DR. PABLO O. TORRE MEMORIAL HOSPITAL
B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100

Document Code:	DPOTMH-J-P10
Effective Date:	12-31-2021
Document Type:	Policy
Page Number:	1 of 6
Department/Section:	Pharmacy Division
Document Title:	**FLOOR STOCK INSPECTION**

PURPOSE:

1. To create a policy for the inspection, at least monthly, of medication storage areas, located on the inpatient units and any hospital associated ambulatory or specialty centers.
2. To ensure that all medication storage areas are safe, clean, well organized and free of all expired or otherwise unusable medications.
3. To establish a safe and efficient procedure for stocking medications in the nursing area.

LEVEL:

Licensed Pharmacists, Pharmacy Technicians, Staff Nurses, Pharmacy and Therapeutics Committee

POLICY:

1. The Inpatient Pharmacy Department shall be responsible for performing scheduled audits (e.g. area inspection or unit review) of all medication storage areas in the hospital.

2. All inspection shall be documented using the Floor Stock Inspection Checklist.

3. Monthly inspection of drug supplies throughout the hospital shall be conducted by the Pharmacy Designee in cooperation with the appropriate nursing staff.
   3.1. If the pharmacy designee will be absent for an extended period of time, the Inpatient Pharmacy Supervisor shall arrange alternative coverage.

4. All medication shall have no more than two (2) batch of expiry.
   4.1. Return of near expiring drugs shall be at least 3 months from the date of expiration, unless such medication is not available, it can be used until the end of its expiration date.

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5. No medication shall be stocked in the nursing unit except those approved in the unit's "Floor Stock List", if any. All non-approved floor stock medications shall be collected during the monthly floor stock medication inspection by the pharmacist.

6. Upon completion of the inspection, the Floor Inspection Checklist (Appendix A) shall be signed by the Head Nurse or his/her designee and submits it to the Inpatient Pharmacy Supervisor for comments or recommendations and signature.

7. No medication shall be stocked on the nursing unit except those approved on the unit's "Floor Stock list", if any. All non-approved floor stock medications shall be collected during the monthly floor stock medication inspection by the pharmacist.

8. In cases where there is non-compliance, corrective measures shall be done by the respective unit to achieve 100% compliance in the next visit.

9. A copy of the accomplished Floor Inspection Checklist shall be sent to the Head Nurse and Nurse Manager.

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DOCUMENTATION:

New Policy

DISSEMINATION:

1. Hospital Communicator
2. Policies and Procedure Manual

REFERENCE:

1. Accreditation Canada Qmentum International Standards
2. JCAHO Standards
3. Boston medic al Center, Policy and Procedure manual, Policy # 13.03

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**MA. MADELYN N. LACSON, RPh., RN** Inpatient Pharmacy Supervisor		12/15/21
Verified:	**STEPHANIE CAMILLE O. SAMONTE, RPh.** Inpatient Clinical Pharmacist		01/07/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager		1/7/22
Reviewed by:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		01/07/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer		1/7/2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		1/17/2022
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		2/12/22

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APPENDIX A: Floor Inspection Checklist (page 1)

RIVERSIDE MEDICAL CENTER, INC.
Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

FLOOR STOCK INSPECTION CHECKLIST

Name of Unit/Ward:	**Date:**

No.	Descriptions	Yes	No	N/A	Comment
1	Medication room was locked and accessible to the authorized personnel only.				
2	Medication room area was clean and properly organized.				
3	Medication preparation area, sink, counter, trays, utensils etc. were clean.				
4	Medications are removed from the trolley and stored properly in the respective patient's bin.				
5	All the medications are labeled. No unlabelled medications.				
6	Medications are all in unit dose packaging ready for use except where the form of medication does not permit such packaging. Labels are clean and legible. They are labeled by the Inpatient Pharmacy Department.				
7	All medications are within their expiry dates.				
8	Discontinued medications have been returned to pharmacy or are set aside to be returned.				
9	Sound Alike and Look Alike medications have proper warnings posted or are stored in such a way as to avoid errors.				
10	Floor stock is stored appropriately with clear demarcations between different dosage forms.				
11	There are no unapproved drugs present.				
12	High alert drugs are stored separately and clearly labeled as" HIGH ALERT DRUGS." No Concentrated Potassium Chloride ampoules are stored in the medication room.				
13	Multi dose vials, syrups and eye drops are stored properly and labeled with opening and expiry dates.				
14	No refrigerated item is present outside the refrigerator.				
15	Refrigerator that is use for medication is clean, in good working order and is free from food.				
16	Temperature of the refrigerator is between the ranges of 2-8 degrees centigrade.				
17	Temperature log is available and regularly updated.				
18	No drug samples found.				
19	Patient's own medications were properly labeled "Patient's own stock".				
20	Emergency Kit is sealed and properly. Quick reference of the E-kit contents is available and updated.				
21	Narcotics and controlled drugs are stored in a separate cabinet and securely locked.				
22	Test agents, chemicals, germicides, disinfectants and other household items were stored in a locked cabinet separately from medications.				
23	No excess, expired, contaminated or deteriorated medications found.				
24	Monitoring log sheet for floor stock medication is present. It is regularly updated every end of shift.				
25	Previously identified concerns have been corrected				

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Floor Inspection Checklist (page 2)

Corrective Actions/ Comments by Pharmacy designee:

1.
2.
3.

Deficiencies from last month not corrected:

1.
2.
3.

Signature of Pharmacy Designee: _____ **Date:** _____
Signature of Head Nurse/ Nurse in Charge: _____ **Date:** _____
Recommendations by the Inpatient Pharmacy Supervisor:

_____
_____
_____
_____

Signature of Inpatient Pharmacy Supervisor: _____ **Date:** _____

Approved by:

Signature of Inpatient Pharmacy Manager: _____ **Date:** _____

Noted by:

Signature of Pharmacy Division Head: _____ **Date:** _____

Note: (Attached is the list of the medications removed from the floor)

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DR. PABLO O. TORRE MEMORIAL HOSPITAL B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100	Document Code:	DPOTMH-J-P10-S01
	Effective Date:	12-31-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 4
	Department/Section:	Pharmacy Division
	Document Title:	**FLOOR STOCK INSPECTION**

PURPOSE:

To establish a safe and efficient procedure for stocking and inspecting medications in all patient care areas of the hospital.

SCOPE:

Applies to all Pharmacy Division and Nursing Service Dision staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Licensed Pharmacists and Pharmacy Technicians

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PROCEDURE:

1. **Pharmacy Designee Inspection**
   - 1.1 Each of the pharmacy designee will inspect their assigned area of responsibility and returning the inventory inspection form to the Inpatient Pharmacy Supervisor by the 15th day of each month.
   - 1.2 All expired, short-dated, damaged drugs will be returned to the main pharmacy.
     - 1.2.1 Items returned to the main pharmacy will be replaced and credited. The pharmacy designee will document returns by the unit and verify that the unit comply within the designated time frame. If the unit has not responded by the time frame given, the pharmacy designee will notify the nurse in-charge.

2. **Pharmacy Designee Patient Care Unit Inspection**
   - 2.1 All drugs are properly labeled. Refer to High Alert Medication Policy and Look Alike and Sound Alike Policy.
   - 2.2 Look for loose, unsecured medicines.
   - 2.3 Discard any opened single dose vials.
   - 2.4 Only bulky items should be placed in the delivery bin. All other patient's specific doses shall be delivered to the patient's specific bins. If any medications are inappropriately located in the delivery bin, transfer to the patient's specific bin.
   - 2.5 Monitor multiple dose vials (e.g. insulin, heparin) and ensure that they have 28 days' expiration date written on them, if opened.
   - 2.6 Refrigerators containing medications must be checked to ensure that they have a working thermometer with the switch set to the "ON" position. The refrigerator temperature should be between 2-8°C. Temperature log is present and regularly updated.
   - 2.7 No foods, beverages or culture media are to be stored with medications (e.g. not within the same refrigerator, drawer, cabinet, etc). The pharmacy designee responsible for the inspection will alert the nurse manager to the presence of any such items and arrange for their removal.

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2.8 Medication storage areas are to be locked when not in use and only authorized individuals should have access to the area. Authorized hospital personnel in medication storage areas may include all levels of patient care support employees (including environment service personnel), as drug security for controlled substances and other medications are secured or under direct supervision.

2.9 Adequate references such as Emergency Drug References, Unified Drug Formulary, and Drug Guidelines are at this area.

REFERENCE:

1. Accreditation Canada Qmentum International Standards
2. JCAHO Standards
3. Boston medic al Center, Policy and Procedure manual, Policy # 13.03

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**MA. MADELYN N. LACSON, RPh., RN** Inpatient Pharmacy Supervisor		3/15/22
Verified:	**STEPHANIE CAMILLE O. SAMONTE, RPh.** Inpatient Clinical Pharmacist		3/7/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager		3/11/22
Reviewed by:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		3/22/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer		3/25/2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		3/29/2022
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		4/7/22

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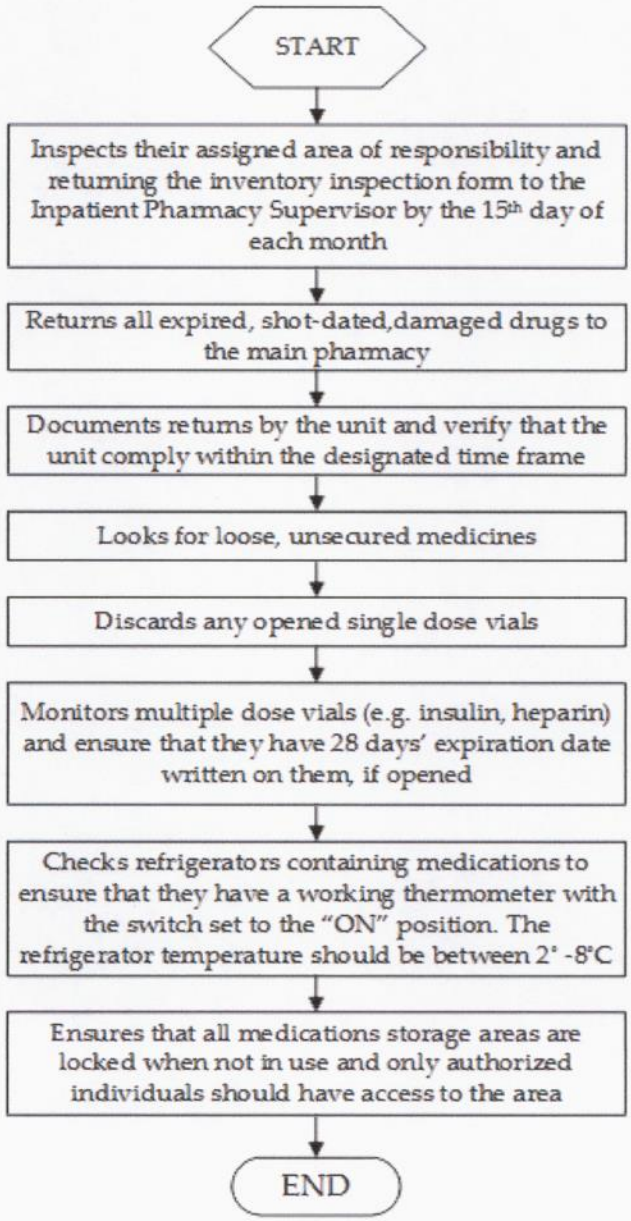
	Effective Date:	06-15-2022
	Document Type:	Flowchart
	Page Number:	1 of 2
	Department/Section:	Pharmacy Division
	Document Title:	**FLOOR STOCK INSPECTION**

FLOWCHART



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APPROVAL:

	Name/Title	Signature	Date
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	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager		6/2/22
Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		6/17/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer		6/17/22
	FREDERIC IVAN L. TING, MD OIC-Total Quality Division		6/27/22
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		7/1/22

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KEY TASKS	PERSON RESPONSIBLE
1. Inspects their assigned area of responsibility and returning the inventory inspection form to the Inpatient Pharmacy Supervisor by the 15th day of each month.	Pharmacist/ Pharmacy Technician
2. Returns all expired, short-dated, damaged drugs to the main pharmacy.	
3. Documents returns by the unit and verify that the unit comply within the designated time frame.	
4. Looks for loose, unsecured medicines.	
5. Discards any opened single dose vials.	
6. Monitors multiple dose vials (e.g. insulin, heparin) and ensure that they have 28 days' expiration date written on them, if opened.	
7. Checks refrigerators containing medications to ensure that they have a working thermometer with the switch set to the "ON" position. The refrigerator temperature should be between 2-8°C.	
8. Ensures that all medication storage areas are locked when not in use and only authorized individuals should have access to the area.	

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**MA. MADELYN N. LACSON, RPh., RN** Inpatient Pharmacy Supervisor		6/2/22
Verified:	**STEPHANIE CAMILLE O. SAMONTE, RPh.** Inpatient Clinical Pharmacist		6/2/22
	MIRIAM HOPE D. BRAVO, RPh. Inpatient Pharmacy Manager		6/2/22
Reviewed by:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		6/17/2022
Recommending Approval:	**PRINCESS M. ABELLON, MBA** Pharmacy Division Officer		6/17/22
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Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		7/1/22

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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.

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