1.4.23 Central Clinical Pharmacy Services

(a) Policy

(1) California Correctional Health Care Services (CCHCS) shall recruit, train, evaluate, develop, and integrate a team of centrally based clinical pharmacists. Clinical pharmacists shall practice under protocol, approved by the Systemwide Pharmacy and Therapeutics (P&T) Committee, once they have achieved training and completed the provisioning process. When providing health care services to patients through telehealth services, clinical pharmacists shall provide only those services specified in Systemwide P&T Committee-approved protocols for which they are deemed competent. Incorporating clinical pharmacists into collaborative drug therapy management allows all providers to practice to the fullest extent of their licenses.

(b) Purpose

(1) To establish the roles, responsibilities, and scope of practice for clinical pharmacists communicating and collaborating with other health care professionals to provide patient care; to define standardized procedures to maintain competency and performance of each participating clinical pharmacist; and to ensure the pharmacy-managed drug therapy process complies with federal and state laws requirements as it strives to improve the quality of medication management and health outcomes.

(c) Responsibility

(1) Statewide

(A) California Department of Corrections and Rehabilitation and CCHCS 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 clinical operations are in compliance with federal and state requirements; and
2. Ensure the safety and quality of pharmacist-provided patient care.

(B) Medical Deputy Director and Statewide Chief of Pharmacy Services are responsible for:

1. Implementing, monitoring, and evaluating of this procedure.
2. Onboarding, training and clinical supervision of clinical pharmacists.
3. Monitoring and evaluating clinical pharmacist interventions.
4. Designating physician mentors to support the clinical pharmacy program.

(C) The physician mentor is responsible for:

1. Providing physician direction, supervision, and support to the clinical pharmacist.
2. Providing case consultation on individual patients as needed.

(2) The Systemwide P&T Committee

(A) The Systemwide P&T Committee is responsible for approval of policies, procedures, protocols, and performance standards pertaining to clinical pharmacists' management of disease states.

(3) Performance Improvement Plan

(A) Designated medical and pharmacy leadership shall monitor and evaluate central clinical pharmacy services using key performance indicators that correlate to potential problems or opportunities for improved patient outcomes. Findings shall be reported to the Systemwide P&T Committee at least annually.

(B) Documentations of medication errors shall be detailed in the pharmacy's quality assurance program pursuant to Health Care Department Operations Manual (HCDOM), Sections 1.2.6, Statewide Patient Safety Program; Section 1.2.7 Institution Patient Safety Program; and 3.5.27, Pharmacy Quality Assurance Program.

(d) Procedure

(1) Experience

(A) All clinical pharmacists shall possess the following:

1. Active licensure as a Registered Pharmacist in California without restrictions.
2. Completion of a clinical residency or documentation of clinical experience in direct patient care delivery to meet California Business and Professions Code, Section 4052.2, Scope of Practice and Exemptions. The Systemwide P&T Committee shall maintain a Direct Patient Care Experience Form for the documentation of clinical experience in direct patient care delivery.

(2) New Medical Provider Onboarding

(A) Prior to performing any duties under protocol, a clinical pharmacist shall complete the New Medical Provider Onboarding (NMPO) program. NMPO shall include pertinent information regarding the work environment,

institution and headquarters resources, as well as job expectations. NMPO shall be completed pursuant to HCDOM, Section 1.4.1.1, New Medical Provider Onboarding.

(3) Scope of Practice Authority

(A) Clinical pharmacists must request and be granted provisional privileges prior to beginning patient care duties and shall follow all CCHCS policies and procedures. Clinical pharmacists shall follow Systemwide P&T Committee-approved protocols that are within their scope of practice based on their education and training and are consistent with their experience, credentialing, and privileging.

(B) Protocols

1. The Systemwide P&T Committee shall define the parameters and clinical pharmacists' role in a protocol.
2. In accordance with policies, procedures, and protocols, a clinical pharmacist may:
   a. Order or perform routine drug therapy-related patient assessment procedures.
   b. Order drug therapy-related laboratory tests.
   c. Administer drugs pursuant to a primary care provider (PCP) or other appropriate authorized provider's order.
   d. Initiate or adjust the drug regimen of a patient pursuant to an order or authorization made by the patient's PCP or other appropriate authorized provider.

(C) A clinical pharmacist shall not select a different drug than prescribed, except as authorized by protocols.

(D) The clinical pharmacist shall consult with a physician prior to performing drug therapy management outside the parameters of the protocol. The consultation shall be documented in the health record.

(E) Clinical pharmacists shall not provide direct patient care for the treatment of psychiatric conditions.

(4) Physician Referral to the Clinical Pharmacist

(A) A patient's PCP or other appropriate authorized provider shall complete a referral form to the pharmacy in the electronic health record system (EHRS) to express authorization for a patient to be managed by a clinical pharmacist.

(B) The protocol for which the clinical pharmacist is to follow shall be related to a condition for which the patient has first been evaluated by a physician.

(C) A patient's PCP or other appropriate authorized provider may prohibit, by written instructions, any adjustment or change in the patient's drug regimen by the clinical pharmacist.

(5) Patient Health Records

(A) A clinical pharmacist shall be responsible for the preparation of a complete health record for each patient interaction. All information relevant to patient care shall be documented in the patient's EHRS profile including, but not limited to:

1. Pertinent subjective and objective data.
2. Assessment.
3. Details of therapy, responses, and reactions.
4. Interventions and the rationale for a particular treatment plan.
5. Consultation notes.
6. Dispensing records.

(B) Within 24 hours of initiating a new drug regimen, a clinical pharmacist shall enter the appropriate information into EHRS.

(C) A clinical pharmacist shall communicate in writing any change, adjustment, or modification of an approved preexisting treatment of drug therapy to the treating provider or physician mentor within 24 hours.

(6) Supervision of Clinical Pharmacists

(A) Designated medical and pharmacy leadership shall ensure that the clinical pharmacist:

1. Receives adequate supervision and support.
2. Be properly credentialed and receives appropriate privileges.
3. Receives onboarding and training in accordance with CCHCS policy and management directions.
4. Complies with all departmental policies, procedures, and protocols.

(B) Physician consultation shall be available at all times either onsite, by telephone, or via electronic device.

(7) Evaluation of Clinical Competence

(A) The Statewide Clinical Pharmacy Services Manager shall establish competency assessment documentation and tools to establish a minimum level of competency.

(B) Clinical and practical experience and skills shall be documented and the records maintained in the pharmacy. The location of these records shall be documented in the California Board of Pharmacy compliance binder under the On-Site Records Storage Location Log.
(C) Competency, defined by knowledge and the application of knowledge and skills, shall be assessed through annual performance evaluations, a structured or written assessment, and direct observation during the probationary period and ongoing.
(D) Designated pharmacy leadership shall conduct ongoing professional practice evaluations annually for each clinical pharmacist and retain these documents for each clinical pharmacist.

References

- California Business and Professions Code, Division 2, Chapter 9, Article 3, Section 4052.2, Scope of Practice and Exemptions
- Centers for Disease Control and Prevention, 2013, Collaborative Practice Agreements and Pharmacists' Patient Care Services
- Health Care Department Operations Manual Chapter 1, Article 4, Section 1.4.1.1, New Medical Provider Onboarding
- Health Care Department Operations Manual Chapter 1, Article 2, Section 1.2.6, Statewide Patient Safety Program
- Health Care Department Operations Manual Chapter 1, Article 2, Section 1.2.7, Institution Patient Safety Program
- Health Care Department Operations Manual Chapter 3, Article 5, Section 3.5.27, Pharmacy Quality Assurance Program

Revision History

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