STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

PHARMACY QUALITY ASSURANCE COMMISSION
MEETING MINUTES
March 12, 2015

Highline Community College
Constance Room
2400 South 240 St.
Des Moines, WA 98198

CONVENE
Chair Al Linggi called the meeting to order March 12, 2015.

Commission Members:
Al Linggi, RPh, MBA
Christopher Barry, RPh, Chair
Gary Harris, RPh,
Steve Anderson, RPh
Dan Rubin MPP, Public Member, Vice Chair
Elizabeth Jensen, PharmD
Tim Lynch, PharmD
Sepi Soleimanpour, RPh, MBA-HA
Nancy Hecox, PharmD

Absent Commission Member:
Maureen Sparks, CPhT

Guest / Presenters:
Ronald Friedman, Attorney for Practice Fusion
Joshua Maker, Legal Counsel for Practice Fusion
Richard Lumus, Practice Fusion
Jay Ross, Practice Fusion
Michael Li, PharmD, MHA CHI Franciscan Health System
Beata Przebinda, RPh for FairFax Behavioral
George Dimaris, RPh for FairFax Behavioral
Don DeChenne, RPh from Newport Hospital & Health Services
Marcy Bryant for Providence Centralia Hospital
Anita Treis for Providence St. Mary Medical Center

Guest / Presenters continued:
Dr. Thomas Hazlet, University of Washington School of Pharmacy
UW Pharm.D Students
Christopher Andrews, Lianne Fijalka, Thao Nguyen, Amanda Popek, and Heather Tilley
Sandy C, David C, Lyna F, Bing H, Ben O, Kaley T

Staff Members:
Joyce Roper, AAG
Christopher Humberson R.Ph, Executive Director
Greg Lang, Pharmacy Investigator
Lisa Roberts, R.Ph. Pharmacy Consultant
Cathy Williams, R.Ph, Pharmacist Consultant
Doreen Beebe, Program Manager
Irina Tiginyanu, Pharmacy Technician Analyst
Leann George, Secretary Senior
Gordon MacDonald, R.Ph, Chief Investigator

CALL TO ORDER

1.1 Approval of Business Meeting Agenda.
1.2 Approval of January 29, 2015, Meeting Minutes.

MOTION: Dan Rubin moved that the commission approve 1.1. Chris Barry second. **MOTION CARRIED: 9-0.**

MOTION: Dan Rubin moved that the commission approve 1.2 with suggested amendment. Gary Harris second. **MOTION CARRIED: 9-0.**

CONSENT AGENDA

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

2.1 NPLEx Monthly Report Acceptance
- February 2015

2.2 Pharmacies and Other Firm Application Approval
- New and Closed Pharmaceutical Firms Report

2.3 Pharmacy Tech Training Program Approval
- Hoagland Pharmacy
- Chinook Pharmacy

2.4 Pharmacy Technician – Specialized Functions Approval
- Western State Hospital

2.5 Automated Drug Distribution Device Approval
a. Lourdes Medical Center
b. Lourdes Counseling Center

2.8 Tamper Resistant Prescription Paper/Pads Approval
- Northern Documents

Items 2.6, 2.7, and 2.9 were deleted from the consent agenda.

MOTION: Elizabeth Jensen moved that the commission pull items 2.4 & 2.8 for further discussion. Dan Rubin second. **MOTION CARRIED: 9-0.**

MOTION: Dan Rubin moved that the commission approve items 2.1, 2.2, 2.3 & 2.5 on the consent agenda. Chris Barry second. **MOTION CARRIED: 9-0.**

REPORTS

Commission Members

Nancy Hecox reported:

- Nancy went to the WAMI Residents Retreat and did a 90 min presentation on addiction medicine with professionals.

Steve Anderson reported:

- He attended two meetings for the University of Washington Strategic Planning Committee for the School of Pharmacy.

- Steve attended the State Senate Pharmacy Commission Confirmation Hearing.
- He participated in a couple of Business Practice Committee meetings.
- He took the Alabama MPJE and passed. Steve is licensed in 13 states.

Tim Lynch reported:

- Mr. Lynch attended a CE on Biosimilars
- He participated in two meetings with the nursing workgroup regarding nursing students and access to ADDD's.
- Tim attended the ASHP section advisory group on business practice management.
- He also attended the State Senate Pharmacy Commission Confirmation Hearing.
- He attended a Committee meeting sponsored by DOH regarding the use of M.A.'s to retrieve/dispense medications.

Christopher Barry reported:

- He attended the Senate Pharmacy Commission Confirmation Hearing as well.
- He spent time with sterile compounding group at DOH to revise the document based upon initial feedback of comments.
- Met with staff at DOH and talked about the pharmacy inspection process and possible changes.

Elizabeth Jensen reported:

- She also participated in the business practice committee meetings.
- Elizabeth attended the Committee meeting sponsored by DOH regarding the use of MA's to retrieve/dispense medications.

Gary Harris reported:

- Mr. Harris attended the WSPA CE, Cathy Williams was a presenter.
- He attended a University of Washington Alumni Association scholarship dinner.
- He also attended the business practice committee meetings.
- Along with Steve he attended two meetings for the University of Washington Strategic Planning Committee for the School of Pharmacy.

Dan Rubin reported:

- He attended and will provide a report of the business practice committee meetings.
- He along with the others attended the Senate Pharmacy Commission Confirmation Hearing.

Al Linggi reported:

- Al attended University of Washington practice and policy board meeting for the School of Pharmacy.
- Mr. Linggi attended the Senate Pharmacy Commission Confirmation Hearing with his colleagues.
- He attended a sterile compounding steering committee.
- He also attended a meeting with the Chief Investigator and other staff to discuss the concerns of the current inspection process.
- Mr. Linggi participated in the two nursing-pharmacy workgroup meetings via telephone regarding nursing students having access to ADDD's.

Sepi Soleimanpour reported:

- She attended the Senate Pharmacy Commission Confirmation Hearing.
- Sepi participated in the two nursing/pharmacy workshops via teleconference.

Executive Director
Christopher Humberson reported:

- Chris Participated in the University of Washington curriculum advisory meetings with Steve and Gary.
- He attended the business practice meetings with the committee.
- He met with Chris Barry and Al Linggi for an overview on compounding rules from former rules coordinator Peggy Crain.
- Mr. Humberson met with MR Barry and Linggi with IIO/DOH leadership regarding the current inspection process.
- He attended the Senate Pharmacy Confirmation Conformation Hearing with the commission members.
- In between all of that, Chris attended Naturopathic Board meeting.
- Chris participated in the use of MA to access medication task force meetings.
- He participated on the interview panel for a new policy analyst for office of assistant secretary.
- Mr. Humberson spoke at the Washington State University Student Legislative day.

Assistant Attorney General
Joyce Roper reported:

- She presented at the business practice committee meeting about the ability and extent of being able to discipline firms.
- Joyce and the AAG who advises the M.A. program attended the meeting regarding MA's dispensing medications and talked about the current laws and potentially what changes may need to be made to accommodate that process.

Consultant Pharmacists
Lisa Roberts reported:

- February 2 she and Al Linggi met with a representative from Surescripts to discuss further efforts to assist PQAC in regulating electronic prescribing.
- Lisa met with one of two companies that have submitted their proposal to King County for drug take back program. King County has 60 days to accept or decline the proposal they have not heard from them yet.

Cathy Williams reported:

- She presented at the WSPA seminar.
- Cathy is on the nursing tasking force regarding nursing students accessing ADDD's.

Supervising Pharmacist Investigator/Field Investigator
Gordon MacDonald reported:

- Julie Faun and Brad Dykstra will be attending the Compounding Boot Camp in Colorado.
- Gordon provided the commission some statistics on about the inspections done in 2014. Only ten inspected firms were subject to discipline for double failure in 2014 from over 500 inspections .He pulled up a hospital inspection and had Tina Lacey and Greg Lang go through the inspection sheet and provide the commission the process of how they deal with deficiencies and the re inspection process.

CONSENT AGENDA

2.4 Pharmacy Technician – Specialized Functions Approval

- Western State Hospital

Elizabeth Jensen was unable to locate the specific specialized functions in the documents. Cathy Williams explained that the information was in the overall body of the documents provided by Western State Hospital.

MOTION: Elizabeth Jensen moved to approve Consent Agenda Item 2.4 Western State Hospital Pharmacy Technician Specialized Function. Sepi Soleimanpour second. **MOTION CARRIED: 9-0.**

2.8 Tamper Resistant Prescription Paper/Pads Approval

- Northern Documents

The concern was the different set ups the commission would like to have them to lock out the other formats when using the paper in our state. A lot of these companies are out of state.

MOTION: Elizabeth Jensen moved to approve Consent Agenda Item 2.8 Northern Documents Tamper Resistant Prescription Paper/Pad. Steve Anderson second. **MOTION CARRIED: 9-0.**

OLD BUSINESS:

Confluence Remote Pharmacy Services

Joyce shared that at the last meeting the legal advice memo was shared with Confluences and their legal counsel. She spoke again with their legal counsel and was told Confluence will be operating under the hospital pharmacy license. There is a new bill that would have all hospital based owned clinics operate under hospital pharmacy license which has not passed at this time. However, under our current law the pharmacy license is a license of location so it can't be based on the hospital license which is a different address. Joyce stated it is up to the commission how they want to proceed with Confluence's request. At this point there is no firm agreed language in this bill and there is no companion bill in the house either. There has been a mock inspection and the report has been delivered to Confluence. Staff will work with Confluence to help them meet the deadline given to them from the January meeting. At this point the commission has decided to continue with their decision made at the January 29th , 2015 meeting.

January's MOTION: *Gary Harris moved that the Pharmacy Investigator inspect Confluence, Omak and Moses Lake Clinics at a mutual agreed time. The investigator will provide detailed issues found for Confluence to resolve by April 30th, 2015. Confluence will be given three months to meet current Washington State standards of USP797 and legal requirements of pharmacy practice. Dan Rubin second.* ***MOTION CARRIED: 9-0.***

RULES, LEGISLATION and POLICIES

Update 2015 Legislation

- *SB5549* Pharmacy assistant fee is currently still in senate don't anticipate it will come out this year.
- Researcher fee is still ongoing: no update at this time.

- Pharmacy disciplinary bill to have fining authority may be brought back in 2016. This may pertain to other models other than just pharmacy.
- *HB1339* Scope of practice bill in the Senate. This is regarding Physical Therapist feel they are allowed to do dry needling and it is not under their scope of practice. FYI Any changes in the scope of practice is not the prevue of the commission or the board, it is the prevue of the legislature.
- Biologicals bill is out of senate and in the house. This may end up being adopted.
- Health care services by pharmacists bill out of senate into the house.
- *HB1671* Opioid overdose medications this allows first responders to have naloxone on hand out of house into senate.
- Pharmacy benefit manager regulations bill is out of house into the senate.
- *SB5268* on eye drop refills which gives pharmacist the ability to give an early refill.

Technology Committee
Al Linggi provided and update. There was information sent out via listserv. There was a request for input from stakeholders. There have been about 12 volunteer stakeholders to assist us with this process. The committee has looked at rules and regulations from 7 different states that practice contemporary rules. This is a slow moving process because of all that is going on.

Pharmacy Business Practices Committee
On February 10 discussed Joyce Roper's January 26 memo on Regulatory Authority for Licensed Business Entities. The Committee also reviewed the formal questions that had been posed to the Department of Labor and Industries on issues related to hours, lunch breaks and rest breaks, in preparation for a meeting with an LNI representative. Steve Anderson offered to take the lead in reviewing other states' laws in areas under consideration by the committee.

On February 27, there was confirmation of existing legal authority for the Commission to proceed to enforcement if a licensed pharmacy related business shares responsibility for violation ("violated or permitted any employee to violate" of a pharmacy law). Modification of rules may not be necessary. Some discussion beyond the January 26 memo focused on oversight of non-resident pharmacies. There might be a role for rule-making in this area.

David Johnson, Wage and Hour Technical Specialist from the Department of Labor and Industries, met with the committee to respond to questions posed on meal and rest breaks. Requirements for meal and rest periods are established under authority of the state Industrial Welfare Act. It appears that state laws about meal and rest breaks does not apply to most pharmacists due to the exemption of "professionals" established in rule in 1976 .It would take a change in LNI rules to alter this professional exemption. The situation for pharmacy technicians and assistants is different as by and large, they would not be exempted from meal and rest break requirements.

Pharmacy Compounding Rules
Al Linggi provided an update. There were a number of comments received regarding the draft of the compounding rule. It was excellent input. The committee went back to the draft after the crosswalk and took comments from the stakeholders and eliminated considerable amount of language that was put in the draft regarding USP800 as well as a bunch of other language because the crosswalk didn't make it clear as to where it came from. Committee met two

weeks ago, Irina Tiginyanu will take over until someone is hired to replace Peggy Crain. The Pharmacy Association indicated in a letter that they were going to have a consultant embrace the subject. The committee is hoping to have a second "working" draft out by first part of June.

Nursing/Pharmacy Joint Taskforce

Al Linggi led the update to the commission. Cathy Williams did a survey of different states and Tim Lynch did a survey of available literature regarding the use of student nurses in regards to the ADDD's. Some overlapping results with the research that the nursing commission did other than the basic safety. There really is a lack of recommendations on this topic. The goal is to move forward on this and look at current legislation. Our current WAC's say that only licensed nurses are able to do this. Recommendations for a change hasn't been made at this point.

Paula Meyer, ED for NQAC shared that they had identified a conflict in their statute. Their statute states that students need to be able to perform all duties as if they were registered / licensed within their scope of practice. Students need to have and be fully familiar with the access to the ADDD's. The conflict is the access of ADDD's both the nursing statute and the pharmacy statute states that you must be licensed to have access to ADDD's. This is why the task force was formed.

Mindy Shaffer RN: "Our AAG and I went and looked at our statute it was made in 1949 very old. We have always practiced as nurses. There is a lot of work to do before July and I feel we will come up with really great recommendations and guidelines for this process."

Lauren Klein,UW Medical Center: believe "it is an integral part of the educational experience for preparation for pre licensure students in the process related to clinical reasoning and safe medication practice. The unintended consequences of a nursing student to not have access of ADD's will affect us in preparation to transition them into a license practitioner. We feel this is essential to their training."

Kris Hanshaw: Specificity of the rule regarding the ADDD. "When there isn't an automated system that provides additional safeguard there are no laws that prevents the students from using these system but the automated systems that do provide safeguard they are not allowed to get access to these systems. "

Dr. Maggie Baker with CNEWS testified about the concern of the pharmacy rules that prevent nursing students getting access to ADDD's. "Nursing student competence use in this system is critical to developing competency in safe medication administration. The pharmacy rules that prohibit students from accessing ADDD's does not allow accredited schools of nursing to teach to national standards and be compliant with accreditation requirements. This doesn't allow us to prepare students who are ready for safe practice and for success in their new employment setting post-graduation. The members of CNEW respectfully urge you to resolve this issue."

Kathryn Ogden, is thankful that you are looking at this conflict between statute and law. "We feel this puts us at a bit of a risk. For healthcare we are seeing a gap between seeing student being ready to practice as registered nurses when they graduate. We feel that if students are not allowed to participate in the full aspect of medication administration that this gap will widen. Thank you for addressing this issue."

Review of Past Commission Policies and Procedures
Doreen Beebe was asked to make revisions to the Commissions policies and procedure in December 2014.

MOTION: Dan Rubin moved to approve the revision in Policy #24 Criteria for Random Biological Testing. Chris Barry second. **MOTION CARRIED: 9-0.**

MOTION: Dan Rubin moved to adopt the new Policy #45 Verification of Internship Hours, which combines 3 policies. Chris Barry second. **MOTION CARRIED: 9-0.**

MOTION: Dan Rubin moved to approve the revision in Policy #35 Continuing Education Credit for Attending Commission Meetings. Elizabeth Jensen second. **MOTION CARRIED: 9-0.**

DISCUSSION
Practice Fusion
Practice Fusion is an electronic prescription transmission sending system re-requesting approval in Washington State. They appeared before the Pharmacy Commission at the January 29, 2015 meeting and were denied approval. They are re-appearing at the March 12, 2015 meeting.

Practice Fusion's legal counsel, Josh Marker, and program manager for software development, Francis Toan, appeared before the Pharmacy Commission at the January 29, 2015, Business Meeting. The Pharmacy Commission unanimously voted to deny approval of Practice Fusion's electronic prescription sending system. The denial was based upon Pharmacy Commission's concerns regarding security, published patient marketing practices, and a deficiency in regard to route. Lack of security required per WAC 246-870-060 subsection 3(b)(c)(d) was specifically noted at the Pharmacy Commission meeting. Concerns regarding patient marketing practices were identified within Practice Fusion's Healthcare Provider User Manual. WAC 246-870-030 lists components required (such as route) to be included in the electronic transmission of prescription information. Required components should be in readable standard based fields for interoperable computer to computer electronic data to be exchanged. There was some discussion regarding the concerns the commission had from the presentation of their device in January. The team from Practice Fusion explained and answered the questions while walking through some of their processes with the commission.

MOTION: Dan Rubin moved to approve Practice Fusion's electronic prescription transmission sending system with the conditions that Practice Fusion must:

1. Modify their Provider agreement for use with WA providers modified to:
    a. Require prior affirmative consent from the provider for each content area where patient authorization for release of personally identifiable health information (PIHI) will be requested on behalf the provider;
    b. Notify patients that the request for authorization comes from a third party acting on behalf of the provider
2. Notify the Commission prior to any attempt to seek patient authorization to receive marketing information.
3. Practice Fusion report back in one year on:
    a. The nature and extend of provider or patient complaints related to privacy breach or unwanted marketing.
    b. How have addressed credentialing the full range of providers with prescriptive authority in WA

including pharmacists utilizing CDTA's.

Steve Anderson second. Gary Harris, Elizabeth Jensen and Nancy Hecox opposed. **MOTION CARRIED: 6-3.**

The board adjourned for Executive Session and Case Presentations at 12:15 p. m.

The board reconvened from Executive Session and Case Presentations at 1:18 p.m.

DISCUSSION Cont'd

MPJE Study Plan

Doreen Beebe led the discussion to the panel who was asked to approve and authorize Mahalakshmi Hariharan's request to retake the MPJE after failing the exam. The panel was able to review her study plan she submitted.

MOTION: Tim Lynch moved to approve and authorize Mahalakshmi Hariharan's study plan and request to retake the MPJE after failing the exam. Sepi Soleimanpour second. **MOTION CARRIED: 4-0.**

Inspection Process

Al Linggi led the discussion and shared there has been a lot of calls regarding the current inspection process. Al asked to sit with some of the staff to talk about why the inspection process is different, if it is, or is the enforcement different. Currently the inspection process is based on points. 90 plus is an A, 80-89 is a conditional and 79 and lower is unsatisfactory grade. Staff talked about what the some of the alternatives are and does the commission have the authority to redo how inspections are being performed. We are working to assign a task force to look at alternative and to discuss whether or not there will be changes. Few other states are using a point grade system.

Gordon MacDonald chief investigator shared that he and his team would like to see changes in the current inspection process. The team is completely open to changes make the process better for the pharmacy and the ease of these pharmacies being compliant. The current process seems cumbersome and makes it tough for the investigators to provide pharmacies assistance to be compliant. The biggest concern is to put investigators in a situation where maybe their decisions would be subjective. The idea of providing a statement of deficiency followed by a plan of action to fix the deficiencies and a time line to get the deficiencies fixed is one everyone seemed to believe will be a great change in the inspection process.

Recommendation would be by next month get input from stakeholder than have commission stop and think about what's on their plate currently and whether or not this is a high enough priority. If commission feels this is a priority then set up a quick time frame, gather a task force 2/3 stake holder 1/3 commission with outside advisory from investigators. Within a 60 day period of time, have recommendation to be looked at.

PRESENTATIONS

Franciscan Health Systems Centralized Order Processing for Infusion Clinics

Michael Li, PharmD, MHA, from CHI Franciscan Health System asked the commission to approve their proposal for St Anthony Hospital (SAH), St Clare Hospital (SCH), St Francis Hospital (SFH), and St Joseph Medical Center (SJMC) to utilize centralized oncology remote order entry based at SJMC.

Background

- SAH, SCH, and SFH pharmacists are currently responsible for managing multiple clinical areas throughout the day
    - Pharmacists have responsibility for inpatient units in addition to concurrently managing outpatient oncology
- Goal for our outpatient infusion areas is to provide safe, high-quality medications to patients on time

Assessment

- Needs observation and analysis conducted in 4/2014
    - Workflow and staffing model is not conducive to providing uninterrupted time to review and process chemotherapy orders
    - Variations in how each site approached clinical oncology issues and handled the timing and distribution of chemotherapy and supportive medications
- Standardization would allow for consistent high-quality care utilizing best practices

Recommendation

- Implement a centralized pharmacy oncology service for outpatient oncology infusion at SAH, SCH, SFH, and SJMC
    - Staffed by a oncology pharmacist
- This will dedicate a specialized resource for this service line and
    - Minimize risk of medication errors
    - Provide an expert to the clinics
    - Increase efficiencies through standardized workflows

Processed includes:

- Interpreting clinical data
- Dosing medications per protocol
- Writing for supportive medications per protocol
- Order review and verification in EMR
    - Appropriateness, unapproved abbreviations, identified allergies/sensitivities, drug-drug interactions, duplicate therapy
- Contacting providers for clarifications
- Communicating with clinic providers
- Working with RNs about patient's ability to receive medications
- Responding to clinical questions
- Patient education
- Coordinating medication needs between the clinic and inpatient pharmacy

Training includes:

- Orientation to infusion clinics and pharmacies at each site
- Review of CHI-Franciscan Policy and Procedure
    - CHI-Franciscan pharmacy services share a common policy and procedure set
- Review of CHI-Franciscan pharmacy clinical modules and passing score on accompanying exam

Site specific pharmacy responsibilities:

- Maintain medication inventory
- Admixture of chemotherapy and supportive medications
- Final check of end medication products prior to delivery
- Work with clinics surrounding delivery of medications to the infusion suite
- Communicate distribution issues with central oncology pharmacists

Quality Assurance:

- Monthly random audits conducting by the oncology pharmacy specialist
    - For each pharmacist, all orders from one day each month will be evaluated for accuracy, safety, compliance with policy and procedure, and documentation
- Pharmacists who do not meet expectations will meet with the oncology pharmacy specialist to discuss improvement strategies and may meet with the PIC for potential disciplinary action
- Audit results will be tracked and reported to the PIC on a quarterly basis

MOTION: Christopher Barry moved to approve as presented the proposal for St Anthony Hospital (SAH), St Clare Hospital (SCH), St Francis Hospital (SFH), and St Joseph Medical Center (SJMC) to utilize centralized oncology remote order entry based at SJMC. Elizabeth Jensen second. Tim Lynch recused himself. **MOTION CARRIED: 8-0.**

Remote Order Processing

Cathy Williams briefed the commission on the Fairfax Hospital's proposal to expand services to new site, Valley Hospital in Monroe. She introduced Beata Przebinda and George Dimaris from Fairfax Behavioral to present their proposal.

Fairfax Hospital

- 157 licensed beds.

We offer

- Inpatient Hospitalization
- Partial Hospitalization
- Treatment for co-occurring Disorders and Medical Detoxification.

Expansion to Everett

- On 10/22/13, Fairfax Hospital received a Certificate of Need to operate a 30 bed acute psychiatric hospital.
- Fairfax Behavioral Health Everett (Fairfax Everett) will be located on the 7th floor in the South Building at the Pacific Campus of Providence Regional Medical Center.
- Fairfax will be leasing 21,000 square feet for the unit.

The Pharmacy

- Clean, secure, separate room.
- Medications will be stored on shelves; controlled substances will be locked in a separate, locked cabinet.
- The pharmacy will contain a sink, a work space, an area to prepare medications, a refrigerator, and climate controls.

Day to Day Operations

- Fairfax Hospital's Medication Management Policies and Procedures will serve as the template for

operations at Fairfax Everett Pharmacy.

- A Pharmacist in Charge will work 4-5 hours a day Monday through Friday and will report to the Director of Pharmacy.
- Pharmacy staff members at Fairfax Hospital will be cross trained to work at both facilities.
- Fairfax Everett Pharmacy will utilize the same formulary as Fairfax Hospital, Kirkland.
- AmerisourceBergen (ABC) will supply medications Monday through Friday.
- A pharmacist will be present to accept all deliveries from ABC.
- Control substances movement will be tracked and documented.
- Medication orders sent up to 5pm, will be processed by the Fairfax Pharmacy, Kirkland location.
- After hour medication orders will be processed by Remote Order Entry (*Pending BOP approval.)*

Pyxis ADDD's

- Profile Driven Pyxis ADDD's (2) will be located in the medication room.
- These ADDD's will interface with the pharmacy patient profiles.
- The pharmacist will be responsible for filling the ADDD's daily as required and for maintaining them.
- See Medication Management P&P's for further information.

MOTION: Dan Rubin moved that the commission approve the existing Fairfax protocols to be expanded to the Monroe site. Nancy Hecox second. **MOTION CARRIED: 9-0.**

University of Washington, School of Pharmacy

Pharmacy Students presented their pharmacy law projects to the board.

Reverse Distributor Definition Problems:

Christopher Andrews, Lianne Fijalka, Thao Nguyen, Amanda Popek, and Heather Tilley

The problem is accumulation of medications in household medicine cabinets which causes Public health and safety concern. Also causes pollution, abuse, misuse, diversion, and accidental ingestion.

A solution would be:

- Proposed definition for "Reverse Distributor"
- Reverse distributor licensing and regulation
  - ✓ Financial benefits to pharmacies and patients
- Reverse distributor role in statewide drug take-back program
  - ✓ Societal and environmental benefits
- More stakeholder input needed before future legislation

Naloxone Expanded Access

Sandy C, David C, Lyna F, Bing H, Ben O, Kaley T

The problem is nationwide injuries and deaths related to opioid overdose have steadily increased over the past two decades.

Current law: RCW 69.50.315 - Medical Assistance --- Drug-related overdose --- Naloxone --- Prosecution for possession

"(1)(b) A person acting in good faith may receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose."

Proposed law: RCW 69.50.315 - Medical Assistance --- Drug-related overdose --- Naloxone --- Prosecution for possession

"(1)(b) A person acting in good faith may receive a naloxone prescription, PURCHASE AND possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose. (b-1) Pharmacists must ensure education of the person to whom the drug is furnished, including but not limited to opioid overdose prevention, recognition, administration of naloxone, possible side effects, and the need to seek medical attention for the patient. (b-2) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing
education on the use of naloxone. (b-3) The person to whom the drug is furnished cannot refuse the required consultation stated in b-1"

Status Report

Cathy Williams provided some background to the proposal that was approved in March 2014 for Providence Centralia Hospital to provide remote order processing services to St. Mary Medical Center. Cathy introduced Marcy Bryant for Providence Centralia Hospital and Anita Treis for Providence St. Mary Medical Center who provided a presentation to the commission with information the commission requested for their report back.

Report Back:

Providence Centralia Hospital

- Rural not for profit Catholic health care
- 128 bed
- Pharmacy Hours: 24/7/365
- Epic- Electronic health record (EHR)

Providence St. Mary Medical Center

- Rural not for profit Catholic Hospital
- 142 bed
- Pharmacy Hours: 0530-2200 M-F, 0800-2000 weekends and holidays
- Epic (HER) since march 2014

Relationship

- Both are licensed Providence Facilities
- PSMMC implemented the standard Providence EPIC HER March 214
- PCH provided on-site staff support during PSMM EPIC go live, allowing on-site orientation to PSMMC prior to implantation of services

Overview

- Shared electronic health record allows seamless order verification and ensures secures access
- Verbal hand-off between PCH and PSMMC pharmacists at each exchange
- PCH pharmacists available by phone and pager to provide consultations to PSMMC staff or clinical questions

- PSMMC Designate Burse Supervisor on-site
- PSMMC On-Call pharmacists available for urgent on site needs

Epic Reports
Volume of RMOP

- ✓ Average of 1903 orders monthly
- ✓ Average of 7.4 orders / hours served

Timeliness of response
Turn-around time for PCH order verification

- ✓ Average 14.48 minutes
- ✓ Median: 9 minutes

Compliance with PSMMC Policies & Procedures

- Annual education regarding protection of confidentiality and integrity of patient information required
- Common therapeutic interchange list reduces variation
- PSMMC medication policies, guidelines and dosing protocols available electronically at PCH
- Feedback provided to PCH pharmacist when variances occur

Remote Order Processing
Newport Hospital
Newport Hospital & Health Services

- 22 Bed Critical Access Hospital
- 14 of our beds are available for "Transitional Care" (Swing Beds)
- One surgeon on site full time
- Contracted specialists available several times per month e.g. ENT, Nephrology, Podiatry, Orthopedics, Cardiology, Cancer Care, etc.

Outpatient Services:

- Physical Therapy
- Lab
- Radiology
- Mobile MRI
- Emergency Department

Service Area:

- Pend Oreille River Valley including Southern Half of Pend Oreille County and West Bonner County including Priest Lake and Priest River, Idaho areas

Telepharmacy History

- **2008**: SHMC and Larry Bettesworth
- **2009:** Envision Telepharmacy
- **2013-Present**: Cardinal Telepharmacy Services

Patient Safety Systems in Place

- Telepharmacy - Pharmacy order entry
- ADDD = Pyxis - "Live" Jan.12,2015 (Profile Mode in Acute Care & Emergency Department, Non-profile Mode in OB, OR, and Recovery)
- Meditech – E-Mar

- Meditech – Bedside Medication Verification
- Meditech - Computerized Physician Order Entry in the Emergency Department
- One pharmacist on site approximately 15 hours per week (5 days/week) and as needed on weekends. If census is high or problems arise, the pharmacist is available for additional hours.

Pharmacy Technician training program in development to assist the pharmacist

Telepharmacy Services

- Provide remote order entry 24/7.
- Answer clinical questions of nursing staff and provide dosing calculations prn. Accessible via phone or FAX.

Statistics

- Telepharmacy reviews 100% of practitioners written medication orders.
- In 2014 we processed a total of: 119,515 medication orders for the year.

Remote Order Entry Procedure and Safety Measures

- All medication orders in acute care are handwritten by the provider, entered into Meditech, and then double checked for accuracy.
- The Meditech order is then scanned along with a copy of the original practitioner's written order to remote pharmacist with specified priority (STAT, Priority, or Normal).
- Remote pharmacist verifies orders into patient's Meditech profile or advises staff of any problems or changes that need to be made (before verifying patient medications).
- Meditech links medication to PYXIS patient profile and medication then becomes available from patients' PYXIS profile.
- Medication is administered utilizing bedside medication verification (BMV).
- This step also charts the administration on
- E-Mar (for conformation and billing).

Advantages & Patient Safety

- Orders are entered promptly, 24/7.
- Every order is reviewed by two professionals before transmitted to remote pharmacy.
- Every order is reviewed by a pharmacist for accuracy, allergies, interactions, etc. prior to administration by nursing staff (only verified orders can be given to patients).
- Reduces Pyxis Override removals to only STAT or emergent situations (QI monitoring in place).

- Nursing staff has immediate access to a pharmacist via phone and FAX.
- Medication orders and delivery maintained through Meditech and PYXIS files.
- PYXIS files monitored by pharmacist for accuracy.

NHHS requirements for vendor

- Acquire and maintain all appropriate Washington State licenses and approval for Pharmacy and all employees
- Ensure that all pharmacists providing remote order entry have been trained on NHHS policies and procedures regarding medication order processing

MOTION: Elizabeth Jensen moved the commission approve the request from Newport Community Hospital's Medication Order Processing services for 24/7 services with the conditions:

1. That if a nurse is performing order entry from a prescriber's written order, the pharmacy processing this order must receive the original order or a copy of the original order for accurate verification.
2. Only one designated registered nurse per shift may access the pharmacy for emergency only purposes only during the absence of a pharmacist.
3. Until such a time the NHHS employs a WA state licensed pharmacy technician, the pharmacist must be solely responsible for all loading/stocking, refilling, outdating and general maintenance of the ADDD. A nurse is not permitted to load or stock and ADDD.

The commission recommended that NHHS to stop the pursuit of a pharmacy technician training program because of concerns regarding the possibility of a registered nurse having dual licensure as a pharmacy technician. NHHS must report back in one year with specific data requested by the commission. Steve Anderson second. Nancy Hecox and Sepi Soleimanpour opposed. **MOTION CARRIED: 7-2.**

Remote Order Processing

The commission felt they had enough information to approve all four proposals from Our Lady of Lourdes.

a. Lourdes Medical Center Pharmacy requests to receive remote processing of medication orders from an outside vendor.

MOTION: Elizabeth Jensen moved that the commission Lourdes Medical Center Pharmacy requests to receive remote processing of medication orders from an outside vendor. This approval comes with a requirement to report back in one year, with specific data requested from the commission. Dan Rubin second. **MOTION CARRIED: 9-0.**

b. Lourdes Medical Center Pharmacy requests to provide remote processing of medication orders to a commonly owned pharmacy.

MOTION: Elizabeth Jensen moved that the Lourdes Medical Center Pharmacy requests to provide remote processing of medication orders to a commonly owned pharmacy. This approval comes with a requirement to report back in one year, with specific data requested from the commission. Dan Rubin second. **MOTION CARRIED: 9-0.**

c. Lourdes Medical Counseling Center Pharmacy requests to receive remote processing of medication orders from a commonly owned pharmacy.

MOTION: Elizabeth Jensen moved that the Lourdes Medical Counseling Center Pharmacy requests to receive remote processing of medication orders from a commonly owned pharmacy. This approval comes with a requirement to report back in one year, with specific data requested from the commission. Dan Rubin second. **MOTION CARRIED: 9-0.**

d. Lourdes Medical Counseling Center Pharmacy requests to receive remote processing of medication orders from an outside vendor.

MOTION: Elizabeth Jensen moved that the Lourdes Medical Counseling Center Pharmacy requests to receive remote processing of medication orders from an outside vendor. This approval comes with a requirement to **report back in one year**, with specific data requested from the commission. Dan Rubin second.
MOTION CARRIED: 9-0.

PRESENTATIONS Cont'd
Health Systems Quality Assurance
Erika Brown, Jennifer Herbrand and Crissa Hanson from the Department of Health Customer Services Credentialing Unit Presentation provided a presentation to the commission to share data on how long the processing of credentials takes. This was a question answer opportunity for the commission and any concerns they may have regarding licensure. They asked them to just provide specific licenses on their next update.

OPEN FORUM
Jeff Rochon, with WSPA we are happy to hear you will be looking into the inspection process. Legislative report we are focused on our two main *SB 5557* bill passed through the Senate unanimous, this is going to change pharmacy practice as you know it. This will make insurance carriers recognize the services pharmacists provide in the same manner they recognize nurse practitioners, PA's and others. Bill *5857* has been an all-out brawl. The opposition really doesn't want this to happen it passed through the senate unanimous as well, regardless of what has happened to try to stop this bill.

Julie Akers, WSU of College Pharmacy, her concerns had to do with intern license issues. Another significant issue is CDTA's and getting the Yellow Fever Stamps. Some sites have had struggles with that because they are waiting for some proof before they can apply for the Yellow Fever Stamp.

Sandra Locklear, thank you for your time today, and in Dec. 2013, when we shared the story of our son's traumatic journey and death in WA's broken mental health system. We want to thank the PQAC very much for supporting our family, and for your work around banning artificial cannabinoids.

Since then, we've met with Congressman McDermott's office, Representative Cody and Senator Nelson to share our story, and we're analyzing Milo's systemic records and entering meetings to look at next steps.

- Re: King County District Mental Health Court, currently there are no standardized protocols among Probation Officers regarding the sharing of information with clients.
- Re: regional hospital psychiatric, currently there are no mandates for the presence of Suboxone certified doctors, so Suboxone is not dispensed. Therefore, co-occurring disorder patients with a legal Suboxone prescription from a private provider, have it ripped away while in a state of decompensation, and are discharged in a medically vulnerable state.
- Re: Pioneer Housing, at-risk Mental Health and Drug Court clients are being warehoused in this for-profit corporate arm of Pioneer Human Services, with no state oversight. This housing model sadly passes for "safe and sober housing" in Seattle and is not reflected in Milo's records. We're still waiting on the video surveillance tape which will show if and when any mandated room checks occurred.

- Re: THS and SMH clinics' poor transition of care, we have all the records and are currently analyzing their notes against the truth of my experience as our son's medical advocate. As of today, I'm shocked and feel angry to finally learn about naloxone, and am stating for the record that THS, SMH, Harborview, NAVOS, nor Fairfax informed or educated us about naloxone. It is devastating to realize that our son might still be alive today.
- Re: Snohomish County Jail, we've learned that there is no governing oversight body regulating Jail Medical personnel is hired directly out of the Sheriff's Dept. instead of Public Health, like in King Co.
- Re: the King Co.'s Behavioral Health Dept., which administers RSN federal and state funding, the staff is graciously assisting our family in a process of discovery.

We were glad to hear about the two bills currently up, and would very much appreciate an update on the specifics of each bill: where they're at and what they mean for us. Christopher Humberson was designated to provide Sandra Locklear with an update on the two specific bills she inquired about.

Post Meeting Update from Sandra Locklear: After this meeting Sandra Locklear contacted MH Court herself and requested the General Administrative Orders. MH Court sent that document to me. What a gut punch. We learned that indeed, guidelines do exist for the reporting obligations of the PO to both the client and court. They just weren't followed. While we were right in thinking that practices are discretionary, we were wrong to assume that guidelines did not exist.

Business Meeting Adjourned

There being no further business, the board adjourned at 5:25 pm.

Respectfully Submitted by:

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Leann George, Program Support
Approved April 30, 2015

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Al Linggi, Chair
Washington State Board of Pharmacy