



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504
WASHINGTON STATE BOARD OF PHARMACY
Business Meeting Minutes
July 18, 2013
Blackriver Training and Conf Center
Puyallup Room
800 Oakesdale Ave SW
Renton, WA 98057

CONVENE

Chair Christopher Barry called the meeting to order at 9:05 a.m. July 18, 2013

Board Members:

Christopher Barry, RPh, Chair
Gary Harris, RPh,
Elizabeth Jensen, PharmD
Dan Rubin, Public Member
Sepi Soleimanpour, RPh, MBA-HA

Absent Members:

Emma Zavala-Suarez, Public Member

Staff Members:

Joyce Roper, AAG
Christopher Humberson, Executive Director
Don Painter, Chief Investigator
Stan Moore, Pharmacy Investigator
Tim Fuller, Pharmacist Consultant
Cathy Williams, Pharmacist Consultant
Doreen Beebe, Program Manager
Peggy Crain, Rules Coordinator
Diane Young, Credentialing Manager

Guest / Presenters:

Sally Abbott, RN, MSN, Medical Surge and Healthcare
Coalition Coordinator for the Department of Health's Public
Health Emergency Preparedness and Response program
Hein Tran, Pharmacy Supervisor for Ambulatory Pharmacy
Service / Multicare Health Systeem
Heidi Bragg, MBA, RPh, Director of Regulatory Compliance
for Cardinal Health
Annette Adkins, RPh, Interim Director of Pharmacy for
Whidbey General Hospital
Thomas H. Gallagher, MD
Alyson R. Kohl, MA
Carol Hooven, Ph.D

- 1.1 Approval of Business Meeting Agenda
- 1.2 Approval of May 30, 2013 Meeting Minutes
- 1.3 Approval of Consent Agenda

MOTION: Elizabeth Jensen moved that the board approves 1.1 and 1.2. Gary Harris second. **MOTION CARRIED: 5-0.**

CONSENT AGENDA

Items listed under the consent agenda are considered routine agency matters and will be approved by a single motion of the Board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.

- 1) NPLEx Monthly Report Acceptance
- 2) Pharmacies and Other Firm Application Approval
- 3) Pharmacy Tech Training Program Approval
 - a) Care Health Solutions LLC
 - b) Owl Pharmacy
- 4) Ancillary Utilization Plan Approval
- 5) Pharmacy Technician – Specialized Functions Approval
- 6) Automated Drug Dispensing Device Approval
 - a) Fairfax Hospital
- 7) Electronic Prescription Transmission System Approval
- 8) Sample Drug Distribution Approval
- 9) Household Pharmaceutical Waste Take Back Program Approval
- 10) Tamper Resistant Prescription Paper/Pads Approval

Items listed under the consent agenda are considered routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Items 4, 5, 7, 8, 9 and 10 were deleted** from the agenda.

MOTION: Dan Rubin moved that the board approve items 1, 2, 3(b) and 6, and remove Item 3(a) for discussion. Elizabeth Jensen second. **MOTION CARRIED: 5-0.**

REPORTS

Board Member

Dan Rubin reported:

- He attended the Utah School of Alcohol and Substance abuse he found this to be extremely valuable. It includes a real accurate view of what treatment is like for a participant. There were approximately 650 participants and over 300 of them were pharmacists and 250 were pharmacy students. This can be a very emotional program for those who have gone through this with a family member or someone close. Dan Rubin made an honorary PQAC ceramic plaque.

Elizabeth Jensen reported:

- July 17, 2013 Elizabeth attended the stakeholder meeting in Kent regarding compounding. She felt the meeting helped give her really understand how important it is to rewrite this rule and what the stakeholder concerns are.

Gary Harris reported:

- Gary Harris attended the UW Deans Club alumni event baseball game. He saw a number of old friends along with Don Williams, the past Executive Director for the Board of Pharmacy.

Christopher Barry Reported:

- He also participated at the compounding stakeholder meeting held in Kent. Chris felt this provided great information and seemed a bit more focused than the previous stakeholder meeting.

Executive Director

Christopher Humberson reported:

Executive Director Report:

- Attended Northwest Pharmacy Conference in Coeur d'Alene Idaho on May 31st thru June 2nd. Sat in on Lecture on Veterinary Pharmacology to advance pharmacist knowledge of veterinary drugs being dispensed and emphasis on the responsibility of proper counseling, dispensing per provider instructions, and pharmacists having adequate resources/ references in the pharmacy on veterinary medications.
- Presented on Pharmacy Law and Board updates for 90 minutes on Sunday the 2nd.
- Had opportunity to network with both UW and WSU faculty and students on behalf of the board to facilitate closer working relationship with each school.
- Continued networking and recruiting interest in Pharmacy Quality Assurance Commission board seats
- Rules Workshops: Hosted two stakeholder meetings in Kent, Tumwater and Spokane concurrently to discuss relevant issues on formulating new rules relative to HB 1800 on Compounding. Great participation with several insightful ideas to provide direction as we begin the rule writing process
- New Rules Coordinator: Allow me to introduce to the board and audience Peggy Crane, who is our new rules coordinator and comes to us with a great deal of experience in rules writing and development over several years in both DOH and Fish and Wildlife and a great deal of management experience that will be a great asset to the board/ Commission in the coming years, so please join me in welcoming Peggy.
- The commission recruitment has gone very well, with to date 6 public member applications, 5 technician applicants, and 34 pharmacist applications thus far. So thank you to those who have be gracious enough to apply to serve the people of Washington in this capacity and the next steps of reviewing applications and making staff recommendations to Governor Inslee's office by August 5th to allow time for their internal review as they make their choices. To review, there are a total of ten pharmacist seats, four public member seats, and one technician seat on the PQAC that enacts into law on July 29th, 2013. There will be ten total appointments to be filled, one a two year pharmacist term to complete Donna Field's seat and one to replace Gary Harris's seat. It is possible that the appointments will be made in stages to allow for business quorum for September 5th meeting, and then completing the appointments thereafter.
- I am quite pleased to report to those of you that have not heard, that our chairman, Chris Barry was appointed to a second four-year term last month by Governor Inslee. His leadership and experience, in conjunction with the other current members, will be critical to the success of the work we do going forward to serve all Washingtonians. I am so pleased that I get to work with him for several more years.

- As many of you know, Grant Chester retired as of June 30th after several years of dedicated service to the pharmacy program and in this formal setting I wanted to express again my thanks to him for his assistance to me and his work on behalf of the board and DOH.
- Finally I want to thank everyone at DOH and within the pharmacy program, in particular Steve Saxe, Doreen Beebe and Grant Chester for helping out during the period of time I have been away mending from my accident. While everyone has been wonderfully supportive as I recover from my escapade on June 22nd, Doreen has continued to be the rock of this program in keeping things running smoothly and I want all in this room to know how fortunate you are (and I am) to have Doreen as the program manager.

Assistant Attorney General

Joyce Roper reported:

- A new lawsuit has been filed, asking the Thurston County Superior Court for a declaratory ruling. The lawsuit was filed by two groups, King County Citizens Against Fluoridation, and Washington Action for Safe Water. This lawsuit arises from the Board's denial of a petition to amend the legend drug act, which attorney Gerald Steel presented to the Board. Joyce has filed a motion to dismiss.
- The Pierce County Prosecuting Attorney's Office served subpoenas on some Department of Health staff regarding the bath salts rule. Steve Saxe and Donn Moyer were interviewed by prosecutor and the defendant's attorney, in expectation that they would be called to testify in a criminal case.
- Joyce received a letter sent by a representative of the Washington State Medical Association about pharmacists asking for more information about prescriptions for Controlled Substances. The letter claimed that some patients are not timely receiving their pain medications due to these inquiries. This letter was also sent to the DEA, asking whether the DEA had changed policies or procedures to make these additional questions necessary. DEA responded that there are no new requirements. If patients are not timely receiving their pain medications, the Board may conclude that these inquiries resulted in a violation of the pharmacies' responsibilities rules.

MOTION: Elizabeth Jensen pull together a stake holder meeting with WSPA, Medical Board, Wholesalers and Chain stores to see what we can do about pharmacist that are asking for more information about prescriptions for Controlled Substances. Some patients are being denied. This is a patient access issue and patient safety. Sepi Soleimanpour second. **MOTION CARRIED: 5-0.**

Consultant Pharmacists

Tim Fuller reported:

- Little to report as I have been using 'use it or lose it' leave for three weeks.
- Tim has been working with PHEPR (Emergency Preparation and Response) on a MOU with Dept of Agriculture, State Veterinarian to distribute drugs from the National Veterinary Stockpile by use of the DOH RSS facility. There are several drug and licensure issues to resolve.

Chief Investigator/Field Investigator

Don Painter reported:

- Don painter interim Chief Pharmacy Investigator has been learning a lot of things he didn't realize about this position.
- The pharmacy inspection survey reports have been turned in. Overall everything seems to be the same except slightly down in customer satisfaction.
- There has been an offer made for the Grant Chester's position of Chief Pharmacy Investigator.

Stan Moore reported:

- Investigators would like to put together a policy and procedure for chronic illness in a patients file at a pharmacy so they are not being denied prescriptions. Then possibly prepare a letter for distribution so there is an understanding on what is expected in these situations.

Chris Barry suggested that investigators draft a letter and bring back to the commission for further review.

Diane Young reported:

- She reported to the board that the credentialing team was able to get 100% of the Pharmacy Firm renewals processed before the expiration deadline of May 31.

PRESENTATIONS

Crisis Standards of Care: Update on Washington Planning

The board heard a presentation by Sally Abbott, RN, MSN, Medical Surge and Healthcare Coalition Coordinator for the Department of Health's Public Health Emergency Preparedness and Response program. Ms. Abbott spoke about how a medical response to a disaster or public health emergency could overwhelm our healthcare system.

Medical Surge

- Ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community
- Encompasses the ability of the healthcare system to survive an event and maintain or rapidly recover operations that were compromised

Regional Coalition Planning Activities

- Hospital: expand bed capacity using common space; rapid discharge of non-critical patients
- Ambulatory care facilities: destination for less severely injured
- Home Care: increasing caseload during response, care for hospital discharge patients
- Alternate Care Sites: schools, hotels, tents
- DOH Patient Movement Coordination

Disaster Response

- All hazards: natural and manmade
- All disasters are local
- State and federal resources support local response
- Public Health and Medical-part of Emergency Support Function #8 US Dept of Health and Human Resources

Crisis Standards of Care

- Defined as a substantial change in usual healthcare operations and the level of care it is possible to deliver; necessary by a pervasive or catastrophic disaster
- Justified by specific circumstances
- Formally declared by a state government
- Enables specific legal/regulatory powers & protection for healthcare providers
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Department Activities

- Follow up: 2009 WA State Altered Standards of Care Project Recommendations
- Internal planning with HSQA: e.g. out of state professional licensure
- Convened legal workgroup: hospitals, ambulatory care, EMS
- Evaluate need for medical advisory group for clinical decisions regarding care with scarce resources

Pharmacy Issues

- Sending medications to alternate care facility
- Points of Dispensing: non-pharmacists
- Scarce supply of pharmaceuticals
- Medications for chronic illness during disaster response (e.g. insulin, narcotics, mental health)

Suicide Prevention Training Study Update and Presentation

A representative from the Department of Health and the program consultants from the University of Washington provided a presentation and update on the Suicide Prevention Training Study required by Chapter 181, Laws of 2012 – ESHB2366.

- Goals is to provided for review literature on suicide training and rates
- There is not a specific health care profession that this training is relevant.
- Yes it does help to train health care professionals.
- The literature search and communication out in the health care field, confirmed that there was not a particular profession. We then surveyed the professions in health care and over 200 folks in the pharmacy profession responded to survey. Pharmacists were among the highest level of responders.
 - Provider behavior statistics determined knowing how to respond is within their scope of practice and a large percentage wanted to have more training. 50% did not or cannot remember having this type of training.

The overall evidence from pr feedback that this training has positive outcome that is well received and this allows those with this training to feel more confident in addressing these issues if they see the need.

DISCUSSION ITEMS

Multicare Proposal for Centralized Pharmacy Services.

Tim Fuller provided the board an update on the April proposal presented by Multicare Health Systems to implement centralized services including repackaging of non-sterile compounded oral liquids and topicals; and batching of compounded sterile products as it relates to House Bill 1800.

Background:

- On April 11, 2013 Multicare Healthcare present four proposals for centralizing packaging and compounding operations. One site would serve several of Multicare’s health facilities. See the original decision paper.
- Then May 7th, 2013 the Washington State legislature passed and the Governor signed House Bill 1800, The Compounding of Medications. It went into force immediately due to the concerns about non-sterile and sterile pharmacy compounding. The bill clarifies that a drug compounder must meet minimum compendia standards for both non-sterile and sterile pharmacy compounding. It also defines what is considered manufacturing and those functions that are not considered manufacturing. *“The new state law allows a compounded drug product from a licensed pharmacy to be distributed to other appropriately licensed entities under common ownership or control of the compounding facilities and no longer requires a manufacturing license.”*

- In light of this recent legislation the two Multicare compounded product requests, Centralized Batching of Compounded Sterile Products and Centralized Repackaging of Non-Sterile Compounded Oral Liquids and Topicals, no longer require Board of Pharmacy approval.
- The board's April 11, 2013 is modified by the passage of HB 1800 The Compounding of Medications.
- The board requirements are reduced to:
 - ✓ Multicare shall submit policies and procedures for the centralized repacking or oral solids and the Pyxis/Talyst central fill operations.. MultiCare submitted the policies and procedures and I found them acceptable. This satisfies the Board of Pharmacy's April 11, 2013 decision.
 - ✓ I have been promised the board requirement "Multicare will provide the board with a copy of a pharmacist competency training program for sterile products that include pharmacy technician supervision" will be provided.

Columbia Basin Health Association Othello Family Clinic Pharmacy – Role Based Pharmacy Technician Ratio Proposal Revisited

The board discussed the CBHA's technician ratio proposal that was tabled until the on-site demonstration to DOH Pharmacist Investigator. The board discussed the concerns they had when this proposal was initially brought before them. They felt that the outcome of Tyler Varnum's report from his visit to CBHA that these concerns were not addressed. There was no way to assure that a pharmacy technician that was working as an assistant could not continue to do technician work, therefore would lead to a higher pharmacist to technician ratio.

MOTION: Elizabeth Jensen moved that the board deny the technician ratio proposal by Columbia Basin health Association Othello Family Clinic Pharmacy. Gary Harris second. **MOTION CARRIED: 5-0.**

CONSENT AGENDA Item 3(a)

Pharmacy Tech Training Program Approval from Care Health Solutions LLC was pulled from the Consent Agenda for further discussion.

- This technician program was letting students through although it was expired as of June 2012. This is a high priority issue and affects quite a few students. Some have licenses pending, some have already been licensed, and some have just finished hours. Each of these situations may need be handled differently.
- Some of these students didn't receive all their hours from this particular pharmacy. The teaching of these students varies all across the board. The training in this program is very inconsistent along with the quality of the training. Also the program that has been being used is very outdated.
- Does the board have the authority to license these students if they have not gone through an approved program? What is the ability of the board? What authority does the board have to remedy this situation and those involved?
- There are concerns with the renewal application for this pharmacy technician training program that was just submitted July 10, 2013

MOTION: Dan Rubin moved that the board disapprove the pharmacy technician training program submitted by Care Health Solutions LLC. Gary Harris second. **MOTION CARRIED: 5-0.**

Christopher Humberson, Executive Director will take the lead on how to handle this situation and report back at the September meeting.

The board adjourned for Executive Session and Case Presentations at 12:00 p. m.

The board reconvened from Executive Session and Case Presentations at 1:30 p.m.

Remote Order Entry

The board heard an update on the implementation of pharmacy remote order entry services provided to Whidbey General Hospital by Cardinal Health.

Agenda overview:

- Company background
- Solution overview
- Process overview
- Results
- Implementation
- Quality assurance
- Pharmacist training
- ROES center Policy and Procedure
- Questions

Solution:

- A seamless part of the hospital team
 - Off-site pharmacists review and enter all medication orders into hospital's pharmacy information system
- Pharmacist review prior to administration
 - Resolution of all incomplete or questionable orders by our pharmacists
- Relief for on-call pharmacists
 - Our pharmacists are available via a toll-free number to provide information and clinical support to hospital and medical staff
- Identify safety, clinical and operational improvements
 - Provides clinical intervention tracking and reporting

Results to date:

- Measurable results
 - Over 7 million order lines processed annually
 - Clinical intervention rate averages 3-5% of order volume
 - 49% of interventions identify potential patient safety risks
- Nation-wide service
 - Eight regional service centers; operational in 41 states
 - WA non-resident site license and 5 pharmacist licensed
 - Over 250 hospital clients
 - Employs over 100 pharmacy personnel
 - Operates with over 22 different pharmacy information systems

Implementation:

- Training
 - Pharmacists are trained on each hospital's policies, procedures, and protocols prior to initiation of the service.

- Hospital pharmacy’s policies and procedures are stored electronically in a proprietary technology system accessed by the Pharmacy Service Center to enable quick key-word searching capabilities by the pharmacist during order entry.
- Pharmacy Service Center is staffed with pharmacists experienced in hospital pharmacy.
- Recordkeeping
 - System is able to identify each individual who processes an order and all activity related to the order.
- Measurements and Reports
 - Pharmacy Service Center staff document all order entry variances and interventions such as interaction avoidance, illegible order clarification, incomplete order clarifications, dosing changes, therapy duration changes, drug information provided, adverse drug reaction reporting, therapeutic interchange, etc.
 - Daily and monthly reports are accessible via a secure, web-based client reporting portal.
- Confidentiality and Security
 - Remote access to hospital pharmacy computer system is through a secure, virtual private network.
 - Pharmacy Service Center enters into a Business Associate agreement with hospital and is in full compliance with HIPAA and state privacy laws.

Quality assurance:

Hospital specific policy and procedure compliance

- Proprietary technology maintains >50 pages of P&P documentation per hospital
- Accessible by remote and customer on-site pharmacy personnel
- Web-based to enable real time updates and alerting when information changes
- Quick key word searching capabilities during order entry process
- Quarterly P&P ‘maintenance check up’

Variance reporting program

- Variance form created based on ISMP guidelines
 - Confirmation of receipt to hospital
 - Appropriate communication and feedback to hospital
 - Internal communication with Pharmacy Service Center leadership and pharmacist involved
 - Internal documentation and variance filing
 - Internal evaluation of variances
 - Daily at Pharmacy Service Center level
 - Monthly for centralized trigger point review
 - Quarterly by QA focus team for overall results analysis
- Variance data and reports accessible by hospital

Prospective quality auditing program

- Focus on patient 5 rights and hospital policy compliance
- Audits reviewed centrally on a monthly basis
- Quarterly findings drive focused improvement plan
 - Targeted for entire service and/or personnel specific
 - Individual or hospital performance improvement plan initiated real time as necessary
- Audits communicated to designated hospital personnel

Pharmacist training:

Internal training and documentation

- Competency testing upon employment and annually
 - Minimum of 11 ASHP competencies
 - Hospital specific competencies

- Pharmacist transcripts provided annually
- Video and on-line training for proprietary and hospital specific technology
- Currently support >22 pharmacy information systems
- Dedicated due diligence team for internal and hospital specific training

Customer pharmacy

- Monthly complimentary webinars hosted by Cardinal Health clinical experts
 - Hot industry clinical topics
 - Accreditation updates and news
 - Regulatory updates and news
 - Medication safety initiatives
- Training videos provided upon request

Policies and Procedures Manual:

- Maintain manual for operations within centers.
- Completely reviewed annually. Individual policies updated between formal reviews on an as needed basis.
- Addresses topics including personnel, order processing, quality assurance and confidentiality.

MOTION: Gary Harris moved that the board approve implementation of pharmacy remote order entry services provided to Whidbey General Hospital by Cardinal Health. The board request that they come back for a one year update with more detailed information. Dan Rubin second. **MOTION CARRIED: 5-0.**

Rules and Legislation Implementation Update

Doreen Beebe updated the board.

- We have been working on renaming board to commission and recruitment for new members. We are expediting a packet to change the name from board to commission in our rules.
- Peggy Crain is our new rules coordinator agency. We decided that the best rule for her to get stated on was the agency request legislation that talks about electronic transmission and controlled substance prescriptions
- We have had a couple Stakeholder meetings for the compounding rules.
- We still have our rules rewrite project. We need to work on the Legislation Implementation rules first.

PRESENTATIONS Cont'd

Immunization Training Program

The board was asked to consider for approval an in-house pharmacist immunization certification/training program proposed by Ambulatory Pharmacy Service / Multicare Health System.

Background:

- Multicare is an integrated health care system serving the South Puget Sound. We consist of 5 hospitals and over 100 clinics. Many of these clinics offer immunizations on site, but many do not. **Physicians have asked for additional access points to serve their patients.** Community pharmacies and anticoagulation clinics are an opportunity for us to provide those access points.
- At the current time we would propose a relatively small number of locations to provide this service: 7 community pharmacies and 4 anticoagulation clinics. All of these locations are located within our hospital campuses or within our clinics.

- The purpose of having an in house training program is to ensure quality of care, standard of care and be able to utilize our own expert resources. Our pharmacists will be trained and “certified” for Multicare purposes only and we are not looking for national certification at this time.

Overview:

Provide a map of all the sites where pharmacists will be operating under the CDTA in relation to your clinics and hospitals.

All of our proposed sites will be located within our hospital campuses or within our clinics.

How will any changes in the CDC, AICP, etc recommendations/requirements be routinely monitored and incorporated?

As standard operating procedure, CDC updates will be monitored by our trainers and information will be communicated to our team. Additionally, all certified pharmacists will maintain an account with the CDC for current updates. Pharmacists will also have an annual teleconference for update review.

How are drug recalls and other FDA alerts handled?

Drug recalls and other FDA alerts will be handled according to standard Multicare operating procedure as outlined in the attached procedure document.

What is your CQI program for this training and monitoring of outcomes/pharmacists/interventions?

1. Vaccine Adverse Event Reporting System (VAERS)
2. Vaccine Errors- Institute for Safe Medication Practices
3. We have an internal reporting system as well. The MeQuim process requires we report any adverse event. Time, dates, persons involved, physicians are all documented to completion and follow up is performed as needed.

What information is provided to patients and how are they assessed by the pharmacists?

Each patient is provided a Vaccine Information Statement (VIS) and given a MHS Adult Immunization Consent/Screening Form. As an additional check, the pharmacist will go over the screening form/checklist question by question as well as verify in EPIC and the Washington State Immunization Registry for pertinent clinical information/records. We will also consult with the CDC immunization schedule for recommended vaccination schedule. We will provide a verbal vaccination education and question/answer period for the patient.

How is your P&T Committee involved?

Our collaborative practice agreement will be vetted through the Multicare P&T committee. We will take in their input and will not proceed without their full support.

What volume of immunizations are you planning for?

We do not expect a high volume practice. Most of our immunization will be based on physician referral. We anticipate no more than 2-3 immunizations per week, per site, with potential for more for seasonal demand.

It is not the role of the board to approve these collaborative agreements. The advice of the board is to make sure that the agreement is between provider and the pharmacist.

Transforming Communication in Healthcare

The board heard an update from Dr. Thomas Gallagher, (M.D.) on a project to enhance the culture of health care communication in order to improve patient safety and decrease medical malpractice liability.

Communicating to Prevent and Respond to Medical Injury Update:

Background:

- Medical injuries common
- Poor team communication as cause of many injuries
- Communication with patient often deficient in response to injuries
 - Disclosure often fails to meet patient expectations

- Difficult for injured patients to receive fast, fair compensation
- A decade's emphasis on disclosing unanticipated outcomes to patients has brought limited change
- Increasingly disclosure programs being coupled with early efforts at resolution
- Communicating with patients after unanticipated outcome now recognized as:
 - Institutional responsibility
 - Critical part of quality, not solely risk management

Overview:

- 2010-2014
- Components
 - Team communication training to
 - prevent errors
 - respond after errors
 - Pilot disclosure and resolution program (DRP)

Milestones:

- HealthPact Forum @ Sea-Tac Hilton
 - 1-31-12: Transforming Communication in Health Care
 - 5-14-12: Promoting Accountability to Washington Patients Following Medical Injuries
 - Keynotes:
 - Strong representation from patient advisors, attorneys, other stakeholders
 - Next HealthPact meeting planned for 9/24/13
 - HealthPact Patient Advisor Panel formed
- TeamSTEPPS training of sites' change teams
 - Train the trainer coaching
- Disclosure training developed
- Disclosure coach training developed
- Provider support/second victim training developed

What is accountability after medical injury?

- Healthcare institutions and providers:
 - Recognize that event has occurred
 - Disclose it effectively to the patient
 - Proactively make the patient whole
 - Learn from what happened
 - Discuss the event across colleagues, institutions
- In a healthcare delivery environment that:
 - Prospectively monitors quality of care
 - Identifies unsafe providers and employs effective remediation
 - Spreads learning across institutions

Quality of Actual Disclosures:

- COPIC
- 3Rs program for disclosure and compensation, 2007-2009
 - 837 Events
 - 445 patient surveys (55% response rate)
 - 705 physician surveys (84% response rate)

Just Culture Principles:

- Errors are inevitable.
- Errors are opportunities for learning and system improvement.
- Non punitive reporting of errors is essential for learning.
- All staff are accountable for their behaviors.

- Most errors are caused by system problems. Organizational leadership is accountable for developing systems that reduce risk.
- We are all accountable for correcting system flaws that raise the probability that error will occur.

What is the DRP?

- Be candid and transparent about unanticipated care outcomes
- Conduct a rapid investigation, offer a full explanation, and apologize as appropriate
- Where appropriate, provide for the family's financial needs without requiring recourse to litigation
- Build systematic patient safety analysis and improvement into risk management

DRP Partners:

- **Physicians Insurance A Mutual Company**
- Providence Sacred Heart Medical Center and Children's Hospital
- Providence Regional Medical Center, Everett
- Providence St. Mary Medical Center
- The Everett Clinic
- The PolyClinic
- The Vancouver Clinic

Benefits for Clinicians:

- Provider support
- Engagement from beginning in event analysis, disclosure, resolution
- Disclosure coaching
- Improved patient safety
- Possible reduction in likelihood of being sued, outcome if lawsuit is filed

Myths: The DRP is not:

- A rush to judgment
- A rush to settlement
- Mandatory
- Telling the patient absolutely everything known about an adverse event
- Paying patients when care was reasonable
- Business as usual

Progress to Date:

- DRP designed
- Pilot sites recruited
 - Providence Everett, Sacred Heart, St. Mary; Everett Clinic; Polyclinic; Vancouver Clinic; Physicians Insurance
- Extensive physician outreach
- Close collaboration with sites

Accelerating Results:

- DRP Events starting to progress through process
- Enhanced Providence-PI collaboration
- Physicians Insurance Provider Support program launched 6/1/2013
- Sites reaching out to affiliated physician groups
 - Training scheduled 8/20 for Walla Walla Clinic
 - Ongoing collaboration with Radia, Inland Imaging, other physician groups highlights positive collaboration and interest
- Exploring MQAC collaboration

Implementation Barriers:

- Physician fear of adverse event reporting
 - MD education underway

- Work with sites around Just Culture
- Lack of trust among key stakeholders
 - Incremental improvement as DRP events progress through system
 - Ongoing outreach to key physician groups affiliates with DRP sites
- Time constraints for quality/safety/risk leaders
- Physician concern about NPDB, MQAC, peer review

Certification Concept:

- Provider fear of punitive action deterrent to early event reporting
- Hard to ensure learning after adverse events
- Early collaboration with MQAC around concept for “DRP Certification” to promote patient safety
- Ongoing collaboration-“DRP Certified Events”
 - for those events being handled through DRP Process:
 - MQAC would agree to put investigation on hold
 - If at conclusion of DRP process event meets criteria for DRP Certification, MQAC would likely close case
 - Cases of unprofessional conduct, willful or reckless conduct are not eligible for DRP certification
 - Process would be available to all Washington physicians. Expanding to include pharmacists would be ideal
- Long term vision-create WPHP-like program for handling medical error

NASCSA Annual Conference

The board was asked to designate an attendee for the 2013 National Association of State Controlled Substances Authorities.

MOTION: Elizabeth Jensen moved that Christopher Humberson attend the 2013 National Association of State Controlled Substances Authorities and if he is unable to attend that we designate the chief investigator to attend in his place. Gary Harris second. **MOTION CARRIED: 5-0.**

MOTION: Gary Harris moved that board authorize two spots to attend the Regional NABP meeting. There will be further discussion with Christopher Humberson. Elizabeth Jensen second. **MOTION CARRIED: 5-0.**

Correspondence

There was no correspondence for the board to discuss.

OPEN FORUM

Grant Chester asked that the board think about modifying the rule so that pharmacy technicians can give immunizations.

Jeff Rochon from WSPA wanted to thank the board for the past couple stakeholder meetings regarding compounding. He feels these went well and appreciates the work the board does.

Elizabeth Jensen asked that there be a link to Yakima for the next stakeholder meeting on compounding.

There being no further business, the board adjourned at 4:03 pm

PRESENTATION OF AGREED ORDERS

CLOSED SESSION

Respectfully Submitted by:

Leann George, Program Support

*Christopher Barry, Chair
Washington State Board of Pharmacy
Approved on December 5, 2013*