Commission SBAR Communication

Agenda Item/Title: Tri-State Memorial Hospital

Date SBAR Communication Prepared: 1/16/2020

Reviewer: Irina Tiginyanu

Link to Action Plan:

☑ Action  ☐ Information  ☐ Follow-up  ☐ Report only

Situation:

Pharmacy is seeking approval for their technician AUP

Background:

Assessment:

Pharmacy technicians are performing within their scope of practice

Technicians are performing specialized functions:

- medication reconciliation
- IV admixture

Recommendation:

Recommendation to approve the ancillary utilization plan for technicians and specialized functions listed in the AUP

Follow-up Action:
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: ☑ New  ☐ Update

1. Demographic Information

UBI #  
Federal Tax ID (FEIN) #

Legal Owner/Operator Name

Pharmacy License #  PHAR CF 00003098 - Hosp

Pharmacy Name  Tri-State Memorial Hospital Pharmacy

Physical Address  1221 Highland Ave

City  Clarkston  State  WA  Zip Code  99403  County  Asotin

Facility Phone (enter 10 digit #)  509 758 4651

Facility Phone (enter 10 digit #)  509 758 0119

2. Facility Specific Information

Number of Employees:

Pharmacists  3  
Technicians  3  
Assistants

3. Key Individuals

Responsible Pharmacist  Dave Stoney  License # DH-00016035

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  

Date  6/19/2019

Print Name  Dave Stoney

Director of Pharmacy  

Print Title
Tri-State Memorial Hospital

Pharmacy Ancillary Personnel Utilization Plan

Technicians

Pharmacy technicians must hold a current license as a Pharmacy Technician in the State of Washington and shall be encouraged to obtain their national certification. All pharmacy technicians shall perform the following functions under the immediate supervision and control of a licensed pharmacist. All products, with the exception of those verified by electronic scanning, shall be checked and reviewed by a licensed pharmacist prior to dispensing or delivered to a patient or to a nursing unit.

**Unit Dose Distribution System**

1) Refill automated dispensing devices and generate appropriate reports.
2) Refill medication carts, such as crash carts, to be checked by a pharmacist.
3) Receive and stock order.
4) Remove outdated medications, floor stock inspections.
5) Prepare controlled substance requisitions, maintain a perpetual inventory.
6) Perform controlled substance inventory verification counts
7) Monitor controlled substance administration records.
8) Generate appropriate reports for billing corrections, IV and unit dose medication refill lists.
9) Deliver medications to the appropriate areas.
10) Receive missing medication requests.
11) Obtain non-clinical information from nursing personnel
12) Repackage bulk medications into unit dose packaging,
13) Perform billing functions.
14) Assure all doses are barcoded.

**IV Admixtures**

When certified as competent the following functions may be performed.

1) Inventory and order IV solutions
2) Proper expiration dating of all IV solutions.
3) Monitor IV’s returned from the nursing units for stability and appropriate storage conditions.
4) Perform daily checks of all patients on medicated IV solution, TPN, etc.
5) Print individual and batch labels from the computer system,
6) Mix sterile products, including hazardous solutions using proper technique and PPE.
7) Mix batched solutions such as antibiotics.
8) Competencies in accordance with USP797 standards
   a) Fingertip testing annually.
      New employees must do three consecutive fingertip tests
   b) Donning and Doffing of PPE annually
   c) Cleaning of the laminar flow hood annually
   d) End product testing annually
   e) Media Fill annually
   f) Didactic and written education/testing annually.

Special Functions

Medication Reconciliation

1) Requirements of pharmacy technicians to perform specialized functions.
   a. Washington State license and employed by Tri-State Memorial Hospital.
   b. Successful completion of the approved training program.

2) Methods of training for specialized medication reconciliation function.
   a. Review PowerPoint presentation – Pharmacy Technician Responsibilities in Medication Reconciliation.
   b. Complete medication reconciliation technician test.
   c. A: a minimum, a technician will complete the following training.
      i. Eight (8) hours or 10 patients shadowing a medication reconciliation pharmacist.
      ii. Sixteen (16) hours or 20 patients obtaining a medication list for medication reconciliation under the direct supervision of the pharmacist.

3) The ability to competently perform the specialized function of medication reconciliation as evidenced by successfully completing all of the elements on the competency verification form. Trainee will be signed off by the designated trainer.

4) Quality assurance plan regarding technician specialized functions.
   a. Each medication list completed by a technician will be double checked and signed by a pharmacist in the electronic medical record (EMR).
   b. Any identified discrepancies will be corrected by the pharmacist and the appropriate feedback will be given to the technician.
   c. Pharmacists are required to audit a minimum of eight (8) technician medication lists per quarter.

5) Specialized functions allowed will include:
   a. Interviewing patients
   b. Contact community pharmacies, nursing facilities, and other medical resources as required.
   c. Enter and edit the medication list in the electronic medical record.
   d. Document completed reconciliation list in the electronic medical record.
# Technician Specialized Function Review Form

**Chapter 246-901-100 WAC**

**Date:** 1/16/2020  
**Responsible Pharmacist:** Dave Storey  
**Pharmacy Name:** Tri-State Memorial Hospital  
**License #:**  
**Pharmacy Address:** 1221 Highland Ave Clarkston, WA 99403  
**Phone #:** 509-758-4654

<table>
<thead>
<tr>
<th>Does the Program identify pharmacy technicians who meet the criteria for participation?</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the responsible pharmacist sign the program proposal?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>The program must include a description of the methods of training and of initial demonstration of proficiency. Please attach explanatory documents</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>The program must include a quality assurance plan for technicians performing the function. Please attach the explanatory documents.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Forms used in training, policies and procedures pertaining to the function are submitted with program?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Utilization plan for specialized pharmacy technician functions is included with the program?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** approve IV admixture specialized function

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**For staff use only**

**Review completed on January 16, 2020 by Irina Tiginyanu**  
**Agreement type:** Yes New No Renewal  
**Staff decision:** Yes Approved No Revisions needed No Commission agenda  
**Board decision:** No Approved No Denied No Notice sent to investigator
Name and Position/Title of Person Assessed: ____________________________________________

The qualified evaluator will mark (x) on each space for which the person being assessed has acceptably completed the described activity, prints N/A if not applicable or N/O if not observed.

___ Performs proper hand hygiene, garbing, and gloving procedures per policy.

___ Disinfects ISO class 5 device in an appropriate manner, walls, IV bar, work surface.

___ Disinfects vials/bags prior to placing in the class 5 environment.

___ Introduces only essential materials in a proper arrangement in the ISO class 5 work area.

___ Does not interrupt, impede, or divert flow of first-air critical sites.

___ Ensures syringes, needles, and tubing remain in individual packages and are only opened in ISO Class 5 work area.

___ Performs manipulations only the appropriate area of the ISO Class 5 device.

___ Does not expose critical sites to contact contamination or worse than ISO Class 5 air.

___ Disinfects stoppers, injection ports, and ampoules with sterile 70% IPA and allows to dry.

___ Affixes needles to syringes without contact contamination.

___ Punctures vial stoppers and spikes infusion ports without contact contamination.

___ Labels preparation(s) correctly.

___ Disinfects gloves routinely with sterile 70% IPA during prolonged compounding procedures.

___ Disposes of sharps and waste appropriately.

*Feedback is immediate; person being assessed will be informed of unacceptable practices. The individual will be informed and shown how to correct deficiencies.

________________________________________  ________________  ____________
Signature of Person Assessed                  Printed Name                               Date

________________________________________  ________________  ____________
Signature of Qualified Evaluator              Printed Name                               Date
Name and Position/Title of Person Assessed: ____________________________

Presents in a clean appropriate attire and manner.

Wears no cosmetics or jewelry (watches, rings, earrings, etc. piercing jewelry included) upon entry into ante-areas.

Brings no food or drinks into or stored in the ante-areas or buffer areas.

Is aware of the line of demarcation separating clean and dirty sides and observes required activities.

Donshoe covers or designated clean-area shoes one at a time, placing the covered or designated shoe on clean side of the line of demarcation, as appropriate.

Dons beard cover if necessary.

Dons head cover assuring that all hair is covered.

Dons face mask to cover bridge of nose down to include chin.

Performs hand hygiene procedure by wetting hands and forearms and washing using soap and warm water for at least 30 seconds.

Dries hands and forearms using lint-free towel or hand dryer.

Selects the appropriate sized gown examining for any holes, tears, or other defects.

Dons gown and ensures full closure.

Disinfects hands again using a waterless alcohol-based surgical hand scrub with persistent activity and allows hands to dry thoroughly before donning sterile gloves.

Dons appropriate sized sterile gloves ensuring that there is a tight fit with no excess glove material at the fingertips.

Examines gloves ensuring that there are no defects, holes, or tears.

While engaging in sterile compounding activities, routinely disinfects gloves with sterile 70% IPA prior to work in the direct compounding area (DCA) and after touching items or surfaces that may contaminate gloves.

Removes PPE on the clean side of the ante-area.

Removes gloves and performs hand hygiene.

Removes gown and discards it, or hangs it on hook if it is to be reused within the same work day.

Removes and discards mask, head cover, and beard cover (if used).

Removes shoe covers or shoes one at a time, ensuring that uncovered foot is placed on the dirty side of the line of demarcation and removes shoe covers and performs hand hygiene again.

Feedback is immediate; person being assessed will be informed of unacceptable practices. The individual will be informed and shown how to correct deficiencies.

Signature of Person Assessed ____________________________

Printed Name ____________________________

Date ____________________________

Signature of Qualified Evaluator ____________________________

Printed Name ____________________________

Date ____________________________
Medication Reconciliation

- Medication reconciliation is the process by which we compare what the patient is taking, what they should be taking, and any newly ordered medications.
- Medication reconciliation should be done by the provider. Preferably the admitting practitioner.
- This process identifies duplicates, omissions, interactions and the need to continue current medications.
- There is conclusive evidence that, when done correctly, can influence patient outcomes in a positive way.

What is a Home Medication List

- Obtaining the Home medication list.
  - The process of obtaining the most accurate and complete outpatient medication list.
  - Including the name, dosage, frequency, route and last dose.
  - These lists may be compiled through an external list of medications from the patient, practitioner, care center or pharmacy.

Why is this Important?

- We are preventing medication errors and maximizing patient safety.
- Overall, pharmacy produces the most accurate medication lists.
- These lists directly become inpatient orders.
  - CORRECTNESS IS PARAMOUNT!
- DNV/CMS mandate that medication reconciliation be done for every inpatient.
Overview of the home medication list Process

- Determine who is to be admitted or who was admitted after normal business hours.
- Interview the patient, family, or obtain a list by alternate means.
- Note last dose taken
- Confirm outpatient pharmacy of choice.
- Verify allergies and adverse reactions
- Notify verifying pharmacist of the completed med list.

Who is being Admitted?

- Surgery patients via the pre-op clinic.
- Patients through the emergency room.
- Surgical observation patients.
- Charge nurse requests.
- Practitioner requests.
- Pharmacist notifications.

Interviewing the Patient

- Review the MAR to determine patient status.
- Identify yourself and explain why you are there.
  - Utilize AIDET, see next slide.
- Verify patient by name and date of birth.
  - Do not depend on room numbers.
- Use your pre-visit summary.
- Ask if they have a list of medications.
  - If there is a list, always make a copy.

AIDET

- ACKNOWLEDGE - Establish trust by demonstrating empathy.
- INTRODUCE – Reduce anxiety by sharing with the patient the skill set and experience of those that will be touching them.
- DURATION – Reduce anxiety by establishing time expectations.
- EXPLANATION – Involve patient in care plan.
- THANK YOU – Thank the patient for trusting us and letting us care for them. Provide a final opportunity for the patient to voice concerns or ask questions.
**Interviewing the Patient Continued**

- Determine what outpatient pharmacy they use.
- Go through each medication having the patient or care giver talking as much as possible.
  - Ask open ended questions.
- Ask when the patient took the last dose.
  - Even the PRN medications.
- When you have gone through the list confirm that it is complete.
  - Ask if they are currently taking any OTC meds. In the last week.
- Ask about creams, eye drops, inhalers, and patches.
  - They may use their own supply.

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**Interview Questions**

- Are you currently taking any prescription medications?
- Are you taking any injectable medications, such as insulin?
- Are you taking any antivitamins or herbal medications?
- Are you taking any blood thinners such as Coumadin (warfarin)?
- Are you using any inhaled medications, either an inhaler or nebulizer?
- Are there any medications that you are supposed to be taking but aren't?
- Are you unsure of the dosage or name of the medication?
- What pharmacy do you normally use? May I contact them?

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**Entering Meds into Meditech**

- Under the “Pharmacy Technician Desktop” search for the patient under patient profile.
- Use the tab marked “EMR”
- Scroll down to the “Home Med” area and click “edit”
- If the patient has an existing med list, verify dosage, time of dose, source, and last taken.
- If no med list/adding meds click new and add the medication to the list.
- Leave the medications in an “unconfirmed” status. Pharmacist or practitioner will “confirm” the medications.

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**Entering Meds into Meditech Continued**

- Combination medications should be entered as number of tablets per dose. I.e. calcium w/vit D 1 tablet daily.
- Medications that should be given at specific times, such as PPI’s, H2’s, statins should be scheduled accordingly unless it conflicts with the patient’s home administration schedule.
- Weekly or monthly meds note day that it’s taken.
- Don’t change the timing on “clinic” prescriptions
- If the med is prn make sure prn is in the sig/schedule.
- If last dose is known, indicate last dose.
Range Dosing

- When medications are taken multiple times per day but different dosages.
- Example
  - Gabapentin 300mg QAM and 600mg HS
- Entry
  - Dose - See dose instructions
  - Sig - BID
  - Dose Instructions 300mg QAM and 600mg HS

Clinic Prescriptions

- These are prescriptions that are written in a TSMH clinic.
- Be very careful when discontinuing or altering these prescriptions.
  - If the pt is noncompliant, mention in notes
  - Do not discontinue
  - Only discontinue if therapy is complete. For example, antibiotics or acute pain meds.

Patient Not Taking

- Determine why patient is not taking
  - If the provider told the patient to stop then discontinue med using provider told pt to stop
  - Stopped without provider approval - Note that the patient is not taking in the note field. Pharmacist/provider will determine what to do with the medication.
  - Being held for the procedure - do not discontinue, place a note with the reason in the note field.

Steroid Taper

- Examples - methylprednisolone, prednisone
- Determine
  - Taper information, doses and sig
  - Current dose
  - What day of the taper it is.
  - Enter as "see dose instructions"
  - Enter taper in the dose instructions
**Warfarin**
- Order warfarin exactly how they take it at home.
- If they take different doses depending on the day of the week — enter as “see dose instructions” and put dose and day of the week in the dose instructions.
- Use daily as the sig.

**Beta Blockers**
- Metoprolol succinate = S = daily (long acting)
- Metoprolol tartrate = T = Twice daily (Short acting)

**Insulin**
- Key questions for insulin users
  - U500 or U1000
  - What type of insulin do you use
  - How often do you administer
  - Do you use different amounts in the morning and evening.
  - Do you use a sliding scale
  - Do you use a carb ratio
  - When was your last dose
  - How much did you use
  - Inform patients that they will transition to the hospital's standard sliding scale while hospitalized.

**Questions??**
Tech Medication Reconciliation

PURPOSE:

To establish a procedure for pharmacy technicians to obtain a thorough and accurate home medication list on all admitted patients.

Policy:

After completing a training program, pharmacy technicians will complete the initial home medication list (medication reconciliation) to be double checked by the pharmacist or practitioner.

Procedure:

1. Pharmacy will be notified of an admit or pending admit
   a. ED/House Supervisor will call the pharmacy with a pending admit.
   b. Charge nurse will call the pharmacy if a direct admit is received or if a surgery patient is going to stay as an observation patient.
   c. Pre-op nurse will call for patients that will be admitted for surgery or have a high probability of being admitted after their surgical procedure.

2. Obtaining a med list
   a. After being notified of a patient requiring medication reconciliation, view the patients profile in Meditech to determine if the patient has an existing medication list.
      i. Yes – Review the list for obvious or potential errors.
      ii. No – Attempt to obtain an external med list via Meditech
   b. Always check with the patient’s nurse prior to entering the patients room.
   c. After knocking, enter the patient’s room and verify that you have the correct patient.
   d. Use AIDET. acknowledge, introduce, duration, explanation, thank you, for every interview.
   e. If there are existing medications on the patient’s med list go through them and make sure the list is accurate.
      i. If the patient is an existing patient of a TSMH clinic, do not discontinue any chronic medications until consulting with the pharmacist. Enter patient states not taking in the note field.
      ii. Make dosage changes as needed, making sure any and all changes are discussed with the
pharmacist.

f. Other sources to obtain a med list.
   i. Retail pharmacy
   ii. A caregiver or family member that can verify current medications.
   iii. Primary care practitioner.
   iv. Nursing facility if applicable.

g. Leave all medications in an "unconfirmed" status.

h. If the med list is unobtainable, make sure you communicate that with the patient's nurse, pharmacist, and the provider if available.

3. Pharmacist responsibilities

   a. Inform technician of any admits after normal business hours so they can start on those medication lists immediately.
   b. Review all the information given to you by the technician for accuracy and completeness.
   c. Discuss any clarifications or changes with the technician.
   d. After the list is complete change all the entries to "confirmed."
   e. Let the practitioner know that the med list is ready for review.

Attachments:

Approval Signatures

Approver: Jackie Mossakowski: CNO pending
Date: 06/2019

Jac;kie Mossakowski: CNO pending
Dave Storey 06/2019
1. Why is it important to compile an accurate home medication list upon admit.
   A. Errors on admit may cause a med error upon discharge.
   B. To prevent med errors and possible patient harm
   C. Both A and B
   D. None of the above

2. What is the first thing you do when entering a patients room.
   A. Perform hand hygiene
   B. AIDET
   C. Log into the computer
   D. Ask the patients primary care giver to join you

3. Which information may be gathered by the technician during the home med process.
   A. Drug, dose, frequency, last taken
   B. Drug, dose, frequency, disease, state, pharmacy of choice
   C. Drug, dose, frequency, last taken, pharmacy of choice, allergies and reactions.
   D. Drug, Dose, frequency, disease state, last taken

4. What information must be obtained for each medication.
   A. Drug, dose, route, frequency
   B. Drug, frequency, last taken
   C. Drug, route, frequency
   D. Drug, dose, last taken

5. Patty Noncompliant states that she is no longer takes her atorvastatin. When asked why, she responds with “it doesn't work for me.” What should you do next.
   A. Ask if she has discussed this with her provider
   B. Discontinue the medication and add it to her allergies
   C. Add a comment stating that the patient is not taking.
   D. Both A and D

6. Patient takes gabapentin 300mg qam, 600mg in the afternoon, and 300mg HS. How many entries would be needed on the home med list.
   A. One
   B. Two
   C. Three
7. How would the medication order above be entered on the home med list.
   A. One entry, enter the sig as TID, leaving the dose blank and entering the dose in the
dose instructions field.
   B. Two entries, 300mg BID and 600mg daily@1500.
   C. Three entries, 300mg qam, 600mg daily@1500, and 300mg QHS
   D. None of the above

8. When is it acceptable to discontinue a home med on a patient's list that has a TSMH
   primary care provider.
   A. Never
   B. Completed therapy such as antibiotics
   C. Patients tells you they are no longer taking.
   D. All of the above

9. Carl Confused is being admitted but he is not able to coherently discuss his current
   medication list. How do you proceed?
   A. Write a not stating that the list could not be completed.
   B. Obtain the information from an alternate source.
   C. Mark all meds as unknown
   D. Tell the pharmacist that getting a med list for this patient is impossible.

10. True or False Once the med list is completed, all the medications should be marked as
    confirmed and the pharmacist notified.
    A. True
    B. False

11. True or False It is perfectly fine to rely on room numbers to positively identify patients.
    A. True
    B. False

12. True or False Herbals and vitamins should be included on the patients home med list.
    A. True
    B. False
Home Medication List Competency Verification for Technicians.

Name: ______________________  Date: __________

**Competency Statement:** Pharmacy technician is able to accurately and completely document a patient's home med list. Pharmacy technicians who complete the home med lists will be evaluated and certified after completing the necessary competencies.

<table>
<thead>
<tr>
<th>Essential Elements</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate the ability to identify patients in Medi-Tech</td>
<td></td>
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<tr>
<td>Demonstrate a personable approach when interacting with patients including the ability to use the AIDET and LEARN approach.</td>
<td></td>
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</tr>
<tr>
<td>Explain why accurate medication lists are crucial to patient care.</td>
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<tr>
<td>Utilize standard interview questions.</td>
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<tr>
<td>Demonstrate the ability to utilize additional resources for home med list information within Medi-Tech.</td>
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<tr>
<td>Explain which medications can be removed from the home medication list and the correct process for doing so.</td>
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<tr>
<td>Understand how to document allergies and reactions in Medi-Tech.</td>
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<tr>
<td>Identify precautions and necessary patient room restrictions.</td>
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<tr>
<td>Complete the home med list exam with a score of 80% or better.</td>
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</tr>
</tbody>
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Competency is complete when all of the above elements are met.

Competency Achieved: Yes  No

Certified by: ______________________  Date: __________

RECEIVED

JUN 28 2019
DOH/HSQA/OCS
CREDENTIALALING