Hometown Pharmacy

Behavioral Wellness Pharmacy Services and Procedures Manual

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Hometown Pharmacy, Inc
1450 W McCoy Ln. Santa Maria, CA 93454
Fax: (805)928-6200 Phone: (805)928-2200

MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Providing Pharmacy Products and Services
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
REVISION DATE	August 24, 2016
APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY: This section outlines procedures related to pharmacy products and services provided to the Psychiatric Health Facility in Santa Barbara, California by Hometown Pharmacies. These are in accordance with the Pharmacy Services Agreement.

PROCEDURE:

1. The pharmacy provides the facility with a contact sheet informing employees of how they can contact a pharmacist at any time, 24 hours a day and 7 days a week.
    a. This contact sheet will include the on-call pharmacists and their phone numbers so that they may be reached at any time.
2. During normal business hours the facility may contact the pharmacy by phone, fax, mail, hand delivery, or any other form of contact as previously agreed upon by employees of the facility or pharmacy involved.
3. During normal business hours, medications ordered STAT that are not already in the medication kits provided the facility will be delivered and administered within 1 hour of the time of order.
    a. Due to the pharmacy's location over an hour away from the facility, a GeriScripts card is kept in the medication kits that the facility may use for any STAT orders that the pharmacy is unable to provide within one hour.
    b. To use the card, an employee of the facility may go to any pharmacy and present the STAT order and the GeriScripts card. With this card the pharmacy will bill Hometown Pharmacy for the cost of the medication.
4. After normal pharmacy business hours, any STAT medications ordered will be available and administered within 2 hours of the time the order was placed.
5. Anti-Infectives and drugs to treat severe pain, nausea, agitation, diarrhea, or other severe discomfort will be delivered and administered within 4 hours of the time the medication was ordered.
    a. All medications of other kinds will be available on the same day of the order unless the first dose is scheduled to be taken the next day.
6. Refills will be available as needed.
7. Medications will be provided after hours as needed. See the after-hours medication orders policy.
8. The pharmacy will provide pharmaceutical services even in the event of a natural disaster or disruption of normal business. See the policy for emergency situations.

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9. The facility must notify the pharmacy when any regulator/surveyor is on-site in order to facilitate communication with surveyors if needed.
10. The facility shall not accept money, goods, or service free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy
11. Pharmacy will provide E-kits to the facility. See E-kit policy for more information.
12. Pharmacist will come monthly to send any discontinued or expired medications to Return Solutions for destruction. See PHF Medication Disposal policy for more information.
13. PHF may use the patient's own medications as long as the policies and procedures are followed. For more information see Patient's Own Medications policy.
14. The consultant pharmacist will come monthly to do medication regimen reviews along with inspection of the facility. For more information see Consultant Pharmacist Summary and Pharmacy Consultant Services policy.
15. At least annually, the facility will conduct a peer review of pharmacy services by an independent pharmacist or practitioner to provide feedback to prescribing practitioners.
    a. Findings are incorporated into the facility's performance improvement/quality assurance system
16. Joseph Abraham, RPh will be included as a voting member of the Pharmacy and Therapeutics Committee as well as quality assurance meetings and will contribute as needed.

SOURCE: Title XXII of the California Code of Regulations -77079.12

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Hometown Pharmacy Contact Sheet

Store Locations and Hours

Hometown Pharmacy	Hometown LTC Pharmacy	Hometown Medical Pharmacy
Closed Door Pharmacy By appointment only	1450 W McCoy Lane	1482 S Broadway Suite A
Phone: (805) 922-6515	Phone: (805) 928-2200	Phone: (805) 322-3411
Fax: (805) 310-4515	Fax: (805) 928-6200	Fax: (805) 322-3126
Hours: M-F 9 AM- 6 PM	Hours: M-F 9 AM-6 PM	Hours: M-F 9 AM-7 PM Sat-Sun 9 AM - 6 PM

On-call Pharmacists

John Dunn, RPh
Phone: (805) 550-8189

Joseph Abraham, RPh
Phone: (805) 748-4440

Thain Ho (Tim) Wey, PharmD
Phone: (805) 363-5745

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MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Receipt of Routine Deliveries
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
REVISION DATE	August 24, 2016
APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY: This policy describes receipt of routine deliveries by the pharmacy to the facility.

PROCEDURE:

1. Deliveries will be brought to the facility from the pharmacy on a daily and as needed basis.
2. Upon delivery by the pharmacy, a licensed and authorized staff member of the facility should sign the delivery manifest and note the time of arrival.
3. Controlled substances will be delivered in separate containers with separate manifests and will only be delivered to a licensed facility staff member.
4. The facility and the pharmacy shall both maintain a copy of emergency contacts for the facility and the pharmacy.
5. The facility will return unused non-controlled medications or other items to the pharmacy and will coordinate the disposal or destruction of medications that cannot be returned with the pharmacy.
6. An employee of the facility should inspect the packages for damage or error and contact the pharmacy within 24 hours to inform them of any problem.
7. If any item ordered is not received, the facility should call the pharmacy and notify them.
    a. The pharmacy will call the facility to notify them if any prescriptions will be late to deliver due to back orders, too-soon to fill, drug interactions, formulary changes, or any other problems with an individual patient's prescription.
    b. The facility should document any delivery discrepancies.
8. After receiving a delivery, the facility should place medications in their appropriate places in the medication room.
9. All controlled substances should be logged in the controlled substances inventory system.

SOURCE: Title XXII of the California Code of Regulations § 77079.2.

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MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Pharmacy Deliveries
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
REVISION DATE	August 24, 2016
APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY: This policy describes the procedures regarding the pharmacy's delivery of medications to the Santa Barbara Psychiatric Health Facility (PHF).

POLICY/PROCEDURE:

1. Hometown Pharmacies are to have daily deliveries to the PHF that will include new orders for patient medications, refills of previous orders, exchange of the e-kits, and emergency deliveries.
    a. Daily deliveries will include up to 3 deliveries on weekdays.
        i. The cut-off order times for these deliveries are two hours before each delivery time. If a non-stat order is sent after this cut-off time, the order will be included in the next scheduled delivery.
    b. On weekends, there will be up to 2 deliveries.
        i. The cut-off order times for these deliveries are two hours before each delivery time. If a non-stat order is sent after this cut-off time, the order will be included in the next scheduled delivery.
    c. There will be emergency stat order deliveries as needed and required by the PHF
    d. Delivery times can be changed on an as needed basis provided the pharmacist preparing the order and the PHF staff member receiving/requesting the order both agree and the following is documented on both copies of the delivery form.
        i. Reason the order was delivered at a different time
        ii. Signature of the pharmacist sending the order acknowledging the different order time
        iii. Signature of the receiving PHF personnel acknowledging the different order time
2. The pharmacy has a responsibility to ensure the deliveries of all medications are correct and on-time, provided each non-stat order was received at least two hours prior to the time of delivery.
    a. The pharmacy will provide all anti-infective, anti-emetic, and general comfort medications for patients within four hours of the time of receipt of the order, provided that if the order is received outside normal working hours the order is called in to the on-call pharmacists. See "Providing Pharmacy Products and Services" for the contact information.
    b. All medications of other kinds will be available on the same day of the order unless the first dose is scheduled to be taken the next day.

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3. Due to the pharmacy's location over an hour away from the facility, a GeriScripts card is kept in the E-Kits that the facility may use for any STAT orders that the pharmacy is unable to provide within one hour.
    a. To use the card, an employee of the facility may go to any pharmacy and present the STAT order and the GeriScripts card. With this card the pharmacy will bill Hometown Pharmacy for the cost of the medication.
    b. The GeriScripts card is located in each of the E-Kits. It is placed between the sponge lining and the outside of the E-Kit.
    c. This method will be tested quarterly with a dummy prescription to ensure that the system works when it is needed. Starting on 9/1/2016.
4. After normal pharmacy business hours, any STAT medications ordered will be available and administered within 2 hours of the time the order was placed.
    a. Normal Business hours for Hometown Pharmacies:
        i. Monday through Friday 9am-6pm
        ii. (805)928-2200
5. Stat orders must be called in by the prescriber or the fax/e-script must be accompanied by a phone call from a PHF staff member to ensure that the pharmacist sees the order as soon as it is sent.
6. A controlled medication log will be delivered with each controlled medication brought to the PHF. The driver should provide these. This does not include the controlled medications in the e-kits.
7. If no delivery is needed (there are no medications to deliver or prescriptions to fill), a blank delivery form will be printed at the pharmacy with the pharmacist's signature, documenting "no delivery sent due to lack of need" with the date and time. A copy of this will be faxed to the PHF, where their staff will sign the form acknowledging this and file it with their delivery records.
8. The pharmacist will call the PHF to notify them of a late delivery due to issues within the pharmacy or other non-transportation related problems. They will inform the PHF of the estimated arrival time of the delivery.
    a. This call should be made with at least 30 minutes notice to the PHF, or as soon as the medication delivery is known to the pharmacist to be delayed, whichever is sooner.
9. The driver will call the PHF to notify them of a late delivery due to traffic, a breakdown, or other transportation-related problem preventing medications from being delivered on time. The driver will also call the pharmacy so that they can send another driver to pick up the delivery and take it to the PHF if the original driver is unable.
    a. PHF Contact number: (805) 681-5281

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REFERENCES: Title XXII of the California Code of Regulations § 77079.2

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MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Medication Disposal/Destruction
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
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APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY:
This Section sets forth procedures relating to medication disposal and destruction.

DEFINITIONS:

- Wasted meds: medication contaminated or refused that require disposal. This applies to the disposal of unused doses (whole tablets, partial tablets, unused portions of single dose ampules and doses of controlled substances) wasted for any reason.

PROCEDURE:

1. Facility staff should destroy and dispose of medications in accordance with Facility policy and Applicable Law.
2. Once an order to discontinue a medication is received, the Facility staff is to remove this medication from the client's drug supply.
3. The Facility faxes a copy of the D/C (discontinued) order to the Pharmacy.
4. The consultant pharmacist will participate in medication destruction during the monthly consulting visit or as needed or requested. Destruction will be completed for controlled medications and non-returnable non-controlled medications. See Returns Policy for more information.
    a. Medication Destruction is not completed on-site, but is sent to an off-site medication destruction company called Return Solutions.
5. The Facility will place all discontinued, out-dated, or wasted medications in a designated, secure location which is solely for discontinued medications or marked to identify the medications are discontinued and subject to destruction. Non-controlled meds for which the Facility will be credited are to be placed in the Hometown Pharmacy out box tote.
    b. Medications will be credited if they are in a sealed container/bubble pack and have not been tampered with. They must not be controlled medications and it cannot be more than 14 days from the date of disposition.
6. Non-controlled medications will be processed for disposal by the PHF registered nurse.
7. The PHF records and sends all controlled substances, drugs listed in Schedules II, II, IV, or V, to Return Solutions in the presence of a pharmacist and a nurse employed by the Facility.
    a. Return Solutions makes all documentation available for viewing electronically for controlled substances.
    b. The medication will be entered into the Return Solutions website, where it will be checked for accuracy upon arrival.
    c. The pharmacist will package the drugs to be disposed of and the medications will then be shipped to Return Solutions disposal site.
8. The Facility enters the following information on the drug destruction form when medications are being destroyed.
    a. Client's name
    b. Name and strength of medication
    c. Prescription number
    d. Amount of medication (dosage units) destroyed

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   e. Date of destruction
   f. Signatures of witnesses
   g. Method of disposition: ship to Return Solutions to destroy. Electronic records are stored on Return Solutions website.
9. Discontinued medications, outdated medications, wasted medications, or medication left in the Facility after discharge will be disposed of by the Facility within 30 days.
10. Controlled substances may not be returned to the pharmacy. The Facility records destruction of controlled substances on
    a. Medication Disposition/Destruction Form
    b. Controlled Drug Use Record
    c. Medication Destruction Log book
11. At the time of destruction, the Record of Controlled Medication Destruction Form and Controlled Drug Use Record forms are completed and placed in the appropriate place per PHF policy.
12. For medications that are unverifiable by the contracted pharmacist including medications or substances brought in by patients, the pharmacist will dispose of these unverifiable "medications" or potential narcotics the same way they would destroy the verified/labeled controlled medications.
13. Records of medication disposal are retained for three years.
14. Medications disposed of will be separated from hazardous waste. See PHF policy for hazardous waste.
15. See Attachment A for more information on Return Solutions

SOURCE: CCR Title XXII § 77079.10

Return Solutions website: http://www.drugreturns.com/

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Attachment A

RETURN SOLUTIONS:

- Return Solutions is a reverse distributor with destruction services. It was chosen due to the ease of electronic record retrieval. These records are kept by Return Solutions for six years.
- This program was developed due to a need for manufacturers, wholesalers, pharmacies, and doctors' offices to have a safe, simple, approved manner in which to dispose of unwanted, unsalable pharmaceutical products.
- Return Solutions is licensed with the DEA to process and dispose of controlled substances (CII-CV). Their facility is equipped with numerous security measures for storing these items while awaiting destruction. The drugs are then transported under lock and key by at least two Return Solutions employees to an EPA approved incinerator where the destruction is witnessed. DEA 41 forms are then prepared, signed, and copies mailed to you and the Drug Enforcement Administration. This provides a complete audit trail for your controlled substances.

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MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Quality Improvement Program
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	August 1, 2016
REVISION DATE	August 24, 2016
APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

PURPOSE: The quality improvement program policy serves to establish a pharmacy procedure that is dedicated to continuous improvement endeavors. The primary purpose of the quality assurance review shall be to advance error prevention by analyzing, individually and collectively, investigative and other pertinent data collected in response to a medication error to assess the cause and any contributing factors such as system or process failures.

POLICY:
Hometown Pharmacy has a quality improvement program led by its pharmacists with the purpose of improving the quality of care our patients receive and decreasing medication errors.

Timely Delivery is important to Hometown Pharmacy. The pharmacy will keep a log of the time that medication deliveries are received by the PHF and what time they should be taken. Any late deliveries will require the driver to explain the reason the delivery was late and will require a plan of action to prevent future late deliveries due to the same reason. See Drug Delivery policy for additional details.

A record of the quality assurance review shall be immediately retrievable in the pharmacy. The record shall contain at least the following:

1. The date, location, and participants in the quality assurance review;
2. The pertinent data and other information relating to the medication error(s) reviewed and documentation of any patient contact;
3. The findings and determinations generated by the quality assurance review; and
4. Recommend changes to pharmacy policy, procedure, systems, or processes, if any.

The pharmacy shall inform pharmacy personnel of changes to pharmacy policy, procedure, systems, or processes made as a result of recommendations generated in the quality assurance program.

The consulting pharmacist during the monthly patient chart review will keep a log of any consistent problems in the charts and will present these issues at the quarterly quality improvement meeting at the PHF. This may consist of:

1. Adherence to accepted prescribing guidelines and algorithms
2. Documentation of clinical exceptions
3. Off-formulary prescribing
4. Polypharmacy
5. Excessive prescribing

6. Monitoring side effects and adverse drug reactions
7. Therapeutic benefit vs. risk
8. Practitioner prescribing trends

The inspecting pharmacist will look at the data to find patterns and compile data to improve in the future. The pharmacist will also produce a report for the purposes of quality improvement. Any patterns or consistent issues will be presented during the quarterly pharmacy report at the quality improvement meetings.

The pharmacy will assist with pharmacy-related PHF quality improvement projects.

See *Attachment A* for Hometown Pharmacy's quality improvement errors reporting program.

SOURCE: California State Board of Pharmacy Law Book §1711.

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Attachment A

MEDICATION ERRORS REPORTING PROGRAM

USP MEDICATION ERRORS REPORTING PROGRAM

Presented in cooperation with the Institute for Safe Medication Practices

USP is an FDA MEDWATCH partner

Reporters should not provide any individually identifiable health information, including names of practitioners, names of patients, names of healthcare facilities, or dates of birth (age is acceptable).

Date and time of event:

Please describe the error. Include description/sequence of events, type of staff involved, and work environment (e.g., code situation, change of shift, short staffing, no 24-hr. pharmacy, floor stock). If more space is needed, please attach a separate page.

Did the error reach the patient? ☐ Yes ☐ No

Was the incorrect medication, dose, or dosage form administered to or taken by the patient? ☐ Yes ☐ No

Circle the appropriate Error Outcome Category (select one—see back for details): A B C D E F G H I

Describe the direct result of the error on the patient (e.g., death, type of harm, additional patient monitoring)

Indicate the possible error cause(s) and contributing factor(s) (e.g., abbreviation, similar names, distractions, etc.)

Indicate the location of the error (e.g., hospital, outpatient or community pharmacy, clinic, nursing home, patient's home, etc.)

What type of staff or healthcare practitioner made the initial error?

Indicate if other practitioner(s) were also involved in the error (type of staff perpetuating error)

What type of staff or healthcare practitioner discovered the error or recognized the potential for error?

How was the error (or potential for error) discovered/intercepted?

If available, provide patient age, gender, diagnosis. Do not provide any patient identifiers

Please complete the following for the product(s) involved. (If more space is needed for additional products, please attach a separate page.)

	Product #1	Product #2
Brand/Product Name (If Applicable)		
Generic Name		
Manufacturer		
Labeler		
Dosage Form		
Strength/Concentration		
Type and Size of Container		

Reports are most useful when relevant materials such as product label, copy of prescription/order, etc., can be reviewed.
Can these materials be provided? ☐ Yes ☐ No Please specify:

Suggest any recommendations to prevent recurrence of this error, or describe policies or procedures you instituted or plan to institute to prevent future similar errors.

Name and Title/Profession | ( ) Telephone Number | ( ) Fax Number

Facility/Address and Zip | Email

Address/Zip (where correspondence should be sent)

Your name, contact information, and a copy of this report are routinely shared with the Institute for Safe Medication Practices (ISMP). Copies of reports will be sent to third parties such as the manufacturer/labeler, and to the Food and Drug Administration (FDA). You have the option of including your name on these copies.

In addition to releasing my name and contact information to ISMP, USP may release my identity to these third parties as follows (check boxes that apply):

☐ The manufacturer and/or labeler as listed above ☐ FDA ☐ Other persons requesting a copy of this report ☐ Anonymous to all third parties

Signature | Date

Return to:
USP CAPS
12601 Twinbrook Parkway
Rockville, MD 20852-1790

Submit via the Web at www.usp.org/mer
Call Toll Free, 800-23-ERROR (800-233 7767)
or FAX 301-816 8532

Date received by USP | File Access Number

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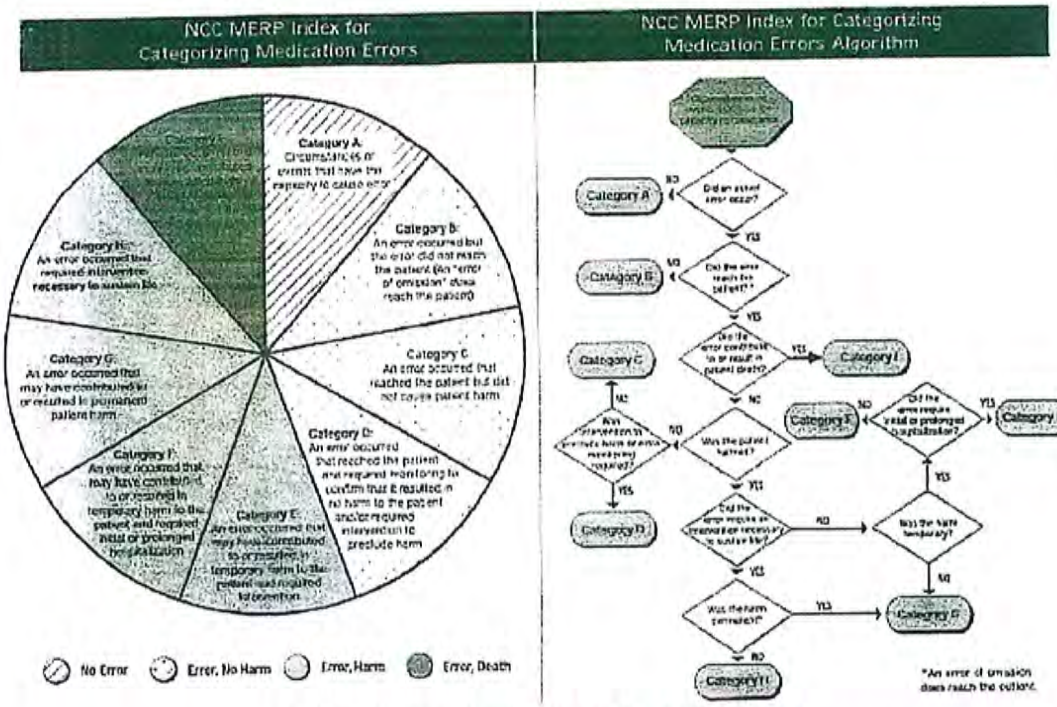

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Full size copies are available: INDEX—www.nccmerp.org/010612_color_index.pdf; ALGORITHM—www.nccmerp.org/010612_color_algo.pdf

National Coordinating Council for Medication Error Reporting and Prevention Definitions

Harm
Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

Monitoring
To observe or record relevant physiological or psychological signs.

Intervention
May include change in therapy or active medical/surgical treatment.

Intervention Necessary to Sustain Life
Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.).

U.S. Pharmacopeia
12601 Twinbrook Parkway
Rockville, MD 20852-1790

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 39 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE:
DIANE D COUSINS RPh
THE USP CENTER FOR THE ADVANCEMENT OF PATIENT SAFETY
12601 TWINBROOK PARKWAY
ROCKVILLE MD 20897-5211

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APPLICABILITY: This policy outlines the expectations of the pharmacy and the PHF in the inclusion of the pharmacy and its pharmacists in the quality improvement and therapeutics committees of the facility.

PROCEDURE:

1. Staff of both the pharmacy and the facility will participate in facility Quality Improvement, Infection Control, and Pharmacy and Therapeutics Meetings.
    a. The pharmacy representative may be the pharmacist in charge, pharmacy manager, pharmacy consultant, or other designated pharmacy staff member as permitted by applicable law or state regulation.
2. Joseph Abraham, RPh is a voting member of the P&T Committee
3. The facility should notify the pharmacy, as far in advance as possible, of the dates and times of upcoming Quality Improvement and Pharmacy and Therapeutics Committee meetings. If a designated staff member cannot attend the meeting, the pharmacy may provide the appropriate information to support the facility's QI/PT meeting agenda and may conference into the meeting by phone or internet video chat service (Google hangouts, Ring Central, or Skype)
4. The facility should review relevant topics related to pharmacy services, including but not limited to the following
    a. Adverse drug reactions
    b. Medication Errors
    c. Medication Efficacy
    d. Medications used by pregnant women or women of childbearing age
    e. Appropriate lab monitoring of medications
    f. Medication availability
    g. Availability of the pharmacist
    h. Involuntary Movement Assessment Scores (AIMS, etc)
    i. Antimicrobial Stewardship
    j. Medications that should be added or removed from the facility formulary

SOURCE: Title XXII of the California Code of Regulations § 77079.12, § 77079.2.

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MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
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APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY

This Policy sets forth the procedures relating to the provision of Pharmacy Consultant Services pursuant to a Pharmacy Consultant Agreement.

PROCEDURE

1. The PHF shall retain a consulting pharmacist who devotes sufficient time during each regularly scheduled visit for the purpose of coordinating, supervising, and reviewing pharmacy services monthly. The report shall include a log or record of time spent in the PHF. There shall be a written agreement between the pharmacist and the PHF which includes duties and responsibilities of both.
2. The monthly pharmacist visit will include all of the following:
    a. Observation of medication pass.
    b. Controlled substance audits of at least 5 prescriptions.
    c. A check to ensure no expired drugs or outdated prescriptions is present in the med room or drug sample cabinet.
    d. A check to ensure all discharged patients' medication has been separated from the other medications and set for destruction or return to the pharmacy.
    e. Verification of signed consents for psychotropic medications for all patients receiving psychotropic meds
3. A pharmacist shall review the drug regimen of each client at least monthly and prepare appropriate reports.
    a. The pharmacists shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the mental health rehabilitation center director and director of the nursing service.
4. The PHF should notify the Pharmacy of each new Client admitted to the facility.
5. The PHF should provide an opportunity for entrance and exit interviews between Pharmacy and Director of Nursing, administrator, or designee.
6. Facility should provide Pharmacy with adequate work space, access to the Clients' medical records (including electronic health records, if used), an appropriate environment for Client and family interviews, and important Client information that may include, but is not limited to:
    a. Current census;
    b. Clients with a recent change in condition;
    c. Change in mental status or behavioral symptoms
    d. Clients who were admitted for a short stay;
    e. Clients with recent infection;
    f. Clients who have fallen;
    g. Clients with unexpected weight loss; and
    h. Available Quality Indicator Reports
7. Facility should assist Pharmacy in working with any Third Party Pharmacy to establish a system of records for receipt and disposition of all controlled substances that provides an accurate

MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Pharmacy Consultant Services
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
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APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

reconciliation and account of use on a periodic basis.

8. The Consulting Pharmacist shall conduct MRRs monthly as required under a Pharmacy Consulting Agreement on the current patients on the day of visit.
9. The patients evaluated have to have an established profile with the pharmacy.
10. The Consulting pharmacist shall assess the prescribing practices of professional staff with respect to appropriateness and cost effectiveness of medications orders.
    a. This assessment shall be included in the Consulting Pharmacist's monthly MRR
    b. Assessment of prescribing practices includes, but is not limited to
        i. Adherence to accepted prescribing guidelines and algorithms
        ii. Documentation of clinical exceptions
        iii. Off-formulary prescribing
        iv. Polypharmacy
        v. Excessive prescribing
        vi. Monitoring of side effects and adverse drug reactions
        vii. Therapeutic benefit Vs. risk
        viii. Practitioner prescribing trends
11. In accordance with Applicable Law, the Facility should ensure that the Consulting Pharmacist has access to:
    a. The Client and/or the Client's Responsible Party;
    b. The Client's records, in accordance with Applicable Law including, but not limited to
        i. Medications currently ordered
        ii. Information relating to drug therapy
        iii. Medication administration records
        iv. Physicians progress notes
        v. Nurses notes
        vi. Patient consent forms
        vii. Other documents which may assist the Consulting Pharmacist in making a professional judgment as to whether or not irregularities exist in the medication regimen
    c. Client's laboratory tests
    d. Physician/Prescriber progress notes, nurses' notes, and any other necessary information
12. The PHF should inform the Consultant Pharmacist of any physical and/or mental conditions of the Client which are likely to affect his/her medication therapy outcome.
13. Facility should ensure that the Consultant Pharmacist has a quiet, private location to perform MRRs. Electronic medication records may permit the Consultant Pharmacist to perform some aspects of the MRR outside Facility.
14. Facility should notify Pharmacy when any regulatory surveyor is on-site and pharmacy may be requested to be present at the PHF during the survey.

SOURCE: CCR Title XXII § 77079.2 and § 77079.12

Hometown LTC Pharmacy, Inc
1450 W. Mccoy St.

Quality Improvement: Consultant Pharmacist Summary

Site: _____
Period covered: _____

1. Entrance Evaluation
   A. Meeting conducted with facility leadership upon entrance.....□Yes □No □N/A
   B. Met with: _____
2. Medication Regimen Review
   A. New orders are transcribed accurately.....□Yes □No □N/A
   B. Consent for psychotropic completed for each psychotropic med ordered.....□Yes □No □N/A
   C. Medication regimen reviewed for duplicate therapy, safe dosing, monitoring drug levels if needed.....□Yes □No □N/A
   D. Medication Pass observed to identify any opportunities for improvement.....□Yes □No □N/A

Comments: (Include all 'NO' answers) _____
_____
_____
_____

3. Evaluation of Drug Monitoring
   A. There is a process in place to monitor adverse drug reactions.....□Yes □No □N/A
   B. AIMS/DISCUS test(s) completed when appropriate.....□Yes □No □N/A
   C. Documentation of behavior monitoring.....□Yes □No □N/A

Comments: (Include all 'NO' answers) _____
_____
_____
_____

4. Medication Procurement
   A. Inventories – records are in good order. Ordering controlled by designated personnel. Medications were locked in patient care area so that staff may have access to medications when needed. Medications stored properly with only authorized personnel having access..... □Yes □No □N/A
   B. Record keeping – Well organized and checked routinely. Crash Cart having weekly inspections and logged accordingly..... □Yes □No □N/A
   C. Observed medication administration for compliance..... □Yes □No □N/A
   D. Records of recalls in good order. .....□Yes □No □N/A
   E. Injection sign out log is complete.....□Yes □No □N/A
   F. Stock medication dispensing log is current and complete.....□Yes □No □N/A
   G. Narcotic sign out log is current and complete.....□Yes □No □N/A
   H. AED (defibrillator) found in working condition.....□Yes □No □N/A

I. Drug Formulary is present and up to date.....□Yes □No □N/A
J. Opened multiple-dose injectable containers are dated upon opening and are not used beyond manufacturer's expiration date or 28 days after opening.....□Yes □No □N/A
K. Expired medications separated from inventory and noted that they are going to be sent out for return..... □Yes □No □N/A
L. No medications in regular stock from discharged patients.....□Yes □No □N/A

Comments: (Include all 'NO' answers) _____

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_____

5. Policies and Procedures
   A. Medication errors – none reported.....□Yes □No □N/A
   B. Adverse medication effects – none reported.....□Yes □No □N/A
   C. Emergency medication kit is in date and secure.....□Yes □No □N/A
   D. Crash Cart has procedures listed on the cart itself.....□Yes □No □N/A
   E. CII medications that are expired will be sent out using DEA 222 form which is locked up with said medications.....□Yes □No □N/A
   F. Controlled substances are properly and securely stored.....□Yes □No □N/A
   G. Controlled substance inventory is reconciled.....□Yes □No □N/A
   H. Controlled substance documentation is accurate.....□Yes □No □N/A
   I. Random audit of controlled substances, minimum of 5 records monthly

Comments: (Include all 'NO' answers) _____

_____

_____

_____

6. Storage of Medications
   A. Security – Medications and prescription pads are properly stored and secured – only authorized personnel having access.....□Yes □No □N/A
   B. Check of medications in cupboard –
      a. Everything well organized and checked expiration dates. Nothing expired on shelf. .....□Yes □No □N/A
      b. Internals are separated from externals.....□Yes □No □N/A
      c. Patient's own medications present, including samples, are appropriately labeled and all have been identified by a pharmacist.....□Yes □No □N/A
   C. Medications not overstocked.....□Yes □No □N/A
   D. Proper refrigeration temperature (36-46° F) – Temp today: _____ °F.....□Yes □No □N/A
   E. Refrigerator temperature was maintained and logged daily.....□Yes □No □N/A
   F. No food found in medication refrigerator.....□Yes □No □N/A
   G. Medication storage areas and carts are clean.....□Yes □No □N/A

H. Medications are properly protected from light and humidity.....□Yes □No □N/A

Comments: (Include all 'NO' answers) _____

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_____

_____

7. Facility formulary
   A. Facility formulary utilized.....□Yes □No □N/A
8. Exit evaluation
   A. Meeting conducted with facility leadership upon exit.....□Yes □No □N/A
   B. Met with: _____

Consultant Pharmacist: _____ Date: _____
Administrator: _____ Date: _____
Director of Nursing: _____ Date: _____
Hours Spent at Facility: _____ Date: _____
Time in Med Room: _____ Date: _____
Time for Chart Review: _____ Date: _____
Time for Consulting: _____ Date: _____

Hometown Pharmacy, Inc
1450 W McCoy Ln. Santa Maria, CA 93454
Fax: (805)928-6200 Phone: (805)928-2200

MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Reference Sources and Texts
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
REVISION DATE	August 24, 2016
APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY

This Section sets forth procedures relating to reference sources and texts maintained at the Facility.

PROCEDURE

1. The Facility shall have current drug reference sources for each nursing station. Such reference sources should include as applicable:
   a. Drug monographs on all medications used in the Facility;
   b. Information concerning generic and brand name drugs, if applicable;
   c. Available strengths and dosage forms;
   d. Copy of Nursing 2016 Drug Handbook provided by Hometown Pharmacy
   e. Pharmacological data including indications and side effects, cautionary drug warnings, and
   f. Hazardous properties of drugs (e.g., Safety Data Sheets ("SDS"))
2. The Facility may access copies of Hometown's Geriatric Pharmaceutical Care Guidelines (which provides information on new medications and changes in existing drug information) with other reference materials in an accessible location.
3. Facility staff should always consult reference materials or the Pharmacy before administering an unfamiliar medication.
4. The pharmacy, medical and nursing staffs have quick access to poison control information. The telephone number of a poison control Facility is available on each client care area.

Hometown Pharmacy, Inc
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MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	Generic Substitution
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
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APPROVED BY	Thain Ho (Tim) Wey, 8/24/16

APPLICABILITY: This policy outlines the requirements and allowances for generic substitution of medications to reduce cost for the facility and the patient.

PROCEDURE:

1. The pharmacy will automatically substitute for the generic medication for all AB rated medications.
2. The pharmacy may select a generic drug and substitute it for a drug ordered by its brand name in accordance with applicable law, unless the physician or prescriber specifically uses the words "brand medically necessary" or equivalent next to the drug name as part of the order along with the physician's initials.
3. The patient may request the use of brand name even if not ordered by the prescriber.

SOURCE: Title XXII of the California Code of Regulations. § 4073 of the California Pharmacy Lawbook.

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1450 W McCoy Ln. Santa Maria, CA 93454
Fax: (805)928-6200 Phone: (805)928-2200

MANUAL TITLE	Hometown Pharmacy Policies and Procedures Manual
POLICY #/TITLE	STAT and Emergency Medication Orders and Deliveries
APPLICATION	Facility Receiving Pharmacy Products and Services
EFFECTIVE DATE	July 1, 2016
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APPLICABILITY: This policy describes the process for pharmacy handling of STAT and Emergency Medication Orders.

PROCEDURE:

1. The facility should immediately contact the pharmacy by phone or fax when there is a STAT or emergency medication order. If the order is placed after hours, the after-hours medication order procedure should be followed.
2. If the necessary medication is not contained in the E-kit and it has been determined that the medication is medically necessary, the facility should notify the pharmacy that they need an immediate delivery.
3. During normal pharmacy hours, STAT orders are to be administered within 1 hour of the order and the pharmacy cannot deliver within that timeframe due to the distance from the PHF. A third party pharmacy will be used and the GeriScripts card will be used to pay for the medications.
4. After normal pharmacy hours, STAT orders are to be administered within 2 hours and the pharmacy should be contacted immediately with the order for fulfillment and delivery.
5. The facility will not borrow medications from another patient to supply another patient.
6. Upon the delivery of the STAT medication, a facility staff member will sign the delivery manifest.
7. The procedure for routine deliveries should be followed upon receipt of the emergency delivery by the facility.
8. Except in extreme emergency situations, the pharmacist must always review and verify an order before it can be administered to the patient.
9. Reviewed orders for medications contained in the facility's E-kit can be administered immediately upon approval.
10. See "Providing Pharmacy Products and Services" for the contact information for the on-call pharmacist.

SOURCE: Title XXII of the California Code of Regulations § 77079.2