1. PURPOSE:

1.1 To reduce the need of unnecessary and prolonged hospitalization.
1.2 To provide (Home Health Care) HHC services to the whole of Saudi Arabia
1.3 To ensure safety while taking medication at HHC
1.4 To prevent recurrence of admission by providing HHC
1.5 To support the patient to be more independent at home and in the community
1.6 To provide flexible and timely services that respond to the needs of patient
1.7 To provide equipment and consumables to patient and family
1.8 To enhance patient’s quality of life
1.9 To provide health education to patients and families to promote healthy life style
1.10 To refer patients from HHC Services to other disciplines as required
1.11 To improve patient compliance and adherence to their medications
1.12 To check appropriateness of chronic medications
1.13 To monitor high alert medications, report ADR, and medication errors

2. DEFINITIONS:

2.1 Pharmacy providing home health care pharmacy services:
   2.1.1 Pharmacist providing home health care pharmacy services is licensed pharmacy
   2.1.2 Pharmacist is responsible for the purchasing, storage, compounding, repackaging, dispensing, and distribution of all drugs and pharmaceuticals to outpatients
   2.1.3 Pharmacist is responsible for the development and continuing review of all policies and procedures, training manuals, and the quality assurance plus education programs regarding pharmacy home care.

2.2 Outpatient: An outpatient is defined as a patient in the home environment or an institutionalized patient that is receiving drugs, compounded sterile parenteral or non sterile products from a pharmacy outside the institution

2.3 Support Personnel:
   Sufficient support personnel (pharmacy technicians and customer service, procurement, delivery clerical, and administrative personnel) should be available to facilitate the delivery of pharmaceutical care and services.

3. POLICY:

The Home Medical Care Team is committed to ensuring that all patients requiring medical therapy are managed in a timely, cost effective, and therapeutically appropriate manner that is
accessible and acceptable to the patients Target therapeutic ranges are established using best practice guidelines

4.0 PROCEDURE:

4.1 The compiling of a complete and accurate medication history for the patient in first visit to provide an accurate baseline of medication information which is fundamental to future Safe prescribing, dispensing, administration and patient education, home care nurse may obtain and maintain current medication histories by using medication reconciliation form that should be kept in patient file.

4.2 Pharmacists should have access to comprehensive medication histories for each patient’s home care medical record and other databases related

4.3 Clinical pharmacist perform daily visits scheduled to the patients:

  4.3.1 Patient interview
  4.3.2 Assess the patients in first visit and document the assessment in the file
  4.3.3 Medication profile and medical record review
  4.3.4 Present drug regimen recommendation to care team or physician and send all new medication request to satellite pharmacy locate in home medical care department
    4.3.4.1 First dose precautions
    4.3.4.2 Actual or potential medication therapy problems and their proposed solutions
    4.3.4.3 Proposal for patient education and counseling
    4.3.4.4 Desired outcomes or goals of the medication therapy
    4.3.4.5 A plan specifying proactive objective and subjective monitoring and the frequency with which monitoring is to occur.
    4.3.4.6 Care plan should be regularly reviewed and updated
  4.3.5 Evaluate and monitor the adherence of patient to health care plan and recommendation follow-up
  4.3.6 Clinical pharmacist in collaboration with other health care providers and the patient is responsible for selecting infusion devices, ancillary drugs
  4.3.7 Drug therapy dosing or management
  4.3.8 Patient counseling (proper use, storage, and potential side effects). The content and form of the education and counseling should be specific to the patients assessed needs
  4.3.9 Twenty-four-hour pharmaceutical services
  4.3.10 One of the member of CPR team
    4.3.10.1 Evaluate
    4.3.10.2 Identification of frequency and severity of events
    4.3.10.3 Prevention of events
    4.3.10.4 Events requiring further treatment
    4.3.10.5 document and submit the events periodically to pharmacy medication safety officer
  4.3.11 Measure ME, ADR, Near Miss, DUE, DQR evaluate and documented

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4.3.12 Training and education

4.4 All the patient’s health care providers should routinely share care plan information and actions. The plans and updates should be a part of the patient’s home care medical record

4.5 Clinical pharmacist transfers all patient medication orders to the pharmacist in charge in satellite home care pharmacy. Direct copy either hard copy or prescriber-entered electronic transmission (preferred method), shall be received by the pharmacist. Oral orders should be avoided

4.6 Home care pharmacist responsibility:
The pharmacist should ensure that each patient referred for home care is assessed for Appropriateness on the basis of admission criteria, including the following:
4.6.1 patient, family, and caregiver agree with provision of care services in the home
4.6.2 patient or caregiver is willing to be educated about the correct administration Of medication
4.6.3 The home environment is conducive to the provision of home care services (e.g., electricity and running water are present, and the home is clean
4.6.4 The medical condition and prescribed medication therapy are suitable For home care services, and there is a prognosis with clearly defined outcome goals
4.6.5 The indication, dosage, and route and method of administration of medications are appropriate
4.6.6 Appropriate laboratory tests are ordered for monitoring the patient's response to Medications

4.7 In charge pharmacist in satellite home care pharmacy should have patients home care record Which consist at a minimum:
4.7.1 patient's name, address, telephone number, and date of birth
4.7.2 The person to contact in the event of an emergency, including the legal guardian or representative, if applicable
4.7.3 patient's height, weight, and sex
4.7.4 All diagnoses
4.7.5 The location and type of intravenous access and when it was placed, if applicable
4.7.6 Pertinent laboratory test results

4.7.7 Pertinent medical history and physical findings
4.7.8 Nutrition screening test results
4.7.9 An accurate history of allergies
4.7.10 Initial and ongoing pharmaceutical assessments,
4.7.11 Detailed medication profile, including all medications (prescription and
Nonprescription), immunizations, home remedies, and investigational and Nontraditional therapies

4.7.12 The prescriber's name, address, and telephone number and any other pertinent information

4.7.13 Other agencies and individuals involved in the patient's care and directions For contacting them

4.7.14 A history of medication use,

4.7.15 A care plan and a list of drug-related problems, if any

4.7.16 Treatment goals and the expected duration of therapy

4.7.17 Indicators of desired outcomes

4.7.18 Patient education previously provided

4.7.19 Any pertinent social history (e.g., alcohol consumption and tobacco use)

4.8. In charge pharmacist receive the prescription and screen if it properly written:

4.8.1 Patient name

4.8.2 Medical record number

4.8.3 Nationality

4.8.4 Sex

4.8.5 Date of birth (age)

4.8.6 Allergy

4.8.7 Wight

4.8.8 Diagnosis

4.8.9 Patient home location and phone number

4.8.10 Date and Time of order

4.8.11 Medication written in generic name

4.8.12 Dose, Strength

4.8.13 Frequency

4.8.14 Route of administration

4.8.15 Duration of treatment

4.8.16 Stamp of physician and clinical pharmacist

4.8.17 Authorization for writing prescription for various categories of drug

4.8.17.1 Non-Controlled Drugs

Residents, associate consultants and consultants may write prescription for non-Controlled drugs that fall within their area of expertise

4.8.17.2 Narcotic Drugs

Prescriptions for narcotics will be accepted only if written or countersigned by
Consultant, associate consultant who is involved in the management of patient
With terminal cancer pain

4.8.17.3 Controlled Drugs

4.8.17.3.1 Controlled drugs may be prescribed by associate consultants and
consultants if the use of such drugs falls within the area of
Specialization Of the prescriber

4.8.17.3.2 Psychotropic drugs that are restricted for prescribing by psychiatrists or
Neurologists may be initiated only by or with the approval of consultant
Psychiatrist or neurologist. Other physicians who initiate psychotropic
Drugs prescription must indicate the name of psychiatrist or
Neurologist who has granted approval for use of the drug on the
Prescription

4.8.18 Right indication
4.8.19 Availability of reconciliation form copy in pharmacy patient file
4.8.20 Prohibited abbreviation

4.9 All IV order will transfer to IV room supervisor in collaborative process, IV room staff is
Responsible for preparing all IV medication as per physician orders following the agreed
Procedure, Support Personnel will pick up the prepared drugs to satellite pharmacy
home care except IV drugs with short stability will not be prepared

4.10 All Non IV medication will be dispense from the satellite home care pharmacy by
Pharmacist except controlled and narcotic order will be transfer to narcotic and control
Drugs supervisor

4.11 Prescriptions are filled by pharmacist according to the instruction provided by the
prescribing physician. Each medication is dispensed in appropriate container, and in quantities
that take into consideration various pharmaceutical concerns

4.11.1 After the prescription has been filled, the person filling it should place his initial on
the perception

4.11.2 A second pharmacist must check all prescriptions before they are given to the home
Medical care nurse
4.11.3 The checker must also initial the prescription before the medications are bagged

4.12. Each medication is labeled clearly with the following :patient name, medical record,
Drug name, date dispensed, quantity, expiration date, batch number, instruction regarding
appropriate use and precautions and if indicate storage requirements (instruction should be
both in English and Arabic)
5.0 RESPONSIBILITY:

5.1 The responsibility of implementing and ensuring compliance with this policy and procedure lies with pharmacy services. Responsibility for updating and archiving this policy rests with pharmacy services.

6.0 REFERENCE:

6.1 American Society of Hospital Pharmacy (ASHP) Guidelines
### 7.0 Approval

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### DEPARTMENTAL POLICY AND PROCEDURE (DPP)

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### 9. POLICY AND PROCEDURE HISTORY:

- Initial PP: Version 1 Dated:
- Replaced By: Version 2 Dated:
- Deleted Date: ________________