OUR LADY OF THE LAKE RMC

In*Pharm*ation

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Staff Spotlight

An Nguyen, PharmD

Favorite Quote: "How people treat you is their karma. How you respond is yours." ~ Wayne Dyer

An, one of newest members of the Charge/Main group, was born and raised in New Orleans, LA. On a typical day in the pharmacy, you will find An answering the phone with her signature greeting, "Pharmacy, An". An loves being a pharmacist! The impact she has on patient's lives is what keeps her coming back to the hospital every day. If she could, she would tap into the legal system and become a forensic pharmacist to impact a different set of patient's lives.

An enjoys sleeping and watching Netflix. You may even find her eating Raising Canes, her favorite meal, or snacking on junk food, her guilty pleasure. More than sleeping and watching Netflix, An would love an all-expenses paid vacation in Aruba or Maui. She isn't all about relaxing however. If she could change one thing is this world, she would enhance the quality of education and make it free for everyone.

A few of An's goals are to enjoy life, pay off loans and pay back her parents. That's if she wins the lottery of course! With An's "Chop Chop" personality, achieving her goals won't take long at all.

Pharmacist Role in Transitions of Care

By Lauren Linder, PharmD

Transitions of care is defined as the actions and processes necessary to provide continual care for a patient as he or she changes location and/ or levels of care. In more recent years, transitions of care has become a "hot-button" topic, not only because of healthcare regulatory bodies requiring smooth transitions from inpatient to outpatient, but also because of the specific opportunities for pharmacists to aid in patient transitions. Currently, the centers for Medicare and Medicaid (CMS) and the Hospital Quality Alliance (HQA) evaluate transitions of care for hospitals by reporting to the public the 30-day readmission rates for specific disease states such as myocardial infarction (MI), heart failure (HF), pneumonia (PNA), chronic obstructive pulmonary disease (COPD), coronary artery bypass graft (CABG), and hip/ knee surgery. These numbers correlate to how effective the institution is at transitioning their patients to the outpatient setting. The 30-day readmission rates are compared to a national average, and hospital reimbursement from CMS can be affected by this report. Ultimately, this report should inspire institutions and healthcare providers to improve their continuity of care for each patient.

The term "transitions of care" is multifaceted in its meaning, however The Joint Commission does provide insight on what is required for a smooth patient transition. In 2005, the Joint Commission made medication reconciliation a focus of one of the National Patient Safety Goals. Medication reconciliation is defined by the Joint Commission as the process of comparing the medications a patient is taking from home (or presumably taking) with newly ordered medications in order to reduce discrepancies or potential problems. It has been estimated that around ½ of all hospital- related medication errors and at least 20% of all adverse drug events are attributable to poor communication at the time of transition. The Joint Commission providing criteria and scoring for medication reconciliation, and the estimation of medication errors when reconciliation is not performed, shows there is a missing piece to the transitions circle.

Pharmacists, being the drug information experts based on years of study and licensure, are the natural choice to perform and aid in transitions of care. Our role has been validated by numerous studies showing our benefit in this area of need. The Kansas City Hospital implemented a new pharmacy practice model in 2013 where a pharmacist counseled and performed medication reconciliations at both admission and discharge to reduce their Heart Failure (HF) readmission rates. Prior to implementing their new service line, their readmission rate for HF was 22.6%, above the national average, putting them at risk for not receiving reimbursements from CMS. After implementation of the transitions program their HF readmissions were reduced to 14.7% within the first month, with a decrease in HF readmissions by 7.9% , allowing their department to receive more FTEs to perform this service.

Currently, at Our Lady of the Lake, the PGY1 pharmacy residency program requires the residents to have a transitions of care rotation. The goal of the rotation is to provide discharge planning to improve the transitions of care for the patients on the cardiovascular ICU located on HV3. The residents are required to perform medication reconciliations upon admission by obtaining the patient's pharmacy information or past pharmacy records from other hospitals, ensure the medications prescribed inpatient are appropriate for their current disease states and/or surgeries and relay

Formulary Changes

Added to formulary:

- **Naloxegol (Movantik)** a opioid antagonist for treatment of opioid induced constipation. Restricted to use in patients with opioid induced constipation that have failed two or more laxatives
- **Belatacept (Nulojix)** is used in prophylaxis of organ rejection in EBV seropositive adult patients. Restricted to outpatient use only for the prophylaxis of organ rejection in EBV seropositive adult patients receiving a kidney transplant.
- **Idarucizumab (Praxbind)** is the first reversal agent for Pradaxa. Restricted for reversal of life-threatening dabigatran-related bleeding.

Newly added restrictions:

- **Methylnaltrexone (Relistor)** is now restricted to palliative care and oncology patients
- **Aripiprazole (Abilify)** restricted to psychiatry and continuation of home med.
- **Clozaril (Clorapine)** restricted to approval by psychiatry
- **Lurasidone (Latuda)** restricted to psychiatry and to continuation of home meds
- **Invega (Pallperidone)** restricted to psychiatry and to continuation of home meds
- **Aripiprazole, Paliperidone and Haloperidol Deconoate (Long-Acting)** restricted to psychiatry.
- **Fluphenazine and Risperidone (Intermediate-Acting)** restricted to psychiatry

Removed from formulary:

- Lubiprostone (Amitiza)
- Fluphenazine
- Perphenazine

Shortages:

- Meropenem and ampicillin-sulbactam shortages remain in effect. Please refer to previous emails for alternative therapy options.

Patient Safety Corner

Safety Opportunities:

A patient received clarithromycin (CY3A4 inhibitor) and diltiazem (CYP3A4 substrate) for approximately 1 week while admitted at OLOL. After discharge, a retail pharmacist refused to fill the prescriptions, citing risk of cardiac arrest and hypotension. In Cerner, only "Major" interactions are flagged, and this interaction was marked as "Moderate." Lexi-comp cites this as a category D interaction – the risk would be increased levels of diltiazem, resulting in possible hypotension and bradycardia. However, because there are typically alternative agents in both classes that could be used instead which would not have the same risk, we decided to upgrade this interaction to "Major." This will alert the physician entering the order and the pharmacist verifying it of the interaction and potential side effects.

Below is a list of some examples of CYP3A4 inducers, inhibitors, and substrates:

- **CYP3A4 inducers:** carbamazepine, phenytoin, rifampin, St. John's Wort
- **CYP3A4 inhibitors:** clarithromycin, erythromycin, azole antifungals, amiodarone, fluvoxamine, verapamil, ritonavir, grapefruit juice
- **CYP3A4 substrates:** lovastatin, simvastatin, carbamazepine, phenytoin, diltiazem, verapamil, amlodipine, colchicine, midazolam, antidepressants, corticosteroids, rivaroxaban, apixaban

Policy Changes

Bolus and maintenance infusions of amiodarone and lidocaine are now allowed in the following units: CCDU, HV7, HV8. Please refer to the "Medications Requiring Special Monitoring" document for more information.

Pharmacist Role in Transitions of Care (cont)

this information to a multi-disciplinary team. They are also responsible for ensuring prescriptions are correct and all discrepancies are resolved at patient discharge, as well as counsel the patients on all their medications prior to leaving the hospital. Another great service that is provided and offered to the patients is the "Meds2Beds" service. Meds2Beds allows eligible patients to have their prescriptions filled prior to discharge to aid in a better transition to the outpatient setting. The hope is by having a pharmacy presence on that service for transitions, 30 day hospital readmission rates will be reduced and reflected in the CMS reports.

Remember! You can practice transitions of care too. It is always good to do a double check of the patient's ambulatory profile on med manager when you are verifying patient orders. Even this small step can help to identify discrepancies or potential drug related adverse events or drug interactions. Transitions of care can be performed during any part of hospital duration, and pharmacists are in a great position to help smooth the transitions.

Regulatory

Recent FDA Drug Approvals

- **Carfilzomib (Kyprolis)** injection for intravenous use. Indicated as a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy.
- **Onabotulinumtoxin A (Botox)** injection for intramuscular use, intradetrusor use, or intradermal use. Indicated for the treatment of spasticity in adult patients.
- **Nivolumab (Opdivo)** injection for intravenous use. Indicated for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma, as a single agent. Also indicated for the treatment of patients with unresectable or metastatic melanoma, in combination with ipilimumab.
- **Eribulin mesylate (Halaven)** injection for intravenous use. Indicated for the treatment of patients with unresectable or metastatic liposarcoma who have received a prior anthracycline-containing regimen.
- **Elbasvir and grazoprevir (Zepatier)** tablet for oral use. Indicated with or without ribavirin for treatment of chronic hepatitis C virus genotypes 1 or 4 infection in adults.

Overlooked Medication Safety Risks to Focus on in 2016

The Institute for Safe Medication Practices (ISMP) recently published selected medication safety risks that may otherwise be overlooked. ISMP focuses on five safety risks related to management of patient information and drug information, how information is communicated to the staff, how information is presented on drug labels and packages, how healthcare providers package medications prior to administration, and how patients are educated.

The five safety risks include:

1) Placing orders on the wrong patient's electronic health records

2) Nursing references promoting unnecessary dilution of intravenous (IV) push medication

3) Confusing the available concentration as the patient's dose on electronic records

4) a) Per liter electrolyte content on various sizes of manufacturers' IV bags

   b) Drawing more than one dose into a syringe

5) Discharging patients who do not understand their discharge medications

WANTED

Pharmacy Technician to participate on Newsletter Committee

Committee member responsibilities include:

- Attending monthly committee meetings (2nd Monday of the month at 2:30)
- Bring ideas for newsletter content

Any interested persons should email:

Jennifer.jones2@ololrmc.com

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Lauren Linder, PharmD

Reminders

February 16th: Free Blood Pressure Screening (HVI)

February 18th: Groundbreaking on Children's Hospital

February 18th: Louisiana Med on WAFB featuring OLOL Children's Hospital

February 22-26th: Lenten Food Drive

February 24th: LSHP CE featuring OLOL Resident, Lauren Linder

February 25th: Free Blood Pressure Screening (HVI)

March 4-6th: Children's Hospital Amazing Race Weekend (Downtown)

March 5th: Susan G Komen Race for the Cure (@ LSU)

Please see TeamLink for details on each of these OLOL events

REMINDER: Please renew your LSHP membership by February 29th!