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	Effective Date:	12-31-2021
	Document Type:	Policy
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	Department/Section:	Pharmacy Division
	Document Title:	<b>MEDICATION MANAGEMENT</b>

B.S. Aquino Drive,  
Bacolod City,  
Negros Occidental,  
6100

### **PURPOSE:**

To ensure efficient and effective medication management and use throughout the organization through setting regularly updated policies and procedures guiding medication selection, procurement, storage, ordering and transcription, preparing and dispensing, administration and monitoring.

### **LEVEL:**


All Physicians, Nurse and Pharmacists

### **DEFINITION OF TERMS:**

**Medication Management** – from the Joint Commission on Accreditation of Health Care Organization (JCAHO), it reflects the process of: (a) Medication Selection and Procurement (i.e. formulary consideration); (b) Storage; (c) Prescribing and Transcribing; (d) Preparing and Dispensing; (e) Administration; (f) Monitoring

### **POLICY:**

1. It is the policy of Riverside Medical Center Inc. to adopt, maintain, and enforce a truly closed-loop medication management system that supports patient safety and allow for future improvements and changes in the quality of care.
2. The following shall be the **key goals** of medication management:
  - 2.1. Patient's benefit from medications is maximum;
  - 2.2. Clinical risk is minimized;
  - 2.3. Medications are handled safely and securely;
  - 2.4. Selection of medications is based on evidence, cost effectiveness, and resources available;
  - 2.5. Medications are of suitable quality, safety and efficacy;
  - 2.6. Medication procurement provides best value;

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2.7. Medication use is supported by appropriate training.


### 3. Medication Selection

- 3.1. Medication selection is a collaboration process; only those drugs approved by the Pharmacy & Therapeutics Committee (PTC) on the basis of safety, efficacy, and cost to be most advantageous in patient care shall be designated as formulary drugs. These drugs are listed in the formulary; only formulary drugs are routinely stocked and available from the pharmacy.
- 3.2. Physicians or pharmacists may request drugs to be added to the formulary by completing "Formulary Addition/Deletion Request Form". The PTC may initiate its own review of a drug if there are a number of non-formulary additions.

### 4. Medication Procurement

- 4.1. It shall be the responsibility of the purchasing department (Logistics Division), with inputs from the Pharmacy, to secure all pharmaceutical medicines and supplies to meet the needs of RMCI.
- 4.2. Formulary Drug
  - a) Drugs in the formulary shall be procured in a timely manner to meet patients' needs. Locally available formulary medications will be purchased through local suppliers in the Philippines, following the rules and regulations of the Philippine Food and Drug Administration (FDA).
  - b) Formulary medications that are registered in the Philippines but are not locally available together with those medications that are FDA-approved but still not registered in the Philippines, shall be imported after obtaining an appropriate permission from the FDA.
  - c) In case of medication unavailability, due to temporary shortage of supply, delayed delivery or other unanticipated reasons, the pharmacists and the purchasing department shall follow reasonable steps to resolve this stock shortage problem.
  - d) Procurement of controlled/ narcotic drugs shall follow the FDA and Philippines Drug Enforcement Agency (PDEA) rules and regulations.




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## 5. Medication Storage

- 5.1. Upon receipt of medications at the pharmacy, the staff shall unpack and double check the medications from the original box before placing them on the designated shelves in the store under proper storage conditions.
- 5.2. Medications stored within the pharmacy store, pharmacy stock room, or in patient care areas shall be stored under suitable conditions including appropriate temperature for product stability.
- 5.3. Pharmaceutical items requiring special storage conditions shall be stored immediately in pre-designated areas:
  - a) Controlled/Narcotic drugs are kept in safe double locked drawers or in a safe in all storage areas. *See Storage of Medication policy and procedure.*
  - b) Medications and chemicals used to prepare medications shall be accurately labeled with contents, expiration dates and warnings.
  - c) All concentrated electrolyte preparations shall not be stored in patient care areas. *See Managing High Alert Medication policy and procedure.*
  - d) Specific safety strategies shall be utilized in storing look-alike and sound-alike medications to decrease the potential for unintended medication interchange. *See Look Alike Sound Alike (LASA) Medication Management policy and procedure.*
  - e) All radioactive medications and contrasts shall be stored in safe and secure cupboards in the Radiology Department, according to manufacturing recommendations for storage conditions. Disposal of any radioactive medicines shall be the responsibility of each authorized user in their own department. It shall be monthly inspected by Inpatient Pharmacy Department.
  - f) A completely stocked emergency carts & functioning defibrillators are distributed to cover all patient care areas and ready at all times.
  - g) A Registered Nurse is responsible for checking the emergency cart, oxygen cylinder levels, defibrillator, and documenting compliance on emergency cart signature checklist.
  - h) The pharmacist shall make monthly inspection on each area where medications are kept all over the hospital to check cleanliness,

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completeness, proper storage conditions, and separate storage and labeling of expired medications. *See Medication Storage policy and procedure.*


## 6. Medication Ordering and Transcription

- 6.1. Only those permitted by relevant licensure, laws and regulations of both RMCI and FDA shall be authorized to prescribe or order medications.
- 6.2. All medication orders shall be written or printed legibly and must include all elements of a complete order. *See Prescribing/Ordering of Medication-General Practices policy and procedure.*
- 6.3. All medication orders shall be reviewed by a pharmacist prior to dispensing or removal from floor stocks, except in an emergency situation when resulting delay could harm the patient.
- 6.4. When the pharmacist is not available, a qualified registered nurse shall review the medication order for appropriateness and assure that each order meets the requirements of a complete order. *See Verification of Prescription Orders policy and procedure.*
- 6.5. All Nursing Personnel shall follow established guidelines when transcribing Physician's orders.

## 7. Medication Preparation and Dispensing

- 7.1. Medications shall be dispensed in the most ready to administer forms available from the manufacturer.
- 7.2. The pharmacist shall provide verbal and/or written information (in a language understandable to the patient if possible) to the patient or his representative concerning prescribed medications. *See Medication Order policy and procedure.*
- 7.3. All medications dispensed shall be completely and correctly labeled in accordance to policy. *See Medication Labeling Standards policies and procedures.*
- 7.4. All medication orders shall be delivered to the patient care areas according to the developed turnaround time standards for the processing of medication orders.



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- 7.5. Staff preparing compounded products shall be trained in the procedures of handling vials and ampoules aseptically.


## 8. Medication Administration

- 8.1. Only licensed, competent Registered Nurses shall be authorized to administer medications.
- 8.2. Medication orders shall be transcribed and checked by the registered nurse before the medication is administered. Nurses have to double check with each other for any dosage calculations for high risk medications and both have to sign or record in the e-MAR.
- 8.3. Medications shall be administered according to standard medication administration times and documented in the patient medical record (paper-based or electronically).
- 8.4. Patients are allowed to self administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.


## 9. Monitoring Patient on Medication

An effective medication management system shall include mechanisms for monitoring patients on medications, monitoring includes, but not limited to the following:

- 9.1. Monitoring the effects of newly introduced formulary medications by the PTC over a period of six months after introduction for final evaluation.
- 9.2. Checking the patient's responses after medication administration and recording it into the patient medical record, so allowing doctors to make more informed adjustments to dosages and the course of treatment.
- 9.3. Reporting and evaluation of Adverse Drug Reactions. *See Adverse Drug Reaction/Adverse Event Reporting policy and procedure.*
- 9.4. Reporting of near miss and actual medication errors which are essential to identifying problematic areas within the hospital's medication management system so that improvements can be made.


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- 9.5. Based on monitoring, the dosage or type of medication may be adjusted thus fully closing the loop and beginning the cycle again.
10. The PTC shall conduct an annual review of the organization formulary. Based on this review, decisions will be taken to update the formulary. See Drug Formulary policy and procedure. Data to be utilized for this review includes the following:
  - 10.1. List of medications never been requested.
  - 10.2. List of medications no longer available in the market
  - 10.3. List of slow moving items
  - 10.4. List of fast moving items
  - 10.5. List of non-formulary items requested during the year
  - 10.6. List of out of stock medications
  - 10.7. Drug recalls and safety alerts
11. The PTC shall conduct a complete annual review of the entire medication management system to ensure effective and efficient medication management and use. The review shall include, but not limited to, the following items:
  - 11.1. Procurement- to address difficulties in purchasing medications, availability of medications in local market, problems with vendors, etc.;
  - 11.2. Procurement of narcotic and controlled medications- how long does it take to obtain the required items, and difficulties encountered;
  - 11.3. Problems in medications delivery;
  - 11.4. Warehouse problems with medications receiving, storage conditions, medications stocking, and issuing supply to pharmacy and nursing units;
  - 11.5. Compliance with prescribing requirements in both inpatient and outpatient pharmacies, and common problems encountered with medication prescriptions as abbreviations, and incomplete orders;
  - 11.6. Frequency of verbal and telephone orders and types of problems encountered;
  - 11.7. Compliance of labels with requirements;

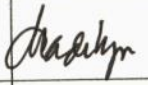




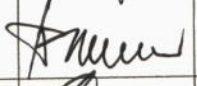

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- 11.8. Review of compliance of nurses with medication administration guidelines and monitoring effects of medications on patients.




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**APPROVAL:**

	Name/Title	Signature	Date
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	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Head		1/11/2022
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### **DOCUMENTATION:**

New Policy

### **DISSEMINATION:**

1. Hospital Communicator
2. Policies and Procedure Manual
3. Conducting hospital-wide continuing education to all healthcare professionals.

### **REFERENCE:**

1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
2. Accreditation Canada Qmentum Standards 2016. Medication Management.
3. ASHP Pharmacy Policy and Procedures.