

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **CBHS Electronic Prescribing**

Issued By: Jo Robinson, MFT
Director of Community Behavioral Health Services

A handwritten signature in black ink, appearing to read "Jo Robinson".

Manual Number: 6.00-02

References:

Date: July 27, 2010

New Policy

Purpose:

To ensure the proper use and application of the CBHS electronic prescribing system.

Policy Statements:

1. CBHS complies with all State and Federal laws and regulations governing prescribing and electronic prescribing activities.
2. As a component of the CBHS health record, the CBHS electronic prescribing system will be utilized by all CBHS and CBHS affiliated medical providers except for the Private Providers Network (PPN) to transmit and document CBHS outpatient medication prescriptions, and to document client allergy and medication information.

Scope:

This policy and procedure applies to all CBHS and CBHS affiliated medical providers, with the exception of the Private Providers Network (PPN), including licensed Physicians, Doctors of Osteopathy, Nurse Practitioners, Pharmacists, Registered Nurses, Licensed Vocational Nurses, Psychiatric Technicians and Pharmacy Technicians.

Procedure:

1. All CBHS prescription activities shall be entered into the electronic prescribing system. Entries into the electronic prescribing system generate the Medication and Allergy Reports in the client's electronic medical record.
2. Prescribing activities entered into the electronic prescribing system shall include:

- a. All prescriptions (new or renewals) transmitted or sent to a pharmacy, including verbally transmitted prescriptions
 - b. Medications ordered but not transmitted to a pharmacy, such as medications dispensed or administered from clinic floor stock (e.g. haloperidol decanoate) or medications supplied by a patient assistance program (e.g. risperidone injectable)
 - c. Prescription order changes
 - d. Discontinuation of medications
3. Medication allergy information
 - a. Medication allergy information shall be entered into the electronic prescribing system by the prescriber or his/her designee at the start of care with the prescriber
 - b. Clients with no reported medication allergies shall have the entry "No Known Allergy"
 - c. Medication allergy information shall be updated as needed
4. Non-CBHS Prescriptions
 - a. Clinicians are encouraged to list other current medications (those not directly prescribed via CBHS), including
 - i. Primary care medications
 - ii. Over-the-counter and/or herbal remedies
5. Non-Controlled and Controlled Substances Prescriptions Transmission(see Attachment A)
 - a. Non-controlled prescriptions
 - i. Shall be entered into the electronic prescribing system to document the medication order
 - ii. Shall be transmitted as electronic prescriptions whenever possible
 - b. Controlled Schedule III-V prescriptions
 - i. May not be electronically transmitted
 - ii. Shall be entered into the electronic prescribing system to document the medication order
 - iii. Shall be electronically faxed whenever possible
 - c. Controlled Schedule II prescriptions
 - i. May not be electronically transmitted or faxed
 - ii. Shall be entered into the electronic prescribing system to document the medication order
 - iii. Shall be written on a tamper resistant security prescription form which meets state and federal regulations
6. Electronic Prescribing System users shall have access at one of three levels: Prescribers, Prescriber Agents or Non-prescribing Users.
 - a. "Prescribers" are authorized to write prescriptions under their own name. Prescribers must be currently licensed to prescribe medications by the State of California and credentialed by the CBHS Department of Compliance
 - b. "Prescriber Agents"
 - i. Prescriber Agents are authorized to enter and transmit prescriptions into the electronic prescribing system under the direction and on behalf of a licensed Prescriber who has Prescriber level access to the electronic prescribing system.

- ii. The Prescriber must submit a completed Prescriber Agent Authorization Form to authorize a Prescriber Agent to transmit prescriptions in his/her behalf. (See Attachment B- Prescriber Agent Authorization Form).
 - iii. Prescriber Agents may not transmit orders for Schedule II controlled substances.
 - iv. Only medical providers, including licensed vocational nurses, registered nurses, psychiatric technicians, and pharmacy technicians may act as Prescriber Agents.
 - v. Prescriber Agents may be authorized to transmit prescriptions for more than one prescriber. Each prescriber must complete the Prescriber Agent Authorization Form to authorize the Agent to transmit prescriptions in his/her behalf.
- c. “Non-Prescribing Users” are authorized to enter into and update non-prescribing information in the system, including entering medication allergies, entering non-CBHS prescriptions, and viewing medication related information.

Contact Person: Director of CBHS Pharmacy Services

Attachments: 2

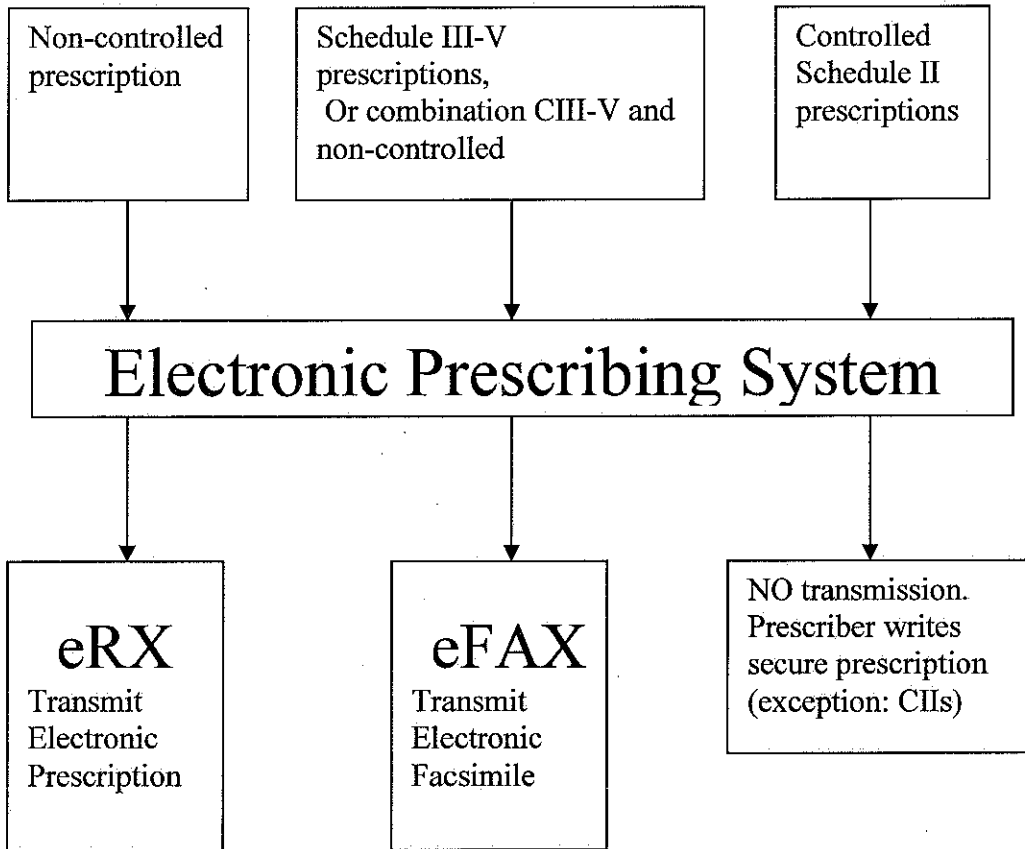
Distribution:

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Mayor Gavin Newsom

CBHS Electronic Prescribing System Prescriber Agent Authorization

1. I am an authorized CBHS electronic Prescriber.
2. I authorize the following individual, who is an authorized CBHS electronic prescription system user, to enter and transmit prescriptions via the CBHS electronic prescribing system on my behalf:

Name of Prescriber's Agent: _____

Title of Prescriber's Agent: _____

Email and Telephone of Prescriber's Agent: _____

3. I understand I may withdraw this authorization at any time.

Prescriber's Name and Title (print):		
Prescriber's Signature:		Date:
Name of Agency & Program:		
Prescriber's Ph# and email:		

Submit Completed Application to:
Infoscriber Registration
CBHS Pharmacy
1380 Howard Street Room 130
San Francisco, CA 94103

or FAX to 415-252-3036

ATTACHMENT B
Policy 6.00-02 CBHS Electronic Prescribing