


Idaho Department of Correction 	Standard Operating Procedure Division of Operations Operational Services	Control Number: 401.06.03.090	Version: 1.0	Page Number: 1 of 5
		Title: Pharmaceutical Operations		Adopted: 12-13-2010 Reviewed: 12-13-2010

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY STATEMENT NUMBER 401

Clinical Services and Treatment

POLICY DOCUMENT NUMBER 401

Clinical Services and Treatment

DEFINITIONS

Standardized Definitions List

Contract Medical Provider: A private company under contract with the department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Formulary: A listing of drugs, classified by therapeutic category or disease class, that are considered preferred therapy for a given managed population and that are to be used by the treating practitioner in prescribing medications.

Health Authority: The department employee who is primarily responsible for overseeing or managing the department's medical services. The health authority is commonly referred to as the health services director.

Medication Room: A room where medications are stored and distributed.

Pharmacy: A place from which prescription medications are prepared and dispensed by a pharmacist.

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Qualified Health Professional: A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional or others who -- by virtue of their education, training, credentials, and experience -- are permitted by law (within the scope of their professional practice) to educate, train, evaluate, provide services, and care for patients.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for ensuring that pharmaceutical services provide (1) medication and associated health devices to offenders in accordance with State and federal laws and regulations, and (2) for the strict control and accountability of medications prescribed to offenders.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in the following *National Commission on Correctional Health Care (NCCHC) standard P-D-01, Pharmaceutical Operations*. (See section 2 of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and *NCCHC standard P-D-01* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-D-01*, **or** as indicated in their respective contractual agreement(s); and

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- Ensuring that all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-D-01* are accomplished as required;
- Ensuring that all Drug Enforcement Agency (DEA)-controlled substances are procured, dispensed, administered, distributed, accounted for, and disposed of in accordance with State and federal laws and regulations; and

Note: DEA-controlled substances come under the jurisdiction of the federal Controlled Substance Act (United States Code, Title 21, Chapter 13).

- Ensuring that pharmaceutical services are included in the continuous quality improvement (CQI) process, with emphasis upon addressing trends noted in offender concerns and grievances. (See SOP [401.06.03.006](#), *Continuous Quality Improvement Program*.)

Qualified Health Professional

The qualified health professional will be responsible for:

- Ensuring that orders are processed and completed in a timely manner;
- Conducting a two (2)-person, face-to-face inventory count of DEA-controlled substances; and
- Immediately reporting inventory count discrepancies to the facility health authority and the shift commander.

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GENERAL REQUIREMENTS

1. Guidelines

General

- For the purposes of this SOP only, the following terms shall be defined as:
 - Procuring** – The act of ordering medications for the facility.
 - Distributing** – The system of delivering, storing, and accounting for medications from the source of supply to the nursing station or point where they will be administered to the patient.
 - Dispensing** – The act of a pharmacist placing one (1) or more doses of a prescribed medication into a container(s) that is/are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information.
 - Administering** – The act in which a single dose of an identified drug is given to a patient.
 - Accounting** – The act of recording, summarizing, analyzing, verifying, and reporting medication usage.
 - Disposing** – The act of getting rid of medication on its expiration date or when retention is no longer necessary or suitable (e.g., upon the discharge of the patient from the facility).
- All pharmacy services shall be provided by pharmacies that are licensed in the state where they are located and staffed by licensed pharmacists.
- Each IDOC facility shall comply with all applicable State and federal laws and regulations regarding procuring, distributing, prescribing, dispensing, administering, accounting, and disposing of pharmaceuticals.
- A closed formulary shall be used for medication prescribing. A practitioner may request that an item be included in the formulary. A practitioner may request a non-formulary medication for an offender.
- Typically, all patients with ongoing or chronic conditions are rescheduled to see their assigned practitioner before the expiration of their medication order. However, if a patient cannot be seen by his assigned practitioner before the expiration of his medication order, the qualified healthcare professional shall refer to treatment protocol for information regarding the extension of medication orders.

Note: Doors to medication rooms shall remain locked at all times. Under no circumstance shall the doors to medication rooms be left ajar, propped open, or blocked in any way to prevent closing.

Poison Control Information and Antidotes

Poison control information, inclusive of the Poison Control Center's telephone number, shall be posted in each facility's medication room.

Note: The Poison Control Center will only provide the name of the antidote, not the antidote itself.

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Adequate and appropriate antidotes shall be stored on-site in the medication room. The antidotes stored shall be decided by the supervising pharmacist and shall be pertinent to the narcotics utilized on-site.

Medication Room Inspections

A licensed pharmacist will inspect all medication rooms in each facility at least quarterly (or more frequently if required by the Idaho Board of Pharmacy). Included in the inspection will be storage, records, orders, and expired or discontinued medications. The inspection shall be documented on forms that are approved by the Idaho Board of Pharmacy. Copies of inspections shall be forwarded to the health authority immediately upon completion.

2. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-D-01, Pharmaceutical Operations

Standard Operating Procedure [401.06.03.006](#), *Continuous Quality Improvement Program*

United States Code, Title 21, Chapter 13, Parts A thru F, *Drug Abuse Prevention and Control*

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