



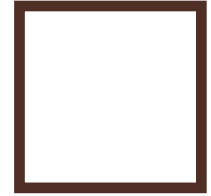
A Stepwise Quality Improvement Checklist for Federal Tertiary Hospitals

PHARMACEUTICAL SERVICES

*An Assessment Tool to Strengthen the
Operations, Service Delivery, Safety, Quality
and Management of the Pharmaceutical Services.*



INTRODUCTION



Context

Continuous Quality and Safety Improvement in Federal Tertiary Hospitals

Tertiary Hospitals Pharmacy Services

Appropriate drug therapy is indispensable to safe and cost-effective healthcare. The consequences of inappropriate drug therapy, both for patients and society in general, are enormous, hence, the need for a rational and cost-effective use of drugs in all Federal Tertiary Hospitals.

The Department of Pharmaceutical Services provides comprehensive pharmaceutical care to the hospital. They monitor the supply of all medicines used in the hospital, promote safe and effective medication therapy for all patients, and provide oversight and leadership of the medication use system.

Pharmaceutical services includes offering advice to patients and working closely with medical and nursing staff on wards to ensure that the most appropriate therapeutic treatment is being delivered. They monitor and provide information on potential side effects and check that medicines are compatible with existing medication.

The management of the department of pharmaceutical services have the main responsibility of managing the attitudes, behaviours, commitments, concerns, ethics, functions, knowledge, responsibilities and skills of the pharmacists and other pharmacy support staff to provide effective drug therapy with the goal of achieving definite therapeutic outcomes toward patient health and quality of life. In addition to this, they are responsible for monitoring the supply of all medicines used in the hospital and are in charge of purchasing, manufacturing, dispensing and quality testing their dispensing processes and medication stock.

Objectives of this Checklist

This quality assessment checklist will provide **direction, support, and accountability framework** while focussing on individuals, systems, management of resources and self-governance. It will build corporate accountability for performance into pharmaceutical service management model and develop a corporate culture in which quality improvement becomes a shared enterprise through shared learning and information. It will also provide strategic opportunities to diagnose and repair broken processes.

Frequent, accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively.

This checklist therefore represents a clinical governance assessment tool to determine:

- 1) The quality of pharmaceutical services.
- 2) The quality of patient safety strategies put in place in the department of pharmaceutical services
- 3) The quality and competency level of pharmacists and pharmacy technicians, and their impact on patient outcomes.
- 4) The level of process capabilities
- 5) The utilization of drugs
- 6) Areas for improvement.





Assessment Scoring

The contents of this checklist have been awarded point values based on their relative importance. Responses to all questions must be either “Yes” or “No” or “Not Applicable” (NA).

The checklist has considerable overlap and expanded to include important continuous quality tools.

NOTE:

- Only responses marked yes should be given the allotted points. All the required answers to a particular question must be present before you can indicate a “yes” for any given checklist question and then award the corresponding allotted points.
- It is often not necessary to ask all the checklist questions verbatim. An experienced auditor can often learn to answer multiple checklist questions through open-ended questions with the key or designated staff contact.

This checklist is divided into different aspects of Quality Management System that the department is required to develop and implement regularly as listed below;

Assessment Score Sheet			
Sections		Total Allotted Scores	Assessed Scores
6.0	Staffing Summary	27	
6.1	Facility and Safety	17	
6.2	Organization and Management	43	
6.3	Equipment	14	
6.4	Procurement and Inventory Management	22	
6.5	Quality Improvement	40	
6.6	Occurrence and Incidence Management	19	
6.7	Clients Engagement and Communication	7	
6.8	Documentation and Records	10	
	Total Scores	199	

Assessment Score Sheet

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	<i>Total Scores</i>	<i>199</i>			



General Information

Date of Assessment	
Name(s) and Affiliation(s) of Assessor(s)	
Name of Federal Tertiary Hospital:	
Address:	
State:	
Telephone:	
Name of CMD/MD:	Telephone/E-mail (CMD/MD):
Head of Pharmacy:	Email
	Telephone (Head of Pharmacy)
Number of prescription received per month:	Number of pharma-covigilance complaint:
Number of prescription filled per month:	Number of pharmacy outlets in hospital:
Number of prescription not filled per month:	



6.0 Staffing Summary

Profession	No. of Full Time Equivalents	Adequate for Facility Operations			Allotted Scores	Assessed Scores
		YES	NO	Insufficient Data		
Director for Pharmacy					3	
Assistant Directors					3	
Chief Pharmacists					3	
Principal Pharmacists					3	
Senior Pharmacist					3	
Grade One Pharmacists					3	
Intern Pharmacists					2	
NYSC					2	
Pharmacy Technicians					2	
Pharmacy Assistants					1	
Cleaners					1	
Drivers					1	
Subtotal					27	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.1 FACILITY & SAFETY						
Is the layout of the pharmacy area appropriate for optimal workflow?	YES	NO	N/A		2	
Drug Storage Facility Does the facility have adequate storage spaces for drugs and consumables?	YES	NO	N/A		3	
Are there functional refrigerators and cold rooms to ensure preservation of temperature sensitive products?	YES	NO	N/A		3	
Is there a provision for alternative power supply (backup) or solar fridge available in case of power outage?	YES	NO	N/A		2	
Standard: The pharmacy should provide adequate facility, equipment and procedures for the storage, preparation, and dispensing to avoid deterioration of products.						
Dispensing Rooms						
Are there drug counseling rooms?	YES	NO	N/A		2	
Standard: Provision should be made for demarcated dispensing booths to ensure patient confidentiality						
Manufacturing Facilities						
Are there manufacturing facilities for extemporaneous and non-sterile preparations?	YES	NO	N/A		1	
Standard: There should be an appropriate manufacturing facility for extemporaneous and non-sterile preparation with established quality-assurance and expiration dating procedures.						
Does the facility have dedicated officer(s) manning the stores?	YES	NO	N/A		3	
Are there conducive rest rooms for Pharmacists on call duty?	YES	NO	N/A		1	
Standard: Tertiary Hospitals should make provision for adequate pharmacy unit(s) to ensure effective delivery of pharmaceutical services.						
Subtotal					17	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.2 ORGANIZATION AND MANAGEMENT						
Does management have in place a long and short-term strategic plan for quality improvement?					3	
Does the pharmacy department have a written document describing the scope of pharmacy services?	YES	NO	N/A		2	
Standard: <i>The pharmacy shall have a written document that reflects both patient care and operational responsibilities.</i>						
Is there a drug and therapeutics committee?	YES	NO	N/A		3	
Are staff of other units members of this committee?	YES	NO	N/A		1	
Are feedbacks from the committee incorporated into the drug policy?	YES	NO	N/A		1	
Does the pharmacy regularly develop, evaluate and update plans/policies and activities to align with its scope of service?	YES	NO	N/A		2	
Are disease specific services offered? E.g. Geriatric, Paediatric Medicine, Oncology?	YES	NO	N/A		2	
Does the department practice unit-dose system of medication distribution?	YES	NO	N/A		2	
Standard: <i>The unit-dose system of medication distribution is a pharmacist coordinated method of dispensing and controlling medication in hospitals.</i>						
Does the department have policy on medication management?	YES	NO	N/A		2	
Is there a policy for the annual modification of medicines list (formulary)?	YES	NO	N/A		2	
Does the department have a policy on managing high alert medicines which includes their storage, labeling, prescription, dispensing?	YES	NO	N/A		3	
Are staff retrained and updated on controlled drugs dispensing and adequate usage?	YES	NO	N/A		2	
is there a comprehensive pharmacy computer system integrated to hospital information systems to support administration, electronic health record, and patient billing?	YES	NO	N/A		3	
Is there a backup system to continue essential computerized functions? e.g that support patient care during equipment failure.					2	
Standard: <i>There should be a comprehensive pharmacy computer system integrated to hospital information with backups of patient record for quick reference.</i>						

Is there policies and procedures for the evaluation , selection, calibration, monitoring and maintenance of all automated pharmacy systems?	YES	NO	N/A		2	
Is the automated mechanical system structured to support the pharmacist review of medication?	YES	NO	N/A		2	
Is there a selected drug information resource platform?	YES	NO	N/A		2	
Are drug information readily accessible to pharmacist located in patient care areas?	YES	NO	N/A		2	
Does the department have adequate training policies, procedures, and training plan?	YES	NO	N/A		1	
Standard: Adequate training policies, procedures, and training plan should be made available and ensure that staff are qualified for job descriptions.						
Do the pharmacist participate in relevant continuing education programmes and activities necessary for maintaining or enhancing their competencies?	YES	NO	N/A		2	
Are clinical meetings held regularly?	YES	NO	N/A		2	
Subtotal					43	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.3 EQUIPMENT						
Are there standard operating procedures (SOPs) for equipment maintenance?	YES	NO	N/A		2	
Are equipment maintenance carried out?	YES	NO	N/A		2	
Is the maintenance regular?					1	
Standard: Equipment must be maintained regularly following a standard operating procedures.						
Is there a functional clean room?	YES	NO	N/A		3	
Standard: Clean and functional room should be readily available.						
Is Non-functional equipment removed from the dispensing and pharmacy store area?					1	
Standard: Non-functional equipment should be remove for repair or replacement immediately.						
Is equipment installed and placed as specified in operators manual? e.g solar fridge, weighing scale.	YES	NO	N/A		2	
Are repair orders monitored to determined if the service is completed?	YES	NO	N/A		1	
Are there back up procedures for equipment failure?	YES	NO	N/A		2	
Standard: Equipment should be installed as specified in the operators and user manuals and all repair monitored with back up procedures for equipment failure.						
Subtotal					14	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.4 PROCUREMENT AND INVENTORY MANAGEMENT						
Is there an established documented stock re-order levels and systems in place for drugs, infusions and consumables?	YES	NO	N/A		3	
Standard: The pharmacy department should have a functional stock re-order system with adequate lead time. Re-order levels should be documented and management should enforce adherence to avoid stock outs						
Are the drugs and therapeutics committee involved in drug procurement?	YES	NO	N/A		2	
Are procurement laws being followed always?	YES	NO	N/A		1	
Standard: Procurement laws and reorder process must be put in place and the therapeutics committee involved.						
Are there updated paper and electronic price lists of essential drug items?	YES	NO	N/A		3	
Standard: Market analysis should be done by designated officers and price list should be frequently reviewed and updated.						
Is procurement of antibiotics based on infections and bacterial disease pattern?	YES	NO	N/A		3	
Does pharmacy get the microbial sensitivity report of the hospital to guide antibiotics drug procurement?	YES	NO	N/A		2	
Standard: Pharmacy should get the microbial sensitivity report of the hospital to guide antibiotics drug procurement; this must be done by a professional who has experience in the procurement for antibiotics based on infections and bacterial disease pattern.						
Inventory: Are drugs separated and arranged according to dosage form and generic name?	YES	NO	N/A		2	
Are drugs available for first Aid treatment of poisons?	YES	NO	N/A		2	
Standard: All drugs should be arranged according to generic name with a log book for easy identification and drugs used for first aid treatment of poison must be on the top of the list.						
Are medicines stored according to manufacturers recommendations?	YES	NO	N/A		1	
Is there up to date recording of the use of concentrated electrolytes?	YES	NO	N/A		1	
Standard: There should be an up to date recording of the use of concentrated electrolyte.						
Are emergency medications always available in ready to use form when possible?	YES	NO	N/A		2	
Subtotal					22	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.5 QUALITY IMPROVEMENT						
Are there any quality assurance activities in place in the department?	YES	NO	N/A		3	
Standard: There should be an established quality-assurance procedures in the department and a process for assessing and ensuring the quality of responses.						
Are there internal audit on all aspects of pharmacy operations to improve service delivery?	YES	NO	N/A		3	
Is there any internal quality control unit for the pharmacy department?	YES	NO	N/A		3	
Is the quality control unit fully functional and adequately staffed?	YES	NO	N/A		1	
Standard: The pharmacy shall provide adequate internal audit and quality assurance for drug formulation, dosage forms, strength, and packaging.						
Are pharmacist part of the hospital quality improvement programme	YES	NO	N/A		3	
Do pharmacist carry out Drug Utilization Evaluation(DUE) at the pharmacy department?	YES	NO	N/A		2	
Is there Drug Utilization Evaluation Result feedback used in drug policy decisions?	YES	NO	N/A		2	
Standard: Pharmacist should be part of quality improvement programme and should periodically carry out drug utilization evaluation(DUE)						
Do you have drug quality control laboratory in line with the national drug policy?	YES	NO	N/A		3	
Inter - Professional Activities						
Do Pharmacists go on pharmacist ward round?	YES	NO	N/A		3	
Do pharmacists go on joint ward rounds with other health professionals?	YES	NO	N/A		3	
Are pharmacists part of patient treatment reviews?	YES	NO	N/A		2	
Do pharmacist get feedback from other clinical units on the drugs supplied?	YES	NO	N/A		2	
Do pharmacist take part in clinical trials?	YES	NO	N/A		2	
Standard: Pharmacist should be part of clinical trial, ward rounds, treatment reviews and quality improvement programmes of the hospital.						
Are routine tasks established, assigned to each pharmacy staff and monitored?	YES	NO	N/A		2	
-Are SOPs routinely reviewed?	YES	NO	N/A		2	
Are quality and process improvement topics/projects discussed?	YES	NO	N/A		2	
-Are meetings notes recorded?	YES	NO	N/A		2	
Standard: Standard operating procedures should always be upheld in all action plans and must be noted during meetings.						
Subtotal					40	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.6 OCCURRENCE AND INCIDENCE MANAGEMENT						
Is there an incidence reporting book in the pharmacy?	YES	NO	N/A		3	
Is there a designated pharmacy staff to monitor and ensure the incidence reporting books utilized?	YES	NO	N/A		1	
Are incidences reviewed and corrective actions taken?	YES	NO	N/A		2	
Are the corrective actions shared with the pharmacy team and other relevant departments in the hospital to prevent future occurrences?	YES	NO	N/A		2	
Standard: <i>Incidence report book must be kept, filled regularly and reviewed by the pharmacy management.</i>						
Does the pharmacy department have a drug poison and information/pharmacovigilance centre in line with the national drug policy?	YES	NO	N/A		3	
Standard: <i>There should be an Adverse Drug Reaction (ADR) reporting system and record in place.</i>						
Is there access to drug-drug interaction information (both paper and electronic) e.g Drug bulletin and ADR reports from NAFDAC	YES	NO	N/A		2	
Standard: <i>There should be a pharmacovigilance unit in the hospital to monitor drug administration and adverse drug reaction.</i>						
Are systematic and recurrent issues addressed including action plans to prevent recurrence?	YES	NO	N/A		2	
Are prescriptions and dispensing errors reviewed by the pharmacy team?	YES	NO	N/A		2	
Are these corrective actions and errors discussed during departmental meetings to promote learning and future prevention?	YES	NO	N/A		2	
Standard: <i>Corrective action should be a topic of discussion during departmental meetings.</i>						
Subtotal					19	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
6.7 CLIENTS ENGAGEMENT & COMMUNICATION						
Is there a tool for regularly evaluating clients satisfaction?	YES	NO	N/A		2	
	Tick as Appropriate					
Waiting Time						
Confidentiality						
Drug Information						
Standard: A tool or guideline should be kept for regularly evaluating clients satisfaction.						
Are clients complaints handled by a senior staff always?	YES	NO	N/A		1	
Are there records of clients complaints and actions taken? (service failure)	YES	NO	N/A		2	
Standard: Records of clients must be kept and actions taken to resolve their complaints.						
Are feedbacks communicated to the clients as regards resolving their complaints? (service recovery)	YES	NO	N/A		2	
Standard: Feed back should be communicated back to clients as regards resolving their complaints.						
Subtotal					7	
6.8 DOCUMENTATION AND RECORDS						
Are there mandatory reference books available? BNF, BNF for children, Essential drug lists for Nigeria, poisons books etc.	YES	NO	N/A		1	
Are current Standard Operating Procedures available for all the major pharmacy services?	YES	NO	N/A		2	
Are SOPs easily accessible/available to all staff?	YES	NO	N/A		1	
Standard: Standard Operating Procedures(SOPs) should be updated at least once annually and made easily accessible for all staff and manufacturing activities.						
Are there functional documented drug formularies and manuals for the manufacturing procedures being performed?	YES	NO	N/A		2	
Are these formularies been reviewed at least annually?	YES	NO	N/A		1	
Standard: A well-controlled formulary of approved medications shall be maintained and regularly update and the impact of and compliance with the formulary should be periodically reviewed (e.g, through drug-utilization reviews)						
Are filled prescriptions archived and retrievable in accordance with national guidelines	YES	NO	N/A		2	
Is efficient record keeping ensured by both paper and electronic?	YES	NO	N/A		1	
Subtotal					10	



SUMMARY

Noted Challenges:

Noted Recommendations: