Policies and Procedures for LTC

CARVAJAL PHARMACY

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1. Introduction

1.1 Purpose of this Document

The Long-term Care Pharmacy Service and Procedures Manual provides the framework for successful delivery of pharmacy products and services from Carvajal Pharmacy – LTC to the Long-term Care Facility. The manual is intended to clarify the roles and responsibilities for the pharmacy and the facility.

This manual is not intended to delineate or describe the legal obligations of long term care facilities; and such facilities are solely responsible for complying with legal and regulatory requirements applicable to such facilities. In the event of any conflict between any provision of this Manual and any provision of a Pharmacy Agreement, the Pharmacy Agreement provision shall be controlling.
2. Pharmacy Overview

2.1 Hours of Operation

2.1.1 Business Hours

Monday – Friday: 7 AM to 11 PM, after 11 PM on-call
Saturday: 8 AM to 6 PM, after 6 PM on-call
Sunday: On-call

Phone: (210) 922-9031
Fax: (210) 927-5577

2.1.2 After Business Hours

Pharmacy is on call and available 24 hours a day, 7 days a week. Please note that after business hours the faxes are not checked so it’s imperative that any medication orders sent to pharmacy after business hours should be followed-up with a phone call to the (210) 922-9031.

Our answering service will answer your call, take the pertinent information from you, and in turn will contact our on-call pharmacy tech and on call pharmacist. At this point either the pharmacy tech or pharmacist will coordinate fulfillment of medication order and delivery.

After Business Hours Phone: (210) 922-9031 (rolls over to answering service)
Fax: (210) 922-5577 (call pharmacy to alert of fax order if after business hours)

2.1.3 Quality Assurance Reviews

Pharmacist Consultant will participate in the Quality Assurance Reviews in accordance with the Pharmacy Services Agreement. Pharmacist Consultant will present at least quarterly to include Pharmacy Quality Assurance Report, Psychotropic Medication Report, and Drug Utilization Report. Additional pharmacy staff will participate in Quality Assurance Reviews upon request of facility.

2.1.4 Medication Reference Materials

Facility should possess medication reference materials for each nursing station. This should include:

- Information concerning generic and brand name medications, if applicable
- Available strengths and dosage forms
- Pharmacological information including indications and side effects, cautionary medication warnings
- Hazardous properties of medications
- Medications with boxed warnings which may indicate a need to closely evaluate and monitor the potential benefits and risks of that medication

Facility should always consult reference materials or Carvajal Pharmacy before administering an unfamiliar medication.
3. Resident Rights

3.1 HIPAA

Pharmacy will provide HIPAA privacy acknowledgement forms for completion for each new resident. The pharmacy will comply with all applicable laws related to patient privacy. A copy of the “HIPAA Acknowledgement” form can be found in the manual appendix.

3.2 Self-Administration

Residents requesting self-administration should establish the ability and knowledge to self-administer medications. Medication orders must specify those medications which the resident may self-administer. Facility nursing staff should monitor the resident and their medications for appropriate use. The resident should be periodically assessed for continued competency to self-administer.

Facility staff should order new and refill medications from pharmacy for residents who self-administer medications to provide access to and adequate supplies of medications.

Facility staff should monitor the remaining quantities of medications to determine if facility staff should reorder a medication before the remaining quantity is exhausted and ensure the resident is taking medications per prescribed orders.

Facility should document the self-administration of medications on the resident’s MAR per the medication administration schedule.

3.3 Refusal of Medications

Resident refusal of medication should be documented on the residents’ MAR. Clinical implications of refusal of medication should be discussed with the resident. Documentation of medication refusal should be documented in the resident’s medical record.
4. Dispensing Practices

4.1 Pharmacy Ordering Process

4.1.1 New Orders

The facility will transmit new orders via Point Click Care (PCC). In addition, the following forms are accepted means of submitting new orders to the pharmacy provided they are signed by physician or physician’s designated agent:

- Telephone order form
- Physician order form

The above forms should be faxed to the pharmacy fax line (210.927.5577).

New orders will be delivered on the next scheduled delivery run.

4.1.2 Refill Orders

The following forms or methods are accepted means of submitting refill orders to the pharmacy:

- The facility will transmit refill request via Point Click Care (PCC).
- In addition, the following may be used –
  - Refill Reorder Form: prescription label stickers are placed on the reorder form and faxed to the pharmacy fax line (The “Pharmacy Refill Reorder” form can be found in the manual appendix.)
  - CarvajalLink: https://facility.carvajalpharmacy.com is the web portal where refill orders can be submitted to the pharmacy

Refill orders will be delivered on the first run of the following business day.

4.1.3 Urgent Orders

New orders or Refills orders requiring urgent delivery should be indicated on the order sheet or communicated verbally.

4.1.4 Emergency Kits

The pharmacy will provide the Omnicell Medication Dispensing Cabinet (Omniceell) as the first dose solution. The Omnicell is intended to be used to ensure immediate medication availability when needed. The pharmacy will be notified by the Omnicell when medications are used from the Omnicell. This will allow the pharmacy the opportunity to ensure that only the necessary quantity is dispensed from the pharmacy. The Omnicell will be restocked on a frequent basis (not less than weekly) by pharmacy personnel.
4.2 Physician Orders

4.2.1 Non-scheduled Medications

Facility will transmit physician orders via Point Click Care. In addition, the facility may also fax signed telephone orders or signed physician orders to the pharmacy. In situations where systems are unavailable, verbal orders will be accepted.

4.2.2 Schedule II Medications

Physicians who are set-up to ePrescribe Schedule II medications will transmit Schedule II medications to the pharmacy. In addition, the facility may also fax copy of triplicate prescriptions to the pharmacy. In the long-term care setting, pharmacy is allowed to fill prescription from faxed copy. Prescription may be partial filled (multiple fills of reduced quantity) when appropriate.

4.2.3 Schedule III – V Medications

Facility will transmit physician orders via Point Click Care. In addition, the facility may also fax signed telephone orders or signed physician orders to the pharmacy. If not signed by physician, pharmacy will contact the designated agent for approval of quantity and refills.

4.2.4 Resident Information to be Provided by Facility

Facility will transmit patient demographic information via Point Click Care. In addition, the facility may also fax resident face sheet to the pharmacy for each new admission. Also, include a copy of the resident prescription insurance card (front and back) if available.

4.2.5 Generic Substitution

Pharmacy will select a generic medication substitute for a brand medication prescribed by the physician if permitted by and in accordance with applicable law, unless specified by physician or facility as “brand name necessary” or “dispense as written”.

4.2.6 House Stock

House stock medications will be provided to the facility by the pharmacy upon receipt of “House Stock Order” form. Residents with Medicaid coverage will use house stock for over-the-counter medications. Patients not covered by Medicaid will have their over-the-counter medications dispensed by the pharmacy and billed to their charge account.

4.2.7 Third Party Non-Covered Medications
The pharmacy will work directly to resolve any third party claim rejections. Pharmacy will provide the physician with alternatives for non-covered medications. Pharmacy will provide the facility with cost information if no resolution can be reached on the rejected claim.

The facility will determine if they want to authorize payment for non-covered medication. If approved, non-covered medication will be billed to facility non-covered account.

Facility Non-Covered Rules may be established by the facility to provide guidelines for the pharmacy on how the facility wants dispensing of third party rejected claims to be managed (i.e. emergency day’s supply to send, authorization levels required)

4.2.8 Medications Brought to the Facility by the Resident, Family, Physician, or Prescriber

Facility staff should not administer medications brought to the facility by the resident, family, physician, or prescriber without a physician or prescriber’s order.

Unused medications brought to the facility should be returned to the resident’s family. If the resident’s family is not available to receive the unused medications, those medications should be segregated and stored in the medication room until the family can take receipt of the medications. If the family has not taken possession of the medications within 30 days, the medications should be processed for destruction.

4.2.9 Clozapine

Residents receiving Clozapine must be registered in the Clozapine National Registry. Upon admission of a resident receiving Clozapine, or upon receipt of a new order for Clozapine, the facility should contact the Carvajal Pharmacy pharmacist. The pharmacist will assist the facility in establishing the eligibility of the resident, and will assist the facility in establishing the WBC testing protocol for the resident.
5. Service Disruptions

5.1 Medication Shortages

Upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility should immediately initiate action to obtain the medications from pharmacy as specified as follow:

5.1.1 Medication Shortage Discovered During Business Hours

Facility nurse should call pharmacy to determine the status of the order. If the medication has not been ordered, the licensed facility nurse should place the order or re-order for the next scheduled delivery.

If the next available delivery causes a delay or missed dose in the resident’s medication schedule, facility nurse should obtain the medication from the Omnicell to administer the dose. The nurse should take care to follow the Omnicell procedures for notifying pharmacy.

If the medication is not available in the Omnicell, facility staff should notify pharmacy and arrange for an emergency delivery.

5.1.2 Medication Shortage Discovered After Business Hours

A licensed facility nurse should obtain the ordered medication from the Emergency Kit.

If the ordered medication is not available in the Omniciell, the nurse should call the pharmacy’s on call answering service and request to speak with the on-call pharmacist to manage the solution. Solution may include an emergency delivery.

5.2 Refill Too Soon

When facility places an order with pharmacy for a medication for which the facility should have a sufficient supply on hand, facility should:

- Contact pharmacy and explain reason facility does not have sufficient supply on-hand, such as changes in directions
- Provide pharmacy with an authorization for the order from the Director of Nursing or designated agent

If directions for use have changed, facility should transmit a new order.

If the refill-too-soon is a result of change of care setting or change of direction, the pharmacy will call the third-party payer for the claim reject override.
If medication is needed prior to the allowable refill date, and no override can be obtained, the pharmacy will provide the facility with cost information for a limited days’ supply and await facility approval to charge medication costs to the facilities non-covered medication account.

Should facility not need the medication until allowable date, the pharmacy will place medication order in “Pending” to be filled the earliest appropriate refill date, and automatically refill the prescription at that time.

5.3 Backorders

The pharmacy will communicate to the facility any medication shortages affecting the facility’s residents. The pharmacy will provide alternative recommendations to the physician to ensure continuity of care for each resident.

5.4 Leave of Absence

When the physician or prescriber provides an order for the resident to take a leave of absence, the physician or prescriber should specify those medications that the resident may take on leave of absence. If the resident does not have adequate supply for the duration of the leave of absence, the facility should provide a specific list of the medications and quantities needed to ensure medication availability for the entire duration of the leave of absence.
6. Delivery, Receipt and Storage of Medication

6.1 Delivery Schedules

A facility-specific delivery schedule table is provided in the appendix of this manual. Routine delivery of medications will be accordance with this schedule. New orders will be delivered upon the next routine delivery. Refills will be delivered on the morning of the next business day. Orders requiring more urgent delivery will be communicated by the facility to the pharmacy either by fax or verbally. The pharmacy will expedite delivery of those medications within a 4-hour window.

6.2 Receipt of Medication

Upon delivery by the pharmacy, the facility nurse or designee will sign the electronic delivery receipt device and assume responsibility for the receipt, proper storage and distribution of the medications. The facility staff should notify the pharmacy immediately of any discrepancy of the medications received (damaged, erroneous, or missing items)

Facility staff should be readily available to receive for and sign delivered medications.

6.3 Storage of Medication

The facility should ensure that only authorized facility staff should have access to the medication storage areas. Authorized facility staff should include nursing staff and those authorized to administer medications.

Scheduled medications should be stored in a separate locked area within the medication carts or medication room. The facility should ensure the medications requiring refrigeration are stored appropriately, and the food is not stored with refrigerated medications.

Topical medications should be stored separately from oral medications.
7. Returns, Recalls and Medication Destruction

7.1 Returns

Medication returns in Texas per the Texas State Board of Pharmacy (TSBP) are limited to unopened unit-of-use or unit dose, non-refrigerated, when there is no evidence of tampering or alteration.

TSBP regulations do not allow for the return of scheduled medications.

Medication must have an expiration date at least 120 days beyond current date.

Facility will contact pharmacy in advance of returning medications for prior approval.

7.2 Recalls

Pharmacy will notify facility of any end-user level recalls, and coordinate return of those medications to the facility.

7.3 Medication Destruction

Facility staff should destroy medications in accordance with facility policy and applicable law. Discontinued and expired medications should be removed from the resident’s medication supply. Discontinue orders should be faxed to the pharmacy. Medication destruction must be observed by the designated facility staff and the consultant pharmacist. Medications for destruction are rendered as non-usable medical waste, and are processed for destruction by the facility’s medical waste vendor. A copy of the “Drug Destruction” form can be found in the manual appendix. The form must be completed and signed by the appropriate facility staff (administrator (or officer) and director-of-nursing and the consultant pharmacist.

Destruction of Scheduled Medications is in section 8.5 of this manual.
8. Overview of Scheduled Medications

8.1 Physician and Designated Agents

Designated Agent forms should be completed by the primary attending physicians. Copies of the Designated Agent forms can be found in the manual appendix. The Designated Agent forms authorize the Designated Agent to approve quantities and refills for scheduled medication orders.

8.2 Schedule II Medications

Facility will fax copy of triplicate prescription to the pharmacy. In the long-term care setting, pharmacy is allowed to fill prescription from faxed copy. Prescription may be partial filled (multiple fills of reduced quantity) when appropriate. ePrescriptions for Schedule II Medications may also be filled for physicians who are set up to ePrescribe Schedule II Medications.

8.3 Schedule III-V Medications

Facility will fax signed telephone orders or signed physician orders to the pharmacy. If not signed by physician, pharmacy will contact the designated agent for approval of quantity and refills.

8.4 Schedule Medication Inventory Sheets

The pharmacy will send scheduled medication sign off sheets for each scheduled medication. The scheduled medication inventory sheet should be completed for each dose administration. The scheduled medication inventory sheet should be archived upon completion of the medication supply.

8.5 Destruction of Scheduled Medication

Destruction of scheduled medications should be performed accordingly to Facility Policy and Applicable Law. Arrangements for destruction of scheduled medication is coordinated with the vendor contracted for scheduled medication destruction, the director-of-nursing, and the consultant pharmacist. All documentation of destruction of scheduled medications should be retained by the facility.
9. Medication and Preparation Administration

9.1 Preparation of Medication

Facility staff should comply with Facility Policy, Applicable Law, and the State Operations Manual when preparing medications. Prior to preparation or administering medications, staff should follow the facility’s infection control policy.

The following guidelines should be utilized during preparation of medication:

- prepare medication in a well-lit area
- medications should be prepared for only one resident at a time
- medication should not be administered if not appropriately labeled
- medication doses should not be touched by facility staff
- dropped medications should be disposed of properly
- medication and dose should be verified prior to administration
- oral solid dosage form medications should only be crushed in accordance with facility policy
- an oral dose syringe should be used for fractional volume doses
- facility staff should not split doses (pharmacy will split doses for split dose orders)
- facility staff should place an opened-on date on the medication label for medications with limited expiration date upon opening

9.2 Prior to Medication Administration

Facility staff should comply with Facility Policy, Applicable Law, and the State Operations Manual prior to administering medications. Facility staff should verify each time prior to administration of medication that it is the correct medication, correct dose, correct route of administration, correct rate, and at the correct medication administration time for the correct resident.

9.3 Medication Administration

Facility staff should take all measures required by Facility Policy, Applicable Law, and the State Operations Manual when administering medications.

During medication administration, the facility staff should identify the resident, ensure that the resident is properly positioned, administer medications at the appropriate medication administration time, document scheduled medication administration per facility policy, observe resident privacy rights per applicable law, observe manufacturer medication administration guidelines, and confirm resident consumption of the medication.

9.4 Following Medication Administration
Facility staff should take all measures required by Facility Policy, Applicable Law, and the State Operations Manual following administration of medications. Following resident medication administration, facility staff should appropriately document medication administration, dispose of unused medications per facility policy, discard used supplies per facility policy, and clean reusable equipment and supplies.
10. Consultant Pharmacist

10.1 Consultant Pharmacist Services

Consultant Pharmacist Services will be provided in accordance with the Pharmacy Services Agreement. The facility should provide an opportunity for entrance and exit interviews with the Director of Nursing and Administrator. The consultant pharmacist should coordinate with the pharmacy provider (Carvajal Pharmacy LTC) to ensure that pharmacy services are meeting the facility’s needs. The facility should notify the Consultant Pharmacist and the pharmacy provider upon the start of the Medicare/Medicaid Certification Survey.

10.2 Medication Regimen Reviews

The consultant pharmacist will review each resident’s medication regimen in accordance with the Pharmacy Services Agreement. The facility will provide adequate workspace and access to the resident’s medical record. The facility should ensure that the physicians/prescribers are provided with copies of the medication regimen review.

10.3 Medication Pass Observations

Medication Pass observations will be performed by the Consultant Pharmacist as needed, with a focus on new facility staff involved in medication administration.

10.4 Ensure Proper Labeling and Storage of All Pharmaceutical Supplies

Ensure the proper labeling and storage of all pharmaceutical supplies and that labeling is based on currently accepted professional standards and includes the appropriate accessory and cautionary instructions as well as the expiration date, when applicable.

10.5 Provide Written Reports of Status of Pharmacy Services

Provide written reports to Facility administration regarding the status of Facility’s pharmaceutical services and staff performance on the mutually agreed upon basis (i.e., med pass).

10.6 Other Duties as Set Forth by Local, State or Federal Laws

Perform all other duties reasonably expected and requested by Facility of a pharmacy consultant as set forth by applicable local, state or federal laws and regulations (i.e., drug destruction).
11. Appendix

11.1 Pharmacy Contact Information
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