



InPharmation

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Staff Spotlight

Tonda Cushenberry

Years of Service:
32 years, 7 months

Favorite Scripture:
Psalms 27:14 Wait on the Lord, be of good courage and He shall strengthen thine heart. Wait, I say on the Lord



Mrs. Tonda, always smiling, can usually be found counting narcotics or helping any of the pharmacy staff around the main pharmacy. She loves to shop and would jump on the first opportunity to travel to Paris, her dream vacation. When Mrs. Tonda is not at the Lake, you can find her spending time with her lovely family. You can also find her sneaking in some delicious pizza, her favorite food, or spending money at the mall, her guilty pleasure. What Ms. Tonda loves about working at the Lake is being a servant and taking care of others who can not take care of themselves.

Recently, Mrs. Tonda was awarded the Franciscan Service Award, an award given to an employee who lives the Mission and Core Values and sets an example for others to extend the healing ministry of Jesus Christ. "Happy, excited, emotional and thankful knowing that my dedication and loyalty is being recognized by my peers and coworkers" are the words she used to describe her reaction to being surprised with the Franciscan Service Award.

Bringing Pharmacists to the Bedside

By Monica Morgan, Pharm D

With the implementation of Value-Based Purchasing, a strategy designed to reward excellence in health care while penalizing poor performance, all eyes are on the results of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that is distributed randomly to patients after hospital discharge. With falling scores in the survey section entitled "Communication about Medications," OLOL pharmacy administration has been tasked to find a way to move these results. As a result, several members of the clinical pharmacy team along with Brandi LaFrance, the Director of Clinical Pharmacy Services, have developed three pilot projects aimed at increasing communication about medications with patients.

The first pilot called "Meds-to-Beds" was implemented on the orthopedic service and has been successful with high patient satisfaction since its initiation. 44% of patients so far have opted into the service and the Ortho units are seeing the highest HCAHPS scores as a result. With this service, the discharge prescriptions are filled at the Plaza Pharmacy and brought to the patient on the day of discharge. The prescription hand-off is complete with a one-on-one counseling session by a pharmacist. The Meds-to-Beds

project has recently expanded to HV7&8 for Dr. Moraes' heart failure patients, and on March 16th will be rolling out to the CABG and TAVR Medicare patients on HV3. These patients will also receive a personalized medication schedule complete with indication, dose, and instructions for administration.

The second pilot brings the Medicine clinical staff pharmacists to the bedside specifically on 4MNT. From 1200-1600 Monday through Friday beginning on March 9th, a pharmacist will visit each new admit to inquire about new medications and explain common side effects of these medications.

The third pilot consists of placing drug cards at the Pyxis machines on 4MNT for the nurses to give to patients when administering the first dose of a new medication. The drug cards feature the most frequently dispensed classes of medications (e.g. beta blockers, antibiotics, gastrointestinal agents, etc), names of common examples, and lastly the most common side effects associated with the class of medications.

With each step closer to the bedside, we strive to improve patient health literacy, increase medication compliance, and reduce hospital readmissions.



Our Lady of the Lake Regional Medical Center
Adult Medications

Drug Class:
Beta-Blocker

Common Examples:
Metoprolol tartrate (Lopressor)
Metoprolol succinate (Toprol XL)
Carvedilol (Coreg)
Labetalol (Trandate)
Atenolol (Tenormin)
Nebivolol (Bystolic)
Bisoprolol (Zebeta)

Common Uses:
Treatment of high blood pressure, heart failure, abnormal heart rate

Common Side Effects:
Tiredness, dizziness, low blood pressure

*Please notify your nurse or physician if you experience any side effects or signs of an allergic reaction (rash, throat swelling, trouble breathing)

**This is not a complete list of side effects

- Restrictions for ciprofloxacin have been removed. It no longer needs approval prior to verification.
- Formulation change for GI Cocktail—it will no longer contain Donnatal elixir

Clinical Practice

ED Pilot

For six weeks during January and February, the pharmacy department ran a pilot in the emergency department incorporating a pharmacist into the ED workforce. From 1230 to 2300 seven days a week, a pharmacist was present in the ED to assist with services such as code blue, trauma and stroke alert participation, answering drug information questions, stat IV drug preparation, kinetic consults, medication reconciliation, and patient counseling. A total of 430 interventions were made by the two pharmacists during the 6 week period in the emergency department. Due to positive feedback from nursing staff, physicians, mid-levels, and the pharmacy department, two ED pharmacist positions have been created.

Heparin Medication Use Evaluation

A heparin medication use evaluation was presented at the February P&T Committee meeting. Data analyzed included the indication for heparin use, the time spent on heparin infusion, time to achieve a therapeutic PTT level, and whether or not the PTT was checked per protocol and if the rate was changed appropriately. Charts were divided 50/50 between patients that received heparin for acute coronary syndrome (ACS) and those that were treating a thrombotic event. While patients spent an average of 2.8 days on heparin infusion using OLOL's current ACS dosing nomogram, 62.5% of ACS patients were at therapeutic levels within 24 hours, while only 50% of VTE patients reached therapeutic PTT's. While 94% of patients received appropriate PTT checks, only 52% had appropriate documentation of

heparin rate changes. Based on these findings, pharmacy recommended implementation of a VTE nomogram and the development of a nursing-in-service regarding the importance of documenting rate changes and following the nomogram. Additionally, it was agreed that the concentration of heparin will change from 50 units/ml to 100 units/ml and all staff will be educated prior to this occurring. These recommendations were accepted by the committee and an action plan is currently being created for the rollout of the new nomogram and related education.

Vancomycin Medication Use Evaluation

Results of a recent three month evaluation of adherence to the OLOL vancomycin dosing and therapeutic drug monitoring protocol demonstrated that pharmacists prescribed initial dosing regimens and obtained initial serum levels in compliance with protocol guidelines in 91% and 84% of patients respectively and also complied with protocol 97% of the time for follow-up serum creatinine and serum drug level monitoring. Of the 1300 patients who received at least two days of vancomycin therapy during the evaluation period, 25 (1.9%) patients developed vancomycin associated nephrotoxicity, which was defined as an increase in baseline serum creatinine level by 0.5 mg/dL; decrease in baseline serum creatinine level by 50%; or need for renal replacement therapy during course of therapy and up to 48 hours post therapy. This incidence rate is lower to what is reported in the literature (ranges from 7-35%) but clinical pharmacists will continue to be vigilant in identifying patients with concomitant risk factors who warrant more aggressive monitoring and conservative dose adjustments.

FDA Safety Alert

- FDA warns about use of testosterone for treatment of low testosterone due to aging. Testosterone therapy should only be prescribed for men with low testosterone due to medical conditions.

ISMP Best Practices for 2014-2015

- ISMP issued a Best Practices document for 2014-2015 to bring attention to specific medication safety issues occurring within the hospital. Eight best practices have been cited and each monthly newsletter will focus on one.
- **ISMP Best Practice #1: Dispense Vincristine and other vinca alkaloids in a minibag of a compatible solution and not in a syringe.**

Near Misses—RSI Kits

- Recently, there have been several instances where used RSI kits have been placed back into the Pyxis to be re-used without re-filling.
- What is an RSI kit and why is it important to me? RSI stands for rapid sequence intubation and contains medications needed in emergent situations in which a tube is placed down a patient's throat to help him/her breathe. If these medications are not available to the physician at the time of the emergency, it could delay care and cause patient harm.
- Please be vigilant in checking any emergency boxes and ensure that used medications are replaced accordingly.

Regulatory

Recent FDA Drug Approvals

- **Prestalia** (perindopril arginine and amlodipine besylate) – a combination ACE inhibitor/dihydropyridine calcium channel blocker approved to treat hypertension
- **Savaysa** (edoxaban) – a factor Xa inhibitor approved for the treatment of deep vein thrombosis, pulmonary embolism, and risk of stroke and embolism due to atrial fibrillation
- **Duopa** (carbidopa and levodopa enteral suspension) – approved for the treatment of motor fluctuations in patients with advanced Parkinson’s disease
- **Natpara** (parathyroid hormone) – approved for hypocalcemia in patients with hypoparathyroidism
- **Cresemba** (isavuconazonium sulfate) - a new antifungal used to treat adults with invasive aspergillosis and mucormycosis

FDA Drug Recalls for February:

- Ketorolac Tromethamine Injection (Hospira)—global recall of multiple lots due to potential particulate in glass vials

Joint Commission Quick Safety Tip:

Be aware when using the copy and paste function in a patient’s electronic medical record. While it can improve efficiency, it may also lead to copying inaccurate or outdated information, make it difficult to identify when the information was first documented, or duplicating information to create unnecessarily long notes.

Are You Ready for the Joint Commission Survey

Question: “When are Pyxis overrides permitted?”

Answer: Pyxis overrides are permitted during urgent patient care situations when patient harm could result from delay in administration of a medication. When a medication is removed via override, it becomes the responsibility of the person removing and administering the medication to perform the same safety review that a pharmacist would perform before administration to the patient. The override order in the eMAR is then “linked” to a physician’s order by the administering nurse once the original order has been verified by the pharmacist.

Emergency Ruling: Department of Health and Hospitals Office of Public Safety:

A new synthetic cannabinoid, “MDMB-CHMICA,” has been added to the list of Schedule I controlled dangerous substances as of February 26.

QUESTIONS, COMMENTS OR SUGGESTIONS?

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Dates to Remember

March 17th: St. Patrick’s Day

March 23rd: Opel Martinez’s Birthday

March 26th: Brandon Christophe’s Birthday

March 29th: April Holley and Brittany Marshall’s Birthday

March 30th: Lucy Dicharry and Jamie Moore’s Birthday

April 2nd: Donald Meaux’s Birthday

April 3rd: Good Friday

April 5th: Easter and Dionne Fair’s Birthday

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April 7th: Joycelyn Hills’ Birthday

April 8th: Juliet Sanchas’ Birthday

April 9th: Linda Mitchell’s Birthday

April 10th: Articles for Newsletter due

April 14th: Lake Lean CBL due

April 15th: Terry Bradford’s Birthday

April 16th: Lan Ngo’s Birthday

April 19th: Danielle Ricks’ Birthday