SAMPLE PHARMACY DEPARTMENT POLICY FOR HOSPITAL AT HOME

This policy is a sample only. It was developed from the perspective of a large hospital inpatient pharmacy team, using Epic EHR. It offers insight into the technical solutions necessary for inpatient pharmacy utilization by a Hospital at Home program

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Department of Pharmacy Roles and Responsibilities

Purpose

    a. To outline the Department of Pharmacy's roles and responsibilities for patients admitted to Hospital at Home

Definitions:

    a. Hospital at Home: acute care treatment of patients by licensed health professionals in the patient's home in place of a hospital inpatient unit for a limited period of time

    b. HaH kit/MD pack: A finite supply of medications carried by the team
        a. HaH kit/MD pack inventory – [See List]

Policy

    a. The Pharmacy will provide pharmaceutical care services for Hospital at Home patients. The Pharmacy shall not dispense federally controlled substances (schedules II, III, IV, or V) to HaH patients.

Procedures

    a. Pharmacists must refer to daily assignment sheet for specific coverages. The shifts which will cover Hospital at Home are typically as follows:
        i. Weekday day shift
        ii. Weekday evening shift
        iii. Weekend/holiday day shift
        iv. Weekend/holiday evening shift
        v. Night shift

    b. Pharmacists covering Hospital at Home shall:
        i. Add "Hospital at Home" to verification queue
        ii. Add "Hospital at Home" to in basket pool
        iii. Sign over the virtual pager

    c. Medication ordering and dispensing

i.   Medication orders for federally controlled substances Schedules II-V
   1.   Medication orders written for federally controlled substances in Epic will be reviewed and verified but product will not be dispensed by pharmacy
   2.   If needed for Hospital at Home patient, controlled substances will be dispensed by an ambulatory pharmacy (i.e. Walgreen's, CVS, etc.) via ambulatory prescription
ii.   Upon transfer from Inpatient/ED to Hospital at Home, providers should determine which medications will be supplied by Inpatient Pharmacy and those that will not ("patient supplied")
iii.   Medication orders that will be supplied by Pharmacy for Hospital at Home use should be discontinued and rewritten by Hospital at Home provider
   1.   Dispense logic changes are actively suppressed for all transfer orders from inpatient to Hospital at Home
      a.   i.e. Orders stay the same as approved on inpatient side
   2.   Medication orders that are "new" or "discontinued/rewritten"
      a.   New medications written after a patient transfers to Hospital at Home will not default to "patient-supplied"
      b.   Medications that are discontinued and rewritten when a patient is being transferred to Hospital at Home will dispense correctly according to Hospital at Home cart
      c.   If new medications are NOT intended to be supplied by Pharmacy, "patient-supplied" should be checked by provider or pharmacist
      d.   All first doses of medications that are stocked in the Hospital at Home kit / MD pack should be written with a frequency of "once" and as "patient-supplied."
         i.   Subsequent standing or maintenance doses of medications that are contained in the Hospital at Home kit / MD pack should be written as a separate order
   3.   All Hospital at Home medication orders are flagged as "non-formulary"
      a.   Allows for ordering of "home medications" without inpatient restrictions
iv.   Hospital at Home kit/MD pack
   1.   Restocking of the Hospital at Home kit / MD pack will occur weekly through Pharmacy
v.   As needed (PRN) orders
   1.   The PRN PAR level will be adjusted for a 24-hour supply, if adjustment is needed
      a.   PRN orders default to 2 doses – require manual change to dispense 24-hour supply
      b.   Administrations on the MAR will trigger future dispenses
vi.   Redispense
   1.   Medications can be redispensed by the pharmacist while logged into Epic within the main "Pharmacy"context

2. When redispensing a medication, ensure "dispense from" displays "Hospital at Home"
3. Providers may request specific medications to be sent for inpatients that are scheduled for imminent discharge from hospital to Hospital at Home
   a. Providers should write a "x1" order to allow for dispensing and documentation of additional inpatient dose
   b. The pharmacist can "redispense" and change the pharmacy to "Hospital at Home"

vii. Hospital at Home labels will be prepared using "Dispense Prep", "Dispense Check", and "Dispense tracking"
1. Reference the Inpatient Medication Distribution policy.
2. After medications have completed Inpatient Pharmacy dispensing process, medications will be placed in the bins labeled "Hospital at Home" located below the pickup window and in the adjacent refrigerator
3. Hospital at Home Cart will print a 24-hour supply at 22:00 for doses due starting at 9am the following day – 09:00 (t) to 08:59 (t+1)
   a. For example, medications that are due from 09:00 on Tuesday to 08:59 on Wednesday will print Monday evening at 22:00
   b. If an order is placed for a medication after 22:00 (t-1) that is due prior to and up to 08:59 on day t+1, a first dose label will print immediately upon verification
4. "First Dose" labels will:
   a. Print upon verification
   b. Include all doses up until the following cart print (may include multiple doses depending on time of day and frequency)
5. Medication labels will include the specific Hospital at Home Admit Team in the top right corner

viii. Hospital at Home medication pickup
1. A Hospital at Home team representative will present at the Pharmacy for prepared medication pickup
   a. Typically, there will be a morning pickup between 08:30 and 09:00
   b. Additional pickups may occur throughout the day and evening

d. Medication Billing and Returns
   i. Medications dispensed for Hospital at Home patients are classified as "charge on dispense"
   ii. Any medication which has been dispensed but NOT left the custody of pharmacy
      1. Should be returned the pharmacy's inventory
      2. Should be credited to the patient if a label has printed
   iii. Any medication that has been dispensed and picked up by Hospital at Home and left the custody of the pharmacy

1. Cannot be returned to the carousel, refrigerator, or any other inventory location
2. Should be discarded in the appropriate pharmaceutical waste bin
3. Does not need to be credited