

Verification of Prescriptions and Medicine Reconciliation

The order verification process, accountability, and scope of practice of the pharmacist to modify or conduct a therapeutic substitution will be examined. Pharmacy engagement with clinician teams will be reviewed including communication and documentation of decisions made both with consultation from most responsible clinician caring for patients, and in cases whereby a pharmacist intervenes to modify an order (e.g., change a dose, therapeutic substitution, engage with clinician to determine safe medication).

The organization must clearly describe how and when orders are verified, and by who, and how communication occurs with the ordering clinician when an order may need to be modified. Processes for quality and safety of managing pharmacy processes when the pharmacist is not present will be examined for how quality and safety are supported. Some organizations do not have a 24x7 pharmacy operation. In such cases, the review team will expect to understand the process for ensuring medication orders are verified either through an auto-verify function and/or immediate retrospective review to ensure safety prior to medication administration commencing. Additionally, the process for monitoring medication administration overrides by nursing will be reviewed.

ID	Stage	Y	N	Compliance Statement
209	7			2nd line validation of all medication orders prior to dispensing Pharmacy: All medication orders are digitally verified by appropriate licensed professional prior to being dispensed.
210	7			Systems in place to reduce medication errors Pharmacy: Systems in place to reduce medication errors (wrong dose, route, time, mislabel if repackaged, wrong storage location, etc.) with harm and prescribing, administration, delivery.
211	7			eMAR is automatically updated after prescribing & administering Pharmacy: The medication profile (eMAR/EPMA) is automatically updated following prescribing and administering.
212	7			CHG or REC to modify orders are documented in the EMR Pharmacy: Modified orders or recommendations to modify orders are communicated to the Clinician who ordered the medication, and modification of orders are documented in the EMR for all patient care settings.
213	7			Ability to override medication prescriptions; Review of overrides Pharmacy: Clinicians and/or pharmacists have the ability to override a medication prescription (e.g., deemed unsafe, inappropriate). All overrides are reviewed and analysed to identify trends or patterns related to factors contributing to overrides and then reported to leadership to inform quality and safety decisions relevant to override processes.
214	7			Tech to track & trace repackaged medications received in bulk Pharmacy: Technology is used to track and trace medications, received in bulk and then repackaged, maintaining the traceability from manufacturer to patient outcome is well defined and supported by some level of automation.
215	7			Access to eMAR at PoC, with tech-enabled verification of 5 R Pharmacy: Nurses access prescribed medications at the bedside, with technology enabled verification of the correct medication, correct dose, correct patient, correct time, and correct route.
216	7			Policy ensures Home & PHA meds have same dispensing process Pharmacy: Home or Alternative medications the patient brings from home are managed per established policy. In the event medications from home are permitted, are administered (by the nurse or the patient), the medications follow the same process as pharmacy dispensed medications.

ID	Stage	Y	N	Compliance Statement
217	7			<p>Track & trace med errors linked to Pt. outcomes + online reporting</p> <p>Pharmacy: Medication errors are reported online, analytics track and trace medication errors linked to outcomes for patients across the organization, and reported to patient care settings regularly.</p>
218	7			<p>Med errors analyses are reported to quality and safety committee</p> <p>Pharmacy: Medication errors analyses are reported to board level quality and safety committee to inform decisions to advance quality and safety across the organization.</p>
219	7			<p>Review process for med errors to inform practice interventions</p> <p>Pharmacy: A critical review process for medication errors is well established, analysed and reported to patient care units to inform practice interventions to strengthen medication safety and quality patient care for all patients are care teams.</p>
220	7			<p>Med error rates are reported routinely to program teams</p> <p>Medication error rates are reported routinely (ex. Quarterly, annually) to program teams to document trending.</p>

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