



Chapter XX

Pharmacy (PH)



Pharmacy (PH)

Introduction

This is an area where errors can lead to great consequences and this is why all of the details have to be followed very closely.

The process involves many steps; from the prescription written by the physician to the actual taking of the medication by the patient. All cooperation is needed between physicians, nurses and pharmacists to make the medication process accurate and reliable.

Unfortunately, the role of the pharmacist is forgotten at times, and this means that physicians or nurses might be giving the medications to the patients without the proper verification by the pharmacist.

This is very wrong and potentially dangerous, because the pharmacist is the gate “keeper”. He evaluates and monitors for drug indications, adverse drug reactions (ADR), correct route of administration, drug interactions, and administration time. Also, inside the pharmacy, the right tools and equipments are needed to ensure that the work is done properly. For example, the intravenous admixture area and the chemotherapy preparation area require a special separated and properly designed work area for each of them. The hospital administration has to provide the necessary resources to conduct safe pharmaceutical care to patients.



Pharmacy (PH)

Scoring:

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.1.	The hospital has a pharmacy service department and headed by a qualified pharmacist with appropriate experiences.					
	PH.1.1 The Pharmacy has a clear organization structure.					
	PH.1.2 Pharmacy head holds Pharm.D, Master, or Bachelor of Science degree in Pharmacy.					
	PH.1.3 Pharmacy head has signed an updated job description.					
	PH.1.4 Evidence of valid Saudi Council of Health Specialties license to practice in Saudi Arabia.					
	PH.1.5 The Pharmacy head has an updated curriculum vitae.					
	PH.1.6 Evidence of work experience in hospital setting.					
PH.2.	The pharmacy has a clear mission, vision, and values.					
	PH.2.1 Mission is clearly written, posted, and verbalized by pharmacy staff.					
	PH.2.2 Vision is clearly written, posted, and verbalized by pharmacy staff.					
	PH.2.3 Values are clearly written, posted, and verbalized by pharmacy staff.					
PH.3.	The pharmacy space is adequate. Hours of operation are determined, announced and followed.					
	PH.3.1 The space provided for pharmacy services allows the principal functions to be carried out in efficient and effective manner.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.3.2 Hours of operation of each pharmacy section are clearly defined in the policy and procedure, announced within the hospital and posted at the pharmacy entrance.					
PH.3.3 Monthly work schedule is written and announced.					
PH.4. The pharmacy has qualified and licensed staffing.					
PH.4.1 All Pharmacy staff has valid licenses from the Saudi Council of health Specialties to practice in Saudi Arabia.					
PH.4.2. All staff have a current job description.					
PH.4.3. Each staff signed his/her job description.					
PH.5. The pharmacy actively participates in all relevant hospital committees as evidenced by meeting minutes.					
PH.5.1 The pharmacy actively participates in the Pharmacy and Therapeutics committee.					
PH.5.2 The pharmacy actively participates in the hospital QM/TQM committee.					
PH.5.3 The pharmacy actively participates in the hospital Infection Control committee.					
PH.5.4 The pharmacy actively participates in the hospital Fire and Safety committee.					
PH.6. The pharmacy has updated internal policy and procedures for all available services (IPPs.)					
PH.6.1 All approved IPPs are written according to standard hospital format & updated every 2 years.					
PH.6.2 All multidisciplinary IPPs are established by the combined effort of pharmacy, medical, nursing, and hospital administration.					
PH.6.3 IPPs are made accessible to all pharmacy staff all the time and staff is familiar with IPPs.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.7.	The Pharmacy Director reports workload statistics to the appropriate committee and leadership. Number of FTE (full-time equivalent staff) and actual workload are published.					
	PH.7.1 Standard time for each function/task is determined.					
	PH.7.2 Monthly workload is reported for inpatient pharmacy (Unit dose and/or IV admixture).					
	PH.7.3 Monthly workload is reported for Chemotherapy.					
	PH.7.4 Monthly workload is reported for pharmacy storeroom.					
	PH.7.5 Monthly workload is reported for extemporaneous compounding.					
	PH.7.6 Monthly workload is reported for outpatient pharmacy.					
	PH.7.7 Monthly workload is reported for clinical pharmacy services.					
	PH.7.8 Monthly manpower (staffing, FTE) is reported					
	PH.7.9 Monthly workload is reported for other activities (e.g. meetings, in-services, floor inspections, etc.).					
	PH.7.10 Workload statistics are reported monthly to the appropriate committee and the leadership for future planning and pharmacy staffing.					
	PH.7.11 The pharmacy has the necessary manpower to operate the available service as evidenced by the workload statistics.					
PH.8.	The pharmacy has administrative rules regarding availability of medications 24-hours a day.					
	PH.8.1 The Pharmacy is open 24 hr/day for inpatient areas, EMS, and clinic prescriptions.					
	PH.8.2 If the pharmacy is not open 24hr/day.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.8.2.1 Availability of on-call pharmacist within 20 minutes whenever pharmacy is closed.					
PH.8.2.2 On-call service is announced to all hospital service areas (written schedule, communication numbers, etc.) for use after working hours.					
PH.9. The Hospital has an updated formulary system.					
PH.9.1 The Hospital formulary is established in collaboration with the pharmacy and therapeutics committee.					
PH.9.2 The Hospital formulary is updated every TWO years at least.					
PH.9.3 The Hospital formulary is available to healthcare team (hardcopy or electronic).					
PH.10. The Hospital formulary is very well structured.					
PH.10.1 Hospital formulary has at least generic & brand name information, formulations, strength, therapeutic classification, and prescribing information.					
PH.10.2 The Hospital formulary is properly indexed using alphabetical indexing for both generics- and brand-named available drugs.					
PH.10.3 An approved abbreviation list for prescribing is included in a separate section and there is evidence of implementation.					
PH.11. The Hospital formulary provides guidance to antibiotic use.					
PH.11.1 Antibiotic utilization guidelines and/or restriction are included in a separate section.					
PH.11.2 Evidence of implementation by prescribers of the antibiotic utilization guidelines.					
PH.11.3 Antibiotic dispensing as per antibiotic hospital policy (dosing, duration, restriction, etc.).					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.12.	The pharmacy has infection control guidelines that include:					
	PH.12.1 Written policies and procedures.					
	PH.12.2 Guidelines verbalized by pharmacy staff.					
	PH.12.3 Guidelines adhered to by pharmacy staff.					
	PH.12.4 No food, drink, or smoking allowed in the pharmacy.					
	PH.12.5 A sink, soap, and antiseptic hand scrub are available in the pharmacy.					
	PH.12.6 Separate housekeeping materials of the IV admixture room					
PH.13.	The pharmacy has a system for accepting verbal orders.					
	PH.13.1 There is a written multidisciplinary IPP for accepting and transcribing verbal orders by medical staff.					
	PH.13.2 IPP clearly defines urgency/emergency situation for accepting verbal orders "code" and time frame for order authentication.					
	PH.13.3 IPP clearly defines restriction on drugs that may be ordered verbally.					
	PH.13.4 IPP clearly defines non-medical staff who may accept a verbal order.					
	PH.13.5 IPP defines proper procedure for receiving and documenting verbal orders.					
	PH.13.6 Staff (pharmacy and/or nurse) clearly understands how to handle verbal orders.					
PH.14.	The pharmacy has a system for accepting telephone orders:					
	PH.14.1 Written multidisciplinary IPP for accepting and transcribing telephone orders by medical staff.					
	PH.14.2 IPP clearly defines urgency situation for accepting telephone orders and time frame for order authentication.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.14.3 IPP clearly defines restriction on drugs that may be ordered by telephone.					
PH.14.4 IPP clearly defines staff who may accept a telephone order.					
PH.14.5 IPP defines proper procedure for receiving and documenting telephone orders.					
PH.14.6 Staff (pharmacy and nurse) clearly understand how to handle telephone orders.					
PH.15. There is a list of Medical staff signatures who are authorized to prescribe medication.					
PH.15.1 The list contains medical staff name, signature, ID number, specialty, and stamp or code (if available) and updated every year.					
PH.15.2 Clear copy of the signature list is available to pharmacy staff in each drug dispensing area.					
PH.15.3 Pharmacy staff is aware of the list.					
PH.16. There is an updated list of prescribers and their prescribing privileges.					
PH.16.1 The list contains medical staff specialties and their prescribing privileges.					
PH.16.2 The list clearly defines prescribing privileges especially for narcotics, controlled drugs, psychotropics, chemotherapeutics, and high risk medications, etc.					
PH.16.3 The list is updated every year and whenever a new medical staff joins.					
PH.16.4 Clear copy of the privilege list is available to pharmacy staff in each drug dispensing area.					
PH.16.5 Pharmacy staff is aware of the list.					
PH.16.6 There is clear evidence of proper implementation.					
PH.17. The pharmacy has a system for handling drug recall.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.17.1 Clearly written IPP including identification and handling drug recalls, time frame, and procedures for informing patients who received any recalled drug.					
PH.17.2 Evidence of proper recall is documented (memos, recall forms, hospital exit documents).					
PH.17.3 None of the recalled drugs is available in the pharmacy or patient care areas.					
PH.18. The pharmacy has a system for identifying and handling expired medications.					
PH.18.1 Written policy clearly defines expiry date, expired medications, nearly expired medications, and proper procedure for handling expired drugs, and inspection form(s).					
PH.18.2 All expired and/or nearly-expired medications are properly labeled and stored separate from other medications.					
PH.18.3 No expired drugs are found in any patient care area.					
PH.18.4 Documents of return of expired drugs to supplier or manufacturer are maintained on file or evidence of proper destruction.					
PH.19. The pharmacy has a system for handling pharmaceutical sales representatives and free medical samples.					
PH.19.1 Written multidisciplinary IPP to outline the relationship of pharmaceutical sales representatives with healthcare professionals.					
PH.19.2 Written multidisciplinary IPP for handling and dispensing free medical samples that has been approved by the Pharmacy and Therapeutic committee.					
PH.19.3 All free medical samples are kept under tight inventory control in a separate and properly labeled cabinet in the pharmacy.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.19.4 No free medical samples are found in the inpatient areas or the outpatient clinics (OPD).					
PH.20.	The pharmacy has a system for handling non-formulary drug requests.					
	PH.20.1 Written multidisciplinary IPP for handling non-formulary drugs including clearly defined time frame for drug procurement.					
	PH.20.2 Non-formulary drug request form is available.					
	PH.20.3 Clear evidence of proper handling of non-formulary drug request is available.					
PH.21.	The pharmacy has a system for using formulary drugs for un-approved indications.					
	PH.21.1 Written multidisciplinary IPP for using a formulary drug for an un-approved indication and/or investigation.					
	PH.21.2 Request form for using formulary drug for an un-approved indication is available.					
	PH.21.3 Clear evidence of proper adherence to the IPP for using formulary drugs for an un-approved indications.					
PH.22.	The pharmacy has a system for handling out-of-stock medications and PRN.					
	PH.22.1 Written IPP for handling out-of-stock formulary medications including clearly defined time frame for drug procurement.					
	PH.22.2 Written IPP and evidence of implementation for handling PRN drugs e.g. NTG, S.L Isordil, Voltaren, etc.					
PH.23.	The pharmacy has a system for handling patient's own medications (brought from home).					
	PH.23.1 Written multidisciplinary IPP for handling patient's own medications (brought from home).					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.23.2 Patient's own medications are properly labeled by the pharmacy before use.					
	PH.23.3 Evidence of proper implementation of patient's own medication (documentation in patient's drug profile and nursing MAR).					
PH.24.	The pharmacy has a system for ensuring preparedness of crash cart medications.					
	PH.24.1 Developing and maintaining a set of guidelines for crash cart medication (all drugs on crash carts throughout the hospital are standardized) - multidisciplinary policy.					
	PH.24.2 Updating the crash cart drug list in accordance to the Saudi Heart/American Heart Association recommendation.					
	PH.24.3 Protecting emergency medications from loss or theft using safety plastic seal.					
	PH.24.4 Keeping plastic seals stocked in a safe place under supervision of pharmacy or nursing.					
	PH.24.5 Monitoring emergency medications and replacing them in a timely manner after use or when expired or damaged.					
	PH.24.6 Performing documented monthly inspection of crash cart medications and maintaining records in the pharmacy.					
PH.25.	The pharmacy has a system for ensuring stability of medication available in multi-dose containers.					
	PH.25.1 Developing and maintaining a set of guidelines for ensuring stability of multi-dose vials, multi-dose oral liquid, and other multi-dose medications (e.g., eye, ear, and nose drops, creams, ointments, nebulization solution, etc.).					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.25.2 Ensuring that all open multi-dose containers carry open date, expiry date, initials, and time (if necessary).					
	PH.25.3 Ensuring that no expired open or unlabeled open multi-dose containers are available in patient care areas.					
PH.26.	The pharmacy has a system for managing floor stock medications					
	PH.26.1 An approved list of floor stock medication is allowed on each unit or clinic.					
	PH.26.2 Floor stock supply is available in limited quantities.					
	PH.26.3 Floor stock supply is not accessible to patients or visitors.					
	PH.26.4 Floor stock medications are stored under proper condition (temperature, light protection). Storage area is clean and organized.					
	PH.26.5 No expired medications are available.					
	PH.26.6 All floor stock medications are well separated and properly labeled.					
PH.27.	The pharmacy has a system for handling high-risk medications.					
	PH.27.1 Written guidelines for handling high-risk medications (including a defined list).					
	PH.27.2 Concentrated intravenous potassium, magnesium and hypertonic saline are not allowed as floor stock except as part of the crash cart medication as per Saudi Heart recommendation.					
	PH.27.3 Only, if necessary, critical care areas may stock limited quantities of intravenous potassium, and magnesium in a separate, locked and properly labeled cabinet.					
	PH.27.4 Standard drug concentrations of all intravenous drips in the hospital.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.28.	The pharmacy has a system developed for handling outpatient prescriptions which includes:					
	PH.28.1 A policy for filling, refilling prescriptions, discharge medications, and self-medication of healthcare professionals.					
	PH.28.2 All prescriptions have the patient's name, hospital number, age, sex, diagnosis, prescriber's name, pager # or code & signature, clinic name and date.					
	PH.28.3 Any prescription is double-checked by another pharmacist before dispensing.					
PH.29.	The outpatient pharmacy has a system developed for proper labeling of drugs which includes:					
	PH.29.1 All outpatient drugs are labeled in Arabic and/or English according to patient preference.					
	PH.29.2 Outpatient label reflects Hospital name, patient name, drug name, strength, dosage, and directions.					
	PH.29.3 Colored auxiliary labels that stick out are used whenever applicable (e.g. refrigerate, do not refrigerate, shake before use, external use, etc).					
PH.30.	The outpatient pharmacy has a system developed for patient and family education before going home which includes:					
	PH.30.1 Patients and families are offered education for dispensed medications.					
	PH.30.2 Written drug counseling materials are available in easy understandable language (Arabic and English).					
	PH.30.3 There is a private area for patient counseling.					
PH.31.	The pharmacy shows evidence of continuing education and staff training by:					
	PH.31.1 Written policy and well defined pharmacy orientation and continuing education program.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.31.2 Evidence of completion of pharmacy orientation by all newly hired pharmacy staff.					
PH.31.3 Evidence of continuing education activities (provision or attendance of lectures, in-services, conferences & symposia, or distant learning e.g., internet or CE articles).					
PH.31.4 Each pharmacy section has the following reference manuals and/or policies (relevant policy and procedure manual, infection control manual, safety manual, operating manual of equipments, MSDS manual).					
PH.31.5 The pharmacy staff operates equipment safely by maintaining skills in the use of equipment including trouble-shooting.					
PH.31.6 The pharmacy staff knows how to report and properly label malfunctioning equipment so that staff do not use it.					
PH.32. The pharmacy has a system for drug storage (inpatient, outpatient, store, patient care areas) and includes:					
PH.32.1 Storage of items requiring refrigeration at a temperature of 2-8 °C and those requiring freezing at -20° to -10 °C.					
PH.32.2 All medication refrigerators and freezers are equipped with appropriate thermometers (digital and non-digital) and temperature log sheet and temperature is recorded at least once daily.					
PH.32.3 Vaccine refrigerator is connected to emergency power source, (electric outlets are marked) and temperature is recorded 24-h daily.					
PH.32.4 Food, drinks, biological samples, culture media are not allowed in medication refrigerators.					



**Pharmacy
(PH)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.32.5 Storing antiseptics, disinfectants and drugs for external use separately from internal and injectable medications.					
	PH.32.6 All medications are well separated and properly labeled upon display on the shelves.					
PH.33.	The following rules are written and implemented as to the dispensing mechanism for inpatient:					
	PH.33.1 There is a quiet, adequately illuminated and low-noise working environment that does not permit interruption of work.					
	PH.33.2 A log is maintained as to the person pre-packing & the person checking all unit doses made. If Unit-dose pre-packing is not available, doses of each drug are placed in plastic bag and properly labeled.					
	PH.33.3 No more than 24-h supply is dispensed at a time except for bulk (liquids, ointments, etc.)					
PH.34.	The following rules are written and implemented as to handling inpatient drug orders.					
	PH.34.1 A copy or fax of the original physician order or electronic version is sent to the pharmacy.					
	PH.34.2 Any new physician order, reorder or changing order is made in writing.					
	PH.34.3 Stat orders are separated from regular and filled within 30 minutes of transmittal.					
PH.35.	The pharmacy maintains updated drug profiles for all admitted patients.					
	PH.35.1 Each patient has a drug profile maintained in the inpatient pharmacy (electronic or hard copy).					
	PH.35.2 Drug profile reflects patient name, MRN#, age, sex, weight/height, allergies, diagnosis, and location in the hospital.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.35.3 Drug profile reflects all active and inactive medication orders during current admission (drug name, strength, formulation, dosage, special instruction).					
	PH.35.4 Drug profile reflects the start date, stop date, number of dispensed doses and pharmacist signature.					
	PH.35.5 Drug profile reflects any stat, single dose, PRN, controlled/narcotics, and floor stock medications.					
	PH.35.6 Drug profile reflects IV fluids, TPN, and chemotherapy.					
PH.36.	There is a system to monitor drug allergies and includes the following:					
	PH.36.1 There is a written mechanism to ensure allergies are identified by the attending physician and immediately communicated to the pharmacy in writing.					
	PH.36.2 Allergies are documented in each patient drug profile before dispensing any medication.					
	PH.36.3 There is a written mechanism in place that allows for pharmacy intervention including stop dispensing when patient is identified as being allergic to prescribed drug(s).					
PH.37.	There is a process for monitoring, detecting, and reporting adverse drug reactions (ADRs) and includes:					
	PH.37.1 Written policy and procedure for ADR.					
	PH.37.2 Definition of a significant or serious ADR and timeframe for reporting.					
	PH.37.3 ADR reporting forms are available					
	PH.37.4 Intensive analysis is performed for all significant or serious ADRs.					
	PH.37.5 Notification of treating physician.					
	PH.37.6 There is evidence that the patient receives appropriate care for the ADR.					



**Pharmacy
(PH)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.37.7 There is evidence that the medical record has been flagged for known allergies.					
	PH.37.8. Process for improving ADR reporting.					
	PH.37.9. Evidence of reporting any serious or unexpected ADR to the MOH.					
PH.38.	There is a process for monitoring, identifying and reporting significant medication errors & includes:					
	PH.38.1 Written policy and procedure for medication error reporting.					
	PH.38.2 Definition of a significant medication error, timeframe for reporting, and reporting format.					
	PH.38.3 Evidence of active reporting exists.					
	PH.38.4 Intensive root-cause analysis is performed for all significant medication errors.					
	PH.38.5 Evidence for using reported data to improve medication use process and reduce error rate.					
	PH.38.6 Mechanisms to prevent serious medication errors (e.g. removal of concentrated intravenous potassium, magnesium, hypertonic saline, other high risk stocks from nursing units).					
PH.39.	The pharmacy evaluates & monitors for drug indications, correct route of administration, drug interactions, and administration time.					
	PH.39.1 There is a procedure for pharmacy intervention /clarification of physician orders.					
	PH.39.2 The pharmacy notifies the prescribing physician if a drug prescribed is not available.					
	PH.39.3 Evidence of evaluation, monitoring, and documentation of drug-drug and drug-food interactions.					
	PH.39.4 Drugs are prescribed and dispensed for their approved indications as evidenced by the given diagnosis.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.39.5 Standard administration time is announced and adopted by pharmacy & nursing.					
PH.40. The pharmacy has a system for automatic stop orders (ASO):					
PH.40.1 Written policy and procedure for handling automatic stop orders.					
PH.40.2 All physician orders are valid for 7 days unless shorter period is specified.					
PH.40.3 ASO for all drugs at time of surgery.					
PH.40.4 ASO for antibiotics as per hospital policy.					
PH.40.5 Daily orders for anticoagulants (e.g. intravenous heparin, warfarin).					
PH.40.6 Daily order for any continuous intravenous drips (e.g. dopamine, dobutamine, KCL, NTG, fentanyl, midazolam, etc.)					
PH.40.7 ASO for IV, IM, and oral controlled medications.					
PH.41. There is a system for verification of prescriptions:					
PH.41.1 A qualified pharmacist initially verifies all physician orders.					
PH.41.2 A pharmacist or technician fills medication trolley according to a dispensing list, patient drug profile or physician orders.					
PH.41.3 All medications dispensed for inpatients are checked by another licensed pharmacist.					
PH.41.4 Generic equivalent may be dispensed for brand name for the same strength or concentration and dosage form.					
PH.42. There is evidence for safe packaging of the medications given to patients by:					
PH.42.1 Using unit-dose packaging system for solid dosage forms.					
PH.42.2 Using unit-dose packaging system for liquid dosage forms.					



**Pharmacy
(PH)**

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.42.3 Using plastic "Ziploc" bags for tablets or capsules.					
PH.42.4 Using plastic "Ziploc" bags for ampoules, vials, or suppositories.					
PH.42.5 Using plastic or amber-colored glass for bulk liquids.					
PH.42.6 Properly labeling all unit-dose, plastic Ziploc bags or original bulk liquids.					
PH.42.7 The expiry date of repackaged unit dose should comply with the current American Society of Health-System Pharmacists (ASHP) guidelines.					
PH.43. There is a system to ensure safe labeling of all Inpatient medications and includes the following:					
PH.43.1 Printed or hand written label for any dispensed medication.					
PH.43.2 Unit-dose pre-pack is labeled with drug name, strength, formulation, lot # and expiry date.					
PH.43.3 If Unit-dose pre-packing is not available, doses of each drug are placed in plastic bag & labeled with: Patient MRN #, Location (ward #, Bed #), drug name, dosage, lot # and expiry date.					
PH.43.4 Label is affixed to the immediate container after removal of outside carton.					
PH.43.5 Colored auxiliary label (stick out) is used as appropriate (e.g. refrigerate, do not refrigerate, shake before use, external use only, etc.).					
PH.43.6 Inpatient drug cassettes are labeled with patient Name, MRN#, and bed number.					
PH.44. The pharmacy has a safe system for Extemporaneous Preparations and:					
PH.44.1 Written IPP for extemporaneous preps.					
PH.44.2 Only Oral and Topical preparations are extemporaneously prepared.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.44.3 There are adequate equipment and glass wares (e.g., weighing scale, bottles, jars, mortar, filters, electric heater, thermometer, etc).					
	PH.44.4 There is a sink with water supply and stainless steel surface.					
	PH.44.5 Working bench is clean with a smooth surface.					
	PH.44.6 A log is maintained as of preparation name, strength, quantity prepared, batch number, preparation and expiration date, prepared by & checked by, etc.					
	PH.44.7 Printed or hand written label should reflect preparation name, strength, batch number, and expiration date.					
	PH.44.8 Preparation manual (formula book) is available and properly referenced (ASHP, BP and or USP Guidelines).					
	PH.44.9. If compounding is done by an outside vendor, a copy of contract, registration license, and formulation should be available.					
PH.45.	There is a system for handling Narcotics and Psychotropic Drugs (Controlled Drugs) in accordance with MOH regulations and includes but is not limited to:					
	PH.45.1 There is a written policy and procedure for handling narcotics and psychotropics.					
	PH.45.2 Receiving, storing and dispensing controlled drugs by the pharmacy.					
	PH.45.3 Keeping controlled drugs behind steel doors with double locks.					
	PH.45.4 Keeping limited floor stock supply in a double door, double locked cabinet.					
PH.46.	There is a system for auditing Narcotics and Psychotropic Drugs in accordance with MOH regulations:					
	PH.46.1 Auditing every shift in the pharmacy.					
	PH.46.2 Auditing every shift in each nursing unit.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.46.3 Maintaining proper documentation of drug count and accountability in the pharmacy.					
	PH.46.4 Maintaining proper documentation of drug count & accountability in each nursing unit.					
	PH.46.5 Maintaining proper documentation of empty containers of narcotics.					
	PH.46.6 Evidence of proper disposal of unused portion of an ampoule or a tablet.					
PH.47.	There is a system for Prescribing Narcotics and Psychotropic Drugs (Controlled Drugs) in accordance with MOH regulations and includes but is not limited to:					
	PH.47.1 Using the MOH approved prescriptions.					
	PH.47.2 Not allowing physicians to prescribe controlled drugs for self or family members.					
	PH.47.3 Allowing only clinical privileged physicians to prescribe.					
	PH.47.4 Allowing only psychiatrists and specialists to prescribe psychotropics (except during emergency).					
	PH.47.5 Not allowing injectable narcotics and controlled drugs for outpatients.					
PH.48.	The pharmacy provides all Intravenous admixture services in the hospital.					
PH.49.	The Pharmacy Intravenous admixture service is safe and:					
	PH.49.1 There is a written policy and procedure for IV admixture services.					
	PH.49.2 There is a manual for proper aseptic technique & IV room cleanliness. Aseptic techniques are strictly followed.					
	PH.49.3 There are written guidelines for drug stability and compatibility. Guidelines are strictly followed.					
	PH.49.4 The IV pharmacy staff is well trained and certified.					



**Pharmacy
(PH)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.49.5 There are policy and procedures for recycling of returned IV admixtures in accordance with ASHP guidelines.					
	PH.49.6 There are guidelines for drugs that may be safely given IV push.					
PH.50.	The Pharmacy Intravenous Admixture section is fully equipped and well maintained.					
	PH.50.1 The IV room space, design, floor cover, wall painting, air flow and pressure are in compliance with ASHP requirements for clean room.					
	PH.50.2 The LAFH has HEPA filter (99.97% efficiency) and has visible pressure gauge for detecting leaks or defects.					
	PH.50.3 The LAFH is tested in accordance with the manufacturer requirements and in accordance with ASHP guidelines.					
	PH.50.4 The IV admixture area is separate form chemotherapy area.					
	PH.50.5 All IV Products are labeled to show: patient name, MRN#, location, drug name(s) and concentration, diluents name and volume, infusion rate, date and time of preparation, prepared and checked by.					
	PH.50.6 All I.V. admixtures are checked by another licensed pharmacist.					
PH.51.	If no Pharmacy-based IV admixture program is in place, pharmacy provides:					
	PH.51.1 A manual for proper aseptic technique & area cleanliness.					
	PH.51.2 Assurance that aseptic techniques are strictly followed.					
	PH.51.3 Written guidelines for drug stability and compatibility. Guidelines are strictly followed.					
	PH.51.4 That IV admixture area is completely separate from the chemotherapy area.					
	PH.51.5 Guidelines for drugs that may be safely given IV push.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.51.6 That dispensing area is appropriate (location, space, cleanliness, traffic, etc).					
PH.52. If no Pharmacy-based IV admixture program is in place, the pharmacy is responsible for:					
PH.52.1 Training and monitoring performance and qualifications of non-pharmacy personnel forming parenteral products.					
PH.52.2 Monitoring IV admixture areas all over the hospital (cleanliness, proper storage, etc).					
PH.52.3 All IV Products are labeled to show: (patient name, MRN#, location, drug name(s) and concentration, diluents name and volume, infusion rate, date and time of preparation, prepared and checked by).					
PH.53. Only Pharmacy Department provides Chemotherapy admixture services.					
PH.54. Chemotherapy Preparation Service is provided by certified pharmacy staff in a fully equipped and properly designed place according to Occupational Safety and Health Administration (OSHA) Standards.					
PH.54.1 Written policy and procedures for handling chemotherapy.					
PH.54.2 Preparation is done under a biological safety cabinet (Vertical LAFH) type B. Exhaust is separated from air circulation to outside the building.					
PH.54.3 Work is done by well-trained and certified chemotherapy pharmacist.					
PH.54.4 Aseptic techniques are strictly followed.					
PH.54.5 Chemotherapy area is isolated from IV admixture area.					
PH.55. There is a safe system for handling Chemotherapy Preparation and includes but is not limited to the following processes:					
PH.55.1 OSHA guidelines are adopted.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.55.2 All preparations are double checked by a certified pharmacy staff and records of dispensed prescription are kept for at least 30 days.					
PH.55.3 All preparations are placed inside a Ziploc plastic bag and labeled "Cytotoxic".					
PH.55.4 All wastage and spillage are handled separately according to OSHA.					
PH.55.5 Special chemotherapy protective gloves, masks and gowns are in use.					
PH.55.6 Chemotherapy spill kit is available and staff is trained on how to use it.					
PH.56. Only the pharmacy provides Total Parenteral Nutrition (TPN) services.					
PH.57. There is a safe system for Total Parenteral Nutrition (TPN) Services which includes but is not limited to the following:					
PH.57.1 Written IPP for handling TPN					
PH.57.2 Work is done under LAFH-type A.					
PH.57.3 Aseptic techniques are strictly followed.					
PH.57.4 Work is done by well-trained & certified TPN pharmacy staff.					
PH.57.5 Availability of macro- & micro-nutrients and TPN filters.					
PH.57.6 Stability / compatibility references are available.					
PH.57.7 Double check policy at each stage of admixture is implemented.					
PH.57.8 Final product passes visual inspection for particles.					
PH.57.9 Proper labeling to reflect ingredients and their quantities, volume, infusion rate, expiry date, patient demographics, etc.					
PH.57.10 All TPN orders are monitored by qualified pharmacist.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.58.	Drug Information Service is available and includes:					
	PH.58.1 Written policies and procedures.					
	PH.58.2 Drug information center is staffed by qualified pharmacist with special training in drug information.					
	PH.58.3 A good collection of up-to-date information resources: Micromedex, IOWA drug information system, local and international pharmacy and therapeutics journals, pharmacy textbooks and manuals, Saudi national formulary, specialty references as needed.					
	PH.58.4 Being equipped with: Microfiche reader/ printer, photocopier machine, computer with printer, reading table with chairs, storage shelves & cabinets, telephone line with internet connection, quiet and well illuminated reading area.					
	PH.58.5 All questions being logged in with date and time of arrival. All answers are documented and filed in order.					
	PH.58.6 Giving priority to poisoning and critical care patients.					
	PH.58.7 Posting and making available telephone number for the nearest poison control center and poison antidote information.					
PH.59.	If drug information service is not available, pharmacy areas should have adequate drug information resources and includes but is not limited to:					
	PH.59.1 Saudi National Formulary (SNF).					
	PH.59.2 British National Formulary (BNF).					
	PH.59.3 Middle East Medical Index.					
	PH.59.4 Martindale the extra pharmacopoeia.					
	PH.59.5 Specialty drug references according to available services.					



Pharmacy (PH)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	PH.59.6 Posting and making available telephone number for the nearest poison control center and poison antidote information.					
PH.60.	The pharmacy shows evidence of Quality Improvement by:					
	PH.60.1 Appointing a Quality Management Coordinator who reports to the pharmacy head.					
	PH.60.2 Having standards for all the pharmaceutical care processes.					
	PH.60.3 Subjecting current standards to evaluation.					
	PH.60.4 Having a Pharmacist who is actively involved with drug utilization committee process/function.					
	PH.60.5 Developing and maintaining a plan and documented performance improvement program.					
	PH.60.6 Continually determining areas for improvement.					
	PH.60.7 Immediately reporting life threatening issues to the pharmacy head and hospital TQM department (e.g. morbidity, mortality, teratogenicity), drugs required immediate surgical intervention, any new ADR or toxic events of a new drug(s).					
	PH.60.8 Reporting any questionable drug quality to pharmacy head (e.g. ineffective medication, inconvenient size, shape, volume or color, package or label, etc.).					
PH.61.	Security measures are in place and include:					
	PH.61.1 Limited access to pharmacy.					
	PH.61.2 Visible name tags for all personnel.					
	PH.61.3 Proper locking procedures for any pharmacy not open 24h a day.					
	PH.61.4 The pharmacy doors and windows being locked during operation.					



Pharmacy (PH)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.61.5 Identification of which pharmacy personnel have keys to pharmacy.					
PH.61.6 Having an IPP for non-pharmacy staff accessing pharmacy after hours in case of emergency (fire, flood, etc.)					
PH.62. Safety measures are in place and include but is not limited to:					
PH.62.1 Having an IPP for safe handling of dangerous substances and changing the HEPA filter of biological safety cabinets.					
PH.62.2 Keeping a list of hazardous materials readily available in areas where they are stored or used.					
PH.62.3 Storing all chemicals in a separate place on low shelves, & in the original labeled container.					
PH.62.4 Keeping material safety data sheets (MSDS) available in areas where hazardous materials are stored or used.					
PH.62.5 Keeping all flammables in a well-ventilated area where no smoke is allowed.					
PH.62.6 Keeping spill kits available in areas where hazardous materials are stored or used.					
PH.62.7 Keeping personnel protective equipment (gowns, gloves, eye & face protection) readily available.					
PH.62.8 Storing Cancer chemotherapy drugs separately.					
PH.62.9 Not allowing pregnant and lactating mother to work with chemotherapy. Regular medical checks for chemo worker (Family Medicine).					
PH.62.10 Having eye wash stations and shower rooms available in appropriate area.					
PH.62.11 Collecting all chemotherapy wastes in orange plastic bags to be incinerated.					



Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
PH.62.12 Training all staff on how to handle spills.					



**Pharmacy
(PH)**