monthly schedule will be prepared of on-call pharmacists with their respective contact information—mainly a cell phone number. This schedule will be distributed to all facilities with any other pertinent after hour contact information.

2. Upon receiving an after hours call, the pharmacist will consult with the facility nursing staff to determine the appropriate action to be taken based on the nature of the call.

3. Upon preparing the medications requested, the pharmacist on-call will make arrangements for delivery on the medication to the facility.

4. The on-call pharmacist will record all necessary information on the after hours on-call log.
IB: PERSONNEL DUTIES AND RESPONSIBILITIES

Purpose
The purpose of this procedure is to describe the duties and responsibilities of all employees involved in the pharmacy and dispensing of medicines. In addition, this procedure distinguishes the roles and responsibilities of each employee class pursuant with state regulations.

Regulation
According to State Code: 657-22.12 (155A) Tasks a pharmacy technician shall not perform.

A pharmacy technician shall not:

1. Provide the final verification for the accuracy, validity, completeness, or appropriateness of a filled prescription or medication order;
2. Conduct prospective drug use review or evaluate a patient’s medication record for purposes identified in 657-8.19 (155A);
3. Provide patient counseling, consultation, or patient-specific drug information;
4. Make decisions that require a pharmacist’s professional judgment such as interpreting or applying information.


“The ultimate responsibility for the actions of a pharmacy technician working under a supervising pharmacist shall remain with the supervising pharmacist”.

According to 657-22.14,15(155A) Technical Functions:

At the discretion of the supervising pharmacist, technical functions which may be delegated to a pharmacy technician include, but are not limited to, the following:

1. Performing packaging, manipulative, or repetitive tasks relating to the processing of a prescription or medication order in a licensed pharmacy.
2. Accepting prescription refill authorizations communicated to a pharmacy by a prescriber or by the prescriber’s office (Iowa only, and once the technician is thoroughly competent in the procedure);
3. Contacting prescribers to obtain prescription refill authorizations.

5. Inspecting drug supplies provided and controlled by a licensed pharmacy, including but not limited to drug supplies maintained in an ambulance or other emergency medical service vehicle, a long term care facility, a hospital nursing unit, or a hospice facility.

“At the discretion of the supervising pharmacist, a pharmacy technician may be allowed to accept new prescription drug orders or medication orders communicated to the pharmacy by a prescriber or by the prescriber's agent if the pharmacy technician has received appropriate training pursuant to the pharmacy's policies and procedures. The supervising pharmacist shall remain responsible for ensuring the accuracy, validity, and completeness of the information received by the pharmacy technician”.

Reference:
1. Iowa Pharmacy Law and Information Manual Ch.657: 1986 rev (1/01)
IC: PREPARATION AND MAINTENANCE OF EMPLOYEE FILES

Purpose
The purpose of this procedure is to describe the methods involved in preparing and maintaining employee files. Employee files should be reviewed at least annually to maintain an up to date and an accurate profile of the specific employee and their abilities.

Principle
Documentation of these competencies provides proof of employee capabilities in operating and understanding all aspects of pharmacy functions, including those tasks which may be performed by a technician and those that must be performed solely by the pharmacist. Documentation is to be supplied for all competencies, involving the steps integral to the filling process including data entry, dispensing, and labeling. After documenting the employee’s specific competency or in-service training, it is to be placed in the employee’s file.

Procedure

1. Technicians will sign attendance rosters for all store meetings and educational sessions. This roster will be kept on file in the pharmacy.

2. New employees will have the orientation competency completed within 90 days of hire.

3. Following confirmation of employee competence, the date, observing pharmacist, and the orientation checklist is to be documented on the attached sheet. For employee privacy reasons the completed orientation checklist will be maintained in the personnel file in a locked file.

4. Repeat the above steps for any new skills required by the technician’s duties.

Training is an ongoing process and documentation should be supplied after completion of all new skills relevant to the technician’s duties.
Section II
Prescriptions
IIA: OBTAINING PATIENT INFORMATION

Purpose
The purpose of this procedure is to ensure proper data collection methods as they pertain to the patient and the presenting conditions. Patient data should be collected when the patient is new to the pharmacy, as their information is required to create an account for recording medication usage and maintaining billing records.

Principle
Patient data provides important factors contributing to patient care such as medical conditions and currently used medications. Patient data is to be collected by an member of the pharmacy staff given they are a registered technician and trained in the data collection process and know what information is required for creating a patient account and to create the MARs, POFs and TX forms.

Procedure
1. Data may be collected from preprinted patient information sheet, or if applicable, the patient’s chart copy that is faxed to the pharmacy.

2. Data to be collected includes:
   1. Patient Name
   2. Date of Birth
   3. Telephone number
   4. Drug allergies
   5. Pertinent Insurance Information
   6. Patient Address
   7. Responsible Party
   8. Primary Physician
   9. Medical Conditions
   10. OTC/RX medications, herbs, vitamins, or supplements they may be taking. Obtain drug names, the strength, frequency and time of day for the medications.
   11. Treatment information

3. Call physician for clarification if necessary to ensure accuracy.

4. If taking the information over the telephone, repeat the information back to the caller. Document the call on the telephone order form. (see attached)
IIB: PRESCRIPTION FILLING

Purpose
The purpose of this procedure is to outline the process involved in the filling of prescriptions.

Principle
Upon receipt of the prescription, it will be examined for all the essential and required information as follows.

1. Name of patient
2. Strength and name of the drug prescribed
3. Quantity
4. Directions for use
5. Date prescription was written
6. Stop dates
7. Refills
8. Prescriber name

Procedure
1. Patient information is to be collected according to company policy.
2. The prescription is then entered using the appropriate computer system.
3. The correct product must be selected from the computer to match the NDC number of the selected drug. It is not permissible to dispense an item using an NDC number for an item not currently stocked.
4. The technician will enter complete prescription data into the computer. Specific directions should be obtained from the prescriber in order to prevent the use of "as directed" as the directions for the prescription.
5. The days supply should be determined as closely as possible to allow for on site and online DUR evaluation.
6. The pharmacist will confirm label accuracy by checking against the hard copy of the prescription. Complete accuracy is to be ensured before dispensing the prescription.
7. The pharmacist will visually compare the contents of each prescription package with the contents of each bottle or container used to fill the prescription. The NDC number on the stock bottle must match the NDC displayed on the label. Any discrepancy must be corrected before the product is dispensed.
IIIC: UNIT DOSE FILLS

Purpose
The purpose of this procedure is to ensure consistent and accurate filling of unit dose packaged medications for residents in long term care facilities or retirement communities.

Principle
Unit dose packaging of medications is the preference of most long-term care facilities. It provides for more accuracy dispensing of medications and reduces the risk of error for facilities. It also provides for billing only the number of medications dispensed as allowed by law.

Procedure
1. Any registered technician or pharmacy student may fill medications.
2. Wash hands
3. Collect supplies - cassettes, liners and lids for 14 day systems. Blister cards for 30-day systems.
4. Run a unit dose fill sheet for a monthly fill or fill according to fax communication sheet for daily orders.
5. Fill with the appropriate medications.
6. Label with the appropriate label. The pharmacist is to ensure proper labeling of the completed product related to prescription information such as:
   1. Patient name
   2. Dosage form
   3. Quantity of dosage form
   4. Number of refills remaining
   5. Date the prescription was filled
   6. Directions for usage
   7. Medication name
   8. Medication strength
   9. Expiration date of the prescription
   10. Expiration date of the medication
   11. Prescriber's first and last name
7. Date spares with a 6 month expiration date for cassettes. Note that 30 day systems do not include a spare. The spare is sent out at the time requested in a separate labeled and sealed bag to be attached by the facility staff to the blister card.
8. Date PRN medications with a 6 month expiration date if packaged in a cassette, one year if packaged in a blister card.
9. Seal the medication according to the type of packaging system.
10. Place the medication on the counter for the pharmacist to check before delivery to the facility.
IID: CHECKING PRESCRIPTIONS

Purpose/Principle
The purpose of this procedure is to provide a detailed process by which prepared prescriptions are analyzed for completeness before dispensing. Before being given to the patient, both extemporaneous and manufactured new prescriptions and refills are to be checked against the written prescription or previous fill respectfully. Prescriptions are to be checked by a licensed pharmacist only. Validating prescriptions is an essential tool in ensuring quality patient care is established. The many factors contributing to the checking process ensure all components of the prescription are recognized and addressed to greatly minimize the chance of error, thus ensuring patient safety.

Procedure
1. Depending on the source (manufactured or compounded) of the medication, NDC/Lot# (respectfully) must correlate to the stock bottle from which it was removed.
2. The pharmacist is to ensure proper labeling of the completed product related to prescription information such as:
   1. Patient name
   2. Dosage form
   3. Quantity of dosage form
   4. Number of refills
   5. Date the prescription was filled
   6. Directions for usage
   7. Medication name
   8. Medication strength
   9. Expiration date of the prescription
   10. Expiration date of the drug
   11. Prescriber's first and last name
3. In addition to proper labeling, the pharmacist is to ensure prescription validity, safety, and clinical appropriateness in terms of:
   1. Assessment of whether the prescription is legally valid
   2. Appropriateness according to patient's condition
   3. Dosage within therapeutic range for the specified condition
   4. Duration of treatment
   5. Appropriateness according to patient's parameters (age, weight, etc.)
   6. Compatibility with other medications
   7. Possible side effects
   8. Risk of adverse reactions
   9. Potential for non-compliance, inappropriate use and misuse by the patient
4. For manufactured products, the supply container must also be present with the filled prescription so the pharmacist may visually verify the product ID and the NDC code
5. If the NDCs do not match, action is to be taken to reconcile the discrepancy.
IIE: SCHEDULE II PRESCRIPTION FILLING

Purpose/Principle
The purpose of this procedure is to outline the steps involved in filling schedule II prescriptions. All prescriptions for scheduled II products will be accounted for using the following procedure. Entries will be made in the CII log book at the time of dispensing.

Procedure
1. Retrieve the proper stock bottle from the Schedule II drug cabinet.
2. Count the appropriate dosage units and place them in the appropriate dispensing system.
3. Record the date, prescription number and quantity dispensed in the CII log book.
4. Calculate the quantity remaining.
5. Count the dosage units remaining. This should match the balance from step 4.
6. In the event of a discrepancy, run an activity report for the respective product. Also, ensure all dispensed CII prescriptions are correctly entered in the CII perpetual inventory log book. Research all DEA 222 forms and ensure all materials received were accurately recorded.

IIF: DISPOSAL OF CONTROLLED SUBSTANCES

Purpose
The purpose of this procedure is to ensure proper disposal of controlled substances in accordance with the procedures and requirements of IAC 657 – 10.18.

Procedure
1. Stock supply
Pharmacy personnel shall remove from current inventory and dispose of controlled substances by one of the following procedures:
1. Utilizing services of a DEA registered and Iowa licensed disposal firm
2. By destruction in the presence of a board officer agent, inspector or other authorized individual.
3. By other board approved means to ensure that drugs do not become available to unauthorized persons.
2. Previously dispensed controlled substances will be destroyed or disposed of by the pharmacist and authorized witness.
3. Such disposal or destruction shall be recorded on the destruction/disposal log kept in the CII cabinet
4. This record shall include:
   1. Source of the controlled substance and date received in pharmacy
   2. Name and strength of medication.
   3. Quantity returned and destroyed/disposed.
   4. Date the substance is destroyed/disposed.
   5. Signature of pharmacist and authorized witness (technician).
IIG: BULK MEDICATIONS

Purpose
The purpose of this procedure is to ensure the safety of all products dispensed by Reliant Long Term Care Pharmacy.

Procedure
1. All products must be dispensed with the appropriate labeling.
2. Care must be taken not to cover the manufacturer's label, NDC code, or expiration date.
3. Include date open stickers for insulin vials, eye drops, and nitroglycerin pills.
4. Supply auxiliary labels as needed on bottles and external packaging.
5. Returns on bulk medication are accepted if the original seal is clearly intact and if returned within 6 months for credit, with the exception of scheduled medications.

IIH: EMERGENCY BOX POLICY

Purpose
The purpose of this procedure is to ensure 24 hour availability of medications on an emergency basis to meet the need of nursing facility residents.

Procedure
1. The emergency box should be used only when deemed absolutely necessary or when the medication delivery time causes a significant delay in initiating or continuing therapy.
2. Enclosed in each emergency box is a complete listing of its contents and a medication sign out sheet.
3. Each item removed must be recorded on the sign out sheet. The listing and sign-out sheets must remain in the box at all times.
4. All inventory enclosed in the box belongs to Reliant Long Term Care and billing for these items occurs after the item is signed out.
5. Any items removed and not recorded by nursing staff will be replaced at the facility's expense.
6. The emergency box is handled by an exchange box system. When the box lock is broken, Reliant Long Term Care is to be notified on the next regular order or any other means which precipitates communication as soon as possible. Reliant Long Term Care will bring a new, locked box and exchange it for the open box at the next regular delivery time.
7. The facility shall re-lock the box with a yellow lock once it has been used.
Section III
Quality Assurance Program
IIIA: QUALITY ASSURANCE PROGRAM

Purpose
To ensure safety and integrity of all medications dispensed to residents.

Principle
Reliant Long Term Care adheres to all regulations required in IAC 657. Our quality assurance program exists to ensure all standards are met on a consistent basis.

Policy
1. Pharmacist checks all medications for accuracy prior to delivery to residents and nursing facilities
2. Pharmacist records specific errors detected
3. Pharmacist counsels technician regarding error(s)
4. Pharmacist monitors error records for trends or patterns that may be developing and provides necessary training/education to technicians
5. Pharmacist records any errors that are reported by the nursing home. A copy of the error report will be filed with the pharmacy and long term care facility.
IIIB: DOCUMENTATION OF CHANGES OR IMPROVEMENTS

This document needs to be filled out when changes are made to resolve problems or issues affecting the quality of pharmaceutical services

Description of Problem:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Problem resolution:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Pharmacist in Charge: _________________________________  Date: ____________________________

Personnel:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
IIIC: PROCEDURE FOR OUTDATED AND RECALLED DRUGS

All inventory including but not limited to OTC medications, oral solids, liquids, refrigerated items and compounding supplies, shall be routinely checked for outdates at an interval of at least every 6 months. All items that will expire in the next six month period are to be pulled and processed for outdate returns. If the item pulled for dating could reasonably be used within the manufacture’s expiration date, the item should be clearly tagged as SHORT DATED and returned to the shelf and then pulled if not used within the expiration date.

If a product is recalled and the pharmacy has at least one bottle of the recalled lot, we will assume we have some recalled drug and all of the unit dosed cassettes/cards will be pulled and held for return.