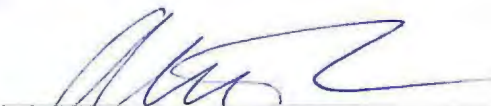
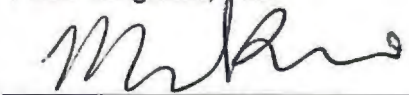




Section	Pharmacy	Effective:	10/10/2018
Sub-section		Version:	1.0
Policy	Pharmacy Quality Assessment Program	Last Revised:	New Policy
Policy #	17.015		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	10/22/18
Pharmacist-in-Charge Approval	 _____ Morgan Peterson, PharmD	Date	10/22/18
Supersedes:	New policy	Audit Date:	10/10/2021

1. PURPOSE/SCOPE

1.1. To ensure the Santa Barbara County Mental Health Services Pharmacy (hereafter the "Pharmacy") establishes an effective, data-driven quality assessment program.

2. POLICY

2.1. Pharmacy personnel shall implement a quality assessment program to document, monitor and evaluate the quality and reliability of Pharmacy services. Records of quality assessment reviews are immediately retrievable in the Pharmacy and maintained for at least one (1) year from the date created. [16 CCR §1711(f)]

2.2. Pharmacy quality assessment reports will be reported to the designated oversight committee on a quarterly basis.

3. QUALITY ASSESSMENT ACTIVITIES

3.1. Quality assessment activities specified within this policy are monitored regularly by the Pharmacist-In-Charge (PIC) and the Pharmacy staff as assigned. The PIC will track and analyze data to identify improvement opportunities and risk areas and implement preventative and/or corrective actions.

3.2. **Medication errors.** Pharmacy medication errors are reviewed, addressed and reported in accordance with the Pharmacy's [Medication Errors](#) policy and Department of Behavioral Wellness [Unusual Occurrence Reporting](#) policy. This includes, but is not limited to, wrong medication dispensed, wrong strength, wrong quantity, wrong directions, wrong patient, or clinically significant delay in therapy. A Pharmacy medication error report, including investigation results and remedies, will be generated on a monthly basis. [16 CCR §1711(a)]

- 3.3. **Pharmacy stock.** Pharmacy stock is checked monthly for outdated or expiring medications. Medications are removed from stock no later than one (1) month from the date they are set to expire. This monthly check will be documented on the pharmacy inspection log. Any irregularities will be reported to the PIC, and an Unusual Occurrence Incident Report will be completed if indicated.
- 3.4. **Schedule II Controlled Substance (CII) counts.** Pharmacy CII reconciliation is completed and documented on a daily basis for all items dispensed or added to Pharmacy stock that day. An audit of CII stock will be completed every three (3) months. Audit findings are reported to the PIC and the designated oversight committee on a quarterly basis.
- 3.5. **Medication storage refrigerator temperature.** The medication refrigerators in the Pharmacy are checked a minimum of once daily during normal operating hours. All medication storage refrigerators and freezers are monitored continuously via a wireless sensor system. The first check each morning will include a review of the digital temperature gauge and minimum and maximum temperatures for the previous 24 hours (or longer to account for weekends and holidays).

ASSISTANCE

Morgan Peterson, PharmD, Pharmacist-in-Charge

RELATED POLICIES

[Pharmacy Medication Errors](#)

[Unusual Occurrence Incident Reporting](#)

[Pharmacy Medication Labeling and Storage](#)

REFERENCE

California Code of Regulations – California State Board of Pharmacy
Title 16 Section 1711

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).