Note: All medication management requirements apply to sample medications.			
Requirement	**Met**	**Not Met**	**Comments**
GENERAL PHARMACY QUESTIONS			
Are pharmacy services provided through a contractual agreement?			
Is the pharmacy open 24/7/365?			
If not- What is the process to access medications after hours?			
Is there evidence of staff training on accessing the pharmacy?			
MEDICATION STORAGE			
Are medication refrigerator temperatures checked daily?			
Do all out-of-range temperatures have indications of actions taken and notifications completed?			
Staff are able to verbalize actions that must be taken when the temperature is out of range.			
Are Medication refrigerators used only to store medications?			***Permissible Exception**
Are Medication refrigerators clean? Free from ice build-up?			
Vaccinations are stored in a "non-dormitory" style refrigerator with appropriate CONTINUOUS temperature monitoring OR twice daily temp monitoring if continuous is not available.			
Medications are stored to prevent UNAUTHORIZED access (locked and secure).			
Are freezer temperatures monitored when used for medication storage?			
Narcotic substances that require refrigeration or freezing are double-locked?			
Are dispensing machines plugged into emergency power outlets to maintain functionality during power outages?			
MEDICATION ROOM			
Does the medication room contain protected, dedicated space for the compounding of medications?			
Does the medication compounding area of the medication room contain all necessary supplies: Gloves, Gowns, needles, syringes, alcohol wipes, medication labels, IV tubing?			
Do staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.			
MEDICATION DISPOSAL			
Staff can speak to proper disposal of medications?			
• Disposal of medications classified as hazardous?			
• Disposal of medications classified as narcotics/controlled substances?			
How does the organization maintain a perpetual inventory of narcotics/controlled substances on patient care units?			
Does the wastage of narcotics and CDS require 2 witnesses?			

Note: All medication management requirements apply to sample medications.			
Requirement	**Met**	**Not Met**	**Comments**
Can staff describe the proper wastage process ?			
How are these narcotic/controlled substance medications secured on the unit(s)?			
For Automated Dispensing Machines:			
Can staff describe how the machine alerts them to discrepancies?			
Can staff describe the process for resolving discrepancies?			
Can Staff describe what process is to be followed when discrepancies cannot be resolved?			
Are all discrepancies resolved prior to the conclusion of each shift?			
Abuses and Losses are reported as required by law and regulation, to the individual responsible for pharmacy services and as appropriate to the CEO.			
MEDICATION SAFETY			
Staff can speak to look-alike/sound-alike(LASA) medications and how they are identified.			
Is the Look Alike/Sound Alike list available for staff reference?			
Are Look-Alike/ Sound-Alike medications properly separated and uniquely labeled? Tall Man Lettering is utilized?			
Look-Alike/Sound-Alike medication list reviewed annually?			
Review of the LASA list is documented in P&T Committee Minutes?			
Staff can identify high-alert medications.			
Can Staff speak to high-alert medication processes?			
Insulin pens are dispensed for single-patient use only.			
ADVERSE DRUG REACTIONS			
Does the organization have a process for the reporting of suspect Adverse Drug Reactions?			
Does the organization have a process for gathering of suspect Adverse Drug Reaction information?			
Is the data collected related to ADRs analyzed?			
Is ADR data and identified trends, and actions reported to the P&T Committee or committee that fulfills the role of P&T?			
Are ADRs reported to the Quality Committee?			
Can staff speak to the process for responding to suspect ADRS?			
Does the organization have an ADR Management Protocol? Approved by whom?			
MEDICATION ERRORS			
Are medication errors reported to the practitioner as soon as possible?			
Can staff speak to the medication error reporting process?			
Does the med error reporting process include Near Misses?			
Is a medication recall procedure in place?			
The Medication Management process is evaluated annually to identify opportunities to enhance patient/medication safety?			
MEDICATION RECONCILIATION			

Applicable to the following Accreditation Programs: (X) Hospital ( ) Critical Access Hospital ( ) Behavioral Health ( ) Ambulatory Care ( ) Office Based Surgery ( ) Disease Specific Certification ( ) Staffing Certification

Regulatory Information may change over time as healthcare expectations change. This document is current as of the date noted within this footer

Note: All medication management requirements apply to sample medications.			
Requirement	**Met**	**Not Met**	**Comments**
Medication Reconciliation is documented at arrival or admission.			
Medication Reconciliation is documented at the time of discharge.			
EMERGENCY MEDICATIONS			
Emergency medication cart/boxes/cabinets are properly secured?			
Emergency medication cart/boxes/ cabinets have an associated integrity process?			
Is the Medication **Formulary** reviewed annually by P&T?			
PATIENT OWN MEDICATIONS			
Medications that have been brought to the hospital by patients or others, are secured, as applicable.			
A physician order is obtained for patient self-administration.			
The patient's ability to self-administer is assessed prior to permitting.			
Prior to allowing use, the pharmacy inspects and verifies and then dispenses the patients medication.			
Is the Pharmacist routinely engaged in the clarification of ambiguous' duplicative medication orders?			
Do orders for titratable medications contain all necessary information: solution concentration, starting dose, titration increment, acceptable parameter, maximum dose, and de-escalation increment?			
USP 797 and 800			
Pharmacy sterile compounding is conducted within a USP 797-compliant environment.			
Personnel who routinely are involved in compounding have been deemed competent per USP 797 guidelines.			
Is the organization actively developing processes and procedures to comply with all USP 800 requirements?			
ANTIBIOTIC STEWARDSHIP			
A qualified leader is appointed.			
A multi-disciplinary committee oversees the ABX stewardship work.			
ABX usage is monitored either by NHSN data submission or reporting days of therapy per 1000 patient days.			
TWO evidence-based guidelines are selected and implemented.			
Adherence to the guidelines is monitored.			
The committee works to make improvements.			
MEDICATION ORDERS			
All ambiguous and potentially duplicative medication orders are clarified prior to administration.			
The hospital follows a written policy that identifies the specific types of medication orders that it deems acceptable for use. Included types are: PRN orders include specific parameters as to when the medication should be given, including the reason and frequency Standing orders: A prewritten medication order and specific			

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Note: All medication management requirements apply to sample medications.			
Requirement	**Met**	**Not Met**	**Comments**
instructions from the licensed practitioner to administer a medication to a person in clearly defined circumstances Automatic stop orders: Orders that include a date or time to discontinue a medication Titration orders clearly define how the medication should be adjusted. Orders address the incremental increase/decrease, frequency that incremental changes can occur, outcome or goal of the adjustment Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s) Orders for compounded drugs or drug mixtures not commercially available Orders for medication-related devices (for example, nebulizers, catheters) Orders for investigational medications Orders for herbal products Orders for medications at discharge or transfer			
Titratable Medication Orders contain: • Medication name • Medication route • Initial or starting rate of infusion (dose/min) • Incremental units the rate can be increased or decreased • Frequency for incremental doses (how often dose(rate) can be increased or decreased • Maximum rate (dose) of infusion • Objective clinical endpoint (RASS score, CAM score, etc). NOTE: This particular element does not have to reside in the titration order itself but instead may be a separate order in the medical record.			
MULTI-DOSE VIALS			
Multi-dose vials are discarded after entering a procedure, exam or patient room if use not limited to the individual patient.			
Multi-dose vials are dated when opened and discarded after 28 days unless manufacturer guidance is different.			
Single-Use vials are discarded immediately after their initial use.			
MEDICATION ADMINISTRATION TIMES			
Has the organization defined in writing those medications with Time critical administration times?			

Note: All medication management requirements apply to sample medications.			
Requirement	**Met**	**Not Met**	**Comments**
Are staff able to discuss these medications and what time-critical means?			
USP 797			
Does Pharmacy Sterile Compounding occur within a USP 797 Compliant Environment?			
Staff performing sterile compounding have demonstrated competency in alignment with the USP requirements?			
Floors within the compounding area must be solid surfaces with coved molding.			
No cracks or crevices in walls.			
The ceiling must be constructed of solid material and sealed to the walls. Can be tiled if caulked to walls and each other.			
Sprinkler heads must be recessed.			
Must have continuous airflow monitoring			
STERILE COMPOUNDING OBSERVATION OPPORTUNITIES			
Handwashing to the elbows for 30 seconds minimum			
No make-up, No jewelry, No outer garments			
Donning of PPE from dirtiest source to cleanest source: booties, hairnet, gown, mask gloves			
The following Environmental testing must occur every 6 months: Viable particle testing; HEPA filter leak testing; air pressure differential; hood and room certifications by an outside company			
Primary Environmental Control (PEC), a/k/a Hood Cleaning			
Must use STERILE alcohol.			
Cleaning must follow air flow from the deepest section to the outer section.			
Lint-free cloths must be used (no Gauze).			
Cleaned minimally as follows:			
beginning of each shift; before each batch preparation; every 30 minutes during continuous use; upon any spill; upon any breach in process			
The PEC is connected to Emergency Power.			
Hood Set-Up for Sterile Compounding			
All items were wiped down with sterile alcohol prior to placement in the hood			
All items are at least 6 inches from the hood walls.			
Each item is positioned so as not to create an airflow barrier to another item.			
Secondary Environmental Controls			
Floors are cleaned daily.			
Easily cleanable surfaces are cleaned daily.			
Walls, Ceiling, and shelves are cleaned monthly.			
USP 800			

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Requirement	**Met**	**Not Met**	**Comments**
A leader is appointed.			
The NIOSH list of hazardous medications is reviewed annually.			
A risk assessment is performed for each 800 listed medications in stock to determine interventions needed.			
Staff are trained in the interventions required.			
INVESTIGATIONAL MEDICATIONS			
There is evidence of IRB approval for each investigational medication in stock. The pharmacy department must have a copy of the protocol readily available.			
Investigational medications are stored in a segregated manner from all other medications. This can be a storage container(with a lid).			
The medication storage vessel is clearly labeled as INVESTIGATIONAL.			
There is a perpetual inventory for each investigational medication.			
A copy of the treatment protocol is readily available to the R.PH and is easily identifiable.			
The organization is able to track by lot number each dose administered to a patient.			