



ANNUAL REPORT

Department of Pharmacy

Fiscal year 2011



 **Duke University Hospital**

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Message from the Chief Pharmacy Officer

Paul Bush



It is my pleasure to present the 2011 Annual Report for the Department of Pharmacy. This annual report highlights the exceptional work that the Duke pharmacists and staff accomplish on a daily basis and the successful initiatives that are transforming the quality of pharmaceutical care for our patients. These exceptional results are detailed in the report under the respective service areas and program categories.

It has been a busy and productive year with many accomplishments. I will highlight several accomplishments but ask that you review the entire report to fully understand all that has been accomplished.

Pharmacy leadership is committed to actions designed to improve the work environment by emphasizing communication, recognition and responsiveness. Based on the results of the work culture survey conducted in May, these actions were recognized by staff and as a result the annual work culture score improved significantly surpassing the performance target for the year.

Service and access have been enhanced for the Children's Hospital through expansion of on-site pharmacy services from 16 to 24 hours per day. The integration of the Investigational Chemotherapy Service and the Investigational Drug Service and the installation of specialty software to support IDS have enhanced efficiency and patient safety.

The staff continued their long standing commitment to the educational mission through weekly pharmacy conferences. We were also pleased to expand the scope of residency training with the addition of a PGY2 Cardiology Pharmacy Residency program and commitment to begin a PGY2 Pediatric Pharmacy Residency in July 2011.

There were significant improvements in formulary management, drug delivery, the number of parenteral doses prepared by nurses on the units, and medication control in the hospital-based clinics and Radiology. Several facility improvements were achieved with the establishment of the Eye Center OR Pharmacy, renovations and improvements to the 9th Floor Satellite, Children's Hospital Pharmacy, North Central Pharmacy, Storeroom, Investigational Drug Service, Administrative Office, Resident Office, and Faculty Office.

The department launched the pharmaceutical utilization management program and effectively managed inventory, both contributing to a successful year financially. From the perspective of revenue, the retail pharmacies experienced a 12.8% growth in volume which resulted in an \$8.8 million financial gain for the year.

All of these changes directly support our mission and vision for pharmacy services at Duke University Hospital. These accomplishments would not be possible without the commitment and personal dedication of the Duke University Hospital pharmacy leadership team and staff members.

I would like to thank each and every member of the staff for their commitment to the profession and dedication to the care of Duke Medicine patients.

Sincerely,

A handwritten signature in black ink that reads "Paul W. Bush". The signature is written in a cursive, flowing style.

Paul W. Bush, PharmD, MBA, FASHP
Chief Pharmacy Officer

II. Departmental Overview

Mission

The Mission Statement of the Department of Pharmacy is to work collaboratively with other healthcare professionals to provide optimal pharmaceutical care to all patients, to advance pharmaceutical knowledge through educational and scholarly activities, and to promote positive patient outcomes.

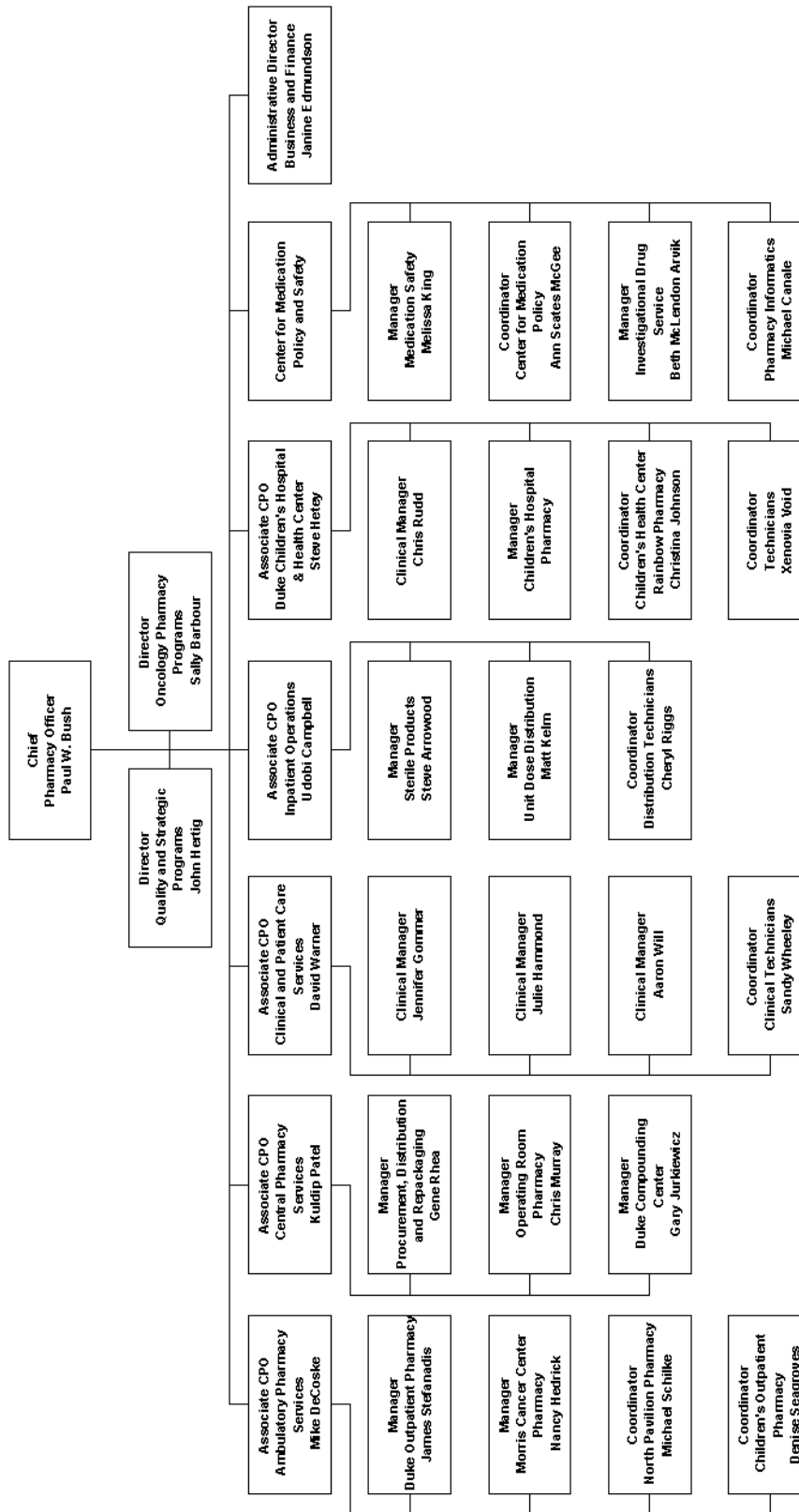
Vision

The Department of Pharmacy will provide optimal patient care and improve patient outcomes to meet or exceed customer expectations. The department will be recognized for quality and diversity of services, professional leadership, and educational excellence. We will advance the accessibility of pharmacy services through the innovative use of personnel and technology. Employees will work together to create an exceptional work environment.

Goals

- To improve patient outcomes and provide the highest standards of pharmaceutical care,
- To foster a collaborative approach to medication safety among all disciplines,
- To provide an exceptional work environment that will establish Duke as the pharmacy employer of choice,
- To integrate new technological developments which improve efficiency and safety,
- To promote research to improve patient outcomes and the efficiency of care, and,
- To expand and promote excellence in pharmacy education.

III. Department of Pharmacy Organizational Chart



IV. Department of Pharmacy Balanced Score Card

Measure	Jul - Jan YTD Actual	Jul - Jan YTD Target
Quality and Patient Safety		
Automatic Therapeutic Substitution	7	7
Non-formulary Requests	7,485	3,500
ADM Override Rate - Non-ICU	1.28%	5% or less
ADM Override Rate - ICU	13.80%	16% or less
ADEs w/ severity score > 2 attributable to Pharmacy	11	11.08
ADE Delays Attributable to Pharmacy	120	117
Robot Stocked Dose Efficiency	96.90%	98%
Robot Overall Efficiency	86.9%	93%

Measure	Jul - Jan YTD Actual	Jul - Jan YTD Target
Customer Satisfaction		
Outpatient Pharmacy Satisfaction		
Customer Satisfaction Survey for DUH inpatient nursing leadership	72% Favorable	

Measure	Jul - Jan YTD Actual	Annual Target
Work Culture		
Percent Terminations Annualized	7.50%	13.23%
Staff Satisfaction (Annual Work Culture Survey)	Avail. June 2011	3.93

Measure	Jul - Jan YTD Actual	Jul - Jan YTD Target
Finance		
Inpatient Pharmaceutical Expense/Discharge	\$1,569	\$1,427
Total Departmental FTE Variance to Flex Budget	291.64	302.02
Total Patient Charges Late	0.82%	1%
Duke Outpatient Pharmacy Prescription Volume	53,850	47,707
Duke Outpatient Pharmacy DCM/Prescription	\$75.20	\$33.22
Duke Outpatient Pharmacy FTE/Prescription	0.29	0.230
CHC Outpatient Pharmacy Prescription Volume	20,641	16,678
CHC Outpatient Pharmacy DCM/Prescription	\$36.90	\$25.29
CHC Outpatient Pharmacy FTE/Prescription	0.24	0.250
Investigational Drug Service Fee Collections	\$141,942	\$132,285
Medication Assistance Program IP/OP Exp Recovery (FY2011 1st & 2nd Qtr)	276,217	N/A
Medication Assistance Program - Patient Benefit (FY2011 1st & 2nd Qtr)	2,171,318	N/A
Prescriptions - unfunded (Retail Pharmacies)	\$195,975	N/A
Contract Compliance (Overall, Unadjusted)	94.1%	80%
Inventory Turnover (Annualized) - Central Storeroom	21	14

Color Key		Exceeds expectations
		Meets expectations
		Between priors years' average performance and meets expectations
		Below expectations


V. Financial Performance Summary

Financial Report

	Inpatient Pharmacy Group		Outpatient Pharmacies		Retail Pharmacy Group	
<u>Revenue</u>	FY11 YTD FP1-12		FY11 YTD FP1-12		FY11 YTD FP1-12	
Plan	\$	408,365,999	\$	352,536,659	\$	11,603,966
Actual	\$	410,834,552	\$	415,720,102	\$	18,241,410
Variance	\$	2,468,554	\$	63,183,443	\$	6,637,444
Percent Variance		0.60%		17.92%		57.20%
 <u>Expense</u>						
Original Plan	\$	83,891,364	\$	48,771,245	\$	8,486,942
Variance from Orig	\$	(3,913,251)	\$	(4,920,678)	\$	(929,803)
% Variance from Orig		-4.66%		-10.09%		-10.96%
Actual	\$	87,804,615	\$	53,691,923	\$	9,416,745
Flex	\$	85,298,927	\$	61,049,198	\$	9,745,001
Variance from Flex	\$	(2,505,689)	\$	7,357,275	\$	328,256
% Variance from Flex		-2.94%		12.05%		3.37%
 <u>Direct Contribution Margin</u>						
Target					\$	3,117,024
Actual					\$	8,824,665

Margin Improvement Dashboard

Description	Begin Date	YTD Savings	Projected Savings	Budgeted Savings
340(B) Retroactive Manual Recon- Split Billing	Jul-10	\$ -	\$ 760,000	\$ 760,000
Nicardipine (Cardene Amp Contract)	Jan-10	\$ 356,210	\$ 74,947	\$ 435,000
IV Diuretics Chlorothiazide (Diuril IV) Generic	Dec-09	\$ 94,916	\$ 26,555	\$ 162,129
Conversion Humalog & Novalog to 3ml vials	Apr-10	\$ 122,964	\$ 63,951	\$ 148,893
Conversion Humulin & Novolin to 3ml vials	Apr-10	\$ 44,449	\$ 59,265	\$ 81,983
Utilization (H2 Antagonist Therapeutic Sub)	Jul-10	\$ -	\$ -	\$ 30,000
Polyethylene Glycol (Miralax) Generic	Jul-10	\$ 8,876	\$ 11,835	\$ 9,100
		Budgeted	\$1,596,554	\$1,627,105

 **PHARMACEUTICAL UTILIZATION MANAGEMENT PROGRAM**
FY11 TRACKING (DUKE UNIVERSITY HOSPITAL)

Cost Saving Initiatives/Pharmaceutical Utilization Management Program

PROJECT	OUTCOME	TEAM	PROJECTED SAVINGS	IMPLEMENTATION DATE	SAVINGS TO DATE
PROJECTS					
Meropenem generic conversion	drug utilization	P&T Committee	\$212,850	July-10	\$159,638
Humulin R/Humalog and conversion to 3 ml vial	drug utilization	P&T Committee	\$220,000	August-10	\$167,413
Mycophenolate Mofetil (Cellcept) generic conversion	cost minimization	Transplant PUMP Teams	\$54,067	September-10	\$62,157
Compounding Foscardet	cost avoidance	Pharmacy - DCF	\$236,500	October-10	\$193,500
Modification of succinylcholine usage	drug utilization	Periop PUMP Team	\$31,578	October-10	\$10,526
Albuterol - Proventil to Ventolin conversion	cost minimization	P&T Committee	\$100,091	March-11	\$4,181
Reduction in MIG use	drug utilization	All PUMP Teams	\$359,000	Ongoing	
Reduction in Dexmedetomidine use	drug utilization	Neuro/All PUMP Teams	\$49,000	Ongoing	
Perioperative Dexmedetomidine syringe standardization	cost avoidance	Periop PUMP Team	\$61,884	January-11	\$57,514
Discharge Transplant Medication Reduction	cost avoidance	Transplant PUMP Team	\$180,000	October-10	\$180,000
ATS of inhaled beta-2 agonists to albuterol	drug utilization	P&T Committee	\$50,000	Ongoing	
ATS for intranasal steroids	drug utilization	P&T Committee	\$26,000	Ongoing	
Cosyntropin Utilization	cost minimization	Pharmacy	\$35,680	July-10	\$27,668
Inpatient Cardinal Savings Initiative	cost minimization	Pharmacy - Procurement	Ongoing	February-11	\$301,338
Crofab Utilization Evaluation	drug utilization	Emergency PUMP Team	\$20,000	January-11	\$23,000
Removal of bromfenac from formulary	drug utilization	Periop PUMP Team	\$21,600	May-11	
TOTAL			\$1,658,250		\$1,186,935

Capital Projects

Cabinets Automated Dispensing – Omnicell Expansion

Project ID: 309511068

Amount: \$152,919

Funding Date: 05/16/2011

Anywhere RN

Project ID: 309511067

Amount: \$129,060

Funding Date: 04/27/2011

VI. Overview of Pharmacy Services: Scope and Accomplishments

Duke University Hospital (DUH) is an academic learning center and serves as the flagship for Duke University Health System. A tertiary and quaternary care hospital, the 943-bed DUH is consistently rated as one of the top hospitals in the United States. It offers comprehensive diagnostic and therapeutic facilities, including: a regional Level 1 emergency trauma center; a major surgery suite containing 31 operating rooms; an endosurgery center; the Ambulatory Surgery Center with nine operating rooms; an Eye Center with five operating rooms; and an extensive diagnostic and interventional radiology area. The facility also functions as a research hospital where innovations in medicine are consistently achieved and implemented. DUH is a teaching hospital for students of medicine, nursing, and the allied health sciences. The Department of Pharmacy (DOP) at DUH provides a broad range of advanced pharmacy services. The mission of the Duke Department of Pharmacy is to care for patients by assuming responsibility for the medication use process, facilitating safe and effective use of medications.

To achieve this mission, the DOP employs multiple pharmacy practice models. These include:

- (1) Decentralized clinical practitioners;
- (2) Specialized pharmacy services operating from discrete areas (e.g. Outpatient Pharmacy, Morris Oncology Pharmacy, Operating Room, Investigational Drugs, Production and Packaging and Sterile Products);
- (3) Targeted patient care services (e.g. pain management, nutrition support, anticoagulation, transplantation, pharmacokinetic dosing consults); and
- (4) Program-based services (e.g., performance improvement, medication safety, drug information and support to medical staff committees including Pharmacy and Therapeutics, Infection Control, Ethics, CPOE and IRB).

Specific services and accomplishments in each Division within the DOP are included below.

Ambulatory Pharmacy Services

Michael Decoske



Overview of services:

The following represent the major Ambulatory Pharmacy presence at Duke University Hospital and the primary patient populations served within each area:

- Morris Cancer Center Pharmacy
 - Morris Oncology Treatment Center
 - Non-Oncology Infusion Center
 - Duke Hospital Based Clinics
 - Radiation Oncology
- North Pavilion Pharmacy
 - Ambulatory Surgery Center
 - Outpatient Bone Marrow Transplant
- OPD Retail Pharmacy
 - Duke Hospital Based Clinic patients
 - Duke employees
 - Discharged patients
 - Duke University Students
- CHC Retail Pharmacy*
 - CHC patients
 - Duke employees
 - Discharged patients
- Patient Assistance Program
 - Patient prescription enrollment for most Duke Hospital Based Clinics
 - IV Drug Replacement for Morris Oncology Treatment Center and Non-Oncology Infusion Center patients
 - Large oncology and transplant patient population
- Clinic Pharmacists
 - Oncology Clinics (Breast, Sarcoma, BMT, Thoracic)
 - Duke Outpatient Clinic
 - Duke Family Medicine Clinic
 - Anticoagulation Clinic (2B2C)
 - Morris Oncology Treatment Center

*Note: Additional Outpatient Pediatric Pharmacy Services are provided by the Pediatric Pharmacy Division

Mission

- Provide excellent clinical patient care in accord with accepted best practices
- Maintain fiscal responsibility over medication use
- Maintain compliance with all pertinent regulatory requirements
- Expand services in response to society's changing health care needs and the shift towards ambulatory care

Goals

- To foster an environment for responsible medication use
- To develop a business model for self-sustaining clinical pharmacy services within Hospital Based Clinics, specifically in high acuity areas such as primary care, transplant and oncology
- To ensure continuity of care as patients transition from inpatient to outpatient and to strengthen the collaboration between inpatient and outpatient pharmacy services
- To optimize the use of technology and automation to support pharmacy services
- To support pharmacy practice and clinical research, residency training and student clerkships
- To serve as the preferred retail pharmacy for all Duke University Hospital patients and employees
- To positively contribute to the direct contribution margin for Duke University Hospital
- To ensure that pharmacists will be available, visible, and serve as the primary resource for all medication related issues across Duke University Hospital Outpatient Areas

Locations and Hours of Operation:

- Morris Cancer Center Pharmacy: 7:30am-6:30 pm
- North Pavilion Pharmacy: 6:30am-5:00 pm
- Duke Outpatient Retail Pharmacy: 8:30am-6:00 pm
- CHC Retail Pharmacy: 8:30am-6:00 pm
- Patient Assistance Program: 7:30am-5:00 pm

Major Accomplishments

- Extended hours of operation in Duke Retail Pharmacies
- Extended hours of operation in North Pavilion Pharmacy
- Planning for two new pharmacies in Duke Cancer Center
- Patient Assistance Program expansion
- Discounted OTC's in OPD/CHC retail pharmacies
- Decreased nurse sterile preparation in clinics and infusion areas
- Expanded hospital based clinic pharmacy services
- Developed clinic medication floorstock process
- Tier One Work Culture Score

Awards

Strength, Hope and Caring Award – Dana Hassard

Strength, Hope and Caring Award – Michael DeCoske

Strength, Hope and Caring Award – Morris Pharmacy Team

Central Pharmacy Services

Kuldip Patel



Overview of services:

Central Pharmacy Services is composed of three separate operating departments inclusive of the Duke Compounding Pharmacy, Perioperative Pharmacy Services, and Pharmacy Procurement, Repackaging, and Distribution. The Duke Compounding Pharmacy prepares Compounded Sterile Preparations (CSPs) in compliance with the United States Pharmacopeia – National Formulary compounding standards. Furthermore, Duke Compounding Pharmacy also supports the organizational mission in supporting patient safety by preparing medications in the most ready to use medication packages when possible. The Duke Compounding Pharmacy also supports the research mission of DUH by supporting any specialized pharmaceutical needs. Perioperative Pharmacy serves the pre-, intra-, and postoperative patients by providing highly specialized clinical and technical pharmacy services to enhance surgery outcomes. They support this goal by collaborating with surgeons, anesthesiologists, nurse anesthetist, nurses, and other ancillary staff to deliver patient centered care by utilizing medications in a safe and cost effective manner. Pharmacy Procurement, Repackaging, and Distribution services provide logistical support by purchasing and distributing medications to DUH Pharmacies and Clinics. The department uses highly innovative inventory management systems and technology to organize and manage the supply chain efficiently.

Our Team:

The Central Pharmacy Services team is made up of highly experienced, skilled and committed managers, pharmacists, technicians, accounting clerks, and material resource technicians who work collaboratively with internal and external customers to meet the needs of patients at Duke Hospital. Staff members actively support the department's mission by participating in clinical quality and process improvement efforts, promoting and fostering a positive work culture, and making the best use of medications to produce positive patient and customer experiences.

Availability and Location:

The Duke Compounding Pharmacy operates 6:00 am – 3:00 pm (M-F). Designated pharmacists and technicians are available for afterhours emergency support for patient care needs. The pharmacy is located in Duke South, room 0010, Davidson Building.

The Duke North Perioperative Pharmacy services are available 24 hours a day, 7 days a week via the decentralized pharmacy satellite located on the 3rd Floor. The Eye Center Perioperative Pharmacy services are available 6:00 am – 3:15 pm (M-F). Designated support is available for afterhour's emergency support via the Duke North Perioperative Pharmacy.

The Pharmacy Storeroom (procurement) is open from 6:00 am – 11:00 pm (M-F) and 6:30 am – 3:00 pm (Weekends).

Major Accomplishments

- Optimized purchasing of generic and contracted products in addition to implementation of PUMP initiatives resulting in savings greater than \$800,000
- Developed and established a hospital policy on managing drug shortages
- Developed process for Pharmacy Technician advancement
- Transition of all sterile preparation in the Eye Center to the pharmacy

Optimized preparation and dispensing of dexmedetomidine for Perioperative Services resulting in an annualized savings greater than \$120,000
Achieved a 96% Nursing Satisfaction score for Perioperative Pharmacy Services
Completion and approval of the Omnicell Anesthesia Workstation business plan
Implementation of new labeling technology in the Duke Compounding Pharmacy
Developed the framework for hospital based clinic medication distribution process
Improved departmental compliance with documentation of tasks related to USP Chapter 797 requirements (Simplifi 797)

Awards

Strength, Hope and Caring Award – Francis (Gene) Rhea

Clinical and Patient Care Services

David Warner



Overview of services:

The Clinical and Patient Care Services Division (CPCS) comprises all inpatient medical and surgical areas and their related subspecialties. Pharmacy practice models employed within CPCS include the integrated practice model for all adult patient care areas, specialized population-based services (e.g. nutrition support, anticoagulation, transplantation), geography-based specialized services for all intensive care units and oncology units, and order-review and processing during the night shift in collaboration with the Inpatient Operations staff. Clinical pharmacists participate in daily patient care rounds for many medical and surgical services, and all pharmacists maintain competency to recognize and manage the pharmacotherapy needs of adult and geriatric patients. Clinical pharmacists also participate actively on unit-based, department, hospital-wide, and health-system committees involving quality improvement, informatics, medication policy, and medication safety, to name a few. A comprehensive listing of committees and participants follows later in this report.

Our Team:

The CPCS team is made up of well trained, highly-committed pharmacists and technicians who work collaboratively with internal and external customers to meet medication needs of patients at Duke Hospital. Most staff members have greater than 5 years of experience at Duke and are cross-trained to work across the division. Further, many pharmacists have completed one or two residency programs, and are board certified in their practice area. Some staff members hold full-time or adjunct faculty appointments at the University of North Carolina Eschelman School of Pharmacy and/or the Campbell University College of Pharmacy and Health Science. Staff members also actively support the department's mission through ongoing participation in quality and process improvement efforts, resident education, and research activities. Many CPCS staff members are members of, and some hold leadership roles in, state and national pharmacy organizations. Others have made contributions to the profession through publications and presentations and local, state, and national journals and professional meetings.

Availability:

Pharmacists provide services through the integrated practice model 16 hours per day, seven days per week. Specialized services, such as rounding with patient care teams, are provided Monday through Friday.

Major Accomplishments

- Recruited and hired Pharmacy Technician Coordinator
- Recruited and hired new pharmacists: lung transplant, oncology, medicine-cardiology, emergency department (some of whom completed Duke residencies in July 2010)
- Developed and implemented scanning of chemotherapy orders to the sterile products clean room in North Central Pharmacy to enable additional product checking processes
- Coordinated multi-disciplinary development of chemotherapy order templates for most commonly used and most complex adult inpatient chemotherapy regimens
- Planned expansion of clinical pharmacy services in the emergency department to 16 hours daily M-F
- Integrated Clinical and Patient Care Services Division into one practice group
- Began the journey of evaluation of the Duke Pharmacy Practice Model through evaluation of customer needs, services provided, and an analysis of the May 2010 University Hospital Consortium *Pharmacy Practice for Academic Medical Centers*.
- Developed and implemented Clinical Pharmacy Advisory Council (CPAC). Seven practice-based work groups were developed to assist CPCS management in the evaluation and refinement of CPCS pharmacy practice. CPAC groups include cardiology, critical care/nutrition support/emergency department, internal medicine, surgery, neurosciences and psychiatry, oncology, and transplant, each group selecting a representative to serve on the CPCS CPAC team. These practice-based groups have been instrumental in evaluation and incremental changes in CPCS pharmacy practice since their development.
- Developed and planned implementation of CPCS Pharmacist self-scheduling team
- Expanded oncology residency program to two positions
- Successfully completed ASHP surveys of residency programs
- Conducted numerous preceptor development sessions

Inpatient Operations

Udobi Campbell



Overview of services:

The Department of Pharmacy Inpatient Operations Division provides an array of services which support care of patients in both the inpatient and outpatient arenas. These services include:

- Sterile preparation and distribution of both hazardous and non-hazardous medications in a USP 797-compliant environment.
- Unit Dose medication distribution utilizing a hybrid model which involves the use of patient care unit-based automated dispensing cabinets (ADC), robotic unit dose preparation and first dose dispensing.
- Comprehensive ADC management.
- Controlled substance management.
- Code cart procurement, assembly, distribution and maintenance.

- Night shift pharmacy support which encompasses services outlined above and medication order review.

Our Team:

The Inpatient Operations team is made up of well trained, highly-committed pharmacists and technicians who work collaboratively with internal and external customers to meet the needs of patients at Duke Hospital. Many of the staff members have greater than 5 years of experience at Duke and are cross-trained to work across the division. Staff members actively support the department's mission through ongoing participation in quality and process improvement efforts, resident and student education, as well as, research activities.

Availability:

Services that are provided by the Inpatient Operations Division are available 24 hours a day, 7 days a week.

Location:

The daily work which is carried out by the group is primarily done from a central location on the zero level of Duke Hospital, room 0415; however, certain staff members are mobilized external to this area depending on need.

Methods of Drug Delivery:

Our goal is to have the medication available at the patient care unit before the care nurse needs it for a patient. To meet this goal, we use different mechanisms to transfer medications from central pharmacy to the patient care unit. The most common methods, however, involve the use of highly motivated pharmacy technicians who make routine deliveries, and STAT technicians who expeditiously deliver urgent and emergent medications. The pneumatic tube system is another means by which medications are delivered to the patient care unit.

Use of technology to enhance safety and operational efficiency:

Several technology systems and software are utilized daily by staff members to accomplish the division tasks. Some of these key systems include:

- The unit dose dispensing robot, which is extensively used in the process of daily cart-fill of unit dose medications, fills approximately 4000 doses of medications. Medications intended to be dispensed by the robot are repackaged and bar-coded.
- Automated compounding devices primarily used to support parenteral nutritional admixtures, eliminating the need for multiple manipulations.
- Barcode scanning solution which complements the work of the pharmacist by providing added verification that drug selection is accurate.
- Automated dispensing cabinets which provide secure storage of medications while supporting timely availability of unit dose medications to the nurse following verification by a pharmacist.
- Controlled substance software used for tracking movement of scheduled medications and report generation for monitoring and quality assurance.
- Targeted barcode verification of specific high alert medication prior to dispensing or loading into an ADC

Major Accomplishments

- Work Culture improvement from Tier III to Tier II
- Chemotherapy order verification by the Cleanroom pharmacist

- Daily availability of a STAT technician on first and second shift
- Greater than 25% sustained reduction in Omnicell stock out rate
- Sterile preparation batch adjustment to minimize waste
- Code participation by night shift clinical pharmacists
- Transfer of intravenous contrast procurement from Radiology to Pharmacy
- Expansion of the controlled substance cage to gain additional 150 sq ft.
- Creation of a break room for Inpatient Operations staff

Women's and Children's Hospital and Health Center Steve Hetey



Overview of services:

The Department of Pharmacy, Women's and Children's Hospital (240 beds) provides clinical and distributive services which support care of pediatric patients, obstetrics-gynecology and 10 adult internal medicine patients in the inpatient setting. Distributive services are supported on the inpatient side by the 5th floor pediatric satellite pharmacy. The McGovern-Davison Children's Health Center ambulatory pediatric pharmacy services are supported by an infusion center pharmacy located on the 4th floor of the health center.

Inpatient pharmacy services

Practice models within the pediatrics division are both integrated as well as specialized. Clinical pharmacists participate in daily patient care rounds to develop individual pharmacotherapy plans, provide medication and dosage recommendations/adjustments, pharmacokinetic evaluation and dosing, parenteral nutrition management, code blue and rapid response participation, education, research and publication. Specialized practice areas include pediatric bone marrow transplant (16 beds), pediatric intensive care (16 beds), pediatric cardiac intensive care (13 beds), and neonatal intensive care (60 beds) units. General pediatric pharmacists round daily on 3 general pediatric services, infectious diseases, hematology-oncology, cardiology, neurology, gastroenterology, solid organ transplant and allergy/immunology. The 5th floor pediatric satellite pharmacy supports the medication needs of these patient populations in collaboration with the Inpatient Operations Division.

Ambulatory pharmacy services

The Children's Health Center Pharmacy is a sterile compounding facility located on the 4th floor of the Children's Health Center building. Both low and medium risk doses of hazardous and non-hazardous compounded sterile preparations are provided to ambulatory pediatric patients. Clinical pharmacists, in collaboration with providers, monitor appropriateness of drug, dosage, frequency and adherence to protocols. Additionally, clinical pharmacists and technicians support investigational drug use.

Our team:

The pediatrics team is comprised of well-trained, highly committed pharmacists and technicians who collaborate with medical and nursing staffs and colleagues to optimize medication use among a high-risk, vulnerable patient population. Many staff members are tenured and cross-trained to function and support multiple sub-specialty practice areas. A number of pharmacists have completed one or two residencies and/or fellowships. Although board certification in pediatrics is not currently offered, a number of pharmacists are sitting for the BCPS examination. Staff members actively support the department's mission through ongoing participation in quality and process improvement efforts, resident and student education, as well as, research activities.

Availability:

Women's and children's inpatient pharmacy services are provided 24 hours per day, 7 days per week through the clinical and distributive staff and satellite pharmacy. The pediatrics division collaborates with Inpatient Operations to provide comprehensive services. The Children's Health Center Ambulatory Pharmacy operates 8:00AM to 5:00PM, Monday through Friday.

Major Accomplishments

- Bar-code scanning verification of oral syringes
- Extended satellite hours of operation to 24/7
- Improved satellite floor space with minor renovation
- Provided individual staff lockers
- Architectural work completed for 797 compliance for CHC pharmacy
- Improved collaboration among divisions
- Improved communication among all staff members
- Moved from Tier III to Tier II in work culture survey

Center for Medication Policy

Ann Scates McGee



Overview of services:

The Center for Medication Policy (CMP) is a team within the Department of Pharmacy that collects, organizes, analyzes, and disseminates information on medication use. The CMP integrates its activities with the clinical, safety, informatics, administrative, and drug distribution systems of the Department to optimize drug therapy for patients.

Functions of the CMP include:

- Answer patient specific and general inquiries regarding all aspects of medication use.
- Provide accurate, timely, unbiased evidence based drug information in support of rational medication therapy and policy.
- Provide support to the Pharmacy & Therapeutics Committee and its subcommittees (Formulary & Informatics Subcommittee, Medication Safety Subcommittee and Formulary Evaluation Teams).
- Participate in formulary management activities.

- Support the dissemination of drug information via the pharmacy webpage and electronic newsletters.
- Participate and support the conduct of medication use evaluations.
- Monitor and assist with the implementation of drug shortage action plans.
- Track and develop medication specific Risk Evaluation and Mitigation Strategies (REMS) programs.
- Review and track departmental drug information resources subscriptions.
- Provide a learning environment in which pharmacy students and residents can acquire or enhance skills necessary to respond to and research medication related issues.

Our Team:

The CMP team is made up of well trained, highly-committed pharmacists who work collaboratively with those in the Department and throughout DUH to help in the review and development of process that help meet the medication needs of patients. All team members have completed one or two residency training programs. All support the department's mission through ongoing participation in quality and process improvement efforts, resident education, and research activities. Team members are members of state and national pharmacy organizations. The team makes contributions to the profession through internal and external publications and presentations.

Availability:

The CMP is staffed Monday through Friday from 8AM to 5PM. After hours consultations are provided by an on-call system (pager 970-8110). Non-emergency requests may be left on voicemail (684-5125).

Resources:

The CMP maintains an up-to-date core library of medical, pharmacology, and pharmacy practice texts and journals. Electronic and manual bibliographic retrieval systems are used to identify relevant literature. Drug information resources are evaluated as needed for suitability and need for renewal. Journals and textbooks may be "signed out" for use outside of the CMP. A drug-name based filing system is used to store reprints, product literature and correspondence from manufacturers and other data that may be useful in providing a drug information response or project support.

Major Accomplishments:

- Coordinated structural and functional changes to guide Formulary Evaluation Teams to meet the desired goals as outlined in charter.
- Participated in the development of a drug shortage policy and expanded way in which action plans are implemented.
- Collaborate with pharmacists and technicians from IT, operations and procurement to implement formulary changes into IT systems in a timely manner.
- Monitor non-formulary medication use and make suggestions for change to reduce overall utilization.
- Develop and implement therapeutic interchange programs as a way to help streamline the use of non-formulary medications.
- Implementing a new webpage in order to improve the manner in which medication policy information is broadcast within the Department and DUH.

Investigational Drug Services

Beth McLendon-Arvik



Overview of services:

The Department of Pharmacy Investigational Drug Services supports human clinical research involving study drugs for Duke Investigators and supports safety and care for subjects in both the inpatient and outpatient care areas. The Investigational Drug Services integrates its activities with the clinical, safety, informatics, administrative, and drug distribution systems of the Department to optimize study drug therapy for patients.

These services include:

- Integrity of blinding
- Regulatory compliance
- Prevention of errors involving study drugs
- Dispensing of investigational products in a timely manner
- Contribution to study design and data integrity
- Randomization and study drug accountability
- Sterile preparation and distribution of both hazardous and non-hazardous study medications in a USP 797-compliant environment
- Drug and supply procurement as needed
- Preparation of Drug Data Sheets for study medications
- Inservices and Education for inpatient studies

Our Team:

Investigational medications are dispensed from two primary areas, the Investigational Drug Service (IDS) and the Investigational Chemotherapy Service (ICS). The Investigational Drug Service teams are made up of well trained, highly-competent and committed pharmacists, clinical trial specialists, a clinical research coordinator, a technician and an accounting clerk II who work collaboratively with internal and external customers to meet the needs of study coordinators, investigators and subjects at Duke Hospital. Most of the staff members have greater than 15 years of experience at Duke and have worked with research for at least 6 years. IDS and ICS Team members actively support the department's mission through IRB membership, participation in quality and process improvement efforts, resident and student education, as well as, research activities.

Availability and Location:

The Investigational Drug Services are staffed Monday through Friday from 8AM to 4:30PM. Arrangements are made to ensure study success for subjects needing study medications outside of these hours. There is a team member from both services on-call 24/7. (IDS on-call pager 970-8392; ICS: individual team members via paging web). Non-emergency requests may be left on voicemail (IDS: 684-3543; ICS: 668-0657). The IDS is located on the zero level of Duke Clinic at 0101b Yellow Zone. The ICS is located within Morris Cancer Center Pharmacy located on the first floor of Duke Clinic.

Major Accomplishments

- Creation of HMM codes for all inpatient studies
- Implementation of WebIDS
- Created monthly itemized billing for all studies
- Incorporated ICS under the Department of Pharmacy
- Creation of Study Drug Shell for ordering study medications in CPOE

- Help with obtaining a pharmacy license for the DCRU
- All IDS staff became USP 797 certified

Medication Safety

Melissa King



Overview of Services:

Three pharmacists and one full-time and one part-time data manager comprise the dedicated and experienced staff in the Medication Safety division. Services provided include:

- Management, investigation, and scoring of medication-related events reported via the Safety Reporting System (SRS)
- Generation of monthly and quarterly reports which permit ongoing monitoring, trending and analysis of medication related safety issues
- Preparation of adhoc and custom reports to support the safety efforts at the local, clinical service unit, institution and health system.
- Facilitation of discussions around trends or specific medication related events which lead to actions aimed at addressing system failures and associated root causes.
- Biweekly distribution of the Institute for Safe Medication Practices Newsletter
- Development of formal and informal safety data presentations tailored to audiences across the health system.
- Consultations regarding specific safety issues, new products and label changes.
- Education and promotion of safe medication practices.

Availability:

The Medication Safety Office is staffed weekdays 7 am to 5 pm. Services are covered by pager twenty four hours a day, seven days a week including holidays and nights.

Major Accomplishments:

- Review, investigation and analysis of nearly 4300 medication related SRSs.
- Review of all anticoagulation related adverse effects identified in medical records by ICD9 E-code and included appropriate events in SRS.
- Maintained an active and engaging Medication Safety Committee
- Completed the High Alert Medication Template
- Led and participated on multiple safety committees, reviewing medication related data.
- Participated on several Root Cause Analysis teams.
- Promoted, encouraged and recognized pharmacy participation in SRS reporting, resulting in ~15% increase in the volume of voluntary reports submitted with 182 individuals participating. Over 94% of pharmacy reporters identified themselves by name rather than reporting anonymously.
- Facilitated creation of U-500 insulin alert in AEMR prescribing tool to prevent inadvertent selection and prescribing of this 5 X's concentrated insulin.
- Achieved 97.5% peer review agreement with medication safety analysis.
- Created a collaborative review process for pharmacy-sourced adverse drug events (ADEs) with high potential for harm which requires the development of action plans and follows progress to completion.

- Generated over 85 adhoc reports for quality improvement and medication safety initiatives used to identify actions aimed at addressing system failures.
- Maintained and provided regular updates to twenty six trending analyses.
- Six Sigma training completed for all Medication Safety Pharmacists.
- Presented at Pharmacy Noon Conference and Neurology Grand Rounds

Business and Finance

Janine Edmundson



Overview of services

The Department of Pharmacy Finance and Business Services Team provides many services to members of the Department as well as serving as liaison to DUH Finance, Corporate Finance, Human Resources, Payroll & the Patient Revenue Management Organization (PRMO). Services include:

- Revenue cycle management
- Manual charge entry
- Routine charge capture and claims audits
- Human resource and payroll processes
- Coordination of the preparation of the annual Operational and Capital Budgets
- Expense trending & cost accounting reporting
- Inventory management accounting processes
- Project management support as needed

Our Team

The Finance and Business Services team is composed of a dedicated, diverse set of individuals committed to enhancing Departmental financial and business processes to improve decision support and efficiency within the context of the Department's Balanced Scorecard. Total experience of the team with Duke totals over 90 years. Some individuals are enrolled in graduate and technical degree programs which will further enhance skills and performance in support of Departmental and Health System goals.

Availability:

Pharmacy Finance and Business Services offices are open Monday – Friday 8:30 AM – 5:00PM and are located in Suite 602 in the Hock II Office Building. Charge Control staff schedule weekend hours to assure timely posting of manual charges. The Administrative Director of Finance & Business Services is available by pager as needed.

Major Accomplishments

- Developed and executed a plan to align the Department's financial structure with organizational structure to facilitate financial accountability
- Maintained late charge postings below 1%
- Assisted Department in maintaining expenses greater than 2% favorable to flex budget
- Facilitated tracking of the Department's FY11 Balanced Scorecard
- Met DUH and Corporate Finance deadlines and enhanced reporting requirements for annual inventory counts

VII. Residency Programs

The pharmacy department's post graduate training opportunities grew in 2010 and continue to attract record numbers of applicants and product talented graduates.

We extend our gratitude to residency program directors:

- | | |
|------------------------------|---|
| ▪ Beth McLendon-Arvik | Post Graduate Year (PGY) 1* |
| ▪ Paul W. Bush | PGY1-2 Health-System Pharmacy Administration* |
| ▪ Philip T. Rodgers | PGY2 Ambulatory Care* |
| ▪ Kristen B. Campbell | PGY2 Cardiology* |
| ▪ Jennifer Mando-Vandrick | PGY2 Critical Care* |
| ▪ Ann Scates-McGee | Drug Information (with Glaxo Smith Kline) |
| ▪ Byron May and Richard Drew | Internal Medicine/Infectious Diseases/Academia
(with Campbell University School of Pharmacy) |
| ▪ Julia M. Hammond | PGY2 Oncology* |
| ▪ Matthew T. Harris | PGY2 Solid Organ Transplantation* |

* ASHP-Accredited

2010-2011 Residency Graduates and Current Positions

The 2010-2011 residents successfully completed all requirements for graduation from Duke programs and include:

PGY1:

Christi Ann Albert	Clinical Pharmacist, University of Wisconsin Hospital/Clinics
Lyndrick L. Hamilton	PGY2 Pediatrics Residency, Duke University Hospital
Michael L. Hurtik,	PGY2 Solid Organ Transplantation, Duke University Hospital
W. Russell Laundon	PGY2 Health-System Pharmacy Administration, Duke
Melissa C. Mackey	PGY2 Oncology, Duke University Hospital

PGY1-2 Health-System Pharmacy Administration:

Nicole R. Panosh	Clinical Operations Manager, Oregon Health and Science University
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PGY2 Ambulatory Care:

Jeffrey Tingen	Clinical Assistant Professor, University of Michigan
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PGY2 Cardiology:

Xuan T. Nguyen	Clinical Pharmacist, Duke University Hospital
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PGY2 Critical Care:

Sarah E. Phanco	Clinical Pharmacist, Duke University Hospital
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Drug Information:

Katie L. Stabi	Drug Information/REMS Pharmacist, Cleveland Clinic
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Internal Medicine/Infectious Diseases/Academia:

Stuart Pittman	Clinical Assistant Professor, Division of Applied Clinical Sciences The University of Iowa College of Pharmacy
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PGY2 Oncology:

J. Ryan Shaw Clinical Pharmacist, Duke University Hospital

PGY2 Solid Organ Transplantation:

Christina T. Doligalski Clinical Pharmacist, Tampa General Hospital

Chief Resident Nicole R. Panosh

Preceptor of the Year Christine L. Rudd

2011-2012 Residents

The 2011-2012 recruiting campaign successfully filled all 15 residency positions offered at Duke. Listed below are the current residents and their College of Pharmacy and/or previous PGY1 residency program:

PGY1:

Mason Bucklin	Drake University
Stefanie Hawkins	University of Missouri – Kansas City
Alyssa Keating	University of North Carolina
Rachael Waterson	Ohio Northern University

PGY2 Ambulatory Care:

Holly Causey PGY1 Community Pharmacy Residency – Campbell University

PGY2 Cardiology:

Jessica Casey PGY1 at The Nebraska Medical Center

PGY2 Critical Care:

Matthew Felbinger PGY1 at University of Pittsburgh Medical Center

Drug Information:

Megan Hertig Purdue University College of Pharmacy

Internal Medicine/Infectious Diseases/Academia:

Steven Johnson PGY1 at Ronald Reagan UCLA Medical Center

PGY2 Health-System Pharmacy Administration/M.S.:

Joseph Krushinski	Purdue University College of Pharmacy
Russell Laundon	PGY1 resident in second year at Duke

PGY2 Oncology:

Melissa Mackey	PGY1 at Duke University Hospital
Jeryl Vilaxolid	PGY1 at Carolinas Medical Center

PGY2 Solid Organ Transplant:

Mike Hurtik PGY1 at Duke University Hospital

VIII. Committee Membership

Ambulatory Surgery Clinical Practice Committee

- Mike Schilke

Ambulatory Surgery Medication Safety Team

- Mike Schilke

Anticoagulation Task Force (DUHS)

- Paul Bush
- John Hertig
- Udobi Campbell
- Dave Warner
- Steve Hetey
- Kuldip Patel
- Steve Hetey
- Kristina Shuford
- Philip Rodgers
- Kimberly Hodulik

Antimicrobial Formulary Evaluation Team

- Michelle Sharpe
- Tara Bell
- Richard Drew
- Melissa Johnson
- Joanne (Bo) Latour
- Nicole Panosh
- Russell Laundon
- Lisa Bendz

Birthing Center Executive Committee

- Steve Hetey

Cancer Center New Building Executive Team

- Mike Decoske

CareDoc Executive Committee

- Paul Bush
- Kuldip Patel

Cardiology Formulary Evaluation Team

- Tracy DeWald
- Jeff Washam
- Xuan Nguyen
- David Warner

Chemotherapy Policy and Procedure Workgroup

- Sally Barbour
- Mike DeCoske
- Nancy Hedrick
- Jim Stefanadis
- Lisa Vlastelica
- Donna Topping
- Angela Lennon
- Kuldip Patel
- Steve Arrowood

Children's Core Safety Team

- Chris Rudd
- Austin Cutler
- Chi Hornik
- Grace Norales
- Steve Hetey
- Christina Johnson

Children's Hospital and Health Center Pharmacy and Therapeutics Committee

- Ann Scates McGee
- Steve Hetey
- Austin Cutler
- Chi Dang
- Christina Johnson
- Sally McCollum
- Graciela Norales
- Chris Rudd
- Whitney Waters
- William Harris

Clinical Practice Committee – Clinic 2A

- Evan Tong

Clinical Advisory Council (CPOE)

- Paul Bush

Compliance Committee

- Paul Bush

CPOE Executive Committee

- Paul Bush

Critical Care Standards Committee

- Bo Latour

DCRU Scientific Advisory Committee

- Chris Rudd

Department of Pharmacy Employee Activities Committee

- Chris Murray
- Virginia McQuillan
- Dana Hassard
- Diane Goodwin
- Wendy Rycek
- Ivette Garrett

DUH Human Resources Advisory Committee

- Aaron Will
- Jim Stafanadis

DUH Oncology Managers Committee

- Nancy Hedrick
- Mike Schilke

DUHS Cancer Center Protocol Committee

- Sally Barbour

Epic Ambulatory Workgroup

- Mike Decoske

Executive Committee of the Medical Staff

- Paul Bush

Formulary and Informatics Committee

- Paul Bush
- Heidi Cozart
- Alicia Hairston
- Jacqueline Masker
- Andrea Rohrbacher
- Janine Edmundson
- Ann Scates McGee
- Jason Jackson
- Beth McLendon
- Jeff Carter
- Bill Harris
- John Hertig
- Chris Murray
- Justin Geurink
- Chris Rudd
- Ken Latta
- David Warner
- Kirby Davis
- Gene Rhea
- Kuldip Patel
- Grace Norales
- Matthew Kelm
- Mike Canale
- Mike DeCoske
- Mike Schilke
- Prasad Turaga
- Ray Davis
- Sabina Demarchi
- Steve Arrowood
- Steve Hetey
- Wendy Rycek
- Udobi Campbell

Hospital Leadership Council

- Paul Bush

Hospital Based Clinic Medication-Use Optimization Committee

- Mike DeCoske
- Lisa Dove
- Nancy Hedrick
- Janine Edmundson

Forms Committee

- Laura Harden

Flu Vaccine Committee

- Kuldip Patel

Glycemic Safety Committee

- William Harris

ICN Mortality and Morbidity

- Chi Hornik

Hospital Emergency Incident Command System Committee

- John Hertig

ICU/Anesthesiology Formulary Evaluation Team

- Cathy Vaughn
- Kuldip Patel
- Bo Latour
- Chris Rudd
- Jennifer Mando
- Sarah Phanco
- Wendy Rycek

Infection Control Committee

- John Hertig

Infusion Pump Quality Oversight Committee

- Paul Bush
- John Hertig
- Michael DeCoske
- Steve Hetey
- David Warner
- Kuldip Patel
- Udobi Campbell
- Jason Jackson
- Austin Cutler
- Melissa King

Innovation, Improvement and Implementation

- Paul Bush

Inpatient Operations Co-worker Recognition Committee

- Stacey Boyd
- Tracey Brunson
- Teressa Davis
- Jack Forehand
- Lutishia Jackson
- Teri Joy
- Lawrence Stoll
- Jian Zhang

Institutional Review Board(s)

- Cathy Vaughan
- Philip Rodgers
- Kristen Campbell
- Tracie Rothrock-Christian
- Angela Lennon
- Alicia Hairston
- Shelley Molnar
- Mary Miller- Bell
- Beth McLendon Arvik
- Prasad Turaga
- Diane Goodwin
- John Hertig
- Tara Bell
- Chris Rudd
- Sally Barbour
- Hallie Zhou
- Gregory Westby
- Philip Rodgers

IT Projects Oversight Committee (DUHS)

- Paul Bush

Medication Safety (DUH)

- Paul Bush
- Melissa King
- Aaron Will
- Andrea Long
- Ann Scates McGee
- Christopher Murray
- David Warner
- Heidi Cozart
- Joanne (Bo) Latour
- Jim Stefanadis
- John Crusoe
- Kuldip Patel
- Laura Patel
- Michael Canale
- Michael Decoske
- Nancy Hedrick
- Steve Hetey
- Udobi Campbell
- John Hertig

Medication Safety (DUHS)

- Paul Bush
- Melissa King

Medication Safety Index Development Group

- Paul Bush
- John Hertig
- Mike DeCoske
- Dave Warner
- Melissa King

Med-Surg Core Safety Committee

- Aaron Will
- Jennifer Gommer

Morris Outpatient Treatment Center Safety Committee

- Evan Tong

Musculoskeletal CSU ADE Committee

- William Harris

Neurosciences Formulary Evaluation Team

- Beth McLendon
- Kris Shuford
- Tim Lassiter
- Amy Henkel
- Andrew Muzyk
- Nicole Phelps
- Chris Rudd
- Charlie Stoner
- Lyndrick Hamilton
- Udobi Campbell

Nutrition Therapy Committee

- Cathy Vaughan
- John Murray

Oncology Survivorship Committee

- Nancy Hedrick

Patient-Family Education Committee

- Rebecca Richard

Patient Safety and Clinical Quality

- Paul Bush

Patient Safety System Oversight (DUHS)

- Paul Bush
- Beth McLendon
- Melissa King
- Julie Hammond

PCCM Fellow Selection Committee

- Chris Rudd
- Austin Cutler

Pediatric ADE Committee

- Chris Rudd
- William Harris
- Chi Hornik
- Grace Norales
- Steve Hetey

Pediatric Chemotherapy Evaluation Team

- Sally McCollum
- Christina Johnson

Pediatric Chemotherapy Safety

- Christina Johnson
- Kristin Lott

Pediatric Code Blue Committee

- Chris Rudd
- Austin Cutler

Pediatric Core Safety

- William Harris

Pediatric Oncology IT Steering Committee

- Christina Johnson

Pediatric Sedation Committee

- Chris Rudd

Pediatric Nutritional Support Committee

- Mary Amarante

Performance Improvement Oversight Committee

- Paul Bush

Performance Improvement Operations Committee (Black Belts)

- William Harris

Perioperative CSU ADE Committee

- Chris Murray
- Melissa King

Perioperative Core Safety Committee

- Mike Schilke
- Linda Hollowell
- Kuldip Patel
- Chris Murray

Pharmacy and Therapeutics Committee

- Paul Bush
- Ann Scates-McGee
- Chris Rudd

PICU/PCICU Mortality and Morbidity

- Chris Rudd
- Austin Cutler

PICU/PCICU Patient Safety and Clinical Quality Committee

- Chris Rudd
- Austin Cutler

Primary Care Formulary Evaluation Team

- Ann Scates-McGee
- Roy Pleasants
- Andrea Douglas
- Shelly Molnar
- Carmen Wilson
- Phil Rodgers
- Katie Stabi
- Jeff Tingen
- Michael Decoske
- Philip Rodgers
- Brock Woodis

Oncology Clinical Practice Committee

- Nancy Hedrick
- Sally Barbour

Oncology CSU Safety Committee

- Nancy Hedrick

Oncology Formulary Evaluation Team

- Sally Barbour
- Nancy Hedrick
- Lydia Mis
- Kristin Lott
- Angela Lennon
- Christina Johnson
- Christi Albert
- Melissa Mackey
- Michael Hurtik
- Michael Decoske
- Lisa Bendz
- Melissa King

Radiology Formulary Evaluation Team

- Matt Kelm
- Udobi Campbell
- Kristina Shuford

Rewards and Recognition Committee

- Jennifer Page

Senior Staff

- Paul Bush

Strength, Hope, and Caring

- Jim Stefanadis

Surgical Care Improvement Project Committee

- Sara Cooper
- Chris Murray

The Joint Commission Readiness Committee

- John Hertig

IX. Strategic Initiatives for FY 2012

Quality and Patient Safety:

- EPIC Implementation
- Medication Reconciliation Initiative
- Health-System Formulary Development
- Practice Model Analysis

Customer Service:

- Pharmacy compounding of all intravenous medications

Finance:

- Pharmaceutical Utilization Management Program

Work Culture:

- Credentialing and Certification initiatives

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