Commission SBAR Communication

Agenda Item/Title: Washington Center for Bleeding Disorders

Date SBAR Communication Prepared: 8/29/2019

Reviewer: Irina Tiginyanu

Link to Action Plan:

☐ Action ☐ Information ☐ Follow-up ☐ Report only

Situation:

Pharmacy is seeking approval for their technician and assistant AUP

Background:

Assessment:

Pharmacy assistants and technicians are performing within their scope of practice

Recommendation:

Recommendation to approve the ancillary utilization plan

Follow-up Action:
Pharmacy License Application

This is for ☒ Change of Ownership  ☐ Change of Location – Current License # ________
 ☒ Name Change Only – Current Facility Name  Bloodworks

Check One
☐ Association  ☐ Limited Partnership  ☐ Sole Proprietor
☐ Corporation  ☐ Municipality (City)  ☐ State Government Agency
☐ Federal Government Agency  ☐ Municipality (County)  ☐ Tribal Government Agency
☐ Limited Liability Company  ☐ Non-Profit Corporation  ☐ Trust
☐ Limited Liability Partnership  ☐ Partnership

1. Demographic Information

UBI #  6043481160  Federal Tax ID (FEIN) #  83-2302258

Legal Owner/Operator Name
Washington Institute for Coagulation

Mailing Address
921 Terry Ave, Ste. 214

City  Seattle  State  WA  Zip Code  98104  County  King

Phone (enter 10 digit #)  (206) 689-8200  Fax (enter 10 digit #)  (206) 624-0969

Email Address
JohnSo@BloodworksNW.org

Web Address:

Facility/Agency Name (Business name as advertised on signs or website)
Washington Center for Bleeding Disorders

Physical Address
921 Terry Ave

City  Seattle  State  WA  Zip Code  98104  County  King

Facility Phone (enter 10 digit #)  (206) 689-8200  Fax (enter 10 digit #)  (206) 624-0969

Email Address:
JohnSo@BloodworksNW.org

Mailing Address (If different than physical address)

City  State

Washington Center for Bleeding Disorders
Wholesale
921 Terry Ave
Seattle, WA 98104-1239
PHAR.CF.60996495

DOH 690-152 December 2013

Revenue: 0282010000

Fees (Check all that apply)
☒ Pharmacy Location ..........Fee
☒ Controlled Substance Act ..........Fee
☒ Ancillary Utilization ..........Fee
☐ Differential Hours ..........Fee
(Complete additional application)

Check the online fee page for current fees
All application fees are nonrefundable.
### 2. Facility Information

<table>
<thead>
<tr>
<th>Type of Pharmacy</th>
<th>Hospital</th>
<th>Jail</th>
<th>Long-term Care (LTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Community/Retail</td>
<td>☐ Nuclear</td>
<td>☐ Parenteral</td>
<td>☐ Internet</td>
</tr>
</tbody>
</table>

**Pharmacy Hours**—Indicate the hours the pharmacy will be open

<table>
<thead>
<tr>
<th>Monday–Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 4:30</td>
<td>closed</td>
<td>closed</td>
<td>8:00 - 4:30</td>
</tr>
</tbody>
</table>

**Drug Enforcement Administration (DEA) Registration Number**

**DEA Number:** Pending

**Background Questions**

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? [ ]
   - If yes, list and explain on a separate sheet of paper.

2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? [ ]
   - If yes, list and explain on a separate sheet of paper.

**Pharmacist in Charge**

<table>
<thead>
<tr>
<th>Pharmacist in Charge</th>
<th>License Number</th>
<th>Date of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN E. SOKOL</td>
<td>PA100011348</td>
<td>8/25/15</td>
</tr>
</tbody>
</table>

**3. Contact Information**

<table>
<thead>
<tr>
<th>Contact Person Name</th>
<th>Director of Pharmacy</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN E. SOKOL</td>
<td></td>
<td>(206) 689-8200</td>
<td></td>
</tr>
</tbody>
</table>

**4. Additional Information**

<table>
<thead>
<tr>
<th>Date of Incorporation</th>
<th>Corporate Number</th>
<th>State of Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/118</td>
<td></td>
<td>WASHINGTON</td>
</tr>
</tbody>
</table>

**Legal Owner Information**—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of all corporate officers, partners, members and managers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone (enter 10 digit #)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Kruse-Tarres</td>
<td>921 Terry Ave,</td>
<td>(206) 689-6570</td>
<td>Executive Director</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbara Konkle MD</td>
<td>921 Terry Ave,</td>
<td>(206) 689-6191</td>
<td>Chief Scientific Officer</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Sokol, RPh</td>
<td>921 Terry Ave,</td>
<td>(206) 689-8200</td>
<td>Director of Pharmacy</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruno Steineke</td>
<td>921 Terry Ave,</td>
<td>(206) 689-6504</td>
<td>Director of Physical Therapy</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>License #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN SOKOL</td>
<td>PH100011348</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATLIN TOLZMANN</td>
<td>PH160503610</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy: [Signature]

Date: 31 July 2019

Print Name: Rebecca Kruse-Jarres

Print Title: Executive Director, Washington Institute for Coagulation (Abb. Washington Center for Bleeding Disorders)
Notification to the commission of Pharmacy
Opting Out of Electronic Reporting - NPLEx

Please provide the information requested below (print or type.)

<table>
<thead>
<tr>
<th>Name of Pharmacy</th>
<th>Washington Pharmacy License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Washington Center for Bleeding Disorders Pharmacy</strong></td>
<td>Pending</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>921 Terry Ave</td>
<td>Seattle</td>
<td>WA</td>
<td>98199</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Phone (enter 10 digit #)</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:john.so@bloodworksNW.org">john.so@bloodworksNW.org</a></td>
<td>(206) 689-8200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Pharmacy Responsible Manager</th>
<th>License Number of</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Sokol</td>
<td>PH00011348</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Completing form</th>
<th>Signature and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Sokol</td>
<td>7/13/19</td>
</tr>
</tbody>
</table>

By signing this form I certify that the aforementioned pharmacy:

☒ Does not currently sell, transfer, or to otherwise furnish over-the-counter ephedrine, pseudoephedrine, and/or phenylpropanolamine products.

☐ Currently sells, transfers, or otherwise furnish ephedrine, pseudoephedrine, and/or phenylpropanolamine containing products by prescriptions only.

☐ Meets the exemption in **RCW 69.43.110** and has submitted documentation to show good cause why compliance with the electronic reporting would be a significant hardship. A paper log is being maintained pending commission approval.

RECEIVED

Additional comments:

AUG 13 2019

DOH/HSQA/OCS
CREDENTIALING
Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health website.

Note: Utilization plans for technicians and assistants must accompany this application.

Select One:  X New  □ Update

1. Demographic Information

UBI # 6043481100  Federal Tax ID (FEIN) # 83-2302258

Legal Owner/Operator Name

Washington Institute for Coagulation

Pharmacy License # Pending

Pharmacy Name

Washington Center for Bleeding Disorders Pharmacy

Physical Address

921 Terry Ave

City Seattle  State WA  Zip Code 98104  County King

Facility Phone (enter 10 digit #) (206) 689-8200

Fax (enter 10 digit #) (206) 624-0969

2. Facility Specific Information

Number of Employees:

Pharmacists 2  Technicians 3  Assistants

3. Key Individuals

Responsible Pharmacist  John E. Sokol  License # RH00011348

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy

John E. Sokol

Date 7/31/19

Director of Pharmacy

Print Name

Print Title

Revenue: 0262010000

DOH 690-056 April 2016
Washington Center for Bleeding Disorders Pharmacy
Ancillary Personnel Utilization Plan

Licensed Pharmacy Technicians

I. Stock
A. Places, receives, unpacks and appropriately stores drug orders.
B. Files and retrieves various pharmacy records as required.
C. Maintains appropriate records of orders received and/or returned to wholesaler.
D. Maintains assigned work areas and equipment in clean and orderly condition.

II. Prescriptions - Under the direction of a Licensed Pharmacist
A. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
B. Transcribes new prescription orders and enters them in pharmacy electronic information system.
C. Receives prescription requests for refills and processes them in the pharmacy electronic information system.
D. Selects the appropriate mode of transportation for delivery of prescriptions (FedEx, Courier, Cab or Air).
E. Selects appropriate medication, vial assay, & lot numbers from inventory to fill the prescription.
F. Labels medication containers.
G. Counts and pours oral tablet and liquid medications from stock bottles.
H. Maintains records of all orders in numeric or alphabetical order.
I. Checks pharmacy stock for outdated and short dated medications and takes appropriate action.
J. Operates cash register or other Point-of-Sale systems for transaction of payment.
K. Collects, verifies, and processes patient's insurance information, or refers to the Billing Department when appropriate.

III. Phone Calls
A. Handles non-professional phone calls to/from:
   1. Patients requesting refills on an existing prescription
   2. Physician's offices requesting refill authorization:
   3. Physician's offices authorizing refills, providing no changes in the prescription are involved.
   4. Patients and Physicians concerning price information and product availability.
   5. Patients and Physicians regarding business hours or delivery services.
   6. Patients asking if their prescriptions are refillable or the number of refills left, etc.
7. Patients and Providers to arrange prescription pick-ups and deliveries.
8. Providers to clarify Quantity dispensed, date, last refill, price, etc.
9. Patients and Providers dealing with the ordering of drugs and supplies from wholesalers and distributors.

Faxes

1. Faxes or emails patient information to and from providers.
2. Faxes or emails information to vendors as needed.

IV. Pharmacy Appearance

A. Keeps general appearance clean.
B. Keeps equipment clean, in good repair & functioning.
C. Maintains necessary equipment for performance of pharmacy functions.
D. Maintains adequate stock for filling orders
E. Keeps stock clean, organized and under proper storage conditions for use.
Washington Center for Bleeding Disorders Pharmacy
Ancillary Personnel Utilization Plan

Licensed Pharmacy Assistants

I. Stock
   A. Places, receives, unpacks and appropriately stores drug orders.
   B. Files and retrieves various pharmacy records as required.
   C. Maintains assigned work areas and equipment in clean and orderly condition.

II. Prescriptions – Under the direction of a Licensed Pharmacist
   A. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
   B. Labels pre-packaged medication containers
   C. Counts and pours oral tablet and liquid medications from stock bottles.
   D. Maintains records of all orders in numeric or alphabetical order.
   E. Checks pharmacy stock for outdated and short dated medications and takes appropriate action.
   F. Operates cash register or other Point-of-Sale systems for transaction of payment.
   G. Collects, verifies, and processes patient’s insurance information, or refers to the Billing Department when appropriate.
   H. Reviews patient profiles to retrieve specific clerical and other information as directed by the pharmacist.

III. Phone Calls
   A. Handles non-professional phone calls to/from:
      1. Patients requesting refills on an existing prescription.
      2. Patients and Physicians concerning price information and product availability.
      3. Patients and Physicians regarding business hours or delivery services.
      4. Patients asking if their prescriptions are refillable or the number of refills left, etc.
      5. Patients and Providers dealing with the ordering of drugs and supplies from wholesalers and distributors.

Faxes
   1. Faxes or emails patient information to and from providers.
   2. Faxes or emails information to vendors as needed.

IV. Other Responsibilities
   A. Packs checked and completed orders for shipping.
   B. Delivers orders to Fed-Ex pick-up area.
C. Prepares ice packs.
D. Files patient profiles.
E. Files hardcopy prescriptions
F. Performs inventory counts of factor products.
G. Unpacks and stocks supply orders from warehouse.
H. Confirms return orders to the wholesaler.
I. Monitors couriers packaging returns to wholesalers.
J. Restocks printers with paper and label stock.
K. Restocks packaging supplies (boxes, tape dispensers, labels in PHS and NPHS areas.

V. Pharmacy Appearance

A. Keeps general appearance clean.
B. Keeps equipment clean, in good repair & functioning.
C. Maintains necessary equipment for performance of pharmacy functions.
D. Maintains adequate stock for filling orders
E. Keeps stock clean, organized an under proper storage conditions for use.
To Whom It May Concern,

My name is John Sokol RPh, I am the Pharmacy Director, and the responsible pharmacist for the Bloodworks Pharmacy (PHAR.CF.60546394) and Bloodworks Pharmaceutical Wholesale (PHWH.FX.60565091) operations located at 921 Terry Ave, Seattle WA 98104. We are a 340B pharmacy and wholesale operation that supports the Washington Center for Bleeding Disorders (Washington State Regional Hemophilia Center). We primarily provide treatments (factor product concentrates) to patients, and to hospitals for treatment of patients with hemophilia and other rare bleeding disorders.

The Board of Directors of our parent organization Bloodworks Northwest has just this past week approved a proposal to create a new separate 501C non-profit organization called the Washington Institute for Coagulation, (dba. The Washington Center for Bleeding Disorders).

The new 501c non-profit organization (Washington Institute for Coagulation – aka WIC), will be a separate legal entity from Bloodworks, but for the foreseeable future will remain in the same location at 921 Terry Ave. The ownership of both the Pharmacy and the Wholesale operation will be transferred from Bloodworks to the new 501c non-profit organization (WIC), along with the federal grants which establish the Washington Center for Bleeding Disorders as the Regional Hemophilia Treatment Center for the State of Washington. The purpose of the establishment of a new non-profit organization under which the Washington Center for Bleeding Disorders and the current pharmacy and wholesale operations will operate is to allow the Washington Center for Bleeding Disorders to expand operations and partner more easily with other healthcare providers around the State of Washington. In this manner we hope to improve access and quality of care to patients with hemophilia and other bleeding disorders. The new non-profit organization (WIC), will have its’ own Board of Directors, with some overlap and representation from the Bloodworks Board of Directors. The physical location of the pharmacy, the wholesale operation, the pharmacy staff and the responsible pharmacist will not change.

Our intent is to begin operations under the new non-profit (WIC) on January 1, 2020. However, because we are a 340B Pharmacy and the sole financial support for operation of the Washington Center for Bleeding Disorders, we must notify the Federal Government’s 340B Office of Pharmacy Affairs no later than October 15, 2019 of any changes that will be effective January 1, 2020, including change in ownership. To remain a 340B operational pharmacy through the transition period, we are intending to maintain and utilize our current pharmacy and wholesale licensure and ownership through at least December 31, 2019, and then begin operating under the ownership of WIC on or after January 1, 2020.

Please find attached our:

- Pharmacy License application for change of Name and Ownership
- Updated Ancillary Utilization Plan
- Pharmaceutical Wholesaler License application
- 2 checks for $640.00 and $825.00 for our Pharmacy/Ancillary Utilization License, and our Wholesale Pharmaceutical Wholesaler License.

BloodworksNW.org
921 Terry Avenue
Seattle, WA | 98104-1256
206-292-6500
If you have any questions that I have not addressed in this cover letter, please give me a call at (206) 689-8200 at your earliest convenience.

Respectfully,

John Sokol R.Ph, MBA
Pharmacist – Bloodworks Pharmacy

Bloodworks
Northwest
blood services | medicine | research
921 Terry Avenue, Seattle, WA 98104
P (206) 689-8200 • F (206) 624-0969
johnso@BloodWorksNW.org • pharmacyshared@bloodworksnw.org