COVID-19 Pharmacy practice considerations

Pharmacy Considerations in the Setting of a Field Hospital

April 23, 2020

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- This call is being recorded.
- Because of the large number of participants, all lines will be kept in listen-only mode; questions will be managed through the Q & A box.
- Continuing education (CE) credit is offered for this webinar. Please expect a follow up email with instructions on how to claim the credit.
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- Due to the high volume of the WebEx platform, should there be a disruption to the presentation, we will provide additional instructions in the chat box or send an email to those who are registered.

Today's presenters

- **Brian Zikaras, PharmD**
Director of Pharmacy Contracting, Partners HealthCare

- **Randy Gerwitz, RPh**
Executive Director, Vizient Pharmacy Advisory Services

Vizient moderator

Katrina Harper, PharmD, MBA, BCPS, BCSCP
Clinical pharmacy director, Sourcing Operations
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Disclosure information

The presenters have no relevant financial or nonfinancial relationships to disclose.

Objectives

- Discuss strategies for successful field pharmacy planning
- Review pharmacy considerations specific to field hospital operations
- Describe various approaches to providing medications to patients in a field hospital setting

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Polling question #1

Does your anticoagulation protocol allow for higher than prophylactic doses in COVID-19 patients that meet institution-specific criteria (eg, Di-dimer levels, SIC score)?

a. No – all patients receive prophylactic anticoagulation
b. Yes – patients that meet criteria receive intermediate-dose anticoagulation
c. Yes – patients that meet criteria receive full-dose (therapeutic) anticoagulation
d. Yes – patients can receive either intermediate-dose or full-dose anticoagulation based on institution-specific criteria

Polling question #2

If your health system has experienced a shortage of neuromuscular blocking agents (cisatracurium), which alternative agent are you using for paralysis in mechanically ventilated COVID-19 patients?

a. Atracurium
b. Rocuronium
c. Vecuronium
d. Pancuronium

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AND MASSACHUSETTS GENERAL HOSPITAL

Partners Pharmacy Experience:
Setting up a 1000 bed LTAC facility

Brian Zikaras, PharmD
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Massachusetts Covid Background

- 38,077 confirmed cases and 1,706 deaths from COVID-19 in Massachusetts (As of 4/20)
- #3 in country in cases and deaths
- Number of cases and deaths still growing on a daily basis "Still on the upward curve"
- Prepared/Concerned for surge if social distancing doesn't work
- ICU's around Boston at full capacity prior to peak of surge
- Community hospitals seeing higher percentage of COVID patients due to location

https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html Accessed 4/20/20

Boston HOPE Medical Center

Located in the Boston Convention and Expo Center

- Boston Hope is a collaboration between:
  - Commonwealth of Massachusetts, City of Boston, Partners HealthCare, and Boston Health Care for the Homeless

- Co-Managed by National Guard, Partners Healthcare Staff, Retired Healthcare Professionals, and State/Local Officials

- Opened Friday 4/10
  - 1,000 beds Long Term Acute Care Facility: 500 beds for hospital transfers, 500 for homeless
  - As of 4/20, 152 treated patients (Including active patients)

- Partners Healthcare managed 500 bed for hospital patients
  - Patients are not limited to Partners Healthcare Patients

- 500 hospital beds designed for patients that require minimal care (No IV's, low risk, unable to recover at home)

Boston HOPE Medical Center

Boston Convention and Expo Center

https://www.partners.org/Newsroom/Press-Releases/Partners-Boston-Hope-COVID19.aspx

Timeframe/Major Category of Issues

- Notified Tuesday Morning 4/7 of plan for Partners Pharmacy to manage facility with Friday 4/10 5pm opening

- Major Categories of Work:
  - Licensing/Regulations
  - Logistics of Medication Delivery
  - Contracts
  - Staffing

- Leader "Director of Pharmacy" assigned within hours
  - Organization notified that other resources will be needed

Licensing/Regulations

- DPH License
  - Mass hospitals are licensed by the Commonwealth of Massachusetts
  - Application was submitted as a increase in beds for one of our Rehab Hospitals
  - DPH license needed in order to apply for other licenses
  - Avg turnaround time 6-8 weeks. License approved within 24 hours

- Mass Controlled Substance license
  - Hospital Pharmacies are managed by DPH. Need Controlled Substance License in order to dispense controlled substances
  - License granted in 24 hours

Licensing/Regulations cont…

- DEA license
  - Power of Attorney
    - POA needs to be assigned to person or persons in order to order CII
    - Transfer of controlled substances from sites with license
    - CSOS is preferred due to Rapid Turnaround time
  - DEA Regulations/Restrictions
    - 5% rule for transfer of Controlled Substances
    - Transferring to unlicensed/unregistered site
  - Guidance documents available at: https://www.deadiversion.usdoj.gov/coronavirus.html

- Professional Licenses
  - Executive order by Governor allowing transfer of license from another State is license is valid and in good standing during State of Emergency
  - Allows providers to help in Massachusetts without the restrictions of getting a new license

Logistics

Logistical Considerations:

- Storage
  - Temperature
  - Access
  - Physical Space
  - Medications to stock
- Regulations (Inventory, security, monitoring, etc…)
- Ordering
- Deliveries

Logistic Process…

- Patients transferred to HOPE with 5 day supply on any active medications
- Small stock of OTC's and emergency medications stored on site in ADMs
  - Two ADMs on site, no refrigerators
  - 3 code carts on site supplied by member hospital
- Other exceptions include Methadone (filled onsite)
- Provider orders medications in our EHR
  - EHR built to route orders to ADM or Retail depending on order
- Maintenance meds filled through local retail pharmacy and delivered to HOPE on a daily basis

Contracts

Key contracting factors to consider:

- Urgency
  - Normal turnaround time 10-15 business days
  - Needed turnaround time <24 hours
- Executive involvement and escalation

Essential Contracts:

- Outsourced delivery of maintenance medications
- Remote electronic verification
- GPO Agreement

Staffing

- Remote order verification staff
  - Telehealth staff brought in from outside hot zone to not further strain resource
- On-site pharmacy staff to handle ordering, delivery, and restocking of the ADM
- Onsite support from contracted retail pharmacy to handle delivery/distribution of maintenance medications
- Pharmacist on site for clinical support

Key takeaways

- Assign a leader, early!
  - Boots on the ground management is essential
  - Empowering that leader to do what is necessary to get it done
- Establish direct contacts with State/Federal Officials
  - Going through the established chain of command takes to long
- Utilize all resources/sites within and outside the Organization
  - "We are all in the together"
  - One site should not have sole respobility for
- Time is Critical

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Pharmacy Field Hospital Toolkit

Randy Gerwitz, RPh

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Introduction

Vizient has assembled a toolkit to help guide planning discussions when accessing the pharmacy needs for the establishment of an alternate care site, such as a field hospital.

The toolkit was created by Vizient subject matter experts and draws on our members' experiences and resources in the public domain.

Highlights presented today.

Pharmacy field hospital toolkit

Introduction

Vizient has created a toolkit to provide guidance for the provision of pharmacy services within a field hospital. In anticipation of the emergency need for field hospital operations, pharmacy leadership from the sponsoring hospital should proactively solicit direct involvement in the initial planning and execution of field operations. Whenever possible, translate pharmacy practice principles from the sponsoring hospital pharmacy to the field.

For questions regarding this content, please contact us at DisasterResponse@vizientinc.com.

Considerations

Physical	
Environment	
☐	Evaluate existing memorandums of understanding (MOU) and mutual aid agreements to determine if a site has been previously identified and if commitment to allow use has been obtained. MOUs and mutual aid agreements should be reevaluated annually.
☐	Ensure agreements are in place to define financial responsibilities, including initial site preparation; supplies; labor; equipment and site restoration. Physical damage to the site during the event may be substantial and costly to repair.
☐	Confirm the pharmacy space is adequate for services to be provided, including pharmacy staff and equipment.
☐	Make certain the pharmacy receiving and storage area is of adequate size (may refer to state requirements), including space for disinfection and cleaning of drug and supplies.
☐	Confirm availability of appropriate climate control for drug storage and preparation including heating, ventilation and air conditioning (HVAC) systems to address temperature and humidity control. Portable units are typically available.
☐	Require onsite medication security features consistent with state and federal regulations, including closed hours.
☐	Address pharmacy-specific security in addition to field hospital security (typically addressed on the whole).
☐	Determine power needs and capacity, ensuring vital equipment has generator backup. Tape off or cap unused outlets to minimize risk of inadvertent overload.
☐	Power and communication needs require multiple cords and other barriers; consider placement to minimize the risk of a trip hazard.

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General physical considerations

Environment

- Ensure pharmacy representation during initial planning
- Insist on physically evaluating any space or location
- Evaluation of the pharmacy space
  - Is there a pharmacy room(s)
  - Can the pharmacy space be secured
  - Can appropriate temperatures be maintained
  - Is a sink available
- Evaluate power and communications needs and gaps – be mindful of power limitations and the risk of overload
- Confirm basics of worker safety

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Operational considerations

Equipment and supplies

- Evaluate equipment needs and gaps early in the process – refrigerators, freezers, PCs, printers, counting trays, mortar and pestle, graduated cylinders, pill splitters and crushers, vials, waste containers …
- Establish responsible parties for supplying equipment – sponsoring hospital versus site contractors
- Consider lead time required for some equipment (e.g. ADCs)
- Determine the need for specialized equipment such as IV hoods or aseptic isolators - how will sterile products be provided, onsite or transported from a hospital
- Consider the need for IV pumps, how will they be supplied, configured and maintained

Regulatory considerations

- Will the site function as an extension of the sponsoring hospital or will it be a separate, free-standing facility
  - How is the site licensed
  - What are the State Board of Pharmacy requirements
  - What are the DEA implications – hospital's DEA number or a new temporary DEA number
  - How will controlled substances be ordered, received, tracked and accounted for
  - If utilizing paper systems are all regulatory requirements addressed
  - Consider diversion prevention and detection strategies

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Wholesaler considerations

- Need to have licenses and DEA numbers sorted prior to establishing
- Consider site specific accounts to ease identification and reporting of costs
- Consider use of any and all suppliers – traditional full-line pharmacy distributors, “secondary” distributors (e.g. Medline or Besse), retail pharmacies
- Define inventory and replenishment practices early
- Ensure staff is aware of ordering cut-off and delivery times
- Establish delivery location
- Identify a CSOS coordinator for site if allowing ordering of controlled substances
- Consider the need for procurement of limited distribution drugs (e.g. oral chemotherapy refill)

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Communications and Logistical Considerations

- Consider communication needs specific to the alternate care site
- Evaluate the need for two-way radios or dedicated cell phones – large open areas may present challenges
- Communicate site specific medication lists or formularies – likely similar to sponsoring hospital but with limited drugs from select classes and less strength presentations
- Maintain a list of key contacts for staff including environmental services, facilities, security, employee health, site supervision and suppliers
- Ensure regular communications with all site staff – daily or more frequent briefings

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Communications and Logistical Considerations

- Consider the use of a facility or site dispatch center to triage external calls
- Establish regular communication of current inventory and burn rates to clinical and administrative staffs
- Evaluate need for direct communication with specific services at the hospital such as IV room or transport staff
- Establish logs to facilitate communication of activities and volumes and to address regulatory requirements
- Consider need for active communications with retail pharmacies for service needs as well as special circumstances such as the use of paper prescriptions or need for early refills for housed patients

Operational considerations

Distribution

- Consider coordination of onsite versus remote services supported by the sponsoring hospital – sterile compounding, unit dose packaging, hazardous drug manipulation and disposal
- Determine level of electronic system support (e.g. full EHR functionality, automated dispensing cabinets (ADCs))
- Define distribution model based on patient population and equipment – housed post-acute patients versus stable acute care versus ICU patients, ADC availability
- Consider staffing needs and availability when defining distribution model
- Consider patient needs and storage restrictions when establishing onsite working formulary

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Operational considerations

Distribution

- Consider medication safety implications (e.g. list of medications which may be appropriate to allow IV administration without pumps, smaller than standard volumes of sterile products produced outside of hood)
- Evaluate inventory system and replenishment process
- Discuss the potential for augmenting pharmacy capacity through the use of retail pharmacies for housed patients – adaptation of meds to beds program
- Consider the discharge process – will medications be sent home with patient from site or supplied by retail pharmacy
- Plan for relabeling of patient specific medications if allowing to go home with patient upon discharge – must meet state requirements

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Operational considerations

Staffing

- Determine hours of support and level of support provided – 24 hour or limited, clinical services, medication history / reconciliation, sterile product preparation …
- Define the staffing model and off hours support if not 24 hour service
- Consider contingencies if accepting patients during hours not supported by onsite pharmacy staff
- Define sponsoring hospital administrative support for alternate care site – what is the reporting structure
- Coordinate onsite supervision of staff with consideration for types of staff members - may include students or volunteers

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Operational considerations

Medication Safety

- Consider risks associated with:
  - Distribution model
  - Formulary – may be using ½ or even ¼ tablets
  - Availability of normal supplies (e.g. flush syringes)
  - Alternative formulations or concentrations
  - Medication administration practices – double checks for high alert drugs
  - Patient's own medications or retail packaging
  - Self-administration practices
- Evaluate drug storage and risks to special populations – children, behavioral health, elderly / confused

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Operational considerations

Medication Safety

- Utilize electronic safeguards whenever available – IV pump dose error reduction systems (DERS), bar code validation, discharge summary
- Define the medication reconciliation process and pharmacy role – consider intake and discharge process
- Consider policies to establish more conservative beyond use dates for sterile products than USP <797> allows for immediate use
- Define practices for the administration of respiratory medications – discourage nebulized therapies, use of MDIs – patient specific versus common canister
- Consider list and labels for infusions allowed to hang to gravity

Clinical considerations

- Consider the patient intake process and the gathering of mediation histories – pharmacy staff is preferred but may be nursing or a support staff member
- Consider the development of a site-specific formulary with strong therapeutic interchange list
- Plan for staff and patient medication educational needs
- Establish a system for medication monitoring – may not have full electronic support as in the hospital
- Evaluate available references and augment as needed based on patient population and acuity
- Coordinate patient discharge with case workers – onsite or remotely supported by sponsoring hospital

Special considerations

- Consider the potential implications of staff members coming from disparate backgrounds and organizations – different workflows, practice expectations, safety systems and responsibilities
- Evaluate code support
- Consider situations that could result in cross-contamination and efforts to minimize – includes allergy risks (e.g. patient specific pill splitters / crushers, counting trays, common canister

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Contact Randy Gerwitz, RPh

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