SECTION I
PHARMACY ORGANIZATION
CONNECTICUT VALLEY HOSPITAL
PHARMACY POLICY AND PROCEDURE MANUAL

SECTION I: PHARMACY ORGANIZATION
CHAPTER 1.1: THE PHARMACY SERVICES UNIT OF CONNECTICUT VALLEY HOSPITAL

POLICY: The Connecticut Valley Hospital shall establish a Pharmacy Services Unit.

PROCEDURE: The Pharmacy Services Unit is established to serve the medication needs of inpatients at Connecticut Valley Hospital. It is headed by the Pharmacy Supervisor, who is directly responsible to the Director of Ambulatory Care Services.

The CVH Pharmacy is not a retail Pharmacy, therefore, by law, CANNOT SELL ANY ITEM STOCKED IN THE PHARMACY.

No Prescriptions Shall Be Filled for Employees, Relatives, Dependents, Friends or the Public at Large.

REFERENCE:
POLICY: The Pharmacy Services Unit is organized in a manner to support the clinical, operational, and administrative needs of the patients, pharmacy staff, medical staff, nursing staff, other health care providers, and other support departments at CVH.

PROCEDURE: CVH shall appoint a qualified Pharmacy Services Unit supervisor with the responsibility of the overall operations of the Unit. 
1. The supervisor establishes appropriate staffing levels to meet the needs of the patients at CVH.
2. The supervisor establishes operational and clinical service levels to meet the needs of the patients at CVH.

NOTE: CVH shall provide on an as needed basis clinical management support for the supervisor in the form of contracted pharmacy services consultant.
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CHAPTER 1.3: KEYS TO THE PHARMACY

POLICY:
There is an established mechanism to provide key access to the pharmacy department and controlled substances vault.

PROCEDURE:
1. The Page Hall pharmacy is on card key access, which can be accessed by all pharmacists and pharmacy technicians who are licensed by the Connecticut Department of Consumer Protection. The only keys required during the operation of the pharmacy are the AA1 key and the fire extinguisher key assigned to all pharmacists. The pharmacy supervisor maintains an inventory of these keys.

2. The Pharmacy Supervisor maintains an inventory of the day gate keys to the controlled drug vault and issues these keys to the pharmacists and the drug control pharmacy technician. A record is maintained by the pharmacy supervisor for the day gate keys issued.

3. The pharmacists are all given a 4-digit code to the alarm system upon entrance to the pharmacy and to the drug control vault. The Clinical Consultant is only given a 4-digit code to the alarm system for entrance to the pharmacy. A record of the alarm codes are maintained by the pharmacy supervisor.

4. CVH Police will have an alarm passcode in the event of an emergency requiring immediate access to the pharmacy premises.

5. The Pharmacy Supervisor will be paged if an emergency exists and CVH Police personnel need access to the pharmacy premises. If the Pharmacy Supervisor is not available, the Director of Ambulatory Care Services will be paged.
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CHAPTER 1.4: THE PHARMACY STAFF SHALL BE APPROPRIATELY LICENSED BY THE STATE OF CONNECTICUT

POLICY: CVH pharmacists and pharmacy technicians maintain current and valid State of Connecticut licenses.

PROCEDURE: Copies of current staff pharmacists and pharmacy technician’s licenses shall be maintained in the Pharmacy as well as with the Human Resource Department.

Reviewed: 07/15/93; 09/08/97; 02/10/00; 4/15/03; Reviewed 01/09/07, 01/30/09, 01/21/11, 11/06/12, 2/11/14, 01/30/18
Each new pharmacist who becomes part of the pharmacy staff shall undergo credentialing. Such credentialing shall follow the guidelines and credentialing plan set by the CVH Pharmacy Discipline Chair and Clinical Consultant.

PROCEDURE:

1. The pharmacist will be given a two page document which will outline the elements for credentialing
2. The document is partitioned in three sections:
   a. professional qualifications
   b. Pharmacist Area of practice and Clinical Monitoring
   c. Signature and dating of document
3. Any information updating this credentialing information will be as a dated attachment to the form.
4. A review of this credentialing information will occur at the time of an update or as required by the credentialing body.
Pharmacists Name: ________________________________________________________________

Last Name ___________________________ First Name ___________________________ MI ______

Job Title: ______________________________ Employee #: ____________________________

Date of Hire: __________________________

Institution Degree was Awarded From: ________________________________

Degree(s) awarded (Date): ________________________________

CT State License # and Expiration Date: ________________________________

Please attach a copy of the following:

Copy of CT State License _______

Copies of Additional Certifications or Specialties _______

Pharmacist Areas of Practice:

Operations

1. Review of Pharmacy Policy and Procedure Manual ______
2. Pharmacy Performance Order Entry ______
3. Clozapine Monitoring ______
4. CLP Website Training ______
5. Pyxis Medication Management System (basic understanding) ______
6. Pyxis Cubie Replenishing Station (basic understanding) ______
7. Pyxis PARx (basic understanding) ______
8. Pyxis CII Safe ______
9. Prepackaging Process (basic understanding) ______
10. Cardinal Ordering Process (basic understanding) ______
11. Alarm System ______
Clinical

1. Medication Safety Check Process (See P&P 4.1, 4.2, 4.3) ______
2. Drug Therapy Guidelines (See T Drive) ________
3. Formulary (See T Drive) ________
4. Food Drug Interaction Monitoring (See P&P 15.1) ______
5. Adverse Drug Reaction Monitoring (See P&P 15.3) ______
6. Medication Event Reporting (See OP&P 3.3) ________
7. Dosage Adjustment for Renally Cleared Medications
   (See P&P 15.4) ______
8. Anticoagulation Monitoring (See P&P 11.2)
9. Automatic Therapeutic Interchange (See P&P 4.4) ______
10. Non-formulary Medication Process (See P&P 17.3) ______
11. Pharmaceutical Care Notes/Documentation of
    Clinical Activity ______
12. Micromedex Drug Information System______
13. Methadone Review ________

I confirm that all of the information provided in this document of completion of elements for credentialing are accurate.

_________________________________________    ______________________
Pharmacist’s Signature                      Date

_________________________________________
Pharmacy Supervisor’s Signature              ______________________
                                              Date

Approved 01/22/04, Reviewed 10/28/05, Revised 1/31/06, Reviewed 1/27/09, 01/21/11, Revised 10/19/12, 2/11/14,
01/30/18
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CHAPTER 1.5: PHARMACISTS PLAY AN ACTIVE ROLE IN INFECTION CONTROL

POLICY: The pharmacy unit will adhere to all infection control policies and procedures. The pharmacy supervisor or designee is a member of the CVH Infection Control Committee.

PROCEDURE: The Pharmacy Services Unit participates in the infection control program at Connecticut Valley Hospital. In addition, the Pharmacy Supervisor or a designee is a member of the Infection Control Committee.

Pertinent policies pertaining to the pharmacy service are maintained in the pharmacy, and have been read by the pharmacy staff members who are expected to abide by those policies.

Reviewed: 07/15/93; 09/08/97; 02/10/00; 4/15/03; Reviewed 01/09/07, 01/30/09, 01/21/11, 11/06/12, 2/11/14, 01/30/18