College of Pharmacists of Manitoba

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Pharmacy Quality Assurance Self-Assessment

(Community and Hospital Outpatient Pharmacy)

Report #

Pharmacy:			**CPhM Licence**		**Date:**		
Address:		**City**		**Postal Code**			
Phone	#1		**Fax**	#1	**E-Mail Address**	#1	
Phone	#2		**Fax**	#2	**E-Mail Address**	#2	
Website	#1		**Website**	#2			

Last Inspection Date:	**Pharmacare #:**	**Pharmacy Licence Posted**			☐
Computer System:	**Pharmacy Manager:**	Licence Number	**Full Time**	**Part Time**	**Posted**
Store Business Hours:			☐	☐	☐
Mon to Fri:	**Staff Pharmacist(s):**				
Sat:			☐	☐	☐
Sun:			☐	☐	☐
Holidays:			☐	☐	☐
Dispensary Hours (i.e. Lock and Leave):			☐	☐	☐
Mon to Fri:			☐	☐	☐
Sat:			☐	☐	☐
Sun:			☐	☐	☐
Holidays:			☐	☐	☐

Please list components of community pharmacy licence **(Lock and Leave, Central-Fill, Secondary Hospital Services, Personal Care Home, Distance Care, External Dispensing, or Satellite) if applicable:**

Pharmacy Technicians

Pharmacy Assistants

Pharmacy Interns and Students

Other Persons (Optional)

Note: This form is being used for new pharmacy openings, existing pharmacy self-assessments and for inspections. In the case of a new pharmacy application, provision needs to be made to comply with these standards in the operation of the pharmacy immediately upon opening. The pre-opening inspection will include a discussion with the inspector on the processes in place ensuring the pharmacy will be compliant prior to opening.

College Mission: To protect the health and well being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.

Please complete the assessment by circling the most accurate response where:

- **No. 1 – represents - "We are confident in our compliance;"**
- **No. 2 – represents - "We are not sure if we are compliant;"**
- **No. 3 – represents - "We need help to be compliant"**
- **N/A - written on the 1, 2, 3 represents "not applicable" at this pharmacy**

Distribution:

NAPRA Model Standards of Practice for Canadian Pharmacist (NAPRA SP) #4: Manage Drug Distribution

Pharmacists manage drug distribution by performing or supervising the functions of acquisition, preparation, and distribution of drugs to ensure the safety, accuracy and quality of supplied products

CPhM Community Standard of Practice #1: Drug Distribution

Every Pharmacist Manager shall be responsible for the purchasing, receiving, storage, distribution and disposal of drugs in the pharmacy.

CPhM Community Standard of Practice #8: Extemporaneous Compounding

A Pharmacist shall be responsible for all extemporaneous compounding, which shall be done according to established procedures and legal requirements.

NAPRA Professional Competency #5: Apply Management Principles

- Pharmacists apply knowledge, principles and skills of management as they pertain to the site of pharmacy practice with the goal of optimising pharmaceutical care and professional relations.

CPhM Community Standard of Practice #4: Formulary

A Pharmacist shall practice in accordance with a formulary approved under the Act

In cases of a new pharmacy or relocation or renovation of your pharmacy application:

1	A floor plan has been submitted to the College with the Pharmacy Licence application.	Y / N

1. Dispensary Equipment:
Professional Declaration

In the matter of the Pharmacy Quality Assurance Self-Assessment I, _____

(Applicant's Full Name) of _____ in the Province of Manitoba,

declare that as required by Pharmacy Standards (Minimum Pharmacy Site requirements),

Items of Declaration		Pharmacy Manager's Initials
1	The dispensary sink is sanitary, supplied with hot and cold water, is easily accessible to the prescription preparation area, not accessible to the public and has a provincial plumbing code acceptable drain.	
2	The dispensary refrigerator is clean, in good working condition (no excess frost build-up), dedicated only to pharmaceuticals and maintains an appropriate temperature. (The use of a refrigerator thermometer and a log system is recommended)	
3	Prescription balance & weights or an electronic balance are available with a minimum sensitivity reciprocal of 10mg. (Suitable for the style of pharmacy practiced at the site)	
4	Metric graduates (10 ml, 100 ml); mortar and pestle (250 ml); ointment slab or pad, three spatulas (S, M & L), counting tray(s) as well as a computer or typewriter for labelling prescriptions.	
5	A DPIN connection is installed and tested, or is in use.	
6	Provision has been made for the routine use of Child Resistant Containers.	

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20___.
(Date) (Month) (Year)

_____ _____
(Print Name) (Signature)

2. Premises & Management:
Professional Declaration

In the matter of the Pharmacy Quality Assurance Self-Assessment I, _____

(Applicant's Full Name) of _____ in the Province of Manitoba,

declare that as required by Pharmacy Standards:

Items of Declaration		Pharmacy Manager's Initials
1	A pharmacist is on duty whenever the pharmacy is open.	
2	The College has been notified of the employment of pharmacy managers, pharmacists (including part-time), and pharmacy students within 7 days.	
3	The pharmacy is readily accessible by telephone, facsimile machine and in person.	
4	The pharmacy has Internet access for the purposes of: ☐ Email (email fan-out) (Subscription to The Government of Canada's Med Effects Canada is recommended) ☐ Information research	
5	The hours of operation and call back information if applicable are posted at the principle entrance.	
6	The entire premise is clean, well ventilated and sufficiently lit suitable to the College.	
7	The dispensary is 150 sq. ft. in addition to the patient counselling area.	
8	The prescription preparation area in the dispensary provides for at least 12 sq. ft. of free working counter space.	
9	The dispensary shelves, front store shelves & floors are clear of dust, dirt and clutter.	
10	A metal or plastic waste container is readily available in the dispensary.	
11	The dispensary is accessible to authorised personnel only.	
12	A patient counselling area is available that affords confidential counselling is free of clutter and contains no items for sale apart from articles needed for counselling.	
13	"It's Your Right to Know "and "PHIA" sign posted in view of the public.	
14	"Return to Inventory"; "Pharmacist Verifying," College Signs Posted.	
15	The dispensary contains no products inappropriate to the practice of pharmacy.	
16	All NAPRA schedule 3 products are displayed "immediately adjacent" to the dispensary in a manner that does not interrupt a continuous line of medication products. • Schedule 3 products are given priority over non-scheduled medications in their proximity to the dispensary.	

	• The location of Schedule 3 products allow a patient standing in front of the schedule 3 products to be seen from the dispensary.	
17	NAPRA Schedule 1 and 2 products are stored out of the reach of the public.	
18	Exempted codeine products are stored out of public view.	

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20___.
(Date) (Month) (Year)

_____ _____
(Print Name) (Signature)

3. Pharmacy Library (minimum requirements):

1 2 3	The pharmacy has access to online **CPhM Manual** and resources at all times.
1 2 3	The pharmacy's **Policy and Procedures Manual** contains the minimum requirements defined by Council policy in the guideline document "Minimum Policy and Procedure Manual Content". [http://www.napra.org/pdfs/provinces/mb/P-and-P.pdf] - Examples: position descriptions, security, non-prescription medications, narcotic recording and handling policies, patient counselling policy etc.
1 2 3	The Policy and Procedures Manual shall be updated as circumstances in the pharmacy change (e.g. change of ownership, change of manager etc.) or at a minimum of every three years and dated to indicate the time of the last review and/or revision.
1 2 3	When a pharmacy is supplying services to a residential care home, the policy and procedure manual contains an entry to indicate the pharmacy's policy for provision of that care.
1 2 3	Staff is familiar with the pharmacy's Policy and Procedure Manual.
1 2 3	A copy of the Manitoba Drug Benefits and Interchangeability Formulary is readily available for reference. (May be hardcopy or electronic)
1 2 3	**Drug Interaction Reference** for drugs, nutraceuticals, herbs and food
1 2 3	**Counselling References** for drugs
1 2 3	**Information Reference** for drugs, herbs and nutraceuticals
1 2 3	The library also contains other reference material consistent with the Standards of Practice, Practice Guidelines and this pharmacy's practice: ☐ Geriatric ☐ Paediatric ☐ Prenatal and maternal ☐ Natural products/herbal ☐ Medical dictionary ☐ Non prescription drugs ☐ Other references as dictated by the type of practice

4. Lock & Leave Enclosure (if applicable):

1 2 3	One copy of the Lock and Leave Permit containing the hours of operation is posted at the principle entrance and visible from the exterior of the premises.
1 2 3	A second copy of the Lock and Leave Permit containing the hours of operation is posted in the vicinity of the Lock and Leave enclosure in public view.
1 2 3	The Lock and Leave enclosure is inaccessible to staff and the public when a pharmacist is not on duty. This includes all prescription records, all prescriptions prepared in anticipation of patients need and NAPRA Schedule 1, 2 and 3 products
1 2 3	Pharmacist services are available for at least 25 hours per week over four days of the week unless otherwise approved by Council.

5. Pharmacy Security:

1 2 3	Access to the dispensary is restricted to authorized personnel only (e.g. swing gate)
1 2 3	The pharmacy provides secure drug storage against loss and theft, satisfactory to the Health Protection Branch ☐ Alarm system ☐ Motion detector ☐ Barred windows and doors
1 2 3	There is strict control on the number of keys available to access the: ☐ pharmacy ☐ dispensary ☐ lock & leave enclosure ☐ narcotics
1 2 3	Dispensary/pharmacy alarm system codes and safe combinations are restricted to authorized personnel only
1 2 3	Computer terminals and records containing personal information are situated to ensure confidentiality of information in compliance with legislation and are accessible to authorized personnel only
1 2 3	The pharmacy back door (where applicable) is locked at all times when not in use
1 2 3	Staff and suppliers having access to personal health information including information management contractors have signed a pledge of confidentiality.

6. Prescription Records:

1 2 3	Prescription files are readily accessible for audit and stored in a secure location on the premises, available only to pharmacy personnel. If some records are stored in other locations as described in the Regulations, the College must be provided with written permission allowing the College access to the other locations.
1 2 3	To ensure confidentiality, equipment or a service is available to shred or incinerate notes, prescriptions and other sensitive information not required to be retained.
1 2 3	Drug acquisition, sale, transfer and narcotic perpetual inventory records are kept for a period of two years in a readily accessible manner.
1 2 3	The sale of pharmaceuticals to other pharmacies occurs only for emergency supply on an individual patient basis. In the case of wholesale quantities of drugs the pharmacy is compliant with the relevant establishment licensing requirements of Health Canada

1 2 3	Prescription hardcopy information is complete. (Prescription identification number or other designation, date, patient's and physician's addresses, drug name and strength, manufacturer's identification, quantity, directions for use, handwritten pharmacist's initials and the price charged).
1 2 3	All prescription documentation is completed in accordance with the CPhM Documentation Standard (Verbal Order, Continued Care, Partial Fill, Deferred, ward stock etc.)

7. Faxed Prescriptions:

1 2 3	Faxed prescriptions do not include medication requiring a Manitoba Prescribing Practices Program (M3P) prescription. (PCH and hospital inpatient exempt)
1 2 3	The dispensary fax machine is only accessible to dispensary personnel.
1 2 3	Faxed prescriptions are accepted as valid on a form that includes all required information and the prescriber certification noted in the Joint Statement on Facsimile Prescriptions

8. Refill Recording System:

1 2 3	The pharmacy utilises a prescription refill recording system compliant with systems approved by Council
	☐ **Option 1:** Recording and initialling refills on the original prescription
	☐ **Option 2:** Recording and initialling refills records placed neatly in a logbook, clearly separated by date, filed in a timely manner. Information for each entry must include date, prescription number, quantity, handwritten initial of the pharmacist and the price.
	☐ **Option 3:** Recording refills using a transaction system
1 2 3	The refill recording system applies only to non-narcotic and non-controlled drugs with the exception of controlled drugs where repeats are authorised through legislation.
1 2 3	The logbook refill recording system, Option 2 above, applies to refills only, not new or deferred prescriptions

9. Prescription Labels:

1 2 3	Compliance packages/blister packs are labelled according to Regulation as well as clearly describing each individual medication (shape, colour, size, markings and form).
1 2 3	Prescription label information is complete: • Identity of medication by the brand name for multiple entity products and the generic name and manufacturer identification for single entity products. • Pharmacy name, address and telephone number • The price charged • The pharmacist's initials • An identification number • Dispensing date • Name of the practitioner • Patient's name • Quantity dispensed

Please affix a prescription label here featuring a **multiple ingredient** product (Obliterate patient's name.)	Please affix prescription label here featuring a **single ingredient** product (Obliterate patient's name.)
Please affix **compliance package label** here featuring a **multiple ingredient** product. (Obliterate patient's name.)	Please affix **compliance package label here** featuring a **single ingredient** product. (Obliterate patient's name)

10. Narcotic and Controlled Drugs Record Keeping:

1 2 3	Narcotic and controlled prescriptions are filed separately from prescriptions for medication on Health Canada's Prescription Drug List and other medications.
1 2 3	Narcotic part fill prescriptions are accepted only when the total quantity to be dispensed and the quantity to be dispensed at specific intervals is indicated.
1 2 3	Controlled drug prescriptions with repeats are accepted only when the quantity and interval between refills is specified at time of prescribing.
1 2 3	The documentation of narcotic part fills refers back to the original prescription number or transaction number, not the previous part fill. (Pharmacists might consider notation on the original hardcopy but it is not required.)

1 2 3	For each part fill a new and unique prescription hardcopy / transaction record will be generated and filed chronologically and numerically in the narcotic file.
1 2 3	Exempted codeine products are sold by a pharmacist and only for recognized medical or dental purposes
1 2 3	Narcotic, Controlled Drug and Targeted Substance drugs acquisition records (original invoices or "green pages equivalent") to be dated and retained in a readily retrievable chronological manner.
1 2 3	A sales reportable narcotic and controlled Drug report is printed at least monthly and stored for 2 years in a readily retrievable manner.
1 2 3	A Narcotic and Controlled Drug Perpetual Inventory record system (logbook or computer record) is maintained for all drugs covered by the M3P program. Actual inventory counts are preformed and documented at a minimum of every 3 months.
1 2 3	Discrepancies in perpetual inventory counts are resolved. The resolution recorded and significant shortages are reported to Health Canada and the College.

11. Storage – Disposal:

1 2 3	Outdated drugs are removed from the areas of sale (i.e. quarantined) promptly to avoid any possibility of accidental resale.
1 2 3	Narcotics are stored in a secure manner and out of public view.
1 2 3	Medications prepared pursuant to prescriptions are stored in the dispensary and inaccessible to the public.
1 2 3	As drugs are received by the pharmacy or pharmacy department, they shall be handled in the following manner: • All products regulated by the Controlled Drugs and Substances Act (e.g. narcotic, controlled, and targeted substances etc.) shall be delivered to the dispensary directly • The pharmacy manager shall be responsible to ensure established policy and procedures provide for the security of all medication received during the time elapsed from the actual receiving until the medication is stored safely and properly by dispensary staff;
1 2 3	Drugs requiring refrigeration are appropriately stored.
1 2 3	The dispensary refrigerator is dedicated to the storage of pharmaceuticals and related products.
1 2 3	Ensure that any courier or postal method has a signed proof of delivery, registered mail (or equivalent) for narcotic, controlled and targeted substances and that the receipt must be retained for 60 days.
1 2 3	All drugs and medical devices are disposed of in accordance with federal and provincial laws and regulations relating to hazardous waste materials.
1 2 3	Ensure proper storage of medication that is being delivered and if not received by the patient the medication is returned to the pharmacy within 24 hours
1 2 3	Rubbing Alcohol and Stomach Bitters are sold only from behind the dispensary counter.

1 2 3	Liquids for internal use are kept separate from those for external use in the pharmacy
1 2 3	Distilled water is stored separately from other diluents in the pharmacy
1 2 3	If a pharmacist objects to providing a pharmacy product or service to a patient for moral and ethical reasons, it is the pharmacist's responsibility to explain the basis of their objection to the Pharmacy Manager as well as a responsibility to participate in a system designed to respect a patient's right to receive pharmacy products and services.
1 2 3	Pharmacists understand the applicable standards of practice and their responsibility when asked to provide a drug that may harm the patient.

12. Compliance Packaging:

1 2 3	Compliance packaged medication cannot be repackaged more than once for the **same patient** when lot numbers & expiry dates are not tracked and the pharmacy uses a heat seal method
1 2 3	The medication can be repackaged for the **same patient** until the expiry date of the medication, when the lot number and expiry date are tracked and a cold seal system has been used.
1 2 3	Compliance Packaged medication CAN NOT be repackaged for a different patient.
1 2 3	The pharmacy must inform patient/caregivers that compliance packaging is not child resistant.
1 2 3	When working with compliance packaging proper hygiene must be adhered to & a policy developed to address the needs of patients with allergies. If protective gloves are used they should be latex free.

13. Drug Programs Information Network (DPIN):

1 2 3	Days Supply field must be filled in and calculated using professional judgement or calculated using the maximum dose resulting in lower number of days supply.
1 2 3	When accessing the patient profile in DPIN **without the dispensing of a prescription** on the same day a pharmacist must: • Confirm identity of person requesting access and their authority to do so. • Clarify the inquiry with respect to patient care • Document the name of the person and reason for inquiry • Retain this information for a period of 2 years There is no need for special documentation when the DPIN profile is accessed during the dispensing of prescriptions for the patient.
1 2 3	Where the critical patient care codes MY and MZ are returned by the DPIN the pharmacist must intervene and document the interventions on the DPIN and the patient's record in the pharmacy.
1 2 3	If a DPIN review or other information reveals an intervention is critical to patient care or results in a change in the prescription the pharmacist must document the action taken in DPIN and the patient's record in the pharmacy.

1 2 3	If a patient is receiving medication that is excessive or inconsistent with good medical care and the pharmacist has tried to consult with the prescriber(s) with an unsatisfactory response. The identity of the patient and the circumstance are forwarded in writing to the MPhA
1 2 3	For Residential Care Homes (not PCH), all medication must be individualized for each patient and authorized in advance by either the physician or pharmacist.
1 2 3	Part 2 EDS decisions made by a pharmacist are documented in the patient's record and/or on the prescription.
1 2 3	Prescriptions prepared for a patient but not yet in the possession of the patient needs to be electronically reversed prior to the 28 day deadline required by Manitoba Health.

Patient Care:

CPhM Community Standard of Practice #2: Patient Counselling

- A pharmacist shall promote the safe and effective use of medication by educating patients about their drug therapy.

CPhM Community Standard of Practice # 3: Drug Information Service

A pharmacist shall provide accurate, unbiased, pertinent drug information.

NAPRA Model Standards of Practice for Canadian Pharmacists (MSP) #1 – Practising Pharmaceutical Care

- Pharmacists in partnership with patients and other health care providers, use their unique knowledge and skills to meet patient's drug related needs and to achieve positive patient outcomes by maintaining or improving the patient's quality of life.

NAPRA Model Standards of Practice for Canadian Pharmacists #2 – Provide Drug Information

Pharmacists assume responsibility for information retrieval, evaluation and dissemination to ensure safe and effective provision of pharmaceutical care to promote health.

14. Patient Counselling – Drug Information – Documentation

1 2 3	The pharmacy has a patient medication profile system to assist in counselling and the monitoring of patient compliance with their treatment plan. The system should to be able to record: • Name, address, telephone number, date of birth (age), gender • Clinical Information – allergies, disease states, interventions etc. • Medication histories • Use of relevant devices • Non-prescription drug use –herbal, homeopathic etc. • Use of tobacco, non-medical drugs and alcohol • Laboratory results • Non safety vial requests
1 2 3	Prior to the release of all medications, **new and repeat**, patient counselling is provided by a pharmacist, pharmacy student or Intern in compliance with the Counselling Standard.

1 2 3	Patient counselling for new prescriptions contains at a minimum:
	• Confirmation of the patients identity
	• Confirmation of the medication being dispensed. (Show & Tell)
	• Confirmation of the prescribed dosage regime
	• Importance of compliance and what to do if a dose is missed.
	• Instructions to achieve the intended therapeutic response including:
	  ○ Common side effects and what to do if present
	  ○ significant drug interactions
	  ○ Activities to avoid
	  ○ Special storage requirements
	  ○ Prescription refill information

1 2 3	Patient counselling for prescription repeats is conducted but the contents may be modified to the professional discretion of the pharmacist. Pharmacists are encouraged to address: • Changes in dosage regimes • Compliance and efficacy • Presence of adverse effects
1 2 3	For patients with language or communication difficulties, the pharmacist will use any reasonable means to comply with The Patient Counselling Standard
1 2 3	Only a pharmacist, student or intern under the supervision of a licensed pharmacist may handle drug information requests.
1 2 3	The pharmacist shall evaluate the patient's understanding of the counselling through appropriate questioning or follow-up.
1 2 3	Counselling refusals are documented.
1 2 3	There is ongoing documentation of interventions recorded in the patient's profile that include: • Possible & actual drug interactions and adverse effects • Compliance & drug discontinuation • Changes to dosage regimen • Counselling refusals & reasons for refusing to fill • Counselling on deliveries • Change in quantity
1 2 3	If a medication, a health care item or a medical device is delivered off premises the pharmacist makes reasonable attempts to contact the patient directly to provide counselling.
1 2 3	In addition to the counselling printed drug information must be supplied with all new and repeat prescriptions supplied by delivery.
1 2 3	Supplemental prescription information is supplied when appropriate (written Information, auxiliary labels) for all prescriptions, as well as NAPRA schedule 2 and 3 products
1 2 3	Counselling of Schedule 2and 3 products is provided in compliance with the Supplemental NAPRA Standards of Practice: • Understand the storage requirements for schedule 2 and 3 products. • Conduct counselling patients on schedule 2 and 3 products in a confidential manner. • Assess the patient's knowledge and needs before providing advice. • Pharmacist's shall fulfill their professional obligations when recommending products, including providing: name and dose of the drug, expected length of therapy, expected benefits, adverse effects and allergic reactions, non-pharmacological measures and alternative treatment plans.
1 2 3	When medication is released to a Residential Care Home prior to counselling the agent, the counselling must be conducted as soon possible.

1 2 3	The pharmacist shall use professional expertise and judgement in processing drug information requests, including: • obtaining all necessary background • interpreting the drug information request • Conducting a thorough literature search • evaluating the literature in an accurate, unbiased manner • formulating a relevant and informative response • communicating the response in a verbal/written form
1 2 3	A pharmacist should contribute to drug literature (e.g. adverse drug reaction reporting, medication incident reporting (i.e. ISMP etc.)
1 2 3	A pharmacist must be aware of more extensive sources of information and procedures necessary to access them.
1 2 3	Drug information services are available during regular hours of operation and where an "on call" service exists, the information is available after hours.
1 2 3	Pharmacists need to document their due diligence on the M3P prescription form to comply with the Regulations. This requires checking the appropriate boxes on the form and signing the form when the prescription is filled.

NAPRA Model Standards of Practice for Canadian Pharmacists #3: Educate
Pharmacists educate individuals to support optimal patient care and to promote health

15. Educate

1 2 3	A pharmacist must maintain involvement in the education of pharmacy students/interns/residents

CPhM Community Standard of Practice #5: Hours of Pharmacy Service

16. Hours

1 2 3	A Pharmacy Manager shall ensure the pharmacy hours meet the needs of the community, hospital and institution on a 24 hour basis where it is practical and necessary to do so.

CPhM Community Standard of Practice#7: Legal and Ethical
The pharmacy shall abide by the laws and ethical principles governing the profession of pharmacy to ensure a high level of patient care.
A pharmacist must meet the responsibility and practice in accordance with the following:

- Controlled Drugs and Substances Act & Regulations
- Narcotic Control Regulations
- Food and Drugs Act & Regulations
- PIPEDA The Pharmaceutical Act of Manitoba, Regulations, Code of Ethics, Standards of Practice, Guidelines and Practice Directives Prescription Drug Cost Assistance Act

- Personal Health Information Act (PHIA)All other regulatory requirements of pharmacy practice (e.g., The Protection for Persons in Care Act)
- A pharmacist must exercise professional judgement in the application of legal and ethical requirements.

17. CPhM Code of Ethics:

1 2 3	Advertising relating to prescriptions or professional services is not misleading, undignified, in bad taste, inaccurate, superfluous or claim superiority over other pharmacies.
1 2 3	Promotional events or advertising do not encourage the transfer of prescriptions in order to receive a gift or additional gratuity.
1 2 3	Drug price advertising is compliant.
1 2 3	Pharmacists do not delegate responsibilities requiring professional judgement except to another pharmacist.

CPhM Community Standard of Practice #9: Medication Error
A pharmacist shall expeditiously correct and properly document all dispensing errors, incidents and discrepancies.

18. CPhM Medication Error Standard

1 2 3	Medication incidents are given priority over any other non-emergency tasks and duties the patient is contacted at once, and in the event the patient cannot be contacted, every effort is made to locate the patient.
1 2 3	Provision has been made for medication incidents (patient health potentially compromised) to be given priority over any other non-emergency task or duty and the following process undertaken: • The patient is contacted as immediate as possible and advised of the incident • The prescribing physician is advised of all medication incidents. • After each medication incident or discrepancy, the dispensing procedures are reviewed and changed to prevent a reoccurrence • All errors or incidents are documented on a numbered incident report form and in an incident/discrepancy pharmacy logbook • Provision has been made for the reporting of all errors to the pharmacy manager • Medication discrepancies are entered into a log book at the pharmacist's discretion. • The Pharmacy Manager reviews the log book as part of a policy of continuous quality improvement.
1 2 3	To prevent the re-occurrence of medication incidents/discrepancies, strategic changes are implemented when an error occurs.
1 2 3	All medication incidents and discrepancies are reported to the Institute for Safe Medication Practices - Canada (ISMP-Canada) to assist in preventing their re-occurrence in other practice sites. Medication incidents and discrepancies may be reported in confidence (anonymously, if preferred) to ISMP-Canada either online on their website at www.ismp-canada.org or by phone at 1-866-544-7672.

Expanded Scope of Practice

19. Pharmacist Prescribing

1 2 3	Pharmacists only prescribe a medication when it is in the patient's best interest having considered the risks and benefits to the patient and other relevant factors specific to the situation.
1 2 3	Pharmacists do not prescribe a medication unless the intended use is an indication approved for use by Health Canada, and is considered to be best practice or accepted clinical practice in peer-reviewed clinical literature, or is part of an approved research protocol
1 2 3	Pharmacists only prescribe a drug or medical device for which they have the knowledge, skill, and judgment with regard to the drug/medical device and the condition for which it is prescribed.
1 2 3	Pharmacists only prescribe a drug/medical device for a patient whom they have seen and assessed in person
1 2 3	Pharmacists who issue a prescription conduct a patient assessment which includes but is not limited to the following: demographic information, signs and symptoms, laboratory or other test results, medical history, allergies, current medications, extent and results of previous treatment, pregnancy and lactation status (if applicable) and patient preferences.
1 2 3	Pharmacists issue a prescription only after presenting the patient with the therapeutic alternatives and providing the patient with adequate information so that the patient can make an informed decision.
1 2 3	Documentation: A licensed pharmacist who issues a prescription must make and • retain a record of: • The name and address of the patient • The date of birth of the patient • The name of the drug/device prescribed • The strength, if applicable, and quantity of the medication • The directions for use • The number of refills • The name of the licensed pharmacist issuing the prescription • The date of the prescription • The treatment goal, diagnosis or clinical indication for issuing the prescription • The rationale for the prescribing decision • The follow up plan • Other health professionals notified

20. Prescription Adaptation

1 2 3	Adaptation of a prescription is only based on an existing prescription provided by a practitioner as defined in the Act.
1 2 3	Adaptation is limited to : • Dosage Strength • Dosage Interval and/or • Formulation
1 2 3	Pharmacists may adapt a prescription when they are knowledgeable of the patient, the condition being treated and the drug therapy, and if one or more of the following applies: • The prescription described is not commercially available or may be temporarily unavailable from the supplier, • Information is missing from the prescription and sufficient information about the drug therapy can be obtained from the patient, patient record, or other sources to determine that adaptation of strength, interval and/or formulation will support compliance with the prescribed dosage. • Adaptation will facilitate patient adherence to the medication regimen, • Adaptation will enable the patient to benefit from approved and existing third-party drug coverage.
1 2 3	Adaptation of a prescription may apply to drugs covered under the Controlled Drugs and Substances Act, but only when the total amount of milligrams prescribed is not exceeded.
1 2 3	The licensed pharmacist must document and keep a record of all information related to the adaptation of a prescription including: • Create a new prescription record signed by the adapting licensed pharmacist. • Provide a clear reference on the new prescription indicating the location of the original prescription. • Document the patient's agreement with the adaptation and the following information: o Patient name and, when available, PHIN, o Licensed pharmacist's name and signature or initials o Original prescription information o Rationale for the decision to adapt the prescription o Description of the adaptation o Follow-up plan, when appropriate to do so
1 2 3	The pharmacist promptly notifies the originating practitioner of the adaptation.
1 2 3	Notification of the originating prescriber must include all the information listed above in addition to the pharmacy name and address where the adaptation occurred.

21. Administration of Drugs Including Vaccines

1 2 3	Pharmacists administering a drug, using an advanced method, or a vaccine regardless of the route of administration • Collaborate with the patient and receive permission; • Review relevant and applicable immunization guidelines, such as those set out by Manitoba Health and the National Advisory Committee on Immunization (NACI) when administering a vaccine; • Possess current certification in emergency first aid and "CPR Level C"; • Ensure the pharmacy creates and maintains a policy and procedure manual that includes administration of drugs, including vaccines, and emergency response protocols; • Ensure the pharmacy maintains a readily accessible supply of epinephrine syringes ("pens") for emergency use, diphenydramine, cold compresses and non-latex gloves; • Be certified under section 114(1) when administering a drug, including a vaccine, under section 109(1) and have received informed **written** consent from the patient. • Comply with Sections 57 to 59 of the Public Health Act and its regulations when administering an immunizing agent.
1 2 3	Before administering a drug under section 109(1) of the regulations, pharmacists certified under section 114(1) always: • Provide the patient the following information: o Name of the drug, including a vaccine, to be administered, o Indication for the drug, including a vaccine, o Expected benefits and material risks of the administration and drug, o Expected reaction, o Usual and rare side effects, o Rationale for the 15-30 minute wait following the administration, o Importance of immediately consulting with the pharmacist if a reportable event occurs, o Contacts for follow-up or emergency, and o Any other information that a reasonable person in the same circumstances would require in order to make a decision about the drugs to be administered. • ensure the pharmacy creates and maintains a clean, safe, appropriately private and comfortable environment within which the injection is to be administered. • are satisfied the drug, including a vaccine, to be injected is stable, has been prepared for administration using aseptic technique, has been stored properly and is clearly labeled. • ensure the route of administration and the site has been appropriately prepared for the administration

1 2 3	After Administration of a drug under section 109(1) of the regulations, pharmacists certified under section 114(1) always:
	• Ensure the patient is appropriately monitored;
	• Respond to complications of therapy, if they arise;
	• Ensure devices, equipment and any remaining drug, including a vaccine, is disposed of safely and appropriately;
	• Document the administration of the drug, including a vaccine, as required by the regulations;
	  ○ In the case of an immunizing agent, record the information on the patient's health record as stated in Section 5 of the Immunization Regulation to the Public Health Act
	• Report any reportable events to the applicable agency or organization;
	  ○ In the case of an immunizing agent, within seven days after becoming aware of a reportable event, a health professional must report it in accordance with the Immunization Regulation to the Public Health Act
	• Provide relevant information to other regulated health professionals and provincial health agencies as appropriate, including reporting patient names and vaccine doses to the provincial vaccine registry (Manitoba Immunization Monitoring System).

1 2 3	Pharmacists do not administer an injection to a person under five years of age
1 2 3	Pharmacist do not administer a vaccine to a person under seven years of age.
1 2 3	Pharmacist do not administer a drug, including a vaccine, to a family member unless there is no other alternative.
1 2 3	Pharmacists follow all Infection Control Measures as described in the Practice Direction

NAPRA Model Standards of Practice for Canadian Pharmacists #6: Undertake Research. 22.

22. Research (Optional)

1 2 3	Pharmacists apply the principles of scientific inquiry to address pharmacy practice issues.

Internet References:

- http://napra.ca/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_Pharm_March09_Final_b.pdf
- http://napra.ca/Content_Files/Files/SupplementalStandardsofPracticeIIandIII-June2005.pdf
- http://napra.ca/pages/Practice_Resources/injectioncompetencies.aspx
- http://napra.ca/Content_Files/Files/Guidelines_to_Pharmacy_Compounding_Oct2006.pdf
  (please note new sterile compounding guidelines will be available in mid-2015)

Notes for discussion or comment:

Optional Worksheet – Library References

Interaction References for Drugs, Herbs, Nutraceuticals	Version/Publication Date/URL
Informational References for Drugs, Herbs, Nutraceuticals	Version/Publication Date/URL
Counselling References for Drugs, Herbs, Nutraceuticals	Version/Publication Date/URL
Geriatric References	Version/Publication Date/URL
Paediatric References	Version/Publication Date/URL
	Version/Publication Date/URL
Prenatal and Maternal References	
Natural Products/Herbals	Version/Publication Date/URL
Medical Dictionary	Version/Publication Date/URL
Non Prescription Drugs	
Other References as Dictated by the Style of Practise	Version/Publication Date/URL