OUR LADY OF THE LAKE RMC

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Midyear Clinical Meeting and Exhibition

By Laura Carrell, PharmD

During the first week of December, the residents had the privilege of attending the American Society of Health-System Pharmacists (ASHP) annual Midyear Clinical Meeting and Exhibition. While at the meeting, they each presented a "research in progress" poster explaining their research projects and participated in the residency showcase to help advertise the program to future candidates. In addition, they were able to attend educational sessions related to their areas of interest. Laura attended several sessions about improving transitions of care, and Danielle and Kristin attended sessions about women in leadership. Below are some of the highlights of these sessions.

Improving Care Transitions: Pharmacy-led Models

After stressing the importance of pharmacy involvement in the transitions of care process, pharmacists from Riverside Health System in Virginia shared their experience implementing a transitions of care program targeting patients being discharged to a skilled nursing facility (SNF). They used the Society of Hospital Medicine (SHM) post-acute care transitions toolkit to improve communication and collaboration between acute care and post-acute care facilities at their institution. In order to establish a successful program, they began with a resident pilot program which was continued by one transitions of care pharmacist and eventually expanded to include all clinical pharmacists. At this institution, it was stressed that transitions of care responsibilities belong to everyone and time was arranged in the pharmacists' schedule to allow for transitions of care responsibilities.

Next, a pharmacist from Cedars-Sinai Medical Center shared her experience in starting a transitions of care program with no additional resources. This program began by using pharmacy residents extensively and re-purposing a current clinical pharmacist workflow to allow for transitions of care responsibilities. The transitions of care program focused on admission medication reconciliation, discharge reconciliation and evaluation, and post-discharge follow up. In order to determine which patients to target, they used the MedAL scoring system to identify high risk patients. Since they initially did not have additional pharmacist resources, they used mainly pharmacy residents to perform transitions of care services and eventually created a poster summarizing the projects of these residents. By continually demonstrating the value of the program, they were able to obtain 13 pharmacist FTEs to devote to transitions of care and continue to see the value in this program.

Reducing Readmissions Networking Session

At this networking session, participants shared ideas on methods for improving transitions of care, identifying a patient population to target, data collection, and working with students. Some suggestions for improving transitions included working with social workers, using a status board to signal when a patient is being discharged, and participating in multi-disciplinary discharge rounds. In order to identify a patient population to target, some hospitals have the ability to generate a "Clarity report" in Epic. Others use iVents, and others keep in close communication with case managers to determine which patients are in need of pharmacy services. It was emphasized by several clinicians that strict criteria are useful when collecting data to avoid confounding factors and excessive time commitment. Some participants had concerns with using students to assist with medication reconciliation and discharge education, but others were able to provide suggestions for supporting students and allowing them to perform these tasks. These suggestions included having a script for them to use and eval-

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EPIC Reminders

Classes

- Be sure to complete all e-learning prior to attending classes
- Please sign-up for and attend all required classes. Classes must be taken in order.
- At the end of Inpatient Pharmacist RX200 or RXTECH101, you will have to pass a short test to complete your training.
- If you wish to play in the system outside of class please use the "PLY Hyperspace" in the EPIC training folder.

Additional Information

- If you have any questions about training or Hyperspace, please do not hesitate to reach out to either Tommy or Jen.
- Please let one of the trainers know if you would like a guide developed for a specific workflow or have any recommendations for improving training.

Go-live is Saturday, March 4th!

P&T Changes

- We will be switching IV iron products. Ferrlecit will be our formulary agent and Venofer and Infed will be non-formulary
  - ◊ More details to come regarding dosing and administration
- Due to the progress being made with the addition of sub-committees, P&T committee meetings will now be moved to a bi-monthly schedule with the next meeting in February.

Regulatory

Recent FDA Approvals

- Eucrisa (crisaborole) has been approved for the treatment of mild to moderate eczema (atopic dermatitis) in patients 2 years of age and older.
- Rubraca (rucaparib) has been approved in the treatment of women with a certain type of ovarian cancer.
- Spinraza (nusineren) has been approved for the treatment of spinal muscular atrophy (SMA) in children and adults.

First-time generic approvals

- Quetiapine Fumarate 400mg ER tablets – generic for Seroquel XR
  - ◊ Used for Schizophrenia, bipolar disorder, and major depressive disorder as an adjunct.

FDA Med Safety Alerts

The FDA has removed the Boxed Warning for Chantix (varenicline) and Zyban (bupropion), medications used for smoking cessation. After a review of a large clinical trial the drug companies were required to conduct, the FDA has determined the risk of serious side effects on mood and behavior are not as high as previously suspected. The FDA has also decided to update the existing warning section on both labels to include the results from the clinical trial.

Midyear Meeting (continued)

uating them before allowing them to counsel independently. It was also stressed that some students will require more coaching than others.

Transitions of Care Across the Continuum Networking session
At this session, participants discussed opportunities for transitions of care outside of the acute care setting as well as challenges faced across the continuum. Possibly the most interesting non-acute care opportunity was the use of a tele-health "Skype clinic" to allow pharmacists to counsel patients in several clinics from a central location. This option also reduced difficulties that most participants faced with billing for their services. Other challenges identified included communication, access to all electronic health records, targeting patients in need of pharmacist services, and obtaining resources. It was noted that several grants are available to support outpatient transitions of care programs.

Patient Safety Corner

ISMP Safety Practice Guidelines

InPharmation will be bringing you a new series from the ISMP IV PUSH Safety Summit in 2015

ISMP Safety Practice Guideline 5: Clinician Administration

5.1 Perform an appropriate clinical and vascular access site assessment of the patient prior to and following the administration of IV push medications.

- This includes evaluation of the prescribed therapy drug name, route, rate of administration, and frequency. Before, during, and post administration, practitioners should assess the patient for any signs of infiltration or extravasation, and monitor the patient for potential adverse effects and reactions as well as be prepared for appropriate interventions should an adverse event occur.

5.2 Unless its use would result in a clinically significant delay and potential patient harm, use barcode scanning or similar technology immediately prior to the administration of IV push medications to confirm patient identification and the correct medication.

5.3 Administer IV push medications and any subsequent IV flush at the rate recommended by the manufacturer, supported by evidence in peer-reviewed biomedical literature, or in accordance with approved institutional guidelines. Use an appropriate volume of the subsequent IV flush to ensure that the entire drug dose has been administered.

5.4 Assess central line patency using at a minimum, a 10 mL diameter-sized syringe filled with preservative-free 0.9% sodium chloride. Once patency has been confirmed, IV push administration of the medication can be given in a syringe appropriately sized to measure and administer the required dose.

5.5 When administering IV push medications through an existing IV infusion line, use a needleless connector that is proximal (closest) to the patient, unless contraindicated in current evidence-based literature, or if the proximal site is inaccessible for use, such as during a sterile procedure.

Safety Opportunity

Please remember to check for CYP interactions with DOACs (rivaroxaban, apixaban, dabigatran). Due to a glitch in Cerner, they are not flagged appropriately. Strong CYP inducers, such as carbamazepine and phenytoin will increase the metabolism of the anticoagulant thereby decreasing serum concentration and putting the patients at risk for thromboembolic events. We should contact the physician every time, even if it is a continuation of a home regimen.