Newfoundland & Labrador Pharmacy Board

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Hospital Pharmacy Self-Assessment

Hospital Name: _____

Pharmacy License #: _____

Pharmacy Director: _____

Pharmacist-in-charge: _____

Pharmacy Address and Other Relevant Information:

_____
Street Address P.O. Box (if applicable)

_____
City/Town Postal Code

( ) _____ ( ) _____
Phone Number Fax Number

_____
Pharmacy Email Address

Please indicate the hours of operation for the hospital pharmacy:

Regular Dispensary Hours:

MON-FRI _____
SAT _____
SUN _____
HOLIDAYS _____

Are there pharmacists available on call after hours?

☐ Yes ☐ No

Please provide the following additional information:

Pharmacy Practice Management System(s): _____

Date of last accreditation: _____

****Please attach a copy of the recommendations from the accreditation report.*

Total Beds: _____
Acute Care Beds: _____
Long Term Care Beds: _____
Pediatric Beds: _____
Other: _____

Please indicate what types of drug distribution systems are utilized by the hospital pharmacy:

☐ Prescription Bottles
☐ Ward Stock
☐ Night Cabinet
☐ Unit Dose
☐ Automated Dispensing
☐ Controlled Card Systems
☐ Decentralized Dispensing Cabinets (i.e. cabinets in patient care areas)

Does the hospital pharmacy provide any of the following additional services? *If so, please complete section on last page.*

☐ Outpatient Services
☐ Investigational Drugs
☐ Sterile Compounding
☐ Hazardous Drug Compounding
☐ Specialized Sterile Compounding (eg. TPN)
☐ Non-Sterile Compounding
☐ Oncology
☐ Opioid Dependence Treatment
☐ Service to Other Hospitals or Clinics
☐ Service to Long-Term Care Facilities
☐ Service to Personal Care or Community Care Homes
☐ Telepharmacy
☐ Home IV
☐ Other Details: _____

Does the hospital pharmacy contract out any services to other providers? *If so, please complete section on last page.*

☐ Yes ☐ No

PHARMACY STAFF INFORMATION

How many Pharmacists are employed at the Pharmacy?

_____ Full-time _____ Part-time

How many Pharmacy Techncians are employed at the Pharmacy?

_____ Full-time _____ Part-time

How many other support staff are employed by the pharmacy?

_____ Full-time _____ Part-time

Pharmacist-in-charge	Registration # (if applicable)	❑ Present for at least half the operating hours of the pharmacy (*Section 12. (c), Pharmacy Regulations, 2014*)

Name	Registration # (if applicable)	Role

Name	Registration # (if applicable)	Role

Name	Registration # (if applicable)	Role

Name	Registration # (if applicable)	Role

Name	Registration # (if applicable)	Role

Name	Registration # (if applicable)	Role

Name	Registration # (if applicable)	Role

❑ **All non-pharmacist support staff are properly trained and aware of the limitations of their position**

❑ **Appropriate confidentiality agreements have been signed by all relevant pharmacy staff in accordance with the *Personal Health Information Act* (PHIA)**

❑ **All staff wear a name tag that identifies their position at all times**

PHARMACY STAFF INFORMATION (attach additional pages, if necessary)

Name	Registration # (if applicable)	Role

- ❑ **All non-pharmacist support staff are properly trained and aware of the limitations of their position**
- ❑ **Appropriate confidentiality agreements have been signed by all relevant pharmacy staff in accordance with the *Personal Health Information Act* (PHIA)**
- ❑ **All staff wear a name tag that identifies their position at all times**

COMPLIANCE CHECKLIST- General Services						
	Compliant				**Comments**	**Onsite Findings (NLPB Use)**
	Yes	**Partially**	**No**	**N/A**		
SIGNS AND POSTINGS						
Pharmacy License is posted in a conspicuous location.						
Code of Ethics is posted in a conspicious location.						
ADMINISTRATION						
The pharmacy hours of operation are adequate to meet the scope and programs of the instution and the needs of patients (SOPO-1.1a)						
The pharmacist-in-charge is enabled to evaluate appropriate staffing levels and staffing complements to support safe pharmacy services. (SOPO-Hospital 1.2a)						
The pharmacy has a well organized, easily accessible policy and procedure manual that is familiar to all pharmacy personnel and that is regularly reviewed and updated. (SOPO-Hospital 1.1c)						
Pharmacy position descriptions contain detailed information on the knowledge, skills, experience, and abilities that pharmacists, pharmacy technicians, pharmacy assistants and other pharmacy support personnel should maintain. (SOPO-Hospital 1.2c)						
Pharmacy personnell receive appropriate orientation and training for assigned functions and responsibilities and practice within their scope. (SOPO-Hospital 1.2d)						
The orientation and training processes are documented in a readily retrievable manner. (SOPO-Hospital 1.2d, i)						
Staff performances are regularly assessed for continued demonstrated competency and the audit appropriately documented. (SOPO-Hospital 1.2d, ii)						
Adequate levels of supervision/oversight are provided to pharmacy staff- including staff pharmacists, pharmacy technicians, assistants, pharmacy students and interns (SOPO-Hospital 1.2e,i)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
ADMINISTRATION (cont'd)						
Delegation of duties is appropriately assigned through policies and procedures (i.e. tasks are not delegated to any person unless that person is reasonably qualified and competent to engage in the given task (SOPO-Hospital 1.1 e, ii; 1.2 e, ii)						
All pharmacy personnel (including non-regulated staff, students, and interns) wear a name tag that states their name and position (SOPO- 1.2 b)						
Committees responsible for establishing or monitoring medication or pharmacy-related policies and procedures (e.g. P&T Committee, Patient Safety and Incident Reporting) have active pharmacist members (SOPO-1.1 d).						
The pharmacy has a quality management program that includes: ensuring policies and procedures are in accordance with applicable regulatory requirements and are followed by staff, medication incident reporting and management , appropriate equipment and facilities, audits of drug distribution and pharmacy patient care processes (including documentation), and evaluations of drug use) (SOPO 1.1 e)						
Pharmacists, in conjunction with the appropriate interdisciplinary committee, ensure that policies and procedures for the control and use of investigational or Special Access Program drugs are followed. (SOPO-Hospital 2.1)						
PHYSICAL LAYOUT						
Pharmacy space and layout is suitable to faciliate a safe and effective working environment for all staff. (SOPO-Hospital 1.3a)						
The pharmacy has adequate storage space for medications and supplies. (SOPO-Hospital 1.3a, iii)						
The pharmacy has adequate working space for staff to support safe medication practice. (SOPO-Hospital 1.3a, iii)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PHYSICAL LAYOUT (cont'd)						
Pharmacy is:						
well-ventilated, humidity and temperature controlled; (SOPO-Hospital 1.3a, iii)						
the temperature is maintained between 15-25 ºC to maintain room temperature storage for drugs;						
room temperature is monitored ;						
a policy and procedure is in place to address temperature and humidity excursions;						
appropriately lighted; (SOPO-Hospital 1.3a, i)						
clean and tidy; (SOPO-Hospital 1.3a, i)						
pharmacy has policy and procedures on the specific cleaning requirements of each area of the department and housekeeping staff are appropriately trained about the unique cleaning requirements for each area.						
sanitary; (SOPO-Hospital 1.3a, iii)						
no beverage or food permitted in the medication preparation area.						
SECURITY						
The pharmacy is self-contained and secured against entry by the public and non-authorized staff when a pharmacist is not present. (SOPO-Hospital 1.3b)						
There is appropriate security and storage of all medications in the pharmacy and patient care areas throughout the hospital. (SOPO-Hospital 1.3a, b)						
The pharmacy has policies and procedures to regulate, limit, and ensure safe after hours access to medications (SOPO- 1.1 b).						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SECURITY (cont'd)						
The dispensary area is protected by an alarm system that:						
is separate from the remainder of the premises; (SOPO-Hospital 1.3b)						
includes motion detectors that are untilized to detect unauthorized access when the dispensary is closed; (SOPO-Hospital 1.3b, ii)						
includes high quality cameras and recording equipment; (SOPO-Hospital 1.3b, i)						
includes functional panic buttons, if appropriate and necessary. (SOPO-Hospital 1.3b, iii)						
There is a policy in place to ensure strict control on the number of keys available to access the dispensary. (SOPO-Hospital 1.3c)						
Dispensary alarm code/keys are restricted to the registrants (i.e. pharmacists, registered pharmacy technicians). IDENTIFY WHO HAS KEYS IN THE COMMENTS SECTION (SOPO-Hospital 1.3c)						
EQUIPMENT AND SUPPLIES (SOPO-Hospital 1.4b)						
Pharmacists participate in the selection, evaluation, use and monitoring of drug distribution systems (e.g. medication carts, automatic dispensing units, infusion pumps). (SOPO-Hospital 1.4a, i)						
The pharmacy has appropriate equipment to support safe medication practice. (SOPO-Hospital 1.4b)						
Policies and procedures are in place to ensure equipment used in the preparation, distribution and administration of medication is certified, cared for, and appropriately maintained and serviced. (SOPO-Hospital 1.4a, ii)						
For all pharmacy and medication-related equipment there are established cleaning and maintenance routines and maintenance logs.						
Policies and procedures are in place for pharmacy equipment failure or down time. (SOPO-Hospital 1.4a, iii)						
Contact information for support services are posted on each machine						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
EQUIPMENT AND SUPPLIES (cont'd)						
Pharmacy has:						
a secure computer system with practice management software that meets the requirements of the *NAPRA Pharmacy Practice Management Systems: Requirements to support NAPRA's Model Standards of Practice for Canadian Pharmacists,* **access to *HealtheNL Viewer*** , internet access for NLPB website and emails and electronic references to support pharmacy practice, and adequate backup and recovery systems in the event of a system failure/destruction						
printer(s) capable of printing all relevant labels, receipts or reports as required (e.g. narcotic reports, transaction reports, patient profiles)						
a fax machine located in a secure area of the pharmacy						
suitable equipment (for example a scanner) that allows staff to scan documents (including prescriptions and other patient records) and store them electronically;						
a prescription filing system that is readily accessible to appropriate pharmacy staff, but secured against unauthorized access						
a refrigerator that is: (see Appendix I)						
purpose built and used exclusively for medication storage;						
clean and in good working condition;						
maintained at a temperature of 2-8 degrees celcius;						
continuously monitored for temperature (temperature is tracked and logged electronically or in a written log book) and there is a mechanism to immediately communicate excursions;						
if required for drug storage, a freezer that is:						
purpose built and used exclusively for medication storage;						
clean and in good working condition;						
maintained at a temperature of -10 to -25 degrees celcius (or the required temperature for the drugs stored therein, as specifiied in product monographs);						
continuously monitored for temperature (temperature is tracked and logged electronically or in a written log book) and there is a mechanism to immediately communicate excursions;						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
EQUIPMENT AND SUPPLIES (cont'd)						
a policy and procedure to address temperature excursions in the refrigerator and freezer, where medications and vaccines are stored;						
an appropriately anchored safe, lockable cabinet or storage area, that is used for the secure and exclusive storage of narcotics and controlled drugs.						
a prescription balance with minimum sensitivity of 10mg or an electronic balance with minimum sensitivity of 10mg and a sest of metric weights or a calibration weight.						
a shredder or contracted, secure service for the safe disposal of confidential information						
a telephone that has a number listed in an appropriate telephone directory						
a sanitary sink with a supply of hot and cold water						
sanitary waste disposal, including an appropriate method to dispose of hazardous waste						
adequate shelf and storage space						
recommended and required reference material (SOPO-Hospital Apendix II)						
suitable equipment such as graduated cylinders, mortars and pestles, spatulas, counting trays, funnels, stiring rods, and ointment pads						
sufficent consumable supplies (distilled water, prescription and auxilliary labels, medication packaging supplies, etc.) required to suppport the professional services provided by the pharmacy.						
Pre-packaging machines (SOPO- 1.4 c)						
If the pharmacy utilizes prepackaging machines [Indicate the types used in the comments section]-policies and procedures are in place for:						
determining the appropriateness of medications to be utilized in each machine;						
how medications are added to the unit, including initial set-up and replenishment;						
calibration and recalibration of the cells or cassettes;						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
Pre-packaging machines (cont'd)						
the maintenance of accountability logs (including date the machine was replenished, indentification of the pharmacist or pharmacy technician who checked the stock);						
the assignment of beyond-use-dates (BUD) based on established standards;						
a record of dispensing and packaging for each machine that is tracable to the patient;						
the pharmacist-in-charge reviews all reports of the automated dispensing systems to ensure patient safety.						
INVENTORY MANAGEMENT (SOPO-1.5)						
All pharmaceuticals are delivered unopened to the pharmacy department.						
Unused dispensed drugs are returned to the hospital pharmacy.						
Previously dispensed drugs are only redispensed if they are returned to the pharmacy in a sealed dosage unit or container as originally dispensed, the label is intact including lot and expiry, and the integrity of the drug can be						
DRUG DISTRIBUTION SYSTEMS (e.g. medication carts, automated dispensing units, infusion pumps) (SOPO-1.6)						
A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system is used for dispensing drugs. (REQUIRED)- **Please specify the systems utilized in the comments block**						
Pharmacists are involved in the establishment of drug distribution systems.						
Drug distribution systems:						
provide drugs in indentified dosage units ready for administration, whereever possible;						
protect drugs from contamination;						
provide a method for recording drugs at the time of administration;						
eliminate or reduce the need for ward stock.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
DRUG DISTRIBUTION SYSTEMS (cont'd)						
Policies and procedures are in place for ADUs, medication carts, etc. that						
the care cleaning and maintenance;						
the security of systems located in patient care areas, including how security breaches are detected and handled;						
levels of access and training for pharmacists and pharmacy technicians;						
accountability records related to stock replenishment that include date and identification of the pharmacist or pharmacy technician checking and replenishing the stock;						
levels of access and training for nursing staff before they perform medication administration and on an ongoing basis to ensure safe medication practice;						
review of all appropriate reports at least monthly to ensure inventory is within the "use by" date;						
contingency procedures for system down-time or machine failure.						
RECORD KEEPING AND INFORMATION MANAGEMENT						
Pharmacy has appropriate policies in place with regard to the protection of personal health information in accordance with the *Personal Health Information Act.*						
The pharmacist-in-charge ensures that all records required by legislation, SOPO, SOPs are documented appropriately. (SOPO-1.7 a)						
Policies support clear, concise documentation formats that are easy to retrieve, use, and share. (SOPO-1.7 a)						
All records are current and accurate with respect to the activities of pharmacists, pharmacy technicians, and the pharmacy. (SOPO-1.7 a)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
RECORD KEEPING AND INFORMATION MANAGEMENT (cont'd)						
Pharmacists collaborate with nursing and medical staff to develop written policies and procedures for documenting administration of drugs. (SOPO-1.7 b)						
Medication administration records include: the patients full name and identification number, location in the hospital, allergies/adverse reactions/intolerances, the date or period for which the administration record is to be used, name/dosage/form of all drugs currently ordered, complete directions for use of each drug, stop or expiry dates for drug orders that have an automatic stop policy, standard administration times for regularly scheduled drugs, and changes to orders.						
The pharmacy's computer equipment, system, and software is able to: (SOPO-1.7 c).						
store and report all required patient health information;						
control the access of users, identify each user who is granted access and create an audit trail of access;						
scan prescriptions and other relevant patient records;						
generate reports of prescription information chronologically and by drug name, strength, patient name and prescriber name.						
A backup of electronic records is performed once daily and tested for recovery on a regular basis. A copy of the backup is securely stored off-site or in a fireproof and theft resistant safe. (SOPO-1.7 d, iii, iv).						
Physical patient records required by legislation and the Standards of Practice are retained in a secure, but readily accessible format for a minimum of **3** years after being scanned and stored electronically. (Records that have not been scanned for electronic storage must be retained for a minimum of **10** years). (SOPO-Hospital 1.7d,i)						
Electronic patient records, including patient profiles, patient medication profiles, and scanned copies records are retained in a secure, but accessible format for a minimum of **10** years. (SOPO-Hospital 1.7d,ii)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
RECORD KEEPING AND INFORMATION MANAGEMENT (cont'd)						
All physical and electronic records (including backups) are adequately secured to protect them from unauthorized access, theft, use, or loss. (Security measures should include appropriate physical, administrative, and technical safeguards.) (SOPO-Hospital 1.7d,iii)						
Physical records are destroyed using an in-pharmacy shredder, a service for the safe disposal of confidential information, or by complete incineration. (SOPO-Hospital 1.7e,i)						
Electronic records are erased or destroyed in such a manner that the information cannot be reconstructed. (SOPO-Hospital 1.7e,ii)						
SECURITY & ACCOUNTABILITY PROCEDURES FOR NARCOTICS & CONTROLLED DRUGS, BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES						
All narcotic and controlled drugs are stored in a safe, secure cabinet, or a separate secure room that is used solely for the storage of specified medications. (SOPO-Hospital 1.8a)						
A computerized or manual perpetual inventory of narcotics and controlled drugs, and targeted substances is maintained. (SOPO-Hospital 1.8b)						
A policy and procedure is in place to perform a physical inventory count and reconciliation of narcotics, controlled drugs, and targeted substances at least monthly. (SOPO-Hospital 1.8c)						
The inventory count and reconciliation is appropriately documented, including the name, strength, form and quantity of the drug; the individual who performed the count, and the date of the count.						
Any unresolved discrepancy is treated as a loss or theft and is reported to Health Canada on the appropriate form within 10 days of discovery, and a copy of the form is faxed to NLPB office. Copies of these reports are retained for at least 2 years.						
A register or log of all receipts of narcotics, controlled drugs, and targeted substances is maintained in accordance with the Narcotic Control Regulations. (SOPO-Hospital 1.8d, i)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SECURITY & ACCOUNTABILITY PROCEDURES FOR NARCOTICS & CONTROLLED DRUGS, BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES (cont'd)						
Hard copies of purchase invoices (or photocopies thereof) are retained in a readily retrievable format, filed in order by date and invoice number. (SOPO-Hospital 1.8d, ii)						
Pharmacy has a policy in place to ensure that random audits of purchase records are conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record.						
At least 5% of narcotic and controlled drug invoices received each month are randomly selected for audit to eensure they have been accurately recorded in the perpetual inventory record.						
The date and time of the audit is not predictable.						
Any discrepancy is fully investigated and if not resolved is appropriately reported to Health Canada as a loss/theft.						
A register or log of all dispenses of narcotics and controlled drugs, including the sale of a narcotic or controlled drug to another pharmacist as an emergency request, is maintained in accordance with the Narcotic Control Regulations. (SOPO-Hospital 1.8e, i)						
Pharmacy has a policy in place to ensure that random audits of sales records are conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record.						
Pharmacy has a system in place for prescriptions for narcotics and controlled drugs (including purchases of exempted codeine products) to be filed separately from non-narcotic prescriptions, in sequence by date and transaction number and retained in a readily retrievable, appropriately bundled and labeled format. (SOPO-Hospital 1.8f)						
A random selection of narcotic and controlled drug transactions (issued and returned) each month are selected for audit to ensure they are accurately recorded in the perpetual inventory record.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SECURITY & ACCOUNTABILITY PROCEDURES FOR NARCOTICS & CONTROLLED DRUGS, BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES (cont'd)						
The review includes obtaining the original written requistion and reconciling it with the computer record of the amount dispensed to the patient care area and the nursing unit narcotic register.						
Any discrepancy is fully investigated and if not resolved is appropriately reported to Health Canada as a loss/theft.						
Destruction of narcotics, controlled drugs, and targeted substances follow the current regulations and policy established by the Office of Controlled Substances at Health Canada. [Please specify the destruction process used by the facility in comments].						
Destruction is witnessed by a pharmacist or pharmacy technician or other authorized practitioner.						
Records of destruction (name, strength per unit, and quantity) are kept in a readily retrievable manner.						
In patient care areas, administration records are complete, auditable and traceable to the patient; inventory is counted and reconciled at shift change and discrepancies are identified and resolved.						
The hospital has a policy and procedure to perform random audits of the MAR to ensure that they are completed accurately; nursing signatures for narcotic, controlled drug, and targeted substance administration are verified.						
PATIENT RECORDS (SOPO- 3.1)						
Pharmacists ensure the preparation and maintenance of patient records for each patient for whom drugs are prepared are complete, accurate and current, except for patients admitted less than 24 hours. (SOPO- 3.1 a)						
Patient records in electronic or paper forms, include: the patient's full name, MCP, date of birth, gender, the hospital number and location, admission date, the attending physician's name; the patient's weight and height (if applicable to therapy), the patient's allergies, adverse drug reactions, intolerances and diagnoses, a chronological list of drugs which have been prescribed for the patient since admission to hospital, and a list of all current drug orders. (SOPO- 3.1 b)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PATIENT RECORDS (cont'd)						
Auditable and traceable documentation is maintained of: (SOPO- 3.1 c)						
The identity of all staff members involved in order entry, dispensing, and checking processes;						
Any interactions that were detected at the time of filling, how they were addressed and who addressed them;						
Any patient consultation or drug consultation that took place, and the name of the pharmacist involved in the consultation and the date it took place.						
Each time a prescription is dispensed, the patient profile information prints or is visually displayed for the pharmacist and pharmacy technician to use to complete the dispensing and checking process. (SOPO- 3.1 d)						
Pharmacists have access to relevant clinical information to support decision-making, such as medication history prior to admission, diagnosis on admission and updates, drug monitoring data (e.g. drug serum concentrations, renal function, etc.). (SOPO- 3.1 e)						
PRESCRIPTION REQUIREMENTS						
A pharmacist or pharmacy technician ensures that prescriptions are authentic and written clearly, including all required information. (SOPO- 3.2 a)						
Prescriptions are not filled beyond one year from the date on which the prescription was originally written. (SOPO-3.2 b)						
Prescriptions received verbally are appropriately recorded in an accessible and auditable manner, including all required information and pharmacist or pharmacy technician identity. (NOTE- technicians cannot accept verbal prescriptions for narcotics, controlled drugs, benzodiazepines/targeted substances). (SOPO-3.2 c)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PRESCRIPTION REQUIREMENTS (cont'd)						
Pharmacists and pharmacy technicians ensure that all requirements of the *Standards of Practice- Facsimile Transmission of Prescriptions* are met. (SOPO-3.2 e)						
If a prescription is logged to be dispensed at a later time, the prescription is checked for appropriateness, drug-related problems and accuracy of order entry in a timely manner.(SOPO-3.2 f)						
The identity of all staff members involved in order entry and checking is documented so that it is auditable and traceable.						
When filling a prescription that was previously logged, it is checked for current clinical appropriateness as if it was a new prescription. (SOPO-3.2 g)						
Prescription labels include all required information (SOPO-3.4):						
Patients first and last name and unique identifier;						
Generic name, strength, and dosage form of the drug (multiple entity products must include brand name and strength, or all active ingredients and strengths; compounded preparations must include all active ingredients and relative strengths.						
If not included on the MAR, the following is included on the label: directions for use including frequency and route, auxilliary or cautionary statements as indicated, date of dispense, identifier for the pharmacist responsible.						
Only pharmacists or pharmacy technicians are permitted to alter a prescription label.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PROFESSIONAL RESPONSIBILITIES						
Pharmacy staff have been advised to review Section 3 of the SOPO-Hospital to ensure they are familiar with professional responsibilities.						
Policies and procedures take into account the minimum professional responsibilities that must be met by individuals of the pharmacy team.						
Any pharmacy assistants on staff are directly supervised by a registrant when performing drug-distribution related activities (i.e. a pharmacist or pharmacy technician is present while the given activity is being performed and is able to observe and promptly intervene if necessary). (SOPO-3.3 c)						
Before a medication is administered or released to a patient, **a pharmacist** reviews the patient's profile (both locally and in the electronic health record) and assesses clinical appropriateness **(clinical check)**. (SOPO-3.3 a)						
Before a medication is administered or released to a patient, **a pharmacist or pharmacy technician** performs a final **product check** to ensure that each step in the dispensing process has been completely properly. (SOPO-3.5)						
After-hours or ward stock prescriptions are reviewed by a pharmacist at the earliest opportunity and prescribers and nursing staff are contacted immediately if a drug-related problem is detected. (SOPO-3.3 a, ii)						
Pharmacists are ***available*** to monitor drug therapy at the necessary frequency to resolve and prevent drug-related problems, to gather medication history from a patient/agent, to provide drug information and consult with health care providers, and to counsel patients about medications (SOPO-3.3 a, iii-vii).						

COMPLIANCE CHECKLIST- Additional Services						
	Compliant				**Comments**	**Onsite Findings (NLPB Use)**
	Yes	**Partially**	**No**	**N/A**		
INVESTIGATIONAL OR SPECIAL ACCESS DRUG PROGRAM (SOPO-Hospital 2.1)						
Policies and directives of Health Canada are followed with respect to the storage and dispensing of Special Access Program or investigational drugs.						
SERVICE TO OTHER HOSPITALS OR CLINICS (SOPO-Hospital 2.2)						
The pharmacy maintains and periodically assesses and updates policies, procedures and operational guidelines related to its service to other hospitals or clinics. (SOPO-Hospital 2.2, a)						
Hospitals or clinics that are serviced by the pharmacy are visited on a regular basis. (SOPO-Hospital 2.2, b)						
SERVICE TO LONG-TERM CARE FACILITIES (SOPO-Hospital 2.2)						
Policies and procedures are in place to support quality, safe services to long-term care facilities						
A safe, secure system is in place for the procurement, storage, control, administration and disposal of medications within the facility serviced by the pharmacy.						
The pharmacy provides up-to-date medication administration records for each patient.						
A pharmacist reviews each patient's drug regimen at least every 6 months, preferably in the setting of interdisciplinary rounds.						
All medication dispensed to residents of long-term care facilities are packaed in suitable unit-dose or multi-dose packages that are appropriately labelled.						
Procedures for pharmacy deliveries ensure secure and safe delivery of medications to the facility and a responsible individual employed at the facility receives the delivery.						
A pharmacist or pharmacy technician visits each facility at least every 6 months.						
A record of the audit, including discrepancies and their resolution is kept by the pharmacy.						
A copy of the record is provided to the facility.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SERVICE TO PERSONAL CARE HOMES (SOPO-Hospital 2.4; Standards of Practice- ***The Provision of Pharmaceutical Care to Personal Care Homes*** **)**						
The pharmacy has the necessary space and equipmento, including a packaging and preparation area that is free of distractions. (SOPP-Personal Care Homes 2,a)						
The pharmacy has suffient staff dedicated to support safe and effective provision of care and service to the personal care home and staff receive suffient training for this specific area of practice. (SOPP-Personal Care Homes 2 b,c)						
The pharmacy maintains and periodically assesses and updates policies, procedures and operational guidelines related to its service to personal care or community care homes. (SOPP-Personal Care Homes 2,d)						
Delivery services to the personal care home are consistent with those outlined in the SOPO and specific processes are in place to ensure medications are received by a responsible staff member (SOPP-Personal Care Homes 2,e)						
Pharmacy staff assist the PCH staff with establishing policies and procedures related to appropriate medication storage and safe adminsitration.						
A **pharmacist or pharmacy technician** visits the personal care home **at least every 6 months** to conduct a medication safety audit on the home's medication room or storage area. (SOPP-Personal Care Homes 3.1,b)						
A record of the audit, including discrepancies and their resolution is kept by the pharmacy.						
A copy of the record is provided to the facility.						
Issues are escalated to the RHA responsible, when necessary.						
A **pharmacist** visits the personal care home **at least every 6 months** to conduct a review of medication safety issues (SOPP-Personal Care Homes 3.2,b)						
A record of the audit, including discrepancies and their resolution is kept by the pharmacy.						
A copy of the record is provided to the facility.						
Issues are escalated to the RHA responsible, when necessary.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SERVICE TO PERSONAL CARE HOMES(cont'd)						
Pharmacists provide in-services to the home when needed to provide the staff with information and education for correct medication use, storage, administration techniques, recording techniques. (SOPP-Personal Care Homes 3.2, d)						
A complete and accurate medication profile is maintained for each resident of the home. (SOPP-Personal Care Homes 4.1, a)						
Each resident's patient profile is reviewed by a pharmacist along with the medication profile in the electronic health record and the prescriber is contacted for necessary clarifications. (SOPP-Personal Care Homes 4.1, a)						
The pharmacy only dispenses medications to residents of the home upon receipt of a prescription from an authorized provider. (SOPP-Personal Care Homes 4.1,b)						
A clinical check is performed by a pharmacist before any medication is dispensed to a resident (SOPP-Personal Care Homes 4.1, c)						
Each time a medication is dispensed to a resident a record is created in accordance with section 3.5 of the *SOPO- Community Pharmacy,* including transmission to the electronic health record via the Pharmacy Network (NOTE: PCH residents are outpatients therefore community pharmacy operational standards apply). (SOPP-Personal Care Homes 4.1, d)						
All routinely administered oral medications must be dispensed in a suitable unit-dose or multi-dose package. (SOPP-Personal Care Homes 4.1, e)						
Pharmacists assess physical and chemical compatibilities of medications stored within, assess drug interactions, heat and light sensitivity of medications, and implement any special packaging requirements.						
Proper hand hygience is used during preparation.						
Drugs can be visually identified without removing them from the package.						
Each package is tamper-evident.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SERVICE TO PERSONAL CARE HOMES(cont'd)						
A pharmacist or pharmacy technician performs a final product check of packaged medications. (SOPP-Personal Care Homes 4.1, e)						
A record of each prepared package is maintained including all prescription information for each medication in the package, lot and expiry of medication, date prepared, special instructions (if any), dosage adjustments (if any), an illustration of how medications are packaged to assist documentation of preparation and final check and identify of each staff member involved in the dispensing process. (SOPP-Personal Care Homes 4.1, f)						
The packaging for "prn" medications is consistent for all residents of the facility (SOPP-Personal Care Homes 4.1, g)						
The labelling requirements for unit dose or multi-dose packages has been reviewed and the requirements outlined in section 4.1 h,i of the standards are met.						
In addition to general labelling requirements for all prescriptions, labels include a unique identifier is included for each resident, a physical description of each medication, and specific labelling requirements for prn, topical, ophthalmic and otic medications .						
The pharmacy provides the home with a complete Medication Administration Record (MAR) for each resident on a monthly basis. (SOPP-Personal Care Homes 4.2,a)						
MARs for the next cycle are sent to the PCH each month at least four days before the end of the current cycle so that they can be reviewed by PCH staff and necessary revisions communicated to the pharmacy (SOPP-Personal Care Homes 4.2,a)						
If a medication change takes place before the next cycle and a replacement package or relabelling is necessary, new medications are delivered to the PCH, or medications are relabelled by a pharmacist or pharmacy technician, within 24 hours (pharmacy staff cannot request that PCH staff relabel medication). (SOPP-Personal Care Homes 4.3, c).						
Upon a medication change, medications are only repackaged for use by the SAME patient. (SOPP-Personal Care Homes 4.3, f).						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
SERVICE TO PERSONAL CARE HOMES (cont'd)						
Upon a medication change, MARs are either replaced or updated with a new label for the changed medication. (SOPP-Personal Care Homes 4.3, d).						
The pharmacy provides necessary drug information to PCH staff, and residents (if appropriate)(SOPP-Personal Care Homes 5.1):						
The pharmacy provides printed information to the PCH each time a new medication is dispensed.						
A pharmacist is available for consultation whenever necessary.						
A comprehensive medication review is conducted **at least annually** for each resident of the home. (SOPP-Personal Care Homes 5.2)						
The results of each medication review are communicated with the given resident's health care provider.						
Documentation of medication reviews, including recommendations made and responses from primary health care providers, are retained in the patient health record in a readily retrievable manner.						
Unusable medications are returned to the pharmacy by the PCH and the pharmacy reconciles the "return log" and provides a signature confirming receipt.(SOPP-Personal Care Homes 6.1)						
The pharmacy has a formal system in place to identify and resolve issues related to medication errors, near misses, and unsafe practices. (SOPP-Personal Care Homes 6.1)						
PCH staff are advised to contact the pharmacy ASAP if a medication error is suspected.						
PCH staff are advised to contact the pharmacy if a medication incident occurs at the home so that pharmacy staff can assist with follow-up patient care, incident analysis, and quality improvement.						
Each time a narcotic, controlled drug, benzodiazepine or targeted substance is dispensed to a resident, the PCH is provided with a Narcotic, Controlled Drug and Benzodiazepine record for inventory control purposes (see sample in Appendix IV.) (SOPP-Personal Care Homes 6.1)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
OUT-PATIENT SERVICES (SOPO-Hospital 2.5)						
Service to out-patients is performed in accordance with the *Standards of Pharmacy Operation – Community Pharmacy* as well as established policies and procedures. (SOPO-Hospital 2.5)						
All pharmacy staff have been advised to review the SOPO-Community.						
Pharmacy staff are aware which services consitute out-patient services [Specify outpatient services in comments].						
The pharmacy has a practice management system that meets the necessary requirements for outpatient services, particularly a connection to the electronic health record via the Pharmacy Network.						
PROVISION OF OPIOID DEPENDENCE TREATMENT (SOPO-Hospital 2.7); Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (OAMT)						
Does the pharmacy dispense OAMT for out-patients?						
The pharmacy maintains and periodically assesses and updates policies, procedures and operational guidelines related to the provision of medications for OAMT (Standards for the Safe and Effective Provision of OAMT, 13.3,a)						
If dispensing to outpatients, policies and procedures are consistent with the requirements of the SOPO-Community.						
The pharmacy's OAMT policy is in compliance with the NLPB Standards of Pharmacy Practice as well as clinical practice guidelines. (Standards for the Safe and Effective Provision of OAMT 13.3, a)						
ALL pharmacists (including relief) that are participating in opioid dependence treatment services have successfully completed an approved education program and are authorized by NLPB to participate in such services. (Standards for the Safe and Effective Provision of OAMT, Section 5.1,a)						
Prior to dispensing opioid dependence treatment to any, the pharmacy must be registered with the NLPB as a pharmacy that participates in OAMT Standards for the Safe and Effective Provision of OAMT, Section 6).						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PROVISION OF OPIOID DEPENDENCE TREATMENT (SOPO-Hospital 2.7); Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (OAMT) (cont'd)						
All pharmacy staff have access to the references required by the Standards. (Standards for the Safe and Effective Provision of OAMT, Section 6, h)						
The pharmacist-in-charge has implemented strategies to ensure any pharmacist dispensing OAMT has completed the appropriate training and is authorized by NLPB to do so. (Standards for the Safe and Effective Provision of OAMT, Section 6,c)						
If a pharmacist is not normally on duty in the pharmacy on weekends or holidays, arrangements have been made for one to be present when necessary during the patient's stay to ensure that each dose is prepared and administered in a timely manner. (Standards for the Safe and Effective						
Relevant clinical information is gathered to assess appropriateness of continuing opioid dependence treatment; such as patient intoxication or withdrawal symptoms, signs of respiratory despression, pregnancy, medical conditions, concommitant pain, etc. (Standards for the Safe and Effective						
Prior to an order for OAMT being written or dispensed, a pharmacist contacts the patients' community pharmacy to notify of the patient's admission and to determine the details of the last dispense (i.e. date filled, dose, etc.) (Standards for the Safe and Effective Provision of OAMT, Section 13.3, c)						
The eligibility of a prescriber to prescribe OAMT is considered when assessing an order to dispense OAMT. (Standards for the Safe and Effective Provision of OAMT, Section 13.3, c)						
Orders for OAMT are clear and specific about dose, start and end dates. (Standards for the Safe and Effective Provision of OAMT, 13.3, e)						
When providing OAMT to an outpatient, orders are required to be written on TRPP forms and the dispensing of the prescription is transmitted to the electronic health record via the Pharmacy Network. (Standards for the Safe and Effective Provision of OAMT, 13.3, a, c)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PROVISION OF OPIOID DEPENDENCE TREATMENT (SOPO-Hospital 2.7); Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (OAMT) (cont'd)						
Prescriptions for OAMT medications are assessed for correct dosage, scheduling, etc and if variations from the recommended guidelines are noted, the prescriber is consulted and the outcome of the conversation is documented accordingly. (Standards for the Safe and Effective Provision of OAMT, Section 8.1, 9.1, 10.1)						
Take-home doses that are in the patient's possession are retained by the hospital pharmacy and are not administered, only the institution's OAMT inventory is used. (Standards for the Safe and Effective Provision of OAMT, Section 13.3, f)						
ALL methadone doses are prepared using an unflavoured, commercially-prepared 10 mg/mL solution. (Standards for the Safe and Effective Provision of OAMT, Section 8.2,a)						
If a stock solution of methadone is prepared in the event of a manufacturer shortage of the commericially-prepared stock solution, a Methadone Compounding Log must be maintained which records the lot number, manufacturer, quantity of methadone used, total volume prepared, date prepared and initials of the compounding pharmacist. (Standards for the Safe and Effective Provision of OAMT, Section 8.2,a)						
ALL methadone doses are measured using a device that has an accuracy of +/- 0.1 mL and independently double-checked prior to dilution. (Standards for the Safe and Effective Provision of OAMT, Section 8.2, d)						
ALL methadone doses are dispensed to the patient care areas as individual patient-specific doses diluted to 100 mL with an suitable crystalline juice (e.g. Tang). (Standards for the Safe and Effective Provision of OAMT, Section 8.2, d)						
Methadone dose preparation takes place at a time of minimal distraction, doses are independently double-checked. (Standards for the Safe and Effective Provision of OAMT, Section 8.2, d)						
Where possible, doses are only prepared in advance of the next administration. (Standards for the Safe and Effective Provision of OAMT,						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PROVISION OF OPIOID DEPENDENCE TREATMENT (SOPO-Hospital 2.7); Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (OAMT) (cont'd)						
Buprenorphine is dispensed to the patient care areas as patient-specific doses in the in a light-resistant vial or as instructed by the manufacturer for a given formulation. (Standards for the Safe and Effective Provision of OAMT, Section 9.2, b)						
Labelling should clearly indicate the patient's name, prescriber, amount of drug in mg in the bottle to be consumed as a single dose, the date of dispense, stop date, and the dispensing pharmacists initials. (Standards for the Safe and Effective Provision of OAMT,Section 9.2h)						
OAMT medications (including prepared doses for patients) are stored in a secure location (i.e. a locked refrigerator) at all times (i.e. with the pharmacy and in patient care areas). (Standards for the Safe and Effective Provision of OAMT, Section 13.3h)						
The pharmacy has security procedures to handle transport of methadone that is auditable and traceable.						
The patient's idenification is confirmed by the health professional witnessing the ingestion prior to administering each dose of opioid dependence treatment. (Standards for the Safe and Effective Provision of OAMT, Section 8.3a, ii; 9.3,a, ii, 10.3a, ii)						
The patient is assessed for signs of intoxication or sedation prior to each administration. (Standards for the Safe and Effective Provision of OAMT, Section 8.3a, iii; 9.3a, iii, 10.3 a,iii)						
Methadone and buprenorphine-naloxone doses are never left by the patient's bedside. (Standards for the Safe and Effective Provision of OAMT, Section 13.3,h)						
Each methadone dose is independently double-checked by two health professionals before administration. (Standards for the Safe and Effective Provision of OAMT, 13.3, i)						
A Medication Administration Record is kept to record each dose administered to each patient. This record is signed by the patient at the time of administration as well as the staff who performed the double-check and the witnessing health professional.						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PROVISION OF OPIOID DEPENDENCE TREATMENT (SOPO-Hospital 2.7); Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (OAMT) (cont'd)						
Following adminsitration of methadone, the health professional witnessing the dose verifies that the dose has been swallowed by asking the patient to speak after taking it.						
Buprenorphine-naloxone is administered under the tongue and the witnessing health professional continues to oversee patient until the dose has started to dissolve. (Standards for the Safe and Effective Provision of OAMT, Section 9.3a, iv)						
Vomited methadone or slow release morphine doses are addressed in a way that is consistent with clinical practice guidelines and only after the prescriber has assessed the situation and issued an order for the replacement dose. (Standards for the Safe and Effective Provision of OAMT, Section 11,c)						
Pharmacists are aware of the guidelines for how to handle missed doses; ALL missed doses are communicated to the prescriber, prescriptions are cancelled when a patient has missed the maximum number of consecutive missed doses, and pharmacists assess the appropriateness of prescribed doses upon reinitiation (Standards for the Safe and Effective Provision of OAMT, Section 11,c)						
Prior to the patient's discharge, hospital pharmacists ensure the patient has a valid prescription at a community pharmacy and communicate the necessary continuity of care information such as the date/time of discharge, the time and amount of last dose of OAMT, whether a prescription was given on discharge, any changes that occured in treatment during the hospital stay (community pharmacists are also required to verify last dose details prior to dispensing OAMT upon discharge). (Standards for the Safe and Effective Provision of OAMT, 13.3k)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
OFF-SITE DELIVERY TO PATIENTS (SOPO-Hospital 2.8)						
Any off-site delivery of medications must take place in accordance with the following:						
All storage considerations must be taken into account including breakage and refrigeration (SOPO-Hospital 2.8, a,i)						
The patient's confidentiality is protected at all times by ensuring the outer package contains only the patient's name and address. (SOPO-Hospital 2.8, a,ii)						
Patients requesting delivery of prescriptions to a person other than themselves provide the pharmacy with written delegation of authority for that person to act as the patient's agent. The written delegation of authority to an agent includes the name of the designated agent and the name and signature of the patient, and must be kept on file in the pharmacy and noted in the patient's profile. (SOPO-Hospital 2.8, a,iii)						
Any patient to whom a prescription is delivered is provided with proper and sufficient counseling and the counselling provided is documented accordingly. (SOPO-Hospital 2.8, a,iv)						
A documented "paper" trail (either physical or electronic) of all prescriptions delivered, including patient or designated agent signatures must be retained in the pharmacy (SOPO-Hospital 2.8, a,v)						
IN-PATIENT LEAVE OF ABSENCE (PASS) MEDICATIONS (SOPO-Hospital 2.9)						
All in-patient leave of absence medications must be documented in the patient record.						
Labels for leave of absence medications include: the hospital's name, the patient's name, the practitioner's name, the drug name and strength and directions for use, identification of the person preparing the drug, and the date						
All leave of absence medications are dispensed in child resistant containers, unless the prescriber or pharmacist deems it is not advisable or the physical form of the drug or manufacturer packaging prevents such (in which case a notation to that effect is documented on the patient's medication profile).						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
TELEPHARMACY (Licensing Requirements for Hospital Pharmacies providing Telepharmacy to Remote Hospital Sites)						
The remote site is under the direct supervision of a registered pharmacist at the primary pharmacy during all hours of operation. (Telepharmacy Operating requirements, 1.)						
The remote site does not remain open if: a) there is any interruption in the audio, video or computer links between the remote site and the primary pharmacy; b) there is no pharmacy support staff on duty at the remote site; or c) there is no pharmacist on duty at the primary pharmacy to supervise the remote site. (Telepharmacy Operating requirements, 3.)						
All applicable Standards of Practice for Hospital Pharmacies are met at the remote site. (Telepharmacy Operating requirements, 4.)						
A sign is posted at the dispensary counter of the remote site advising patients and staff when the site is operating in telepharmacy mode. (Telepharmacy Operating requirements, 5.)						
Prescriptions dispensed from the remote site are labelled so that they are distinguishable from a prescription dispensed from the primary pharmacy, including: a) the name, address and telephone number of the primary pharmacy; b) a unique identifier, attached to the prescription number, that indicates the drug has been dispensed from the remote site; and c) the municipal address of the remote site. (Telepharmacy Operating requirements, 6.)						
Inspections and audits of the remote site are conducted by a pharmacist at least once every three months and written records of all such inspections and audits are retained for a period of at least two years. (Telepharmacy Operating requirements, 7.)						
A policy and procedure manual is developed and maintained that outlines operations specific to telepharmacy (at minimum the policy and procedure manual must address items outlined in the NLPB policy). *(Telepharmacy Operating requirements, 8.)*						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
ADMINISTRATION OF DRUG THERAPY BY INHALATION OR INJECTION (SOPP Administration of Drug Therapy by Inhalation or Injection)						
The pharmacy's Policy and Procedure Manual includes a section on the administration of drugs by inhalation or injection that covers, at a minimum, drug storage and handling procedures, documentation procedures, post-inhalation or -injection monitoring options, emergency protocols, and universal precautions. (SOPP Administration of Drug Therapy by Inhalation or Injection, 4,c)						
ALL pharmacists that administer drug therapy by inhalation or injection have successfully completed an approved education program and are authorized by the NLPB to participate in such services. (SOPP Administration of Drug Therapy by Inhalation or Injection, 2,b)						
The location where injections are administered is designed and laid out to allow for all inhalations and injections to be provided in a private patient care environment that is clean, safe, and comfortable for the patient. (SOPP Administration of Drug Therapy by Inhalation or Injection, 4,a)						
This injection location allows for suitable post-therapy observation and be equipped with all necessary emergency support equipment and supplies that may be required (e.g. appropriate drugs, resuscitator bag, ice/cold compresses). (SOPP Administration of Drug Therapy by Inhalation or Injection, 4,a)						
ALL documentation required by the Standards, including prescriptions, forms, and communications, is retained in a readily accessible format for a minimum of 10 years. (SOPO-Hospital 1.7 d,I and ii)						

	Compliant				Comments	Onsite Findings (NLPB Use)
	Yes	Partially	No	N/A		
PRESCRIBING (INCLUDING FOR MINOR AILMENTS) (SOPP-Prescribing by Pharmacists)						
Policies and procedures are in place, regularly reviewed, and maintained for the role of pharmacist prescribing within the instituion.						
ALL pharmacists that will prescribe have successfully completed the required orientation program and are authorized by NLPB to participate in such services. (SOPP-Prescribing by Pharmacists, 2)						
The location where prescribing occurs allows for patient consultations to be provided in a private patient care environment that is comfortable for the patient. (SOPP-Prescribing by Pharmacists, 4,a)						
The practice standards outlined in the Standards of Practice ARE MET including:						
ALL documentation required by the Standards, including prescriptions, forms, and communications, is retained in a readily accessible format for a minimum of 10 years. (SOPO-Hospital 1.7 d,I and ii)						

NOTE:	The standards for sterile and non-sterile compounding are not included in this self-assessment as stand alone self-assessment forms have been developed specifically for these standards. These forms are available on the NLPB website at: http://nlpb.ca/pharmacy-practice/standards-guidelines-policies/

REFERENCE LIBRARY (Appendix II Required and Recommended Reference Materials)

Pharmacies are REQUIRED to have access to at least one reference from each of the following categories:

Category	Versions	Please select (circle or underline) the reference your pharmacy has available	Y/N
Canadian Compendium	current year's edition	Compendium of Pharmaceuticals & Specialties (CPS)	
Complementary/ Alternative/ Natural Health	current edition or next to current edition	AltMedDex® System, Lexi-Natural Products, Natural Medicines Comprehensive Database, The Review of Natural Products	
Drug Interactions	current year's edition or previous year's edition with continuous updates	Drug Interactions Analysis & Management, Drug Interaction Facts, Drug-Reax® System, Evaluations of Drug Interactions, Lexi-Drug Interactions	
General Drug Information Reference	current edition or next to current edition	AHFS Drug Information, Drug Facts and Comparisons, Drug-Dex System, Lexi-Drug Information	
Geriatrics (where applicable)	current edition or next to current edition	Lexi-Geriatric Dosage Handbook	
Minor Ailments (***BOTH*** references are required)	current edition	**BOTH** Compendium of Therapeutics for Minor Ailments (formerly Patient Self-Care) **AND** Compendium of Products for Minor Ailments (formerly Compendium of Self-Care Products)	
Parenteral Products	current edition or next to current edition	Extended Stability for Parenteral Products, *Dellamorte-Bing,* King Guide to Parenteral Admixtures, Lexi-IV, Pediatric Injectable Drugs, Phelps (LBC), Trissel's IV Compatibility	
Pediatrics (where applicable)	current edition or next to current edition	Lexi-Pediatric and Neo-Natal Dosage Handbook, Sick Kids Drug Handbook and Formulary	
Pregnancy and Lactation	current edition or next to current edition	Drugs in Pregnancy and Lactation, *Briggs* , Lexi-Pregnancy and Lactation	
Therapeutics	current edition or next to current edition	Applied Therapeutics: The Clinical Use of Drugs, *Koda-Kimble,* Clinical Pharmacy and Therapeutics, *Walker, Compendium of Therapeutic Choices,* Pharmacotherapy: A Pathophysiologic Approach, *DiPiro,* Textbook of Therapeutics: Drug & Disease Management, *Helms*	
Regulatory Information	current access to the NLPB website including the NLPB Pharmacy Practice Manual, newsletters and advisories (www.nlpb.ca)		

The following references are also RECOMMENDED for all pharmacies:

Category	Please select (circle or underline) the reference your pharmacy has available	Y/N
Non- Sterile Compounding	Sick Kids Pharmacy Compounding Service website (http://www.sickkids.ca/pharmacy/compounding-service/index.html)	
Lactation	LactMed website (toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT), Medications and Mother's Milk (www.ibreastfeeding.com)	
Oncology	BC Cancer Agency (http://www.bccancer.bc.ca/); Cancer Care Ontario (https://www.cancercare.on.ca/)	
Pharmacology	Basic & Clinical Pharmacology, *Katzung;* Goodman & Gillman's The Pharmacological Basis of Therapeutics, *Brunton*	
Other	Clinical Handbook of Psychotropic Drugs, Bezchlibnyk-Butler (LBC); Institute for Safe Medication Practices (ISMP) Canada website (https://www.ismpcanada.org/index.htm); Lexi-Infectious Diseases (LC); Remington: The Science and Practice of Pharmacy (www.lww.com); Sanford Guide to Antimicrobial Therapy (LBC)	

REFERENCE LIBRARY (continued)

The following additional references are REQUIRED for pharmacies participating in specific practice areas:

Category	References	Y/N
For pharmacies providing administering drug therapy by inhalation or injection	Canadian Immunization Guide (www.phac-aspc.gc.ca/im/professionals-professionnels-eng.php)	
	Newfoundland and Labrador Immunization Manual (www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization)	
For pharmacies providing opioid dependence treatment services	CAMH Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline (https://www.porticonetwork.ca/documents/507864/0/buprenophin+guideline+2012)	
	Canadian Research Initiative in Substance Misuse (CRISM) National Guidelines for the Clinical Management of Opioid Use Disorder (https://crism.ca/projects/opioid-guideline/)	
	College of Physicians and Surgeons of Newfoundland and Labrador Methadone Maintenance Treatment Standards and Guidelines (www.cpsnl.ca)	
	CPSNL Practice Guideline: Suboxone® for Opioid Dependence (https://www.cpsnl.ca/web/files/2017-06-21%20-%20Suboxone%20(Practice%20Guideline).pdf)	
	A Guideline for the Clinical Management of Opioid Use Disorder, British Columbia Centre on Substance Use (http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUDGuidelines_June2017.pdf)	
	Opioid Agonist Maintenance Treatment, 3rd edition (http://store-camh.myshopify.com/collections/english-anglais/products/p6500)	
	RECOMMENDED:	
	Addiction Treatment Forum website (www.atforum.com)	
	Combined List of Drugs That Prolong QT and/or Cause Torsades de Pointes (TDP), Crediblemeds.org (http://www.crediblemeds.org/pdftemp/pdf/CombinedList.pdf)	
	Mental Health and Addiction 101 Series, CAMH (https://www.camh.ca/en/health-info/mentalhealth-101)	

CERTIFICATION

I, _____ certify that I:

☐ personally verify that the information provided on this self-assessment is correct;

☐ have enclosed a detailed diagram of the layout of the dispensary;

☐ will have a copy of the pharmacy-related policies and procedures available for review on the day of the assessment.

_____ _____

Pharmacist-in-Charge Signature Date Signed

FOR NLPB OFFICE USE:

Reviewed by:

_____ _____

Staff Member Signature Date Signed

Notes: