



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Programmatic
Policy and Procedure**

Section	Psychiatric Health Facility (PHF)	Effective:	DRAFT
Sub-section	Operations-Medications	Version:	1.0
Policy	Pharmacist Duties at the PHF	Last Revised:	New Policy
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New policy		
Approvals	PHF Medical Practice Committee:	PHF Governing Board:	

1. PURPOSE/SCOPE

1.1. To establish the duties of the pharmacist that provides pharmaceutical services to the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF"). The pharmacist is based out of the Santa Barbara County Mental Health Services Pharmacy (hereafter "Pharmacy") and assumes specific duties pertaining to the dispensing and oversight of pharmaceuticals at the PHF.

2. POLICY

2.1. The PHF shall retain a pharmacist licensed by the California Board of Pharmacy to assure that pharmaceutical services are available to provide patients with prescribed drugs and biologicals. [22 CCR §77079.1(a)]

2.2. Pharmaceutical services at the PHF shall include the provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services with the facility. [22 CCR §77079.2(a)(4)]

3. GENERAL DUTIES

3.1. The following are general duties of the pharmacist responsible for PHF pharmaceutical services (**NOTE:** The duties listed are not comprehensive):

1. Monitor the drug distribution system, which includes ordering, dispensing and administering medication.
2. Ensure the availability of medication dispensing services 24/7.

3. Review and replenish medication inventory and complete medication disposal and destruction (e.g., expired, abandoned, contaminated) at least monthly.
4. Ensure appropriate record keeping of all pharmaceutical services.
5. Develop and update professional standards, procedures, policies and controls relating to procurement, storage, dispensing and safe use of medication.

4. MONTHLY INSPECTION

- 4.1. The pharmacist will conduct a monthly inspection of all medication storage areas. All inspections will be documented on the *Psychiatric Health Facility (PHF) Inspection Report for Medication Control in Patient Care Areas* form (see Attachment A).
- 4.2. The pharmacist will conduct medication regimen reviews (MRRs) monthly for all current PHF patients and prepare a report documenting the review and any findings in accordance with Section 5 of this policy.
- 4.3. The pharmacist shall report in writing irregularities identified during the inspection and/or MRRs to the PHF Medical Director and PHF Nursing Supervisor. MRR irregularities may relate to dispensing, administration, or other matters related to a patient's medication regimen. [22 CCR §77079.12(b)]

5. MEDICATION REGIMEN REVIEWS

- 5.1. To conduct MRRs, the pharmacist will review relevant documentation in the patient's medical record, which may include, but is not be limited to, the following:
 1. Medications currently ordered;
 2. Information concerning the patient's condition relating to drug therapy;
 3. Medication administration records (MARs);
 4. Physician's progress notes;
 5. Nurse's notes;
 6. Laboratory test results;
 7. Patient medication informed consent forms; and
 8. Any other documents which may assist the pharmacist in making a professional judgement as to whether or not irregularities exist in the medication regimen.
[22 CCR §77079.12(b)]

6. PRESCRIBING PRACTICE REVIEW

- 6.1. The pharmacist will assess the prescribing practices of professional staff with respect to appropriateness and cost-effectiveness of medications orders. This assessment of prescribing practices includes, but is not limited to, the examination of the following criteria:

1. Adherence to accepted prescribing guidelines and algorithms;
2. Documentation of clinical exceptions;
3. Off-formulary prescribing;
4. Polypharmacy;
5. Excessive prescribing;
6. Monitoring of side effects and adverse drug reactions;
7. Therapeutic benefit versus risk; and
8. Practitioner prescribing trends.

ASSISTANCE

Morgan Peterson, PharmD, Pharmacist-in-Charge

ATTACHMENTS

Attachment A – PHF Inspection Report for Medication Control in Patient Care Areas

REFERENCE

California Code of Regulations
 Title 22, Sections 77079.1(a), 77079.2(a)(4), 77079.12(b)

RELATED POLICIES

[Pharmacist Duties and Responsibilities](#)

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).

PSYCHIATRIC HEALTH FACILITY
INSPECTION REPORT FOR MEDICATION CONTROL IN PATIENT CARE AREAS

Area:	Nurse:	Date:	Inspector:
-------	--------	-------	------------

		YES	NO	N/A
Medication Room: General Appearance and Storage				
1	Medication storage room is clean and free of clutter.			
2	Medication Room door is closed and locked.			
3	Patient cassette drawers are clean and organized.			
4	All medication is secure. No medication is on the counter.			
5	Medications are stored separately from non-drug items including food, antiseptics, test agents and disinfectants.			
6	List of permitted personnel inside medication room is posted			
Pyxis Medstation: General Appearance and Storage				
1	Pyxis BioID scanner is clean.			
2	All drawers are working properly(No Recovery Drawer Icon Display)			
3	Only medications are stored in the Pyxis Medstation Unit.			
4	A list of all the medications in the Pyxis Medstation is available			
5	Audit Pyxis MedStation transactions for a random number of patients and compare it to the MAR for accuracy - make copies/print			
6	Pyxis cleaned per manufacturer instructions			
Storage of Oral, Injectable, External and Refrigerated Medications				
1	Oral, injectable and external medications are stored separately.			
2	Outdated drugs are not present (inside and outside Pyxis)			
3	Medications are labeled, properly stored and not overstocked.			
4	Sound Alike/ Look Alike medications are stored separately and labeled when appropriate.			
Injectable Medication				
1	Injectable medications are properly labeled.			
2	Outdated drugs are not present.			
3	Partially used single-dose vials are discarded.			
4	Multidose vial are dated and initialed upon opening with expiration date.			
5	Syringes are stored in a locked area.			
6	Sharps are properly disposed of and lids are on sharps container.			
Narcotics				
1	Nonstock narcotics are secure in locked cabinets-patient's own meds			
2	Current inventory of controlled medications within Pyxis is correct.			
3	Full inventory is conducted weekly by pharmacy staff			
4	No expired controlled medication is present.			
5	Controlled medication are properly labeled.			
5	Controlled medication are properly labeled.			
6	Controlled medication are disposed properly.			
Sample medication				
1	Unapproved sample medication is not present.			
Patient Rooms				
1	Medication is not present at bedside.			
Refrigerator and Temperatures				

1	Refrigerator and room temperature are monitored and logged daily.			
2	Refrigerator temperature is maintained between 36° to 46° F.			
4	Room temperature is maintained between 68° and 77° F.			
5	Thermometer calibration is current and valid.			
6	Food or non-drug items are not present.			
7	Outdated medication is not present.			
8	Medication is labeled appropriately.			
Other Inspection including patient charts				
1	Consent for psychotropic medications completed			
2	No duplicate orders for PRN medications			
3	Medication pass observed to identify opportunities for improvement			
4	Medication regimen reviewed for duplicate therapy, safe dosing, monitoring drug levels if needed, and polypharmacy			
5	AIMS test completed when appropriate			
6	AED found in working condition			
7	Drug formulary is present and up to date			
8	Expired medications are separated from inventory and noted that they are going to be sent out for return			
9	Medications from discharged patients are not found in regular stock			
10	Medication errors reported if any			
11	Adverse medication effects reported if any			
12	Patient's own medications are appropriately labeled and identified by a pharmacist or prescriber if using for patient			
13	Check levels of Stericycle Medication Waste bins			
13	Attach Physician Recommendations from Pharmacist for patients			
14	All needed reference materials are present, current policies available			
Pharmacist Signature:		Date:		
Medical Director Signature:		Date:		