

SECTION II

PHARMACY, NUTRITION AND THERAPEUTICS COMMITTEE

CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION II: PHARMACY, NUTRITION AND THERAPEUTICS COMMITTEE

CHAPTER 2.1: PHARMACY, NUTRITION AND THERAPEUTICS COMMITTEE

POLICY: The Hospital Shall Have a Pharmacy, Nutrition and Therapeutics Committee.

PROCEDURE: The hospital shall have a Pharmacy, Nutrition and Therapeutics Committee whose members are appointed according to the Medical Staff by-laws.

The Pharmacy, Nutrition, & Therapeutics Committee shall consist of at least one psychiatrist from each division, a physician from Ambulatory Care Services, a dentist (ad hoc), a dietician, the Director of Pharmacy, and a Chief of Patient Care Services or his/her designee. The chairperson shall be a physician. Members appointed in accordance with these by-laws shall have the right to vote.

Responsibilities of the Pharmacy, Nutrition and Therapeutics Committee:

The Pharmacy, Nutrition and Therapeutics Committee is responsible for establishing and monitoring a medication use system that optimally meets the needs of CVH inpatients in a cost effective manner.

1. Monitor the operational and clinical services provided by the pharmacy to ensure the needs of the patients are met.
2. Develop policies and procedures for the safe procurement, storage, distribution, use and disposal of medications & new therapeutic medical devices & equipment proposed for use in the Hospital.
3. Review drug therapy practice and drug utilization in the hospital.
4. Evaluate and approve protocols and or guidelines concerned with medication use.
5. Evaluate clinical data concerning new drugs or preparations requested for use in the hospital.
6. Make recommendations concerning drugs to be stocked on the nursing units and by other services in the hospital.
7. Maintain a Formulary or Drug List, of medications that are determined to be safe and effective by the Committee and have been accepted for use by the Medical Staff.
8. Serve as an advisory group to the hospital medical staff and the Pharmacy Supervisor on matters pertaining to the choice of available drugs.
9. Develop and maintain an adverse drug reaction reporting system.

10. Make recommendations for improving patient care based on results of Drug Use Evaluation studies.
11. Reports, findings and conclusions, including the Q.I. activities of this committee shall be submitted to the Medical Staff and the Executive Committee of the Medical Staff for further deliberation and action. All principles, policies, procedures and proposed changes shall be monitored, reviewed, revised and updated through this committee and approved by the Executive Committee of the Medical Staff (ECMS).

MEETINGS:

The Committee shall meet regularly. There are a minimum of 8 meetings per year. Meetings are usually monthly and are held on the third Monday of the month, at 2:00p.m. Minutes and agenda shall be recorded and distributed prior, to members of the committee. The chairman or designee shall report to the Medical Executive Committee and Total Medical Staff Meeting.

Attendance is mandatory in compliance with the Medical staff by-laws. Any member of the committee may petition the chairperson to convene a special meeting and may submit topics for inclusion on the agenda. Other personnel may submit items for consideration by the committee through their department heads or their assistants who in turn submit the items to the chairperson or designee.