

 مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt		Policy Name: <h2 style="text-align: center;">Medications Returns</h2>	
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1.0 Change of policy

1.1 No changes

2.0 Purpose

- 2.1** This policy and procedure are established to provide a standard rule to be followed for handling with medications returned from different areas inside the hospital or from patients previously received those medications as take-home medications.

3.0 Policy

3.1 Policy statement:

- 3.1.1 Managing returns depend on integration between the round/ daycare pharmacist and the IV admixture and dispense staff.
- 3.1.2 It will be based mainly on sufficient documentation and labeling that aims to ensure safe and proper handling of unused or expired drugs and tracks any medication abuse.

3.2 Scope:

- 3.2.1 All CCH healthcare staff

3.3 Responsibilities

- 3.3.1 Pharmacy staff
- 3.3.2 Nurse staff

4.0 Definitions /abbreviations:

- 4.1 CCHE:** Children Cancer Hospital – 57357 Egypt
- 4.2 CPID:** Continuous Performance Improvement Department

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4.3 MMU: Medication Management & Use

4.4 MMS: Medication Management & Safety

4.5 Returns: Any medication that is returned by the patient's family or any hospital department to the central pharmacy after being previously dispensed.

4.6 Defected returns: Returned meds having one or more of the following defects:

- 4.6.1 Improperly labeled doses.
- 4.6.2 Improperly stored medications.
- 4.6.3 Doses that are not tamper proof.
- 4.6.4 Defect doses.
- 4.6.5 Contaminated medication.
- 4.6.6 Improperly stored medication.
- 4.6.7 Unrecognizable drug.
- 4.6.8 Drug with unknown expiry date.
- 4.6.9 Expired medication.
- 4.6.10 Drug with unknown source.
- 4.6.11 Patients must return any useless medication even if invalid.

4.7 Internal Returns: Returns of meds which had been dispensed but hadn't reached the patient yet.

4.8 Home-medication Returns: Returns of meds which had been dispensed to the patient.

5.0 Procedure:

5.1 Internal IV returns:

- 5.1.1 All unused IV medications returned by nurses to round pharmacist.
- 5.1.2 All returns sent to IV mix to be reviewed if there are any defects and if will be used or will be discarded if there are any defects within 24 hours.
- 5.1.3 When usage of IV medications returns, the pharmacist removes the label from the bottle and collects all labels to send them to returns room to be recorded on CERNER as reused returns.
- 5.1.4 All unused returns sent to returns room to be recorded on CERNER then discarded as waste.

5.2 Home medication returns:

5.2.1 If Patient returns meds which had been dispensed from CCHE pharmacy, pharmacist should:

- 5.2.1.1 Review reasons for returns and we should perform risk assessment for medications and how the medications stored.
- 5.2.1.2 If the patient admitted to inpatient department the round pharmacists will review the medication after medications reconciliation with stopped medication and return to main pharmacy and removes the medications that patient will continue on until patients discharge, it will be handed over to patient, while following the hospital policy in dispensing these medications during the visit as a unit doses.

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5.2.1.3 If returns due to incompliance or inconvenience dosage, pharmacist should find alternative solutions for the patient after discussion with patient/ patients' parent.

5.3 Oral narcotics returns:

- 5.2.2 The word pharmacists should receive any unused, expire medications and unfit for use (e.g., opened liquids) narcotics from the patients during reconciliations and risk assessment processes then should be delivered to narcotic main store on daily basis with the filling of the return narcotic form hand to hand.
- 5.2.3 A return form should be filled and signed by the pharmacist who receive the returns and the nurse or the patient or his/her relevant.
- 5.2.4 Returned medications and request will be delivered to narcotics main store to be checked.
- 5.2.5 Request should be added in the official stamped Narcotic Record.

6.0 References:

- 6.1 Pharmacy department manual.

7.0 Appendices:

7.1 Related Forms:

- 7.1.1 Narcotics returns request

7.2 Related Policy(S):

- 7.2.1 Medication Management Program

7.3 Related Standards:

- 7.3.1 JCI standards 7th edition – MMU Chapter. (MMU.6.2)
- 7.3.2 GAHAR Standards MMS.08

7.4 Attachments

- 7.4.1 JCI recommendation

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JCI email regarding patient returns

Thank you for your inquiry to Joint Commission International.

Question: according to the USP, the beyond use date of non-aqueous medications is no later than the time remaining until the earliest expiration date of any API or 6 months which is earlier, and they didn't mention any other conditions for their usage. Based on this information, can the medications have brought from home by the patients-"which are originally dispensed from the hospital because 57357 is an NGO that gives patients their medications totally free of charge"-reentered into the hospitals inventory as long as they succeeded the visual inspection, and were physically appropriate, instead of discarding them because they weren't under the hospitals oversight. and the hospital will guarantee the new conditions including their safe storage and their new expiry.

Answer:

The reference for this clarification is from the Joint Commission International Accreditation Standards for Hospitals, 7th Edition.

MMU.3, ME 1 state that "Medications are stored under conditions suitable for product stability, including medications stored on individual patient care units and ambulances, as applicable." It is further stated in the intent that "Medications may be stored within a storage area, in a pharmacy or pharmaceutical service, or on the patient care units in unit pharmacies or the nursing station in the clinical unit. Standard MMU.1 provides the oversight mechanism for all locations where medications are stored." When the hospital distributes medications to patients for home use, for free or for a cost, there is no oversight of the storage conditions, such as temperature, humidity, or any infection control related conditions that may be present in the home, for example, animals kept as pets. If the patient brings their medications that were given to them initially by the hospital back into the hospital for use and the staff completes the risk assessment required in MMU.6.2, ME 2, the medications can be administered to the patient that brought them in, but they cannot be added back into the hospital's medication inventory.

We hope this response clearly answered your question. Please let us know if you need additional clarification. Please send all follow-up questions through the Standards Interpretation webpage at <http://www.jointcommissioninternational.org/contact-us/submit-a-jci-standards-interpretation-question/>

Kind regards,

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