

PHARMACY PRACTICE NEWS

IN BRIEF

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Remote Pharmacy Services Highlighted at ASHP Summer Meeting

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It's tough enough for pharmacists to monitor medication safety across a large health system. Imagine trying to do the same for patients spread out over 650,000 square miles in isolated villages that are often cut off by Arctic storms for days at a time. How do you make sure that these patients receive the pharmacy services they need when they need them?

That is the challenge facing the Alaska Native Medical Center (ANMC), which provides pharmacy services to more than 40 remote clinics. In 2003, the Pharmacy Department created a solution—the launch of a telepharmacy program to link some of the remote clinics, some more than 1,200 miles away—to the medical center in Anchorage. The pharmacist-led effort to accomplish this won the 2006 Award for Excellence in Medication-Use Safety from the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation and the Cardinal Health Foundation.

This month, at the ASHP Summer Meeting in San Francisco, United States Public Health Service pharmacists Captain Douglas L. Herring, RPh, the assistant chief of pharmacy services for ANMC who spearheaded the effort, and Commander Judy L. Rose, PharmD, who is the manager of the Telepharmacy and Village Pharmacy program, will describe how they overcame the difficulties faced in delivering real-time medication management services to Alaskan Native people.

"Our ultimate goal is to have telepharmacy in all of the locations to which we send medications," said Dr. Rose, who added that they currently are linked to 14 clinics. "Now that the weather is clearing and the ice is breaking up, we'll be installing additional units so that by fall we hope to have 22 sites participating in our telepharmacy program."

The two-hour Alaska Native Medical Center presentation on Tuesday, June 26, at 8 a.m., is just one of several dozen educational sessions scheduled for the four-day event starting Sunday, June 24, in the new Moscone West Convention Center. As usual, the agenda will offer a choice of multisession programs covering single areas of pharmacy interest, as well as individual sessions devoted to "Hot Topics."

The balance between "Learning Community" and "Series" programs has shifted. This year just one Learning Community track is scheduled, while three programs are in the Series format. The Learning Community, a continuity program with recommended attendance from beginning to end, will focus on pain management and palliative care. Series programs, from which attendees can choose to attend one or more sessions, will cover "Evidence-Based Practice Applications," "Pharmacy Leadership" and "Quality Standards and Best Practices."

ER Pharmacy Tools Detailed

Daniel P. Hays, PharmD, BCPS, clinical pharmacy specialist, pharmacy/ emergency medicine, and Rollin J. Fairbanks, MD, MS, assistant professor of emergency medicine, both at the University of Rochester Medical Center, in Rochester, N.Y., will lead a three-hour session on Monday, June 25, at 2 p.m., on "Tools for Developing an Emergency Pharmacist Program and Measuring its Effectiveness." The program will include the preliminary results of a large clinical study that

measured the impact of an emergency pharmacist at the Medical Center's Strong Memorial Hospital.

In a new wrinkle on interactive education, Dr. Fairbanks and Dr. Hays will work with up to 10 pharmacists selected by application into a program that will run from the Summer Meeting to the Midyear Clinical Meeting. The goal will be to introduce an emergency pharmacist program into the participants' own institutions using tools that Dr. Fairbanks and Dr. Hays developed at Strong Memorial.

"The goal of the program," Dr. Hays said, "will be to show what we're doing here at Strong Memorial, and hopefully [pharmacists] will be able to initiate" the same program at their institutions. He noted that the large influx of patients into emergency rooms nationally is "putting people at risk for medication errors." By having a pharmacist present, "we can oversee the medication-use process to ensure that appropriate and safe medications are utilized." Strong's emergency department treats some 100,000 patients a year, according to Dr. Hays.

Focus on Radiology Safety

Another program will concentrate on measures for ensuring medication safety in the radiology department. The presenters are John P. Santell, MS, RPh, FASHP, director of practitioner programs and services, Department of Healthcare Quality and Information, United States Pharmacopeia, Rockville, Md., and Thomas J. Barrs, PharmD, clinical pharmacist specialist at DeKalb Medical Center, Decatur, Ga.

Dr. Santell highlighted some of the medication safety challenges that pharmacists face in radiology. "Radiology departments have traditionally operated in an autonomous manner," he said in an e-mail response to questions from *Pharmacy Practice News*. "Many hospital pharmacists therefore are not keenly aware of the operational activities (e.g., policies and procedures) that are undertaken within these procedural areas."

In addition, he pointed out that the time patients spend in a radiological service area is often very brief compared to the time spent in primary inpatient care areas. "Therefore, opportunities for errors can arise from breakdowns in communication and lack of access to complete patient information during transitions or 'handoffs' in patient care."

Noting that more than 75% of the reported radiology-related medication errors occur during prescribing and administration, Dr. Santell said that pharmacists should work with the radiology staff to examine those particular phases of the medication-use process "to identify latent failures that can eventually lead to harmful events."

What's more, he said, "care provided during a radiologic exam is very focused on the particular diagnostic or invasive procedure. Drugs not directly associated with the exam ... may not garner ample attention as part of the continuum of care. Pharmacy input is needed to help the hospital identify and/or clarify various staff roles and responsibilities [concerning] the patient's drug regimen both pre- and post-radiologic exam." For example, he said, "when an inpatient who is on several intravenous infusions is taken to a radiology exam room, who takes responsibility for correctly stopping and then resuming these infusions? Unfortunately, the answer is often unclear."

As part of an imaging drug surveillance program, Dr. Santell suggested that pharmacists should "review the order sets used for radiographic procedures, in particular the process for handling diabetic patients who are taking metformin-containing drugs," which are contraindicated in patients undergoing radiological procedures.

He also recommended that pharmacists "review override procedures for automated dispensing cabinets (ADCs) located in ancillary departments and build in additional safety checks to prevent inadvertent withdrawal/administration." He added that "ideally the ADCs should be linked to the pharmacy computer system—drug withdrawals."

Among the update sessions that often draw large audiences are the following:

- The Joint Commission Update 2007, Sunday, 10:30 a.m.
- New Drugs in Primary Care, Monday, 8 a.m.
- Current Legislative and Regulatory Issues in Pharmacy, Tuesday, 2 p.m.
- USP Chapter <797> Update, Wednesday, 8 a.m.

In addition, something different has been added to the poster sessions this year. The posters can be viewed from 7:30 a.m. to 5 p.m. on Monday and Tuesday. Presenters will be available for questions between 12:30 p.m. and 2 p.m. each day.

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