

PHARMACY NEWSLETTER



Volume 8, Issue 6

June 2018

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Great Catches - May

Liquid Versed UD ordered/received while Purchaser was out. Versed checked when order received, signed into CS cabinet and when issued to a patient. Upon Purchaser's return and checking invoices, it was discovered that the Versed was not the correct concentration. All Versed pulled back into the pharmacy. Great Catch April Smith, NBI Pharmacy Buyer!



Other great catches were reported through the health system pharmacies in May include:

- **Thomas Hospital:** Pharmacists continue to prevent duplicate administration and correct the timing of administration of antibiotics and anticoagulants. Technicians are using their safety tools to find and segregating expired medications.
- **Atmore Hospital:** Patient has hives to morphine, Subutex ordered for opioid withdrawal; RN and MD notified, MD sent new orders for methadone taper instead of Subutex.
- **Mobile Infirmary:** Pharmacist caught duplicate insulin on patient. Patient on Humalog and Lantus ordered and duplicate order warning did not fire.



Michelle Wheat, Pharmacy Informatics Coordinator, has accepted the position of 340(b) Compliance Coordinator. She has served in multiple leadership roles for Infirmary Health since her employment in September, 2000. She began her career at Infirmary West and has been instrumental in pharmacy services growth and improvements. Her specialized knowledge in the area of 340(b) regulations will assist us in providing safe, quality care to all of the patients we serve. Michelle is a graduate of Samford University's pharmacy program.

Please join us in congratulating Michelle on her new role!

Congratulations to Cathy Cope, Thomas Hospital Pharmacist, I AM More employee of the month.



Cathy noticed an order for multiple anticoagulants. She immediately took action by communicating and escalating her concerns. She spent over two hours trying to touch base with the physician, who actually refused to call her back. The provider was very busy and in their mind thought that the overlap of these agents were indicated. Despite the circumstances, Cathy persisted in the situation and escalated the concern, eventually tracking down the physician and communicating with them face to face after failing to do so over the phone and through Doc Halo. When the physician acknowledged Cathy for her efforts she simply stated, "Just doing my job." Cathy's efforts prevented the overlapping anticoagulant therapy from occurring and potentially prevented this patient from having a serious bleeding event.



North Baldwin Rural Healthcare Opioid Reduction Task Force

Submitted by: Kellye Knight, RPh, Pharmacy Manager

The second meeting of the NBRH's Opioid Reduction Task Force met on Wednesday, June 6th at Poarch's Rolin Health Clinic. Deeya Seamans, NBI Pharmacist, serves as the chairperson for this diverse multi-county community team. There were 26 attendees – including law enforcement, education leaders, physicians and other clinical personnel from Baldwin and Escambia counties. Their mission includes adoption of a standardized process and protocol to reduce opioid use, education for responders, and improvement of community awareness and resources. Deeya shared information from the Attorney General's office regarding Narcan Nasal Spray availability and training for law enforcement. Michael Cook, Drug Education Council representative for 11 counties, provided school resources and outreach material. Robin Snider, Baldwin County Community Alliance representative, shared information on Permanent Prescription Drug Drop Box locations throughout the county. The Taskforce will follow up with School Resource Officer training, statewide drug education training programs and National Prescription Drug Take Back Day.





Protecting PHI through Proper Disposal

By: Amber Bradford, CPhT

Atmore Community Hospital Pharmacy

Many different types of medication containers are prepared by and returned to pharmacy every day from IV bags to vials and prescription bottles. Since medication containers vary extensively in size and shape, we are tasked with the unique challenge of removing all patient protected health information (PHI) from each container.

Below are a few ways to Protect PHI:

1. Remove the label and place in Shred Bin
 - Only PAPER goes in shred bin.
2. Black out PHI with a Security Marker
 - This is the most widely-used method.
 - Potential for ink to smear
3. Stamp Labels with an ID Security Stamp.
 - May not mask data completely
4. Apply Identi-hide Label Covers
 - Has heavy black pattern and black adhesive, completely conceals PHI, making it impossible to read from either side of the container.
 - ACH has adopted this method of protecting PHI

Remember: Shred it, Stamp it, Cover it



Implementing the 2018 Joint Commission Opioid Standards

Submitted by: Trey Gwin, RPh, Medication Safety Pharmacist

As you likely are aware, the Joint Commission published new pain standards effective since January 1, 2018. Infirmiry Health has formed a task force that meets regularly to ensure compliance with these standards. A few key considerations of note:¹

- Patients should receive at least one nonpharmacologic pain therapy, in addition to pharmacologic therapy. (i.e. ice, heat, massage therapy)
- The hospital should have defined criteria to determine, assess and reassess pain.
- All patients should have pain assessed upon ED visits and hospital admission.
- Patients should be involved in the pain care strategy to:
 - ⇒ Develop realistic and measurable pain goals
 - ⇒ Provide education on safely using opioids & non-opioid therapy
- High risk patients should be identified and routinely monitored (i.e. during first 24 hours of therapy, opioid naïve patients, women, age ≥ 55 , smokers, morbidly obese patients, and patients with trouble breathing)
- Upon discharge, patients and family should be educated on:
 - ⇒ Pain management plan of care
 - ⇒ Potential side effects of opioid therapy
 - ⇒ Recognizing daily activities that may exacerbate pain
 - ⇒ Safe use, storage, and disposal of opioids when prescribed

Safe use of opioids can be challenging, especially during the current opioid shortage. The ongoing shortage requires prescribers to alter their prescribing routines. Pharmacy & nursing workflows have changed in adaptation to the shortage as well. In many cases, alternate opioids & routes are recommended, which may be unfamiliar to both patients and providers. Remember to pay attention to detail/STAR when using less familiar alternative opioid therapy and escalate any safety concerns if unsafe practices are observed. Extreme caution should be exercised in patients who may be opioid naïve or treatment experienced patients that require opioid conversion. The tolerance these patients have developed may not transfer fully to the alternative opioid therapy. These same issues are posing problems nationwide. Deaths have been observed due to miscalculation when converting opioids.² Reminder: Infirmiry Health provides an opioid conversion table that can be referenced directly from Epic (*Epic --> Pharmacy webpage- -> Mobile Infirmiry pharmacy --> Clinical --> opioid conversion table*).

References:

1. "The Joint Commission Perspectives." July 2017
2. "Injectable Opioid Shortages Suggestions for Management and Conservation." *Www.ashp.org*, ASHP, 20 Mar. 2018, www.ashp.org/-/media/assets/drug-shortages/docs/drug-shortages-iv-opioids-faq-march2018.ashx.





June Birthdays

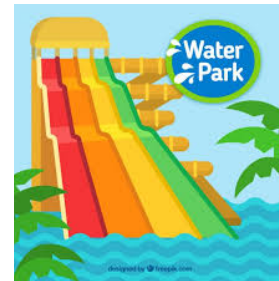
Jolie Darby, MI Pharmacist	June 2
Lee Ann Cain, VP Administration	June 4
Paris Jones, MI Tech	June 4
Jason Richardson, TH Tech TL	June 7
Rebecca Baggett, TH Tech	June 14
Nathan Browning, TH Tech	June 15
Teresa Robinson, TH Tech	June 19
April Smith, NBI Buyer	June 20
Mai Chau, MI Tech	June 21
Britney Cothren, MI Pharmacist	June 25
Jonathan McCall, MI Pharmacist	June 26
Coneith Kubina, MI Pharmacist	June 28
Deeya Seamans, NBI Pharmacist	June 30

Rx4u

Infirmiry Health Pharmacy

- Free generic blood pressure medications.
- Free diabetic supplies (strips, needles, lancets)
- You may earn 50 Ihealthy points each month that you are actively enrolled in Medcom's Chronic Care Management Program. Eligible conditions include **asthma, diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, metabolic syndrome.**
- Generic 90 day prescriptions for \$10 copay.
- Payroll deduction is now available. Sign up through the new Inet. Payroll charges limit is \$120.00/payroll for full time and \$75.00/payroll for part-timers. To enroll:

1. Access the new Inet
2. Click on Payroll
3. Scroll down to payroll deduction sign-up
4. Verify password
5. Select IhRx4u payroll deduction form
6. Please allow 24 hours after enrollment to become active



- Many insurances are now accepted.
- Prescriptions can be mailed to employee's home if there is a method of payment on file to cover copays or if the employee is enrolled in payroll deduct. Please allow 24 hours for mail and delivery orders to be completed and processed.
- Flex cards are now operational.
- In order to transfer a prescription to Rx4u, please provide the following information: **name and phone of current pharmacy, patient name, date of birth and phone number + Rx numbers or names of medications needed.**
- We now have a mobile app **MobileRx** and well as the website www.ihrx4u.org operational to request refills.

Rx4u FED (Malbis)
29487 Hwy 181
Daphne, AL 36526
Phone: 251-279-5455
Fax: 251-279-5460

Hours: Monday-Saturday
9am-7pm

Thomas Hospital Rx4u
750 Morphy Ave
Fairhope, AL 36532
Phone: 251-279-2255
Fax: 251-279-2244

Hours: Monday-Friday
7am-7pm

Mobile Infirmiry Rx4u
Mobile Infirmiry Circle
Mobile, Alabama 36607
Phone: 251-435-7948
Fax: 251-435-6514
Hours: Monday-Friday:
7am-7pm
Saturday: 9am-2pm
Sunday: Closed

NBI Delivery:
Tuesdays & Thursdays
10:00am-11:00am



Bedside Prescription Delivery Service

HOW IT WORKS:

The iCare Pharmacy Staff interviews eligible admitted patients based on their prescription insurance plan to determine if they are interested in the service.

When the discharge orders are initiated, the Pharmacy staff will call to speak with their nurse to confirm discharge and inquire about any discharge prescriptions.

Those prescriptions can be faxed to the Pharmacy office (Ext. 6339) and the Pharmacy staff will pick up the original prescription prior to delivery, collect co-pay, and offer medication counseling at discharge.

HOURS OF OPERATION:

MONDAY – FRIDAY 9:00am-5:30pm

SATURDAY 9:00am-2:00pm

SUNDAY **CLOSED**

HOW YOU CAN HELP:

Any questions about the service please call the iCare Bedside Pharmacy Staff at (251) 435-MEDS (6337).

PLEASE FAX HARD COPIES AS SOON
AS POSSIBLE TO PREVENT DELAYS IN
THE DISCHARGE PROCESS.

FAX 435-6339.



CONTACT NUMBERS

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Hong Duong: (251) 435-4672
Amy Gleason: (251) 435-4666
Tech TL Office: (251) 435-4673

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Charles Durant: (251) 279-1392
Brandalyn Gatrey: (251) 279-1829
Jason Richardson: (251) 279-1672

North Baldwin Infirmiry Pharmacy

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Kellye Knight: (251) 580-1718
April Smith: (251) 580-1738

Atmore Community Hospital Pharmacy

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Rx4u (MI)

Main: (251) 435-7948
Fax: (251) 435-6154

iCare Discharge Pharmacy (MI)

Main: (251) 435-6337
Fax: (251) 435-6339

Rx4u (TH)

Main: (251) 279-2255
Fax: (251) 279-2244

Rx4u FED (Malbis)

Main: (251) 279-5455
Fax: (251) 279-5460



Our mission:
Our Mission is LIFE

Our vision:
*The FIRSTCHOICE
for healthcare in our region*

Our values:

- Leadership.
- Integrity.
- Family.
- Excellent service.

WE'RE ON THE WEB!
INFIRMARYHEALTH.ORG
