

**Pharmacy Sterile Compounding Floor Plans and Functional Program
January 2009**

Community Memorial Hospital
Pharmacy Department
Floor Plans and Functional Program
Executive Summary

The Floor Plans and Functional Program are the last of my deliverables and will support design of pharmacy sterile compounding space by Community Memorial Hospital's (CMH) architect and engineer. The gap analysis, the first deliverable, showed major problems with the current sterile compounding facilities, e.g. unfiltered room air supply, poor traffic control, a sink in the buffer room, floors, walls and ceilings that are hard to keep clean, work space not being limited to sterile compounding – all regulatory issues. Perhaps the biggest issue is that sterile compounding of chemotherapy is done outside the pharmacy sterile compounding area. This situation exposes hospital workers and environment to contamination with hazardous drugs. The following recommendations will resolve these problems.

Summary Recommendations

1. Find temporary swing space for current sterile compounding functions. Train pharmacy personnel to use good compounding practices in the swing space so that they will be ready to occupy a new sterile compounding environment.
2. Have hospital architect and engineer draw blue prints and utility plans for a new pharmacy sterile compounding clean room, based on floor plans and specifications listed in this document.
3. Submit a request for information and a request for proposal to select a builder for a new pharmacy sterile compounding facility.
4. Submit a request for information and a request for proposal to compounding isolator vendors to select the proper STAT drug compounding device.
5. Build and validate the new anteroom and buffer rooms to specifications.
6. Train pharmacy personnel to observe all regulatory standards in which they are now deficient; so that full benefit is derived from the new facilities. This includes compounding hazardous drugs, i.e. chemotherapy and others.
7. Monitor pharmacy sterile compounding via a quality assurance program. Implement corrective actions as necessary.
8. Develop a pharmacy master facility plan, in line with CMH's overall facility plans, in order to use pharmacy space more effectively and efficiently for changing pharmacy workload and responsibilities.