POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Pharmacy Director
Supervised by: Chief Executive Officer
Prepared by: ____________________________  Approved by: ____________________________
Date: _______________________________  Date: _______________________________

Job Summary: Responsible for planning, organizing and directing the overall operation of Pharmacy Services; ensures compliance with patient care quality standards as it relates to the care provided to all age groups of patients ranging from newborns to the elderly; directs and controls the purchase and inventory maintenance of pharmaceuticals and related substances and supplies; participates in the department’s planning, revenue analysis, budgeting, education and human resources activities.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

General Responsibilities:

Works with hospital administration on planning, organizing and directing Pharmacy Services operations and ensuring compliance with all local, state and federal regulations. 3 2 1

Monitors activities of Pharmacy Services and takes appropriate action as necessary to ensure efficient and effective operation. 3 2 1

Works closely with the nursing and medical staffs and other clinical department managers in addressing Pharmacy Services issues as they are related to the services provided to all patients ranging from the newborn to the elderly. Understands that there are dosage variations between newborns, pediatrics, adolescents, adults and geriatrics and knows where to find appropriate information. 3 2 1

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors. 3 2 1

Supports and maintains a culture of safety and quality. 3 2 1

Directs and controls the purchase and inventory maintenance of pharmaceuticals. 3 2 1

Oversees the storage and distribution of all pharmaceutical items in departmental and patient care locations. 3 2 1

Directs and participates in the development/revision, implementation and communication of policies, guidelines and standards for Pharmacy Services in accordance with the hospital’s policies, accrediting organization standards, federal and state regulations. 3 2 1

Directs and participates in the human resources management function for the department by coordinating the selection, promotion, orientation and performance appraisal processes. 3 2 1

Coordinates the department’s inservice training. 3 2 1

Attends and participates on hospital committees such as the Pharmacy and Therapeutics Committee, Department Manager’s Meeting and Performance Improvement Committee. 3 2 1

Provides coverage as a staff pharmacist for the department, as necessary. 3 2 1
POLICY:

- Pharmacy Services shall operate within all applicable state and federal laws, regulations and licensure requirements. In matters of professional judgment or practice standards, the American Society of Health-System Pharmacists (ASHP) and accrediting organization recommendations shall be given first consideration and priority.
  - The hospital’s Pharmacy Services shall have at all times a valid and current pharmacy license issued by the state board which will be posted in public view.
  - All Pharmacists and Pharmacist Interns must maintain valid and current licensure with the board according to law and hospital policy. A photocopy of the current renewal receipt shall be kept in the personnel file.
  - A current copy of State Pharmacy Law with Rules and Regulations shall be available in Pharmacy Services at all times.

- Federal:
  - The hospital shall comply with all laws, regulations and requirements of the Drug Enforcement Administration (DEA).
    - The hospital shall maintain current and valid registration with DEA. The registration certificate will be posted in public view in Pharmacy Services.
    - All required records shall be maintained by Pharmacy Services, including order forms (DEA-222), disposal (DEA-41), loss (DEA-106) and the biannual inventory.
    - In accordance with DEA regulations, all Schedule II, III, IV drugs shall be stored separately in a locked cabinet in the main Pharmacy, automated drug dispensing machines on the patient care units or double-lock storage cabinets in ancillary areas. Access shall be restricted to licensed staff or Pharmacy Technicians under the supervision of a Pharmacist.
  - Pharmacy Services shall comply with the Conditions of Participation for Medicare of the Centers of Medicare and Medicaid Services.
POLICY:

- This healthcare organization shall maintain a list of look-alike, sound-alike medications that are stored, dispensed or administered in the organization, and implement measures to prevent errors involving the interchange of these medications.

- The Institute for Safe Medication Practices (ISMP) has identified medications that have the potential for erroneous interchange due to their look-alike, sound-alike nature. While not every medication on the list may require special management, all individuals that manage or utilize medications in any manner should become familiar with the medications identified by ISMP and should be aware of the potential for error due to the look-alike, sound-alike nature.
  - The medication names listed on the ISMP website may not sound alike as they are read or spoken aloud; however, when handwritten or communicated verbally, these names have a high potential for causing a sound-alike erroneous interchange.

PROCEDURE:

- Pharmacy Services, in conjunction with nursing services and the medical staff, shall develop and maintain a list of look-alike, sound-alike medications that are used throughout the organization.
  - The list shall be approved by the medical staff as a physician awareness issue due to the nature of potential medication interchange.
  - The list shall be reviewed annually, and as needed, by the Pharmacy and Therapeutics Committee for revision and continued approval.
  - This list shall be distributed to all licensed independent practitioners annually, and as necessary when revisions are made.
  - Measures outlined in accompanying policies, such as the Drug Inventory Control policy and procedure, the organizational Prescribing/Ordering General Practices, High Alert Medication Management and the Decreasing Medication Errors policies and procedures, shall be undertaken to prevent medication errors related to the procurement, storage, preparation, distribution and administration of look-alike, sound-alike and high alert medications.
DEFINITION:

The federal government has created the Strategic National Stockpile (SNS), composed of a number of ready-to-deploy “Push Packs” containing therapeutic and prophylactic medications and medical supplies to treat thousands of patients affected by CDC Category A disease-causing agents.

PURPOSE:

__________________ (organization name) is aware of the ongoing crisis of drug shortages and has a plan and processes in place to ensure that medications in use are safe, effective and managed in a manner that maintains patient safety.

POLICY:

• Pharmacy Services shall have an alternate source of drugs in the event of a shortage or outage of prescribed medication or disaster/emergency.

• Prescribers and clinical staff shall be made aware of a shortage or outage of medication by Pharmacy Services through newsletters and email.

• Pharmacy Services shall evaluate all instances when it is unable to obtain a drug through legal channels and shall have a process in place for minimizing the impact of a drug shortage on patient care.

PROCEDURE:

• In order to mitigate the risks associated with the unpredictability and uncertainty of drug shortages __________________ (organization name) Pharmacy and Therapeutics committee shall assign responsibility for daily monitoring of drug shortages to ________________.

• For drug shortages identified, ________________ shall evaluate the impact of the drug shortage on clinical care in the hospital and shall, in conjunction with the appropriate personnel, establish a plan to address the drug shortage.
POLICY:

- Orders for patient treatment and medications, including the administration of medications, shall be carried out only when given by a qualified physician, surgeon, dentist, podiatrist or other person duly licensed or authorized to prescribe by the state of __________________ and who has been approved as a member of the medical staff of this hospital.

- All orders of medication and treatment shall be written into the medical record of the patient and signed by the ordering licensed independent practitioner.

- All orders for medications shall include the date and time of the order, the name of the drug, the dosage, the route, frequency of administration, age and weight of the patient, known allergies, the reason the medication is ordered for the patient and the name of the prescriber.

- All orders for treatment shall include the type of treatment, specific requirements of the treatment (such as wet to dry dressings, etc.) and the frequency of treatment.

- The most recent orders shall always be used for patient care, treatment and services.

PROCEDURE:

- Written Orders:
  - These shall be filled when written as stated above and signed by the practitioner.

- Verbal/Telephone Orders:
  - Verbal/telephone orders shall be used infrequently, as defined by the organization.
  - Only verbal/telephone orders from an approved licensed independent practitioner (LIP) shall be taken.
  - Verbal/telephone orders of medication shall be received and recorded by the Pharmacist or licensed nurse. This does not preclude the taking of a verbal/telephone order by a specialty technician within the scope of his/her specialty allowed by law, which includes the Respiratory Technician, Physical Therapist, Imaging/Radiology Technician and Nuclear Medicine Technician.