

# HOSPITAL PHARMACY SELF-ASSESSMENT

## General Information

### Pharmacist-in-Charge:

Full Name

Registration #

### Pharmacy Manager:

Full Name

Registration #

### Pharmacy Director:

Full Name

Registration #

### Pharmacy Information:

Hospital Name

Licence #

Street Address

P.O. Box (if applicable)

City/Town

Postal Code

Phone Number

Fax Number

Pharmacy Email Address

Pharmacy Website

### Pharmacy Practice Management System:

Software Vendor

### Last Accreditation Date:

*Attach a copy of the recommendations from the accreditation report*

### Regular Dispensary Hours:

MON-FRI

SAT

SUN

HOLIDAYS

### Are pharmacists available on call after hours?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

How many beds are in the hospital?

Total Beds:

Acute Care Beds:

Long Term Care Beds:

Pediatric Beds:

Other:

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

☐ Automated Dispensing

☐ Night Cabinet

☐ Unit Dose

☐ Controlled Card Systems

☐ Prescription Bottles

☐ Ward Stock

☐ Decentralized Dispensing Cabinets (in patient care areas)

Does the pharmacy contract out any services to other providers?

☐ Yes

☐ No

If yes, please specify:

## Staff Registry

### Pharmacist-in-Charge Declaration

☐ As per Section 9 of the *Pharmacy Regulations, 2024*, and CPNL’s Requirements to be Designated Pharmacist-in-Charge of a Pharmacy, I have an active presence in the pharmacy to personally supervise day-to-day operations to a sufficient extent to ensure that the Standards of Pharmacy Operation and applicable Standards of Practice are fully met.

\_\_\_\_\_  
Name of Pharmacist-in-Charge

\_\_\_\_\_  
Registration #

### Dispensary Staff

Using the table below, please indicate each individual working in the dispensary, as well as their position, registration number (if applicable) and part-time/full-time employment status.

Positions to include: Staff Pharmacists, Pharmacy Interns, Pharmacy Students, Registered Pharmacy Technicians, Registered Pharmacy Technician Students, Registered Pharmacy Technician Interns, Pharmacy Assistants and administrative staff.

Name:	Position:	Registration #:	FT / PT:



## Standards of Pharmacy Operation – Hospital Pharmacy Compliance Checklist

Please indicate compliance by checking the appropriate space below. If the pharmacy is not in compliance, please provide a comment to describe how this will be remedied.

GENERAL STANDARDS OF PHARMACY OPERATION						
	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
<b>SIGNS AND POSTINGS</b>						
Pharmacy License is posted in a conspicuous location.						
Code of Ethics is posted in a conspicuous location.						
<b>ADMINISTRATION</b>						
The pharmacy hours of operation are adequate to meet the scope and programs of the institution and the needs of patients ( <i>SOPO-Hospital 1.1a</i> )						
The pharmacist-in-charge is enabled to evaluate appropriate staffing levels and staffing complements to support safe pharmacy services. ( <i>SOPO-Hospital 1.2a</i> )						
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. ( <i>SOPO-Hospital 1.1c</i> )						
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. ( <i>SOPO-Hospital 1.2c</i> )						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Pharmacy personnel 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)						
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 1.1e,ii; 1.2e,ii)						
The pharmacy has a quality management program that includes: <ul style="list-style-type: none"> <li>• ensuring policies and procedures are in accordance with applicable regulatory requirements and are followed by staff</li> <li>• medication incident reporting and management,</li> <li>• appropriate equipment and facilities,</li> </ul>						

<ul style="list-style-type: none"> <li>audits of drug distribution and pharmacy patient care processes (including documentation), and</li> <li>evaluations of drug use (<i>SOPO-Hospital 1.1e</i>)</li> </ul>						
	<b>Compliant</b>				<b>Comments</b>	<b>Onsite Findings (CPNL Use)</b>
	Yes	Partially	No	N/A		
<b>PHYSICAL LAYOUT</b>						
Pharmacy space and layout is suitable to facilitate a safe and effective working environment for all staff. ( <i>SOPO-Hospital 1.3a</i> )						
Pharmacy is appropriately lighted; ( <i>SOPO-Hospital 1.3a,i</i> )						
Pharmacy is clean and tidy; ( <i>SOPO-Hospital 1.3a,i</i> )						
The pharmacy has adequate working space for staff to support safe medication practice. ( <i>SOPO-Hospital 1.3a,ii</i> )						
The pharmacy has adequate storage space for medications and supplies. ( <i>SOPO-Hospital 1.3a,iii</i> )						
Pharmacy is well-ventilated, with proper humidity and temperature control ( <i>SOPO-Hospital 1.3a</i> )						
The temperature is maintained between 15-25 °C to maintain room temperature storage for drugs.						
Room temperature is monitored.						
There is a policy and procedure in place to address temperature and humidity excursions.						
No food or beverages are permitted in the medication preparation area.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
There are 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.						
<b>SECURITY</b>						
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-Hospital 1.1b)						
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 utilized to detect unauthorized access when the dispensary is closed; (SOPO-Hospital 1.3b,ii)						
includes high quality cameras and recording equipment; and (SOPO- Hospital 1.3b,i)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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). (SOPO-Hospital 1.3c) <b>Identify who has keys in the comments</b>						
<b>EQUIPMENT AND SUPPLIES</b>						
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)						
There are established cleaning and maintenance routines and maintenance logs for all pharmacy- and medication-related equipment.						



	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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						
<b>Pharmacy has:</b> (SOPO-Hospital 1.4b)						
a secure computer system with practice management software, access to <i>HealtheNL Viewer</i> , internet access for CPNL 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: (SOPO-Hospital Appendix A)						
purpose built and used exclusively for medication storage;						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
clean and in good working condition;						
maintained at a temperature of 2-8 degrees Celsius;						
continuously monitored for temperature (temperature is tracked and logged electronically or in a written logbook) 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 Celsius (or the required temperature for the drugs stored therein, as specified in product monographs);						
continuously monitored for temperature (temperature is tracked and logged electronically or in a written logbook) and there is a mechanism to immediately communicate excursions.						
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						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
a prescription balance with minimum sensitivity of 10mg or an electronic balance with minimum sensitivity of 10mg and a set 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 Appendix II)						
suitable equipment such as graduated cylinders, mortars and pestles, spatulas, counting trays, funnels, stirring rods, and ointment pads						
sufficient consumable supplies (distilled water, prescription and auxiliary labels, medication packaging supplies, etc.) required to support the professional services provided by the pharmacy.						

	Compliant				Comments	Onsite Findings (CPNL Only)
	Yes	Partially	No	N/A		
<b>If the pharmacy utilizes prepackaging machines</b> <b>[Indicate the types used in the comments section]-</b> policies and procedures are in place for: (SOPO-Hospital 1.4c)						
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;						
the maintenance of accountability logs (including date the machine was replenished, identification 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 traceable to the patient; and						
the pharmacist-in-charge to review all reports of the automated dispensing systems to ensure patient safety.						
<b>INVENTORY MANAGEMENT (SOPO-Hospital 1.5)</b>						
All pharmaceuticals are delivered unopened to the pharmacy department.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Unused dispensed drugs are returned to the hospital pharmacy.						
Previously dispensed drugs are only re-dispensed 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 verified.						
<b>DRUG DISTRIBUTION SYSTEMS (e.g. medication carts, automated dispensing units, infusion pumps) (SOPO-Hospital 1.6)</b>						
A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system is used for dispensing drugs. <b>Please specify the systems utilized in the comments block.</b>						
Pharmacists are involved in the establishment of drug distribution systems.						
Drug distribution systems:						
provide drugs in identified dosage units ready for administration, wherever possible;						
protect drugs from contamination;						
provide a method for recording drugs at the time of administration; and						
eliminate or reduce the need for ward stock.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Policies and procedures are in place for ADUs, medication carts, etc. regarding:						
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; and						
contingency procedures for system down-time or machine failure.						
<b>RECORD KEEPING AND INFORMATION MANAGEMENT (SOPO-Hospital 1.7)</b>						
Pharmacy has appropriate policies in place with regard to the protection of personal health information in accordance with the <i>Personal Health Information Act</i> .						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
The pharmacist-in-charge ensures that all records required by legislation, SOPO, SOPs are documented appropriately.						
Policies support clear, concise documentation formats that are easy to retrieve, use, and share.						
All records are current and accurate with respect to the activities of pharmacists, pharmacy technicians, and the pharmacy.						
Pharmacists collaborate with nursing and medical staff to develop written policies and procedures for documenting administration of drugs.						
Medication administration records include: <ul style="list-style-type: none"> <li>the patients full name and identification number,</li> <li>location in the hospital,</li> <li>allergies/adverse reactions/intolerances,</li> <li>the date or period for which the administration record is to be used,</li> <li>name/dosage/form of all drugs currently ordered,</li> <li>complete directions for use of each drug,</li> <li>stop or expiry dates for drug orders that have an automatic stop policy,</li> <li>standard administration times for regularly scheduled drugs, and</li> <li>changes to orders.</li> </ul>						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
The pharmacy's computer equipment, system, and software are able to:						
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.						
Patient records required by legislation and the Standards are retained in a secure, but readily accessible format (either physical or electronic) for a minimum of <b>10</b> years.						
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.)						



	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Physical records are destroyed using an in-pharmacy shredder, a service for the safe disposal of confidential information, or by complete incineration.						
Electronic records are erased or destroyed in such a manner that the information cannot be reconstructed.						
<b>SECURITY &amp; ACCOUNTABILITY OF NARCOTICS &amp; CONTROLLED DRUGS, BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES</b>						
All narcotic and controlled drugs are stored in a safe, secure cabinet that is appropriately anchored to the floor, or in a separate secure room that is used solely for the storage of these drugs. (SOPO-Hospital 1.8a)						
A computerized or manual perpetual inventory of narcotics, controlled drugs and targeted substances is maintained. (SOPO-Hospital 1.8b)						
Policies and procedures are 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 are appropriately documented, including the name, strength, form and quantity of the drug; the individual who performed the count, and the date of the count. (SOPO-Hospital 1.8c,i)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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 sent to CPNL office. Copies of these reports are retained for at least 2 years. (SOPO-Hospital 1.8c,i)						
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)						
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. (SOPO-Hospital 1.8d,iii)						
At least 5% of narcotic and controlled drug invoices received each month are randomly selected for audit to ensure they have been accurately recorded in the perpetual inventory record.						
The date and time of the audit related to narcotics and controlled drugs are not predictable.						
Any discrepancy is fully investigated and if not resolved is appropriately reported to Health Canada and CPNL as a loss/theft.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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 dispensing records are conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record. (SOPO-Hospital 1.8e,ii)						
Prescriptions for narcotic and controlled drugs are filed in a readily retrievable manner. (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.						
The review includes obtaining the original written requisition 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.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Destruction of narcotics, controlled drugs, and targeted substances follow the current regulations and policy established by the Office of Controlled Substances at Health Canada. <b>[Please specify the destruction process used by the facility in comments].</b>						
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.						
<b>PATIENT RECORDS</b>						
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-Hospital 3.1a)						

	Compliance				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Patient records in electronic or paper forms include: <ul style="list-style-type: none"> <li>the patient's full name</li> <li>MCP</li> <li>date of birth</li> <li>gender</li> <li>the hospital number and location</li> <li>admission date</li> <li>the attending physician's name</li> <li>the patient's weight and height (if applicable to therapy)</li> <li>the patient's allergies, adverse drug reactions, intolerances and diagnoses</li> <li>a chronological list of drugs which have been prescribed for the patient since admission to hospital</li> <li>list of all current drug orders. (SOPO-Hospital 3.1b)</li> </ul>						
Auditable and traceable documentation is maintained of:						
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; and						
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. (SOPO-Hospital 3.1c)						

	Compliance				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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-Hospital 3.1d)						
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-Hospital 3.1e)						
<b>PRESCRIPTION REQUIREMENTS</b>						
A pharmacist or pharmacy technician ensures that prescriptions are authentic and written clearly, including all required information. (SOPO-Hospital 3.2a)						
Prescriptions are not filled beyond one year from the date on which the prescription was originally written. (SOPO-Hospital 3.2b)						
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-Hospital 3.2c)						

	Compliance				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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-Hospital 3.2f)						
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-Hospital 3.2g)						
Prescription labels include all required information (SOPO-Hospital 3.4):						
Patient's 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, auxiliary or cautionary statements as indicated, date of dispense, identifier for the pharmacist responsible.						

	Compliance				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Only pharmacists or pharmacy technicians are permitted to alter a prescription label.						
<b>PROFESSIONAL RESPONSIBILITIES</b>						
Pharmacy staff have been advised to review Section 3 of the SOPO-Hospital to ensure they are familiar with professional responsibilities.						
Policies and procedures consider 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 can observe and promptly intervene if necessary). (SOPO-Hospital 3.3c)						
Before a medication is administered or released to a patient, <b>a pharmacist</b> reviews the patient's profile (both locally and in the electronic health record) and assesses clinical appropriateness ( <b>clinical check</b> ). (SOPO-Hospital 3.3a)						
Before a medication is administered or released to a patient, <b>a pharmacist or pharmacy technician</b> performs a final <b>product check</b> to ensure that each step in the dispensing process has been completely properly. (SOPO-Hospital 3.5)						



	Compliance				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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-Hospital 3.3a,ii)						
Pharmacists are <b>available</b> 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-Hospital 3.3a,iii-vii).						

**ADDITIONAL SERVICES**

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
INVESTIGATIONAL OR SPECIAL ACCESS DRUG PROGRAM (SOPO-Hospital 2.1)						
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.						
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.						
Hospitals or clinics that are serviced by the pharmacy are visited on a regular basis.						
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.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
All medication dispensed to residents of long-term care facilities are packaged 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.						
<b>SERVICE TO PERSONAL CARE HOMES (SOPO-Hospital 2.4; SOP: <i>Provision of Pharmaceutical Care to Personal Care Homes</i>)</b>						
The pharmacy has the necessary space and equipment, including a packaging and preparation area that is free of distractions. ( <i>Section 2a</i> )						
The pharmacy has sufficient staff dedicated to support safe and effective provision of care and service to the personal care home and staff receive sufficient training for this specific area of practice. ( <i>Section 2b,c</i> )						
The pharmacy maintains and periodically assesses and updates policies, procedures and operational guidelines related to its service to personal care or community care homes. ( <i>Section 2d</i> )						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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 ( <i>Section 2e</i> )						
Pharmacy staff assist the PCH staff with establishing policies and procedures related to appropriate medication storage and safe administration.						
A <b>pharmacist or pharmacy technician</b> visits the personal care home <b><u>at least every 6 months</u></b> to conduct a medication safety audit on the home's medication room or storage area. ( <i>Section 3.1b</i> )						
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 <b>pharmacist</b> visits the personal care home <b><u>at least every 6 months</u></b> to conduct a review of medication safety issues ( <i>Section 3.2b</i> )						
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 (CPNL Use)
	Yes	Partially	No	N/A		
Issues are escalated to the RHA responsible, when necessary.						
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. (Section 3.2d)						
A complete and accurate medication profile is maintained for each resident of the home. (Section 4.1a)						
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. (Section 4.1a)						
The pharmacy only dispenses medications to residents of the home upon receipt of a prescription from an authorized provider. (Section 4.1b)						
A clinical check is performed by a pharmacist before any medication is dispensed to a resident (Section 4.1c)						
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 <b>(NOTE: PCH residents are outpatients therefore community pharmacy operational standards apply).</b> (Section 4.1d)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
All routinely administered oral medications must be dispensed in a suitable unit-dose or multi-dose package. (Section 4.1e)						
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 hygiene is used during preparation.						
Drugs can be visually identified without removing them from the package.						
Each package is tamper-evident.						
A pharmacist or pharmacy technician performs a final product check of packaged medications. (Section 4.1e)						
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. (Section 4.1f)						
The packaging for "prn" medications is consistent for all residents of the facility (Section 4.1g)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
The labelling requirements for unit dose or multi-dose packages have been reviewed and the requirements outlined in section 4.1h and i of the standards are met.						
In addition to general labelling requirements for all prescriptions, labels include a unique identifier 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 monthly. (Section 4.2a)						
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 (Section 4.2a)						
If a medication change takes place before the next cycle and a replacement package or relabeling is necessary, new medications are delivered to the PCH, or medications are relabeled by a pharmacist or pharmacy technician, within 24 hours (pharmacy staff cannot request that PCH staff relabel medication). (Section 4.3c)						
Upon a medication change, medications are only repackaged for use by the <b>same</b> patient. (Section 4.3f)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Upon a medication change, MARs are either replaced or updated with a new label for the changed medication. (Section 4.3d).						
The pharmacy provides necessary drug information to PCH staff and residents (if appropriate):						
The pharmacy provides printed information to the PCH each time a new medication is dispensed.						
A pharmacist is available for consultation whenever necessary. (Section 5.1)						
A comprehensive medication review is conducted <b>at least annually</b> for each resident of the home. (Section 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. (Section 6.1)						
The pharmacy has a formal system in place to identify and resolve issues related to medication errors, near misses, and unsafe practices. (Section 6.1)						



	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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 D). ( <i>Section 6.1</i> )						
<b>OUT-PATIENT SERVICES (SOPO-Hospital 2.5)</b>						
Service to out-patients is performed in accordance with the <i>Standards of Pharmacy Operation–Community Pharmacy</i> as well as established policies and procedures.						
All pharmacy staff have been advised to review the SOPO-Community.						
Pharmacy staff are aware which services constitute out-patient services <b>[Specify outpatient services in comments]</b> .						
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.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
For prescriptions delivered, there is a record (either physical or electronic) that includes the details necessary to confirm that the prescription was received by the patient, such as the name of the patient or other person to whom the prescription was delivered, the name of the delivery person, and/or a tracking number with documentation that dispensary staff used to confirm successful delivery to the patient. (SOPO-Community 2.2v)						
Prescription pick-up information is communicated to the Pharmacy Network at the time the medication is released so that patient medication profiles within the electronic health record are accurate with respect to dispensing history. (SOPO-Community 3.8d)						
<b>PROVISION OF OPIOID DEPENDENCE TREATMENT (SOPO-Hospital 2.7; SOP: Provision of Opioid Agonist Therapy Medications)</b>						
Does the pharmacy dispense OAT for out-patients?						
The pharmacy maintains and periodically assesses and updates policies, procedures and operational guidelines related to the provision of medications for OAT (Section 5d)						
If dispensing to outpatients, policies and procedures are consistent with the requirements of the SOPO-Community.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Pharmacy professionals should have and maintain the necessary competence to participate in OUD treatment. Pharmacists and pharmacy technicians should complete education and training on OUD and its treatment that is appropriate to their scope of practice and practice site prior to participating in the provision of medications to treat OUD, and on an ongoing basis as their participation continues. ( <i>Section 4</i> )						
The pharmacy must have an appropriate selection of clinical references to support the safe provision of OAT medications that are readily available to all dispensary staff. ( <i>Section 5e</i> )						
The pharmacist-in-charge ensures that all pharmacists, pharmacy technicians and other support staff are appropriately educated and trained in the treatment of OUD and understand the scope of their role in the provision of OAT medications. ( <i>Section 5c</i> )						
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.						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Relevant clinical information is gathered to assess the appropriateness of continuing opioid dependence treatment, such as patient intoxication or withdrawal symptoms, signs of respiratory depression, pregnancy, medical conditions, concomitant pain, etc. (Section 6.3)						
When a patient who is taking an OAT medication is admitted to hospital or visits the emergency department, pharmacists coordinate with the patient's prescriber and community pharmacy to obtain appropriate information (i.e. date of last dose, if take-home doses were issued, etc.). (Section 8.5)						
Orders for OAT are clear and specific about dose, start and end dates. (Section 6.3)						
When providing OAT 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. (Section 6.3)						
Prescriptions for OAT medications are assessed for correct dosage, scheduling, etc. using reputable clinical sources and if inconsistency from these sources is noted, the prescriber is consulted, and the outcome of the conversation is documented accordingly. (Section 6.3)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Take-home doses that are in the patient's possession are retained by the hospital pharmacy and are not administered, only the institution's OAT inventory is used. (Section 8.5c)						
ALL methadone doses are prepared using an unflavored, commercially- prepared 10 mg/mL solution. (Section 6.5a)						
Compounded methadone is only dispensed in the event of a manufacturer shortage - where no Health Canada-approved product is available. In this event, if a stock solution of methadone is prepared, a Methadone Compounding Log is maintained which records the lot number, manufacturer, quantity of methadone used, total volume prepared, date prepared and initials of the compounding pharmacist. (Section 6.5a)						
ALL methadone doses are measured using a device that has an accuracy of +/- 0.1 mL and is distinctively labeled and exclusively used for this purpose. (Section 6.5b)						
ALL methadone doses are dispensed to the patient care areas as individual patient-specific doses diluted to 100 mL with a suitable crystalline juice (e.g. Tang). (Section 6.5b)						
Methadone dose calculations, measurements and preparations are independently checked prior to dilution, whenever possible (Section 6.5b)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Where possible, OAT medications should be dispensed to the patient care area as individual patient-specific doses each day. ( <i>Section 8.5d</i> )						
Buprenorphine is dispensed to the patient care areas as patient-specific doses in light-resistant vials ( <i>Section 6.4b</i> )						
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 pharmacist's initials. ( <i>Section 6.4b</i> )						
OAMT medications (including prepared doses for patients) are stored in a secure location (i.e. a locked refrigerator) at all times within the pharmacy and in patient care areas. ( <i>Section 8.5e</i> )						
The patient's identification is confirmed by the health professional witnessing the ingestion prior to administering each dose of opioid dependence treatment. ( <i>Sections 6.7a,ii, 8.5f</i> )						
The patient is assessed for signs of intoxication or sedation prior to each administration. ( <i>Sections 6.7a,iii, 6.8.a,iii, 7.2, 8.5f</i> )						
Methadone and buprenorphine-naloxone doses are never left by the patient's bedside. ( <i>Section 8.5e</i> )						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Each methadone dose is independently double-checked by two health professionals before administration. ( <i>Section 6.5b</i> )						
Following administration of methadone, the health professional witnessing the dose verifies that the dose has been swallowed by asking the patient to speak after taking it. ( <i>Section 6.7b</i> )						
Buprenorphine-naloxone is administered under the tongue and the witnessing health professional continues to oversee patients until the dose has started to dissolve. ( <i>Section 6.7b</i> )						
Pharmacists are familiar with clinical practice guidelines regarding how to handle vomited doses of OAT medication ( <i>Section 7.5</i> )						
Pharmacists are familiar with clinical practice guidelines regarding how to handle missed doses of OAT medications and when prescriber consultation, dosage adjustment and a new prescription are necessary ( <i>Section 7.4</i> )						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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 occurred in treatment during the hospital stay (community pharmacists are also required to verify last dose details prior to dispensing OAMT upon discharge). ( <i>Section 8.5 h,i</i> )						
<b>OFF-SITE DELIVERY TO PATIENTS</b>						
All storage considerations are considered including breakage and refrigeration ( <i>SOPQ-Hospital 2.8a,i</i> )						
The patient's confidentiality is always protected by ensuring the outer package contains only the patient's name and address. ( <i>SOPQ-Hospital 2.8a,ii</i> )						
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. ( <i>SOPQ-Hospital 2.8a,iii</i> )						



	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
Any patient to whom a prescription is delivered is provided with proper and sufficient counseling and the counselling provided is documented accordingly. (SOPO-Hospital 2.8a,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 2.8a,v)						
<b>IN-PATIENT LEAVE OF ABSENCE (PASS) MEDICATIONS</b>						
All in-patient leave of absence medications must be documented in the patient record. (SOPO-Hospital 2.9a)						
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 (SOPO-Hospital 2.9b)						
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). (SOPO-Hospital 2.9c,d)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
<b>TELEPHARMACY (Licensing Requirements for Hospital Pharmacies providing Telepharmacy to Remote Hospital Sites)</b>						
The remote site is under the direct supervision of a registered pharmacist at the primary pharmacy during all hours of operation. (Section 1)						
The remote site does not remain open if:						
there is any interruption in the audio, video or computer links between the remote site and the primary pharmacy;						
there is no pharmacy support staff on duty at the remote site; or						
there is no pharmacist on duty at the primary pharmacy to supervise the remote site. (Section 3)						
All applicable Standards of Practice for Hospital Pharmacies are met at the remote site. (Section 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. (Section 5)						
Prescriptions dispensed from the remote site are labelled so that they are distinguishable from a prescription dispensed from the primary pharmacy, including:						
the name, address and telephone number of the primary pharmacy;						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
a unique identifier, attached to the prescription number, that indicates the drug has been dispensed from the remote site; and						
the municipal address of the remote site. (Section 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. (Section 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 CPNL policy). (Section 8)						
<b>ADMINISTRATION OF DRUG THERAPY BY INHALATION OR INJECTION (SOP: Administration of Drug Therapy by Inhalation or Injection)</b>						
Administration of drug therapy by inhalation or injection is performed in accordance with the Standards						
ALL pharmacy professionals that administer drug therapy by inhalation or injection have successfully completed an approved education program and are authorized by the CPNL to participate in such services. (Section 2a)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
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. (Section 4a)						
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). (Section 4a)						
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)						
<b>PRESCRIBING (SOP: Prescribing by Pharmacists)</b>						
Prescribing activities by pharmacists are performed in accordance with the Standards						
ALL pharmacists that prescribe have successfully completed the required orientation program and are authorized by CPNL to participate in such services. (Section 2)						
The location where prescribing occurs allows patient consultations to be provided in a private patient care environment that is comfortable for the patient. (Section 4a)						

	Compliant				Comments	Onsite Findings (CPNL Use)
	Yes	Partially	No	N/A		
The practice standards outlined in the SOPO-Hospital are met with respect to prescribing activities 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 di,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 CPNL website at: <https://cpnl.ca/professional-practice/practice-framework/standards/>

## Required Reference Materials Checklist

In accordance with sections 1.4 b) i) and xv) of the *SOPO-Hospital*, pharmacies must have access to the CPNL website ([www.cpnl.ca](http://www.cpnl.ca)) as well as reference material in accordance with the following:

CATEGORY		VERSIONS	EXAMPLES
<input type="checkbox"/>	Canadian Compendium	Current	CPS: Drug Information
<input type="checkbox"/>	Complementary, Alternative, Natural Health	Current or next to current	AltMedDex® System, Lexi-Natural Products, Natural Medicines Comprehensive Database, The Review of Natural Products
<input type="checkbox"/>	Drug Interactions	Current year or previous year with continuous updates	Drug Interactions Analysis & Management, Drug Interaction Facts, Drug-Reax® System, Evaluations of Drug Interactions, Lexi-Drug Interactions
<input type="checkbox"/>	General Drug Information Reference	Current or next to current	AHFS Drug Information, Drug Facts and Comparisons, Drug-Dex System, Lexi-Drug Information
<input type="checkbox"/>	Geriatrics (where applicable)	Current or next to current	Lexi-Geriatric Dosage Handbook
<input type="checkbox"/>	Minor Ailments	Current	Compendium of Products for Minor Ailments <b>AND</b> Compendium of Therapeutics for Minor Ailments (text or online)
<input type="checkbox"/>	Parenteral Products	Current or next to current	Extended Stability for Parenteral Products, Dellamorte-Bing, King Guide to Parenteral Admixtures, Lexi-IV, Pediatric Injectable Drugs, Phelps, Trissel's IV Compatibility
<input type="checkbox"/>	Pediatrics (where applicable)	Current or next to current	Lexi-Pediatric and Neo-Natal Dosage Handbook, Sick Kids Drug Handbook and Formulary
<input type="checkbox"/>	Pregnancy and Lactation	Current or next to current	Drugs in Pregnancy and Lactation, Briggs, Lexi-Pregnancy and Lactation
<input type="checkbox"/>	Therapeutics	Current or next to current	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

The following references are also RECOMMENDED:

CATEGORY	EXAMPLES
<input type="checkbox"/> Non-Sterile Compounding	Sick Kids Pharmacy Compounding Service website <a href="https://www.sickkids.ca/en/care-services/for-health-care-providers/pharmacy/">(https://www.sickkids.ca/en/care-services/for-health-care-providers/pharmacy/)</a>
<input type="checkbox"/> Oncology	BC Cancer Agency ( <a href="http://www.bccancer.bc.ca/">http://www.bccancer.bc.ca/</a> ) Cancer Care Ontario ( <a href="https://www.cancercare.on.ca/">https://www.cancercare.on.ca/</a> )
<input type="checkbox"/> Pharmacology	Basic & Clinical Pharmacology, Katzung Goodman & Gillman's The Pharmacological Basis of Therapeutics, Brunton
<input type="checkbox"/> Other	Clinical Handbook of Psychotropic Drugs, Bezchlibnyk-Butler Institute for Safe Medication Practices (ISMP) Canada website <a href="https://ismpcanada.ca/">(https://ismpcanada.ca/)</a> Lexi-Infectious Diseases Remington: The Science and Practice of Pharmacy ( <a href="http://www.lww.com">www.lww.com</a> ) Sanford Guide to Antimicrobial Therapy

I, \_\_\_\_\_ certify that I:

Pharmacist-in-Charge Name

- |                                |             |
|--------------------------------|-------------|
| Pharmacist-in-Charge Signature | Date Signed |
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 Staff Member Signature

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 Date Signed

[illegible]