



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 022

PHARMACIST CLINIC AUDITS FOR DRUG DISTRIBUTION

A. PURPOSE: To ensure Yolo County Health and Human Services Agency (HHS) medication rooms are maintained in accordance with State and Federal regulations, and with agency policies and procedures for medication support services; and to ensure HHS meets standards to maintain a Clinic Permit through the California State Board of Pharmacy for distribution of drugs and with the use of telepsychiatry.

B. FORMS REQUIRED/ATTACHMENTS:

- a. Attachment A – Medication Room Monitoring Form

C. DEFINITIONS:

Routine Services: An average of three or more prescriptions are filled and furnished to clinic clients each day that dispensing services are offered (Business & Professions Code, § 4036).

D. POLICY: HHS is responsible for safely and securely maintaining prescription medications in conformance with state and federal regulations, and operating in accordance with HHS policies and procedures. Each Clinic Permit issued is only valid at the address shown on the permit. This permit will be renewed annually, for as long as telepsychiatry, prescribing, and drug distribution services are maintained (Business & Professions Code, § 4180(b)).

A copy of the most current permit from the California State Board of Pharmacy is posted in the medication room:

Name	Location	Permit Number
Yolo County HHS Woodland Clinic	137 N. Cottonwood St., Ste. 1500 Woodland, CA 95695	CLE 2934

E. PROCEDURE

1. HHS currently utilizes a contracted pharmacist, who is licensed and registered by the California State Board of Pharmacy, to ensure permits are kept current and ensure that ordering, labeling, and securing of medications are in conformance with agency policy, formulary, and state and federal drug regulations.
2. HHS dispenses drugs at the clinic as part of routine services. The contracted pharmacist shall assist in the development of policies and procedures related to all medication support services. Nursing and medical staff should be familiar with these policies.

3. The contracted pharmacist shall, on at least a quarterly basis, monitor drug distribution policies and procedures on-site and shall report findings and recommendations to the Medical Director in a written report (Title 22, § 75038).
 - a. Monitoring criteria include, but are not limited to: documentation of medication stock inspections; checking for expirations; checking storage; and reviewing logs for temperature monitoring, dispensing, and disposing.
 - b. Copies of written reports submitted to the Medical Director will be kept on file within the Quality Management (QM) unit and in accordance with agency policy for records retention.
 - c. A summary of the pharmacist's quarterly report will be shared at Quality Improvement Committee (QIC) meetings.
4. The HHSA Medical Director is responsible for ensuring the clinic complies with all applicable laws and regulations relating to drug distribution, and ensures that practice for orderliness, cleanliness, and access are in conformance to state and local standards.
5. The clinic Supervising Nurse is responsible for overseeing Staff Nurse and Medical Assistant (MA) duties related to record keeping and maintaining an orderly and clean medication room. The Supervising Nurse will notify the Medical Director of any concerns or issues.
6. Medication rooms will be audited monthly by a designated Registered Nurse (RN). If an audit reflects significant non-compliance, audits should be done more frequently and the Behavioral Health Compliance Officer notified.
7. HHSA shall maintain and update written policies and procedures for the safe and effective distribution, control, storage, use, and disposition of drugs at all times.

F. REFERENCES:

California Business and Professions Code, § 4036 and 4180(b).
 Health and Safety Code, § 208(a), 1125, and 1126.
 Pharmacy Law, Title 22, § 75038.

Approved by:

Karen Larsen, Director
Yolo County Health and Human Services Agency

1/29/19

Date

Leigh Harrington, Medical Director
Yolo County Health and Human Services Agency

1/29/19

Date



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 022-A

ATTACHMENT A – MEDICATION ROOM MONITORING FORM

Inspection Date: _____ Inspector: _____

Date of Last Inspection: _____ Clinic: _____

If any corrective action was recommended, was it completed: Yes No N/A

If no, explain: _____

Screening Criteria and Compliance

Are the following items in compliance:	Yes	No	N/A
1. Is the medication room locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is access to the medication room restricted to the following staff: MD, NP, PA, RN, LVN, LPT, MA, and Support Staff Supervisor (in the event of emergency or lost key)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the clinic have written policies and procedures pertaining to medication support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all of the policies and procedures in a manual in the medication room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the pharmacist review the manual at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the manual contain the most recent drug formulary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are drug references/information leaflets available in hard copy, online, or through OrderConnect, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are metric/apothecary conversion charts available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the poison control center phone number available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a weekly temperature log maintained for both room and cold storage used for medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are room temperature medications stored at 59-86 °F (15-30 °C)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are refrigerated medications stored at 36-46 °F (2-8 °C)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are no food & drinks stored in the refrigerator used for medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are internal and external medications separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are multi-dose medication vials initialed and dated on the vial, if opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are test reagents and disinfectants stored separately from medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are medications kept in an organized manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the medication room clean and free of debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Are medications stored in the medication room on the formulary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are all medications clearly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are all medications unexpired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are all medications in good condition with no signs of damage or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are dispensed/distributed medications recorded in the dispensing log and client's chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are invoices/receipts signed and dated by the person receiving medication deliveries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are disposal/destruction logs maintained and do they contain a witness signature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Forward report to HHSA Medical Director and Quality Management unit.