

### **3.5.8 After-Hours Pharmacy Services**

#### **(a) Procedure Overview**

Pharmacy services shall be available after normal business hours through options approved by the Chief of Pharmacy Services. The most cost-effective option shall be selected, provided it is conducive to the critical needs of the patient. Proper stocking and inventory control, as required in the Health Care Department Operations Manual (HCDOM), Section 3.5.7, Automated Drug Delivery System, will provide more timely access and mitigate the need for a pharmacist to return to the institution after the pharmacy closes. However, there may be instances when an after-hours call to a pharmacist is warranted including:

- (1) When a patient is on a formulary or nonformulary medication that is in stock in the pharmacy but not in the after-hours stock.
- (2) The medication is determined by the prescriber to be critical such that the delivery of the dose cannot wait until the pharmacy opens and the prescriber has determined that there is not a medication in after-hours stock that can be substituted until the pharmacy opens on the next business day.
- (3) The medication cannot be obtained from any alternate location.

#### **(b) Purpose**

To ensure that pharmacy services are available for critical information and medication needs on a 24-hour basis.

#### **(c) Responsibilities**

##### **(1) Statewide**

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative and clinical systems are in place and appropriate tools, training, technical assistance and resources are available to:

1. Ensure the furnishing or dispensing of medication from the Correctional Pharmacy and the CDCR-Central Fill Pharmacy are in compliance with federal and state requirements and community standards of practice, and
2. Ensure the availability of medication to authorized personnel and health care treatment areas when necessary for the treatment of CDCR patients in compliance with federal and state requirements.

##### **(2) Regional**

Regional Health Care Executives are responsible for ensuring adherence to this policy at the subset of institutions within an assigned region.

##### **(3) Institutional**

(A) The Chief Executive Officer (CEO) has overall responsibility for maintaining a local operating procedure (LOP) and ensuring the implementation and enforcement of this procedure.

(B) The Pharmacist-in-Charge (PIC) shall be responsible for:

1. Maintaining adequate quantities of essential and commonly used medications in a licensed correctional clinic or automated drug delivery system (ADDS).
2. Providing a list of pharmacists to contact in a specified order to respond when the PIC is unavailable.
3. Reviewing after-hours medication needs and optimizing medication availability to meet clinical needs.

#### **(d) Procedure**

##### **(1) Access to After-hours Pharmacy Services**

(A) The institution shall complete the following steps to access after-hours pharmacy services:

1. The institution shall implement the procedures indicated in the HCDOM, Section 3.5.7, Automated Drug Delivery System and HCDOM, Section 3.5.39, Furnishing or Dispensing Medication to Legally Authorized Persons or Entities: Licensed Correctional Clinics, to properly manage and monitor medication use and needs.
  - a. Establish and maintain a floor stock medication supply for each health care location licensed pursuant to California Health and Safety Code, Title 22.
  - b. Establish and maintain a floor stock medication supply for each licensed correctional clinic pursuant to California Business and Professions Code (BPC), Division 2, Chapter 9, Article 13.5, Section 4187.
  - c. Establish and maintain medication par levels within each ADDS pursuant to BPC, Division 2, Chapter 9, Article 13.5, Section 4187.5.

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- d. If the institution demonstrates an inability to meet patient needs following full implementation and adherence with the above, follow the procedure in Section (d)(1)(A)(2).
2. Local institution staff shall follow the procedures outlined in their LOP to locate required medications in other medication storage areas when a single location is unable to meet the needs of a patient. Staff shall have access to medications located at any licensed correctional clinic using the following process:
  - a. Use personal access to remove medications from an ADDS, or
  - b. Complete an electronic requisition to move a medication between two licensed correctional clinics within the same institution.
  - c. If the institution demonstrates an inability to meet patient needs following full implementation and adherence with the above, follow the procedure in Section (d)(1)(A)(3).
3. The Supervising Registered Nurse (SRN) on duty shall contact the prescriber or on-call provider to determine if the medication is critical or if an alternative is available. If necessary, the SRN shall notify the PIC, or designee, of needing a medication. If the institution cannot reach the PIC, follow the procedure in Section (d)(1)(A)(4).
4. When an institution has access to a contracted pharmacy vendor (e.g., retail pharmacy, hospital) that can supply patient-specific prescription coverage, a prescription shall be provided for a quantity not to exceed a one-week supply. Institution staff shall be responsible for transporting the prescription from the contracted vendor to the institution. The patient-specific prescription shall be administered as nurse administered (NA) or under Directly Observed Therapy (DOT). Pharmacy shall dispense an appropriate medication supply on the next business day pursuant to HCDOM, Section 3.5.19, Medications Brought from a Non-CDCR Facility. If the institution demonstrates an inability to meet the patient needs following attempts to obtain a supply from a contracted pharmacy vendor, follow the procedure in Section (d)(1)(A)(5).
5. Voluntary callback of a pharmacist may be considered if the procedure in Section (d)(1)(A)(4) has failed to meet patient needs.
  - a. Voluntary callback may be used when requiring staff to report to the institution during off-duty hours that do not run contiguously with a scheduled shift or meal break.
  - b. The institution shall develop an LOP to determine how voluntary callback shall be authorized, if necessary, to meet patient needs.
  - c. Compensation for voluntary callback is pursuant to the current Bargaining Unit 19, Memorandum of Understanding.

**(2) Callback Reporting**

- (A) Each month, the PIC shall submit the CDCR 7531, After-hours Medication Call Log, to the institution management team and the Statewide Chief of Pharmacy Services.
- (B) The PIC shall also analyze the CDCR 7531 for the purpose of adjusting the after-hours inventory to better meet patient needs, for local process improvement changes, practitioner education, and subsequent implementations.

**References**

- California Code of Regulations, Title 22, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies
- California Business and Professions Code, Division 2, Chapter 9, Article 13.5, Sections 4187-4187.6
- Bargaining Unit 19 Memorandum of Understanding
- Health Care Department Operations Manual, Chapter 3, Article 5, Section 3.5.7, Automated Drug Delivery System
- Health Care Department Operations Manual, Chapter 3, Article 5, Section 3.5.19, Medications Brought from a Non-CDCR Facility
- Health Care Department Operations Manual, Chapter 3, Article 5, Section 3.5.39, Furnishing or Dispensing Medication to Legally Authorized Persons or Entities: Licensed Correctional Clinics
- Health Care Department Operations Manual, Chapter 5, Article 2, Section 5.2.1, On-Call/Standby and Callback

**Revision History**

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