

 مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt 57357		Policy Name: <h2 style="text-align: center;">Internal Audit</h2>	
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1.0 Change of policy

1.1 No changes

2.0 Purpose

- 2.1** This policy and procedure were established to provide and validate directions for all licensed Pharmacist on the medication management review audit on the pharmacy department as well as Drug storage areas and administration areas to ensure that drug use and work flow are according to pharmacy policies, JCI standards and ASHP as well as resolution of questions or problems.

3.0 Policy

3.1 Policy statement:

- 3.1.1 Change in policy: no change in policy
- 3.1.2 Internal audit shall be performed by internal audit specialist to ensure safe and effective use of medication and appropriate work flow.

3.2 Scope:

- 3.2.1 This policy and procedures apply to all CCHE pharmacy Departments.

3.3 Responsibilities

- 3.3.1 Unit Clinical pharmacists.
- 3.3.2 Main pharmacy pharmacists.
- 3.3.3 Assigned auditors

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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 **DPS:** Department of pharmaceutical services.

5.0 Procedure:

- 5.1 Internal audit team is responsible for ensure that every pharmacist, nurse and patient are complying with JCI standards and ASHP in their specific work areas.
- 5.2 Internal audit team is responsible for reporting audit findings to DPS Director on monthly basis.
- 5.3 Internal Audit shall be done at least once monthly for each medication storage area.
- 5.4 Internal Audit shall be included any substance to be administrated to the patient either for treatment or for investigation.
- 5.5 Internal Audit should include extemporaneous preparation and investigational dyes.
- 5.6 During the audit the daily work flow of the audited area shouldn't be disturbed.
- 5.7 The internal audit team shall review and revises policies and procedures.
- 5.8 The internal audit team shall collect, review and analysis reporting of near miss and medications error
- 5.9 Identification root cause analysis and do action plans as reactive action of error and did failure mode and effect analysis as proactive tool when start new process or installation new device.
- 5.10 Created override report to oversee any process violation.
- 5.11 Created pharmacy dashboard to oversee pharmacy key performance indicators.
- 5.12 Monthly reports of interventions data analysis, incident reports with action plan, adverse drug reaction, allergy and toxicity.
- 5.13 The internal audit team shall be overseeing the regular employee CBC to do action plan regarding neutropenic pharmacists due to handle and prepare chemotherapy medications then we shall be transferred these pharmacists to other areas.
- 5.14 The internal audit team shall do media fill test to validate the aseptic technique of the IV Pharmacists and chemists.

6.0 References:

- 6.1 N/A

7.0 Appendices:

- 7.1 **Related Forms:**
 - 7.1.1 N/A
- 7.2 **Related Policy:**

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7.2.1 Medication Management Program

7.3 Related Standards:

7.3.1 JCI standards 7h edition – MMU Chapter. (MMU.7)

7.3.2 GAHAR standards MMS.04, 06 , 07, 17

7.4 Attachments

7.4.1 Internal Audit Report template.

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Internal Audit Report (Complying with JCI Standards)

<input type="checkbox"/>	ICU	<input type="checkbox"/>	3rd Floor E	<input type="checkbox"/>	Day Care 3rd	<input type="checkbox"/>	Supplies Sub store 5th	<input type="checkbox"/>	Dental Clinic
<input type="checkbox"/>	BMT	<input type="checkbox"/>	4th Floor & Pyxis	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	IV Sub store	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Surgical ICU	<input type="checkbox"/>	5th Floor & Pyxis	<input type="checkbox"/>	Medication Main Store G	<input type="checkbox"/>	Dispense In	<input type="checkbox"/>	Radiotherapy
<input type="checkbox"/>	2nd Floor & Pyxis	<input type="checkbox"/>	6th Floor & Pyxis	<input type="checkbox"/>	Medication Main Store 2nd	<input type="checkbox"/>	Dispense Out	<input type="checkbox"/>	Sampling
<input type="checkbox"/>	3rd Floor & Pyxis	<input type="checkbox"/>	Day Care MTX	<input type="checkbox"/>	Medication Sub store 6th	<input type="checkbox"/>	MSC 1	<input type="checkbox"/>	Vaccine Clinic
<input type="checkbox"/>	3rd Floor D & Pyxis	<input type="checkbox"/>	Day Care 1st	<input type="checkbox"/>	Supplies Sub store 3rd	<input type="checkbox"/>	MSC 3	<input type="checkbox"/>	Other:

No.	Items	JCI standard	Review (Yes, No or N/A)			
	A. Crash Cart (If not suitable for this are encircle with N/A)					
1.	Crash Cart availability	MMU 3.2 E1,3	Yes	No	N/A	
2.	Cart locked	MMU 3.2 E1,3	Yes	No	N/A	
3.	D.C. Shock on charger		Yes	No	N/A	
	B. Floor Stock Medications (If not suitable for this are encircle with N/A)					
4.	Medications are stored safely & securely.	MMU 3.2 E2 FMS.4	Yes	No	N/A	
5.	Handling Hazardous drugs	MMU .5 E 1,2,3 FMS .5	Yes	No	N/A	
6.	High Alert Meds (List available, Policy awareness, Labels)	IPSG.3 E2,4	Yes	No	N/A	
7.	Look –A- Like items separated	IPSG .3 E2,4	Yes	No	N/A	
8.	Refrigerators (Temp., Thermometer, Cleaning Log)	MMU.3.2 E3 FMS.5	Yes	No	N/A	
	C. Kits & preparations (If not suitable for this are encircle with N/A)					
9.	Appropriate Preparation & Labeling of bedside	MMU.5 E1,2,3 PCI.7	Yes	No	N/A	
10.	Availability of anesthetic cream (sampling and cannulation site)	COP .6 E2	Yes	No	N/A	
11.	Extravasation Kits & awareness	MMU.3.2 E1,3	Yes	No	N/A	
12.	Spill Kits & awareness	MMU.5 E1,2,3 FMS.5	Yes	No	N/A	
13.	First Aid Kits & awareness	FMS.8.2 E5 OHSAS 18001	Yes	No	N/A	
	D. Expired / Returns / Unused items (If not suitable for this are encircle with N/A)					
14.	Inventory (Fixed & regular refill)	MMU.3.2 E3	Yes	No	N/A	
15.	NO Presence of Expired & Unused items	MMU.3.2 E3	Yes	No	N/A	
16.	No Medication Returns	MMU.3.2 E3	Yes	No	N/A	
17.	Appropriate storage of drugs	MMU.3.2 E2	Yes	No	N/A	
18.	New drugs (Appropriate use and Adv. Events).	MMU.2.1 E5	Yes	No	N/A	
19.	Appropriate Disposal of Meds.	MMU.3.2 E3 FMS.5	Yes	No	N/A	
20.	Controlled Meds. Accurately counted and recorded	MMU.3 E3 MMU.4 E1 MMU.6 E1,2,3	Yes	No	N/A	
21.	NO Medication samples founded	MMU.6.2 E3	Yes	No	N/A	

Date:

Area: