

POLICY STATEMENT(S):

1. Technical functions specified in the Hospital Pharmacy Standards of Practice, section 10 may be delegated to pharmacy assistants in accordance with the *Hospital Pharmacy Standards of Practice*.
2. The pharmacist may delegate the function of verifying medication container contents to a pharmacy assistant under the following conditions:
 - the pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors.
 - the pharmacy must have established written policies and procedures for all aspects of medication container verification, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.
3. A pharmacy assistant may verify the medication contents of non-patient specific medication containers (e.g. prepackaging) or patient-specific medication containers (e.g. refill drawers, cards or vials). A pharmacy assistant may only verify medication containers prepared by another assistant.
4. The pharmacist at the telepharmacy central site may delegate the function of verifying medication container contents to a pharmacy assistant certified to verify medication container contents. A hospital policy and procedure for all aspects of the medication verification process must be established. The policy must include quality assurance procedures and checks, procedures if an error occurs and copies of all documentation.
5. The verification process may occur between central/remote sites or between remote/remote sites.
6. A pharmacy assistant may not verify his or her own work.
- Qualifications:**
7. In order to verify medication container contents, a pharmacy assistant must:
 - be a graduate of a recognized pharmacy technician training course prior to January 2011* or have an equivalent of two years experience in a hospital pharmacy setting, and
 - work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager, and
 - complete a standard departmental training program on verifying medication container contents, and
 - demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying the contents of medication containers, as determined by the hospital pharmacy manager.
- Training**
8. A pharmacist or pharmacy technician with relevant expertise must ensure that the required knowledge and skills are appropriately taught. The required knowledge and skills must be acquired through a combination of educational modules, in-service programs and work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done.
- Initial Certification**
9. Pharmacy assistants must be trained and assessed prior to becoming certified to verify medication container contents. The supervising pharmacist or pharmacy technician may grant certification if the assistant achieves an accuracy rate of 100%***. (see Appendix A)
- Quality Control**
10. The certified assistant must maintain an accuracy rate of 100%.
 - (a) If an error occurs during day-to-day checking activities, the institutions must have written procedures to address this situation.

- (b) The accuracy of all pharmacy assistants who verify medication containers must be audited at least annually and if possible conducted without the assistant's knowledge. The results of the audit must be discussed with the audited assistant. An assistant who is certified to verify both non-sterile and sterile products may be audited on a balanced combination of the two types of products to achieve the audit quantity.

Decertification

11. If the accuracy rate of a checker falls below the established standard on one occasion, perform a re-audit shortly after the first failed audit. If the pharmacy assistant fails to meet the minimum standard on re-audit, s/he must be decertified and removed from the verifying function.
12. The pharmacy manager or supervisory pharmacist or pharmacy technician for the area may decertify an assistant at any time if there is any reason to believe that the assistant is not capable of safely carrying out the delegated function. The assistant may be recertified only if the problem is resolved to the satisfaction of the pharmacy manager.
13. A decertified checker must reenter and complete the training and initial certification process prior to being reassigned to verify medication containers.

Documentation

14. A log or record showing the training, certification and quality assurance audits for each pharmacy assistant who verifies medication container contents must be maintained. The identification of the pharmacy assistant who prepares or verifies medication container contents must be documented. This record must be retained for at least three years.

Continuous Quality Improvement

15. An ongoing process of continuous quality improvement must be implemented to prevent or eliminate system errors. Documentation of the continuous quality improvement process must be retained for at least three years.

BACKGROUND:

The expected outcome of every medication distribution system is that 100% of medication doses will be correct when administered to the patient. Recognizing that "human failure" may create errors in any segment of the system, the medication distribution system processes must be designed with numerous checks to identify and remove potential errors prior to dispensing. Errors and other potential problems must be constantly identified and eliminated through a process of continuous quality improvement (CQI).

Medication distribution system processes include both technical functions and cognitive or professional functions.

Examples of professional functions, which may **NOT** be delegated to a pharmacy assistant, are:

- checking the accuracy of a transcription of a written medication order into the computer,
- checking a new medication order against the patient medication profile for therapeutic appropriateness,
- approving the calculations for a new product or formula.

Examples of technical functions, which may be delegated to a pharmacy assistant, are:**

- verifying the label and content of a compounded or prepackaged product prepared in a batch
- verifying the medication container contents against a patient-specific label or fill list.

**Prior to 2011 some training programs graduated "pharmacy technicians" whereas they are now graduating "pharmacy assistants" until the programs have been accredited by the Canadian Council for Accreditation of Pharmacy Programs.*

***These functions relate to Framework of Professional Practice (March 2006), Role 2: Produce and Distribute Drug Preparations and Products, and Role 3: Contribute to the Effective Operation of the Pharmacy.*

**** This document is meant as a guide to institutions to enable them to establish a tech-check program to meet their specific needs. Each institution should set certification and audit numbers that will reflect a measurement that is logistically feasible to ensure a level of acceptable performance and is reflective of all order types.*

Patient-Specific Medication Containers

Patient-specific medication containers generally consist of individually labelled medication containers or exchange drawers containing a one to 35 day supply of medication. Patient-specific medication containers are filled according to a refill or pick list or from labels generated from the patients' computerized medication profile.

Verification of the patient-specific medication containers against a list or label will include a check to ensure:

- correct patient name
- correct patient location, if applicable
- correct medication
- correct strength
- correct dosage form
- correct number of doses or units in container
- medication is within expiry date
- correct auxiliary label(s) applied, if applicable

Non-Patient Specific Medication Containers

Non-patient specific medication containers are usually prepared in batches in anticipation of individual medication orders. Non-patient specific medication containers may include compounded medications, wardstock medications, prepackaging or crash cart trays. Each medication container batch must be documented with a compounding / prepackaging worksheet or record.

Verification of medication container batches against the compounding / prepackaging record must include a check to ensure correct:

- medication
- number of doses or units in container
- ingredient or medication expiry date(s) and lot number(s) documented
- expiry date and lot number for the batch or prepackaging
- labelling
- integrity of final product