UTCVM PHARMACY STANDARD OPERATING PROCEDURES

Updated: 4/5/2004

I. General Procedures

A. Hours: The Pharmacy will be open Monday through Friday, 8:00AM to 6:00PM; Saturday 8:00AM to 1:00PM. The Pharmacy will be closed on holidays, or University closing days. Adequate preparations will be made for these days. If there is any deviation from the usual hours notification will be posted.

B. Personnel: The pharmacy will be staffed with one licensed Pharmacist, two full time technicians and two part-time technicians (3.3 FTE) Technicians will be encouraged to pursue certification as pharmacy technicians by a national board. Upon certification, technicians will be recommended for a 10% raise in salary.

C. After-hours procedures: If clinicians need access to the Pharmacy at night or on weekends, they will use the keypad beside the door to enter their PIN which will allow them to disarm the security system and enter the Pharmacy. They must leave a prescription showing any items taken at that time. They then exit and re-arm the security system. A log will be kept of the prescriptions left and compared to a Central Alarm list of people entering the Pharmacy. Any entrances that do not coincide with a prescription will be investigated. Clinicians will not send students by themselves to the Pharmacy.

D. Pharmacist's Absence: when the pharmacist is absent the Pharmacy will be operated by the pharmacy technicians with regulatory supervision of the veterinarians from each clinic who are responsible for emergency duty. During such times no medications will be dispensed for human use pursuant to a physician's prescription.

E. After-hours outside procurement: if a medication is needed and not available from the Pharmacy after hours of operation, the clinician may procure the medication from a local hospital. The clinician must submit a signed receipt to the Pharmacy the next business day in order to be processed for payment. Holidays: on holidays or University closing days, the Pharmacy will usually be closed. Preparations will be made prior to closing so that clinic patients may have adequate medications. If the University is closed due to inclement weather, the Pharmacist, and any willing technicians, will attempt to come in.

II. Specific Procedures

A. Prescriptions

1. Information required on the UTCVM Pharmacy Prescription form:
   a. Patient information: stamped in the space provided. The patient number and name will both be required at minimum
   b. The date written
   c. The problem being treated
   d. The drug name, strength and quantity

e. Directions for use
f. Prescribing clinician's signature
g. Refill information

2. Procedure: prescriptions are submitted to the Pharmacy by placing them in the tray at the window. The Pharmacy staff will then fill the prescription and place it along with the top copy (white) of the prescription form on the counter. If the prescription is to be mailed or passed to the client the Pharmacy should be notified.
   Filling prescriptions: the prescription is read and checked for accuracy. It is then entered into the hospital computer system which will generate a price and label. The drug will prepared and dispensed in a child resistant container and labeled properly.
3. Prescription checking procedure:
   a. All prescriptions, new and refills, will be checked by a person other than the one filling it. When two people are working on a prescription they will each check the other. Each prescription will be initialed by both the person filling and the person checking.
   b. The prescription will be checked for proper drug, strength, dosage form, quantity and instructions. Any questions will be referred back to the prescribing clinician for clarification.
   c.In the event only one person is working, like Saturday mornings, the clinicians may be asked to check the prescription before dispensing.
4. Shipping: upon request, the Pharmacy will send prescriptions to clients. The client will be charged a shipping fee.
5. Compounding: certain prescriptions must be compounded. The Pharmacy will compound any prescription within our capabilities. Compounded prescriptions will be assessed an additional fee for the service. These prescriptions take a longer time to prepare and often must be picked up the next day.
6. Refill policy
   a. Clinician must indicate on the prescription form if a medication is to be refilled and the number of times. Prescriptions are refillable 5 times in a six month period after which the clinician must approve additional refills.
   b. Inpatient prescriptions are not refillable and require a new prescription. If an outpatient prescription is marked "no refill" or is no indication is given, the prescription cannot be refilled.
   c. If the number of refills has expired, the client will be advised to contact the clinician for refill authorization. If the clinician is no longer here the service chief will assume responsibility for future refills.
   d. If the dosage or frequency of administration has changed so that the refill schedule will change, this information should be given to the Pharmacy
7. Prescriptions for outside pharmacies should be written on the same form used in-house with the top copy going to the client and one of the other copies inserted in the medical record.

8. Labels are generated by the hospital computer system and include all pertinent information. For after hours use a computer is left running with a label program in place. The clinician may then insert all required information and print a label
9. Prescriptions are priced on a sliding scale according to the cost of the drug, as follows:
   Cost 0-$25.00 x 2.25 = client cost
   $25.01 to $75.00 x 2.05 = client cost
   $75.01 to $125.00 x 1.75 = client cost
   $125.01 and over x 1.5 = client cost
   Minimum prescription charge is $5.00
10. Discounts to faculty, staff and students
    a. Discounts are taken at the front desk at time of payment according to each department's policy
    b. Sale at discount of the following items will be limited to 6 boxes per person per year. More product may be purchased, but will be charged regular client price. The products are:
       - Frontline Top Spot
       - Heartgard, Interceptor
       - Sentinel, Revolution and
       - Advantage
       - Other products may be added at the pharmacist's discretion.
11. Drugs from the Omnicell machines are covered under separate policies (attached)
12. According to Tennessee state law, once a prescription drug has been dispensed, it cannot be returned to the pharmacy. If a dispensed prescription has not left the hospital, it can be returned for credit to the Pharmacy.
13. Controlled substances for use in the hospital will be procured mainly from the Omnicell machines in the clinics. In those instances where the machine is not used, a system will be maintained such that the drug will be accounted for. The person receiving will sign out a specific amount of drug and will be given a numbered sheet on which to record each dose of drug used and each animal receiving a dose. This sheet will be returned to the Pharmacy where it will be kept on file as required by law. Any controlled substances checked out must be kept in a secure locked cabinet.
14. University Experiment Stations: Legend drugs will supplied to experiment stations operated by the University only on the order of a staff veterinarian pursuant to a valid veterinarian-client-patient relationship.

B. Supplies
1. The Pharmacy will serve as a central supply area for disposable items such as needles, syringes and tape.
2. Stores: these supplies will be stored in the Pharmacy and the storeroom located at the Shipping and Receiving area. The

Shipping clerk will help maintain the inventory of these stores and will submit an inventory to the Pharmacy each week.

3. Distribution: supplies will be distributed from the Pharmacy pursuant to a requisition sheet submitted by the department. These sheets must be signed and the appropriate account number written on the sheet. Some items such as cases of intravenous fluids will be delivered to the requesting area by the shipping clerk upon request of the Pharmacy.

III. Regulatory Procedures

A. Research Drugs: in accordance with Tennessee law, the use of controlled substances or legend drugs for research requires registration with the Board of Pharmacy. Researchers must submit an application, available in the Pharmacy, to the Pharmacy Committee along with a brief description of the protocol. This information will be circulated to the committee for approval. Notification will be made only if there is a problem. Otherwise, the application will be forwarded to the Board.

B. DEA numbers: The Pharmacy will be registered with the Drug Enforcement Administration. Each clinician will be issued a DEA number based on the Pharmacy registration number with a suffix attached. The suffix will consist of the first letter on the clinician's last name and a two digit number. The clinician must use this number on any prescription for controlled substances sent to an outside pharmacy, as well as for research applications.

IV. Fiscal Responsibility

A. Budget: the Pharmacy budget will cover all operating expenses of the Pharmacy, including salaries and benefits. The Pharmacy will pay for all drugs and supply stores in inventory and then sell these stores to the various departments at acquisition cost plus 10%.

B. Procurement: the Pharmacy will purchase goods and services in accordance with all University fiscal policies.

V. Omnicell

A. General Policies and Procedures: attached copy of Omnicell's standard

B. Specific Policies and Procedures for LACS and SACS:

1. No prescription will be written. Notation of drugs obtained and administered from the Omnicell will be entered on the Physician's Orders sheet in the patient's record
2. Dose drawn into a syringe cannot be returned for credit. Doses not used must be destroyed. Only unopened vials can be returned for credit.
3. Unused doses of controlled substances must be destroyed in the presence of a witness. This action must be noted and initialed on the patient's medication form by both parties.
4. Controlled substances must be removed one dose at a time.
5. For SACS, 1 dose will equal 0.1ml for most drugs. Exceptions will be noted on the machine.

6. For LACS, 1 dose will equal 1.0ml for most drugs. Exceptions will be noted on the machine.
7. There is no price break in removing an excess amount and returning the unused portion. Charges are calculated on the amount used.
8. Drugs in the machine are meant for inpatient use only and are not to be dispensed to outpatients.
9. Charges enter the hospital computer system when the transaction takes place at the machine.
10. Some drugs have been designated as LA versions to differentiate from the same drug in the SACS machines due to dose volumes. The Pharmacy will charge each department monthly for the drugs restocked in the Omnicell machines.

OMNICELL™

Generic Policy & Procedures for Pharmacy & Clinics

I. Purpose

Clinics and Pharmacy will use the OmniCell Pharmacy Module as an inventory, information and quality assurance system for the control and distribution of medications for the following types of medications:

1. Controlled substances
2. First doses
3. Stock medications
4. High volume PRN medications

II. Procedures

A. Authorized Access

1. Permanent access codes are assigned by the Nurse Manager of each unit or the same access code that is used by the nurse on the HIS system may be used. Each user must have a unique ID and password. Access code will consist of the user's initials and the last four digits of the user's Social Security number. These codes will be entered and maintained by the appropriate Pharmacy Manager.

2. Individuals may have different access privileges assigned to them. This will be determined by the Nurse Manager.. Any change to a nurses access privilege will be requested in writing by the Nurse Manager to the Pharmacy manager. In our system, designated "super users" are the equilivant of OminCell's head nurses, vet techs are nurses, and students are LPNs (no controlled drug access)

3. All additions, deletions, or changes to the permanent access codes must be sent to the Pharmacy Manager as confidential information The change will be made and the user will be notified when the change has occurred.

4. Users can change their password at any time at the *OmniSupplier*. All password information is encrypted in the database and is not displayed on the screen. When the password is changed at one *OmniSupplier*, the information will be transmitted to all of the other *OmniSuppliers* that the user is authorized to use automatically.

5. Designated Pharmacy personnell will have access to all Pharmacy Module privileges.

B. Medication Administration

1. Remove the medication at the *OmniSupplier* by selecting the "Preselect Drugs" optio on the patient screen and follow the instructions on the screen.

2. The user must verify the inventory count when removing any medication from the *OmniSupplier*. For high security drugs, the *OmniSupplier* will require you to confirm the quantities before proceeding. The user must remove only those medications that were preselected once the Pharmacy Module drawer unlocks. Removal of additional medications will result in null transactions and inventory discrepancies.

3. Upon completion of each transaction, a transaction receipt is generated and printed a the station. This slip is not a legal document. The usermay use it for charting purposes or to verify with the patient's ID when giving the medication. This transaction slip can b discarded when no longer useful.

C. Entering Patient Information

1. The patient's name should appear on the *OmniSupplier* local census list. This information is obtained via an interface from the hospital Admission, Discharge, Transfe patient care computer system. If the patient does not appear on the local list, the user should check the "All Patients" list before entering the patient. If the patient name is no available and a medication is needed, the user will select the "Add New Patient" option. After entering the patient's last name, first name and id number, if available, the user can proceed with removing medications.

D. Returning Medications

1. Medications may be returned to their original bin at the discretion of the pharmacy. Returning allows the patient to be credited for the medication. To return the medication select the medication and use the soft key to enter the quantity to be returned. Place th item in the bin which is indicated.

2. If the medication package is not intact, follow the procedure for "Wasting Medications". Wasted medications should be disposed of outside the system.

E. Wasting Medications

1.If all or part of a controlled substance taken from the Supplier is to be wasted, it must be disposed of in the presence of a witness. The amount wasted must be noted on the Medication Administered Form and signed by both parties. Alternatively, the medicatior may be returned to the Pharmacy for disposal and witnessing.

2. Partial doses may be indicated at the time the medication is dispensed by selecting "Partial Dose." If wasted after dispensing, the wasted medication is to be documented at the time the medication is wasted.

3. Medication wastes are defined as all or part of a medication that is not in its original sealed package and not administered to a patient.

F. Discrepancy Reports

1. Whenever a drawer opens, the Pharmacy Module will ask to verify the inventory count. If the Pharmacy Module count is found to be different then the users count, then the user must correct the count before the medication is removed. Each time a "No" is keyed into the *OmniSupplier* at the count verification step or the electronic count does not match the manual count entered, a discrepancy is created. A receipt will automatically print for this transaction. At the end of each shift, a "Discrepancy Report" is to be printed for all controlled substances. To print the "Discrepancy Report" select "Reports" from the "Other Options" menu then select the "Discrepancies" option. This report will contain a list of discrepancies, the medication, description of the problem, and name of person who had prior access to that medication.

2. Any discrepancy discovered should be reported immediately to the nurse in charge, or to the Pharmacy.

3. A discrepancy should be resolved either at the time of discovery or at the change of shift. A discrepancy is resolved by asking the user with prior access what the circumstances were surrounding administration of the medication. The user with prior access may by telephoned if necessary. The nurse in charge will resolve the discrepancy under the "Resolve Discrepancy" screen. This is one of the "Other Options" available to head nurses only. The reasons for discrepancy resolution can be selected from an electronic list. If the reason for the discrepancy does not fit any available list entries, an unusual reason may be entered free text. If additional reasons need to be added to the electronic list, contact the pharmacy in writing.

4. Any unresolved controlled substances discrepancy will be reported to the Nurse Manager and/or Supervisor and the appropriate "Occurrence" or "Lost Narcotic" form **will be** filed.

5. Medication discrepancies are documented in the *OmniSupplier* and at the OmniCenter. Pharmacy will also run a daily discrepancy report and follow up on unresolved discrepancies.

G. Cycle Count

1. A Cycle Count will be performed once a week or when the Pharmacy deems necessary One nurse and one pharmacy technician will take inventory. The Pharmacy Manager will monitor the weekly shift counts. The frequency of the Cycle Count may be re-assessed after using the *OmniSupplier* for one month. The adjustment of frequency will be dependent upon the number of discrepancies and stockouts that occur on the nursing unit.

2. The decision to change the frequency of Inventory Count will be made jointly by the Nurse Manager and the Pharmacy Manager.

3. Cycle counts will take place at least monthly to comply with pharmacy floor inspection regulations.

H. Stock Replenishment

1. The Pharmacy will be responsible for maintaining adequate inventory of all medications in the *OmniSupplier*.

2. Inventory levels will be checked daily via the Pharmacy *OmniCenter.* The medications that are recorded as being low will be collected in the Pharmacy and will be delivered and refilled into the *OmniSupplier.*

3. If a nurse notices that a medication is running low and the Pharmacy has already made its delivery or is about to close for the night, the nurse will notify the Pharmacy.

4. If Pharmacy staffing is low, the nurse may be required to pick up the medication from the Pharmacy and refill the medication into the *OmniSupplier.* To perform a Supplemental Restock, select this option from "Other Options." Follow the prompts on the screen to refill.

5. Pharmacy personnel will empty the return bin and save the "Return & Waste Receipt" when they replenish *OmniSupplier* stock. Items returned to pharmacy can be reconciled in the "Return and Waste Reconciliation Report" at the *OmniCenter.*

I. Stock and/or Inventory Level Changes

1. Any changes to the stock or inventory levels will be requested in writing to the Pharmacy Manager by the Nurse Manager.

2. Changes will be reviewed by the Pharmacy Committee.

J. Pharmacy Manager

1. The OmniCell Pharmacist Manager will assign the responsibility of operating and maintaining the OmniCell Pharmacy system to designees. The OmniCell Pharmacist Manager will be responsible for ensuring that the following are performed.

A. Printing or electronic storage of reports:
   a) Restock for Refilling of the Pharmacy Modules.
   b) Controlled Substance reporting for Class I-V medications. Held for DEA inspection and retained per Federal Regulations.
   c) All medication activities reporting stored for 180 days to be used as a reference.
   d) Discrepancy reports.

B. Maintenance of:
   a) Medication formulary database.
   b) OmniCell access privileges for Pharmacy and Selected Nursing personnel
   c) Medication inventory configurations. (All inventory requirements

C. Assist OmniCell customer support in the resolution of system malfunctions.

D. Ad-hoc reports or activities PRN.

K. Replacing OmniCell Paper

1. All nursing staff will learn how to replace the paper at the *OmniSupplier.*

2. Extra rolls of paper will be kept behind the computer keypad in the *OmniSupplier.*

3. The Pharmacy will replace the rolls of paper in the same manner as refilling a medication when the paper supply is low.

L. Problem-Solving

1. Each pharmacy will have a designated "System Administrator" to answer questions and assist nurses on utilizing the *OmniSupplier.* Additionally, a Quick Reference Guide is located at each *OmniSupplier to* answer questions.

2. If a problem cannot be resolved by referring to the Quick Reference Guide or the System Administrator, if necessary, the Pharmacy can contact OmniCell for assistance.

3. If the Pharmacy is closed, the nurse may call the OmniCell "800" service number found on the *OmniSupplier* for additional assistance.

4. If necessary, OmniCell customer support will dispatch technical support to assist in th resolution.

5. The OmniCell System Administrator will be made aware of the problem in a timely manner.

M. Power Outage/Emergency Back-up Procedure

1. If you encounter any hardware problem and need to power down the unit, please contact the pharmacy or the OmniCell 24 hour Help Desk.

2. If the *OmniSupplier* is plugged into the emergency power system and a power outage occurs, the *OmniSupplier* should remain operational. If it is not, an extension cord should be acquired and the *OmniSupplier* should be plugged into emergency power via the extension. This extension should be set up as not to create a hazard to anyone and should be removed as soon as normal power is restored.

3. If it becomes necessary to manually open the *OmniSupplier* for medication access, the Pharmacy and/or Nursing Supervisor will be notified. Both will be able to gain acces to the keys to open the drawers of the *OmniSupplier to* allow the removal of medications

4. If the Supplier is down, medications will be dispensed from the Pharmacy. If the Pharmacy is closed, clinicians have access to the Pharmacy and the controlled drug lock box. This procedure is to be used until the Supplier is operational again.

5. OmniCell will be called in the event of a software or hardware problem and will plan and coordinate the resolution to the problem. Pharmacy will make this call if the Pharmacy is open. Nursing will call if the Pharmacy is closed.

6. A nursing unit may decide to remove medications from another nursing unit *OmniSupplier* during the time that their own *OmniSupplier is* not functional. The nurses may need to be given a "Temporary Nurse ID" to access another *OmniSupplier.* Their patients should be available under the "List All Patients" option.

N. Reports

1. Nurse Managers may request special reports from the Pharmacy Manager. These reports can include reports by medication removal, by nurse, by witness, discrepancies, and so forth.

2. The *OmniCenter* will store information for thirty days.

3. In addition to restock related reports, the Pharmacy will run a daily report of all controlled substances to act as a document to record all Class II medication administrations, replacing the old narcotic sign-out sheets. Alternatively, this informatio can be stored electronically on tape.

4. Your Project Manager can assist you with determining the best back up procedures t suit your hospital environment.

III. Education of New Staff

1. The OmniCell inservice tape will be watched during the education period for new stat per facility policy.
2. The OmniCell Policy & Procedures will be read by new staff.
2. OmniCell System Administrators will provide assistance to new staff in the use of the system.
3. OmniCell Project Managers responsible for the facility will be available for re-inservicing. Your OmniCell Project Manager will be contacted by staff development to schedule an appointment.

4. Training of new users will be done by each department's "super users." In some cases, Pharmacy personnell will be responsible for training new users.