

Division 41 - Hospitals
Section By Section Summary
Updated: 04-01-10

855-041-6050

Definitions

Creates new definitions for this section of rules

855-041-6100

Registration

The intent of this section of rule is to create a licensing format for large and small hospital organizations.

The rule does not allow a “campus” license, or several pharmacies functioning under one license, but does allow the satellite pharmacy concept within a hospital. Patient care areas and nursing units are now identified as secondary and remote storage areas. Rule allows hospitals to have satellite pharmacies within a hospital building without additional registration fees. A secondary building may be included with the central pharmacy license if attached physically to the main hospital building (i.e. attached by a sky bridge, tunnel etc). Drug storage may occur at a remote location if licensed as a drug room.

855-041-6150

General Pharmacy Requirements

This rule address general equipment, drug formulary and security requirements. Electronically stored policy and procedures may replace written policy and procedures. Every pharmacy in a hospital organization must have a PIC. The CPO would oversee the pharmacy operations for a hospital organization with multiple pharmacies. Unlike the PIC position the CPO position can be vacant but in that case the PIC for each pharmacy will be responsible for the CPO duties for their pharmacy. An organization can appoint a temporary Oregon licensed pharmacist as the CPO.

Drug Distribution and Control

855-041-6200

General

Requires a PIC. A residential facility such as a LTC facility or rehab center may have a pharmacy in the building and the pharmacy can operate under hospital rules. The rule requires floor inspections every 2 months. This rule applies a modified definition of verification. Verification as defined for use in the hospital setting only would be applied to individual events not an overall final verification. This allows the pharmacist to verify the correctness of packaging or labeling of a drug prior to the final administration of the drug to the patient.

855-041-6210

Chief Pharmacy Officer and Pharmacist in Charge

These rules use the new term Chief Pharmacy Officer which is a current industry standard and replaces Director of Pharmacy. The CPO must be an Oregon licensed pharmacist. The CPO may supervise one pharmacy or multiple pharmacies within one organization structure. The intent is to allow hospitals to define responsibilities between a CPO and PIC. In general the CPO is responsible for the policies of the pharmacies and the PIC is responsible for the procedures, daily activities, implementation and adherence to the rules for the pharmacy.

855-041-6220

Records

Adds a list of records the Board requires to be kept for the 3 year requirement. The records must be stored on site for one year and may be stored off-site for two years. If records are stored off site, the site must be secured and the records retrievable in three business days. Adds a list of required policies and procedures.

855-041-6240

Drug Administration

There is some new language for this section but no major changes from old rule. The section also addresses the self-medicating by patients.

855-041-6250

Patient’s Own Medications

New language with no major changes from old rule.

855-041-6260**Investigational Drugs**

New language with no major change from old rule. Include the use of appropriate protocol numbers. This section now addresses the protocol number for the research drug.

855-041-6270**Labeling**

Old language with the inclusion that a pharmacist must check the medication for proper labeling when the barcode or electronic labeling is changed. Adds and rewords language for labeling of IVs and parenteral therapy drugs. Electronic generation of the verifying pharmacist can be used and the initials of the pharmacist will be held accountable for the completeness and accuracy of the labels. This includes IV admixture verification and labeling.

Absence of Pharmacist**855-041-6300**

Requires the CPO to make provision for access to drugs when pharmacy is closed.

855-041-6305**Night Cabinet**

This is old language and no change in this rule. This is the use of secured storage areas for after the pharmacy is closed. The cabinet may be accessed by an authorized registered nurse but does not have to be the night supervisor registered nurse. The designated nurse who is granted access to the night cabinet may not be the hospital's traditional "nurse supervisor".

855-041-6310**After hours access to the pharmacy**

New section which addresses the traditional Board recommended system for a designated and trained registered nurse to retrieve a medication from the pharmacy after it has been closed for the day. The designated registered nurse may be identified by the CPO or PIC. The designated nurse who is granted access to the pharmacy is the hospital's traditional "nurse supervisor". This section provides the procedure and documentation necessary. This is the same procedure the Board has approved in the past now it is in rule. This is intended for use in rural or critical-access hospitals outside of regular pharmacist hours.

Outpatient Drug Distribution**855-041-6400****Nurse Emergency Dispensing**

This is old language that is often misunderstood. Allows a designated nurse supervisor to enter the pharmacy and retrieve and label a medication for emergency dispensing for a patient. The intent of this rule is to allow only one registered nurse who has been designated by the hospital or CPO to have access to the pharmacy after hours. The designated nurse will be identified in these rules as the "nurse supervisor". This was intended for use in rural areas when pharmacies are closed. A staff physician can call or send a prescription with the patient and the nurse can dispense the medication using hospital pharmacy pre-packs. It seems to still be a necessary function for the rural areas and they have asked for an expansion to allow verbal orders.

855-041-6410**Emergency Department Distribution**

This is traditional ER dispensing with some changes. This allows for electronic charting systems and the use of ADC and other distribution cabinets. It creates an electronic system where a log of dispensing information can be used in place of paper prescriptions files if all the necessary elements of a prescription can be retrieved. It places an emergency use restriction to the amount of medication that can be released from the ER. The amount of medications that may be dispensed is limited to 96 hours, but the rule will allow the pharmacist or practitioner to exceed the 96 hours if it is determined important that the patient receive a full course of medication, or if the medication is dispensed in a manufacturer's unit-of-use pack such as a metered dose inhaler. The patient must receive basic drug information which may be in the written form included the patient's discharge instructions. The nurse must deliver the medication to the patient. Any other dispensing system should be presented to the Board for evaluation.

In-patient Drug Distribution**855-041-6420****Emergency Kit and Code Cart**

This rule contains some old language about storage, labeling expirations dating, removal of drugs, and notification of use for restocking. The carts and kits for emergency drugs must be verified by a pharmacist. The intent of this rule is to have a list of drugs with each kit and if the kit is in a code cart then the list must also be available outside the code cart.

Drug Distribution Systems

855-041-6500

Practitioner's Orders

Some old language with the addition of written or electronic signatures being allowed, pharmacist must validate the order prior to administration. Some exceptions are given for drugs administered when a Licensed Independent Practitioner is present (authorized prescriber), and for emergency drugs. This section includes new language addressing electronic order entry and verbal orders. All drugs must have an order prior to administration excluding the emergency administration of a drug(s).

855-041-6510

Inpatient Drug Profile

New section - This section develops the necessary elements for an inpatient pharmacy drug profile. The section restates the need for a pharmacist to review medication orders before administration with some exceptions. The rule refers pharmacists to Division 19 for DUR requirements. The reference to the continuous drug therapy in (1) accounts for the on-going drug therapy but does not limit the profile of other one time orders. With electronic profiling system a complete drug administration history could be developed but the Board recognizes that with a paper or hard copy profiling not all drugs will be accounted for such as drugs given in OR, or one time administration during a procedure.

855-041-6520

Cart Fill

Updated language and additions to the rule that addresses the traditional distribution system used in hospitals, i.e., individual boxes or containers for each patient's medication.

855-041-6530

Robotics

New language, which address the current robotic based distribution systems. The rules require the hospitals to develop policies and procedures to address various aspects of the distribution system.

855-041-6540

Automated Distribution Cabinets

This rule is new language which addresses the current systems of distribution cabinets (ADC). This rule is similar to the robotics but addresses the unique aspects of the dispensing cabinets and removal of drugs for administration.

855-041-6550

Secondary and Remote Storage

This rule defines secondary and remote storage issues. Secondary storage addresses the fact that drugs are stored in various locations throughout the hospital. This may include nursing units and other departments located in the hospital. The rule addresses security and storage requirements for controlled substances.

Floor-stock and Non-emergency Trays and Kits

855-041-6560

Floor Stock

This rule distinguishes medication floor stock from medication specified for a patient (s). Floor stock cannot be used as the primary medication dispensing system. Floor stock may be used in departments where a LIP is present such as ER, OR and Radiology departments. The CPO may permit medial supplies and devices to be included in floor-stock. This would include but not be limited to IV solutions, sets, pumps and devices.

855-041-6570

Trays and Kit

This rule addresses the preparation and use of trays and kits prepared by the pharmacy and specialty kits prepared on the nursing units for non-emergent use. If a tray or kit is prepared for use by a LIP in the department, the pharmacy will be able to educate the department personnel on proper labeling and storage of the kits.

Controlled Substances

855-041-6600

Controlled Drug Accountability

This section develops language for various issues related to controlled drug storage and distribution. This section addresses verification of wasted medications, blind counts, storage of controlled drugs and record keeping requirements. The CPO or PIC in consultation with the appropriate practitioner committee can develop specific policies and procedures to address control, security and records for Non-Federal, State only controlled drugs. These policies and procedures may include the use of ephedrine.

855-041-6610

Schedule II Drugs

This section uses old language that has been updated to address current technology.

855-041-6620

Electronic Safe Systems

This section addresses the use of new electronic technology that tracks the distribution of controlled drugs. This rule section requires the establishment of policies and procedures to include training, security, accuracy and downtime procedures. The section establishes the minimum record keeping requirements.