

 مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt		Policy Name: <h2 style="text-align: center;">Dispensing Outpatient Take-Home Prescription with automation device</h2>	
Prepared By: إعداد:	Dr. Mohammed Nagy- Pharmacy Director Dr. Salwa Sayed – Section Head Decision Support	Document Code: DPP-PSSD-005	
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Reviewed By: مراجعة:	Dr. Hend Alsayed- Senior Supervisor Pharmacy	Issue No.:	04
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CPID Director: مدير ادارة تحسين الاداء المستمر:	Dr. Shaimaa El-Meniawy – CPID Director	Review Date:	01.01.2023
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Approved By: موافقة:	Dr Moataz Elzemaity – CMO	No# of Copies:	01-DMS 01-Depart.
Authorization By: إقرار:	Dr. Sherif Abouelnaga – CEO 57357 Group	Department: Pharmaceutical Service and Science	

1.0 Change of policy

1.1 No changes

2.0 Purpose

- 2.1 This policy and procedure establish guidelines in the uniform and safe prescribing and/or ordering of medications in CCHE Outpatient Pharmacies.
- 2.2 This policy aims to achieve the International Standards for appropriate, safe, uniform and effective dispensing practices for ambulatory patients in CCHE.
- 2.3 57357 Hospital – Egypt seeks ways of reducing medication errors and making medication dispensing safer for patients and believe that work environments designed specifically to support this high-risk work can do much to alleviate mistakes.
- 2.4 Integration with the following systems Cerner HIS system and Oracle ERP system – Inventory management system.

3.0 Policy

3.1 Policy statement:

- 3.1.1 This policy and procedure outline the safe and appropriate dispensing of medication in CCHE Outpatient pharmacies via the outpatient pharmacy automated device ROWA.

3.2 Scope:

- 3.2.1 Outpatient pharmacy serving all outpatients

3.3 Responsibilities

- 3.3.1 It is the responsibility of DPS to ensure safe and appropriate dispensing of medication in CCHE Outpatient pharmacies.

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4.0 Definitions /abbreviations:

- 4.1 **CCHE:** Children Cancer Hospital – 57357 Egypt
- 4.2 **CPID:** Continuous Performance Improvement Department
- 4.3 **MMU:** Medication Management & Use
- 4.4 **MMS:** Medication Management & Safety
- 4.5 **CPOE:** Computerized Physician Order Entry.
- 4.6 **MRN:** Medical Record Number.
- 4.7 **TDM:** Therapeutic Drug Monitoring.
- 4.8 **ROWA:** The Outpatient Pharmacy Automated Device
- 4.9 **Pharma Flow:** System of Dispensing on ROWA
- 4.10 **DPS:** Department of Pharmaceutical Services
- 4.11 **Cerner system:** is an international health care information computer-based technology that specializes in providing complete systems for hospitals and other medical organizations to manage and integrate all electronic medical records, computerized physician order entry, and financial information

5.0 Procedure: ROWA items

- 5.1 Arrival of the patients to the pharmacy.
- 5.2 Pharmacy receives patients at pharmacy reception area and patient's name is recorded in the time stamp as well as the time of arrival on Queuing system.
- 5.3 After positive patient identification pharmacist checks the prescription monitor on pharmacy retail to refill orders sent by the physicians CPOE, calculating the accurate doses, revising the protocols and the patient's file according to the prescription review policy.
- 5.4 The lab data of certain drugs must be checked by the pharmacists before the patient receives his medication.
- 5.5 The pharmacist makes medication reconciliation through reviewing the medication list on Cerner and comparing it with the current prescription as well as the information stated from patient regarding drugs used.
- 5.6 Narcotics are dispensed according to narcotics' policy.
- 5.7 Pharmacist should find and open the same verified prescription in" Pharma Flow" which in turn will dispense the items from ROWA according to the dispense priority (nearest expiry, open packs...etc.).
- 5.8 Pharma Flow will automatically indicate the shelf items (according the stock on-hand of the pharmacy).
- 5.9 The pharmacist should collect the shelf(shooters)items manually while the ROWA items will be delivered to the dispensing counter.
- 5.10 Handling the drug items to the patient and close the prescription (set as delivered).
- 5.11 The checking pharmacist checks all the prepared medications and labels prepared via Cerner.
- 5.12 Pharma Flow should automatically post back the actual dispensed batches to Oracle ERP system.
- 5.13 All medications are prepared in order, according to time of patient arrival.
- 5.14 The Handover pharmacists will handle medications to patient with the appropriate Education on medication use (Patient Education Policy).
- 5.15 Positive patient identification is assured using: (Full patient name and Patient MRN from the

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patient's wrist band).

- 5.16 Max number of drugs dispensed is one month needs, unless permission from the top management for certain critical circumstances is taken.
- 5.17 All out patient pharmacists shall be trained on using device.
- 5.18 In case of patient who has been receiving medications for long-term use, the physician will be notified to issue lab order when appropriate. For TDM lab orders; results are uploaded by pharmacy lab and physician is notified to review them.

6.0 References:

- 6.1 ROWA manual

7.0 Appendices:

7.1 Related Forms:

- 7.1.1 N/A

7.2 Related Policy(S):

- 7.2.1 Medication Management Program

7.3 Related Standards:

- 7.3.1 JCI 7th edition. MMU chapter. (MMU.5)
- 7.3.2 GAHAR Standards name. MMS.15

7.4 Attachments

- 7.4.1 Patient education checklist attachment.
- 7.4.2 Chemotherapy Drugs should be Refrigerated
- 7.4.3 Chemotherapy Drugs should NOT be Refrigerated
- 7.4.4 Non Chemotherapy Drugs should be Refrigerated
- 7.4.5 Dispense checklist.