

	INODAYA Hospitals - Kakinada		Documentation code: INH/MOM.Doc.No: 02
	MOM.1b.MULTIDICIPLINARY COMMITTEE GUIDES THE FORMULATION AND IMPLEMENTATION		Prepared date: 11/11/2025
	Reference: MOM.01b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
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MOM.1b.MULTIDICIPLINARY COMMITTEE GUIDES THE FORMULATION AND IMPLEMENTATION

1. PURPOSE

To ensure the safe, effective, and rational use of medications by establishing a multidisciplinary committee that guides the formulation, implementation, and oversight of pharmacy services and medication management across the organization.

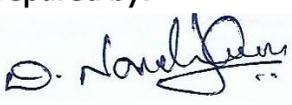
2. SCOPE

This policy applies to all departments and personnel involved in prescribing, dispensing, administering, monitoring, and managing medications within the organization.

3. Committee Composition

The committee shall include representatives from relevant disciplines, which may include:

- Pharmacy
- Medicine
- Nursing
- Quality and Patient Safety

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- Administration
- Other clinical or support services as appropriate

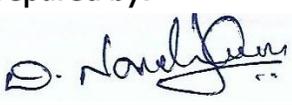
4. RESPONSIBILITY

The multidisciplinary committee shall:

- Develop, review, and approve policies and procedures related to pharmacy services and medication management
- Guide the selection, use, and evaluation of medications (e.g., formulary management)
- Monitor medication safety, adverse drug events, and medication-use processes
- Ensure compliance with applicable laws, regulations, and accreditation standards
- Promote interdisciplinary collaboration and communication
- Support education and training related to medication management
- Review performance indicators and recommend improvement actions

5. POLICY

The organization shall maintain a multidisciplinary committee responsible for guiding, coordinating, and monitoring pharmacy services and medication management. The

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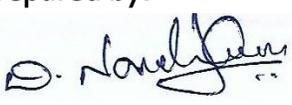
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committee shall support evidence-based practices, regulatory compliance, patient safety, and continuous quality improvement.

COMMITTEE MEMBERS

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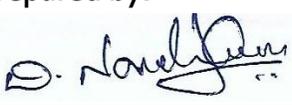
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6. PROCEDURE

6.1 Procedure for Implementation of Pharmacy Services and Medication Management – Inodaya Hospital

- Inodaya Hospital establishes a multidisciplinary committee comprising representatives from pharmacy, medical, nursing, quality, and hospital administration to guide pharmacy services and medication management.
- The multidisciplinary committee plans, implements, monitors, and periodically reviews all pharmacy services and medication management processes.
- Medication management policies, standard treatment guidelines, and the hospital formulary are developed and approved based on evidence-based practices and applicable regulatory requirements.
- The pharmacy department ensures safe procurement, storage, dispensing, and distribution of medications in compliance with hospital policies and safety standards.

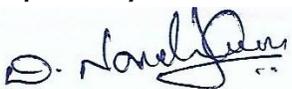
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- Systems are implemented to ensure accurate prescribing, dispensing, and administration of medications to minimize medication errors and enhance patient safety.
- Medication use is monitored through regular audits, medication error reporting, and adverse drug reaction surveillance.
- Corrective and preventive actions are implemented based on audit findings, incident reports, and committee recommendations.
- Education and training programs on safe medication practices are provided to medical, nursing, and pharmacy staff.
- Performance indicators related to pharmacy services and medication management are reviewed periodically to assess effectiveness and identify opportunities for improvement.
- The multidisciplinary committee reports findings, outcomes, and improvement initiatives to hospital leadership for ongoing oversight and governance.

6.2 Functions of Committee is:

- To formulate policies and procedures for storage, formulary, prescription, dispensing, administration, monitoring and use of medications.
- To ensure the pharmacy services comply with applicable laws and regulations.

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c. To define process for acquisition of medications listed in formulary and also for those not listed in formulary.

d. To conduct PTC meeting once in every three months or as and when necessary.

6.1.3 Responsibilities of PTC are:

a. To serve in as advisory committee to the medical staff and administration in all matters pertaining to drug use.

b. To develop the criteria for evaluating drugs for inclusion in the hospital formulary.

c. To design and develop a drug formulary list.

d. To review regulatory and statutory requirements applicable for pharmacy.

e. To develop the list of drugs accepted for procurement and use in the hospital.

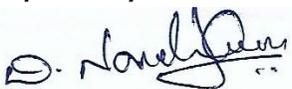
f. To objectively evaluate clinical data regarding new drugs proposed for use in the health facility.

g. To prevent duplication of drugs in the Drug formulary.

h. To advise the pharmacy department in the implementation of effective drug distribution and control procedures.

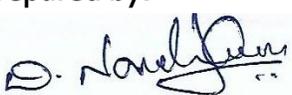
i. To recommend and approve additions and deletions from the Drug formulary.

j. To establish and plan suitable educational programs for professional staff on pertinent matters relating to drugs and their use.

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- k. To monitor and evaluate adverse drug reactions, medication errors and near misses and to make appropriate recommendations to prevent their occurrence.
- l. To conduct ongoing drug use evaluation programs.
- m. To ensure that no drug to be added in / Hospital drug formulary without approval from Drug and Therapeutic Committee.
- n. IP-Pharmacy in-charge is responsible to prepare list of drugs to be added or deleted from formulary on monthly basis, if necessary.
- o. IP-Pharmacy in-charge to submit list of drugs to be added / deleted from formulary to Drug and Therapeutic committee prior to the Committee meeting.
- p. Drug and Therapeutic Committee to review and decide on approval of addition / deletion of drugs in Hospital Formulary.
- q. The decision on addition or removal to be taken within two weeks of time from the date of DTC meeting.
- r. To develop protocols and procedures for the use of and access to non formulary drug products.
- s. Monitoring and review on non formulary drugs procured and recommendations to eliminate such incidents.
- t. IP-Pharmacy in-charge is responsible to update the recommendation / approval of Drug and Therapeutic Committee in Hospital Formulary.

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6.2 Laws and Regulations

6.2.1 Pharmacy license and NDPS license are to be displayed in the pharmacy.

6.2.2 NDPS drugs are stocked at IP-Pharmacy (Refer Policy and Procedure on Narcotic Drugs and Psychotropic Substances).

6.2.3 Licensed pharmacists who are authorized to sign bills and indents are made available in every shift at IP-Pharmacy.

6.3 Procurement Process

6.3.1 All drugs are to be procured from authorized distributors after order is placed to Central Purchase Unit of Inodaya Hospitals

6.3.2 Vendor selection and evaluation is done by Central Purchase team involving pharmacists.

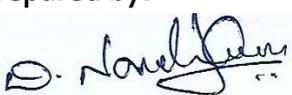
6.3.3 An online request for purchase is sent to Central Purchase Unit through which purchase orders to authorized distributors is sent.

6.3.4 Goods are received at pharmacy stores as per the Goods Receipt Note.

6.3.5 The pharmacists are responsible to identify the drug shortage on a day to day basis.

6.3.6 The pharmacy in-charge is responsible to maintain a minimum stock level (7 to 15 days consumption) as per the movement of the drugs.

6.3.7 To control stock outs effectively, ROL for emergency and fast moving drugs is maintained in software to reduce manual errors if any.

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6.4 Medication Storage

6.4.1 Medication storage policy is designed to ensure accuracy and speed in dispensing the drugs.

6.4.2 Refer Policy and Procedure on Storage of Medications

6.5 Hospital Drug formulary

6.5.1 Hospital Drug formulary is developed by a multidisciplinary committee.

6.5.2 The committee updates the formulary once in every year or as and when necessary.

6.5.3 Procurement of drugs not listed in formulary is preferably to be procured through authorized distributor.

6.5.4 However, this is to be followed in case of emergency only. Such procurement also to be done from authorized distributor only.

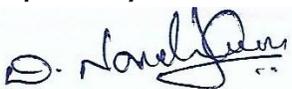
6.5.5 The information of such procurement to be submitted to PTC in the forthcoming meeting.

6.6 Prescription

6.6.1 Only doctors are authorized to prescribe medications to patients.

6.6.2 Whenever a medication is prescribed to a patient, it is written in OP prescription form or medication chart of IP patient case sheet.

6.6.3 Refer Policy and Procedure on Prescription of Medications.

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6.7 Dispensing

- 6.7.1 Medications are to be dispensed to patients/wards only by or under supervision of a registered pharmacist.
- 6.7.2 Refer Policy and Procedure on Dispensing of Medications.

6.8 Medication Administration

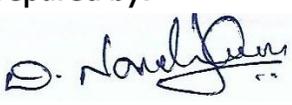
- 6.8.1 Medications are administered to patients only by a doctor and / or a nurse as per the doctor's orders.
- 6.8.2 Refer Policy and Procedure on Medication Administration.

6.9 Monitoring of Patients

- 6.9.1 Nurses / doctors monitor the patients after medication administration.
- 6.9.2 All in-patients are monitored after medication administration and document the same in doctor's notes or nurses notes of patient case sheet.
- 6.9.3. Refer Policy and Procedure on Adverse Drug Events / Reactions.

6.10 Use of Medications

- 6.10.1 Patients and family members are educated by doctor/nurse/pharmacist about safe medication administration.
- 6.10.2 Refer Policy and Procedure on Food and Drug Interaction.

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