



Standards for Essential Services

Preamble

Under the statutory authority of the *Health Professions Act* (HPA), the *Pharmacy Operations and Drug Scheduling Act* (PODSA) and the bylaws of the College of Pharmacists of BC made pursuant to these Acts, the College of Pharmacists of BC licenses and regulates the profession of pharmacy and the practice standards of pharmacists. The College does not wish to undermine the negotiation process between hospital administrations and unions.

This information is provided to clarify the responsibilities of the pharmacy manager pursuant to the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act* and the bylaws of the College of Pharmacists of BC made pursuant to these Acts, during periods where normal hospital functions may be disrupted due to a labour dispute.

Note:

- Pharmacy services which ensure the continued safety of the patient, including both clinical and medication distribution services, must be maintained at all times.
- Patients being monitored by the pharmacist during a disruption of normal hospital functions are generally the most acutely ill patients and are unable to be discharged from the hospital. These patients may require significant pharmacist time to identify, resolve and document drug-related problems.
- It is essential to maintain established medication distribution systems and processes. Medication errors may be caused by pharmacy, nursing or other staff who have insufficient knowledge, skills or experience with a disrupted, new or changed medication distribution system.
- The pharmacy manager is responsible for ensuring that “pharmacist and pharmacy support personnel staffing levels are commensurate with the workload volume and patient care requirements at all times” (PODSA Bylaws, Section 2(2)(e)).
- It is not feasible to list all of the specialized services that a particular pharmacy department may provide. The omission of a specific service on the list of **Required Services** does not preclude a pharmacy manager from determining that the service is essential to the health or safety of the patients of that particular hospital.

Should you require further information regarding the pharmacy manager’s responsibilities during a time of service disruption, please contact the College office.

Hospital Bylaw 8 Section Number / Name	Required Services	Negotiable Services
69	Responsibilities of the hospital pharmacy manager The pharmacy manager must: <ul style="list-style-type: none"> ♦ actively participate in the day-to-day management of the pharmacy ♦ ensure that pharmacist and pharmacy support personnel staffing levels are commensurate with the workload volume and patient care requirements at all times, ♦ maintain required hours of pharmacy services. 	Administrative aspects of pharmacy practice management, such as: <ul style="list-style-type: none"> ♦ writing, developing or updating pharmacy policies and procedures ♦ pharmacy and therapeutics committee and/or other pharmacy committee(s) ♦ financial or statistical reports.
71	Quality management Maintain ongoing quality management programs related to risk reduction and continuous quality improvement processes associated with medication error prevention. Reporting and documenting all medication incidents / discrepancies.	Administrative aspects of quality management programs. Periodic or time-limited aspects of the quality management program. Drug utilization evaluation.
72	Hospital pharmacy premises After hospital pharmacy hours, all hospital pharmacy premises must continue to be secured against unauthorized entry of the premises. No change in the personnel authorized to have access to pharmacy premises may occur. The pharmacy premises must be maintained to ensure that medications are compounded, prepared, stored and dispensed under sanitary conditions.	
74	Medication distribution Maintain established medication distribution systems including unit-dose, CIVA and sterile product preparation, monitored dosage and/or individual prescription systems. <ul style="list-style-type: none"> ♦ total wardstock systems are not permitted ♦ established wardstock replacement systems must be continued ♦ delivery of medications to patient care areas must be continued ♦ maintain established programs for dispensing specialized outpatient medications and sterile products that are not available from community sources. 	

Hospital Bylaw 8 Section Number / Name	Required Services	Negotiable Services
75	After hours service After hours pharmacy services must be maintained. <ul style="list-style-type: none"> ♦ an established night cupboard must be maintained ♦ provision of an on-call pharmacist service, if established, must be maintained. 	
77	Returned medications Medications dispensed for administration, but not used, must continue to be returned to pharmacy.	Sorting, determining the suitability for redispensing, returning to stock, discarding or destroying medications.
78	Medication procurement / inventory management A pharmacist must supervise the purchase, acquisition and storage of all medications for the hospital. All legally required documentation of medication purchases must be continued. All medication shipments must be delivered unopened to the hospital pharmacy or a designated secure storage area. Established medication storage and security procedures must be continued. Non-usable and expired medications must be stored in a separate area of the pharmacy until final disposal.	Financial and statistical functions. Invoice, purchase order or other document sorting and filing. Disposal of non-usable and expired medications.
79	Inpatient pass medications Maintenance of an established pass-medication system. All pass medications must be prepared according to the established standard.	
80	Emergency department medications Maintenance of established system to provide small quantity of urgently needed medication to patients. All medications must be prepared according to the established standards.	
81	Special-Access Program medications Continue to store and distribute clinical trial medications to patients already enrolled in an established protocol. Store and distribute special-access program medications, if required.	Enrollment of new patients in an established clinical trial medication protocol. Establishment of new clinical trial medication protocols.
82	Medication repackaging and compounding If medication repackaging or compounding is performed, it must be done in accordance with the established standard and be done under the supervision of a pharmacist.	

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83	Hospital pharmacy support personnel If hospital pharmacy support personnel perform nonprofessional functions, a pharmacist must be readily available to answer questions and provide direction and supervision.	
84	Patient medication record and medication order review Maintenance and use of complete patient medication profiles. <ul style="list-style-type: none"> ♦ The accuracy of the patient medication profile must continue to be verified by the pharmacist. Maintenance of established process of medication order review and intervention, if required, by a pharmacist.	
85	Medication administration Maintenance of the established system of producing medication administration records from the pharmacy medication profile database. <ul style="list-style-type: none"> ♦ computerized MARs cannot be changed to a manual transcription system 	
86	Patient-oriented pharmacy services Maintenance of established direct patient-care services, including: <ul style="list-style-type: none"> ♦ identifying, resolving or preventing medication-related problems ♦ medication history services ♦ medication therapy monitoring patient-specific drug and poison information services, ♦ patient medication therapy teaching or counselling ♦ pharmacokinetic dosage adjustments ♦ home IV therapy assessments, if provided Maintenance of established controlled medication dosage adjustment services such as: <ul style="list-style-type: none"> ♦ anticoagulant dosage adjustment ♦ total parenteral nutrition adjustment ♦ clinical pathways that require the pharmacist to adjust medications according to established protocols. 	Non-direct patient care services, including: <ul style="list-style-type: none"> ♦ drug utilization evaluation ♦ pharmacy publications and provision of non-patient specific drug information such as newsletters, inservices, formulary updates/reviews, etc. ♦ teaching pharmacy, nursing or other students or staff ♦ orientation, training or certification procedures.

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87	Residential care services	Maintenance of residential pharmacy services including: <ul style="list-style-type: none"> ♦ medication distribution system ♦ pass medications for residents ♦ new medication order review ♦ if scheduled, resident care conferences and medication therapy reviews 	
88	Documentation	Maintenance of established policies of documenting in the patient's permanent health record including: <ul style="list-style-type: none"> ♦ medication order changes ♦ information pertaining to the drug therapy of the patient 	