

Pharmacy  
Service  
VA Portland  
Health Care System

## 2015 Annual Report



**VA**  
HEALTH  
CARE

Defining  
**EXCELLENCE**  
in the 21st Century



### Pharmacy Service Mission

To provide Veteran-centric pharmaceutical care that improves outcomes through a commitment to innovation, education, and collaboration.

### Core Values

**Integrity:** Act with high moral principle.

Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment:** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**Advocacy:** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect:** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence:** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.



## WELCOME MESSAGE

It is my honor to present the inaugural annual report of the VA Portland Health Care System's Pharmacy Service. The annual report is meant to summarize the accomplishments and challenges that our pharmacists, technicians and managers encountered over the past fiscal year. It is my honor to lead the Pharmacy Service and present our staff's accomplishments.

2015 was a year of change for our service. It started with **two transformational events:** building our three year strategic plan and implementing the Veterans Access, Choice and Accountability Act (VACAA).

Our strategic plan was built off of manager presentations on the strategic ideas that they and their staff had for their pharmacy sections. After hearing all of the presentations, a new Mission and Vision statements were developed to lead our decisions over the next three years. The Mission statement includes a few key phrases worth noting:

**"Veteran-Centric Pharmaceutical Care":** The Pharmacy Service is committed to providing pharmaceutical care that keeps in mind our service from the Veteran's perspective. We will continue to strive for the best Veteran experience when interacting with our Service.

**"Improve Outcomes":** This phrase is a shift from the past two decades of pharmacy services providing "medication management." The Pharmacy Service will be committed to not only managing Veteran's medication regimens, but we are also committed to ensuring that proper outcomes result from those medications.

**"Commitment to innovation":** We are committed to be on the forefront of pharmaceutical care and evidence based medicine. We want our Veterans to have the safest technologies with clinical support that is up to date so that we can "Improve Outcomes".

**"Commitment to education":** Aligning with national VA strategy, we are committed to ensuring that we educate our future pharmacists and technicians. We must integrate all trainees into our practice model to best utilize all of our resources.

**"Commitment to collaboration":** It is our goal to be a valued teammate to all care teams. We will work collaboratively to maximize all of our resources to best treat our Veterans. We will also engage and collaborate with all of our pharmacy staff as the Pharmacy Service moves forward.

Another important strategic change was in our pharmacy organizational chart. The Pharmacy Service is now

broken into three Sections: Ambulatory Care Pharmacy Operations, Ambulatory Care Clinics, and Acute Care Pharmacy. This will provide formal leadership in all three critical areas. Furthermore, the organizational changes will include: technician, procurement and ambulatory clinic supervisors, elevates medication safety and procurement to support the entire Pharmacy Service and builds succession planning into our residency programs by creating four Residency Program Directors. The reorganization was FTE neutral to our Service.



Throughout the annual report you will start to see that many of our other strategies in our strategic plan are well under way. We will continue to highlight our current and future steps to support our Mission.

The second transformational change in FY15 was implementing VACAA which has allowed our service to expand access of pharmaceutical care to more Veterans. VACAA has allowed our Veterans to receive care in the community and thus we have been able to support this care with outpatient pharmacy services. In FY15, we filled 1,464 prescriptions from Veterans who received care in the community. Most importantly, VACAA has allowed our Service to expand our pharmacy services to Veterans. Thanks to the continued support of Primary, Specialty, Mental Health and Operative Care Services, we have been able to provide more pharmacy services in the following areas:

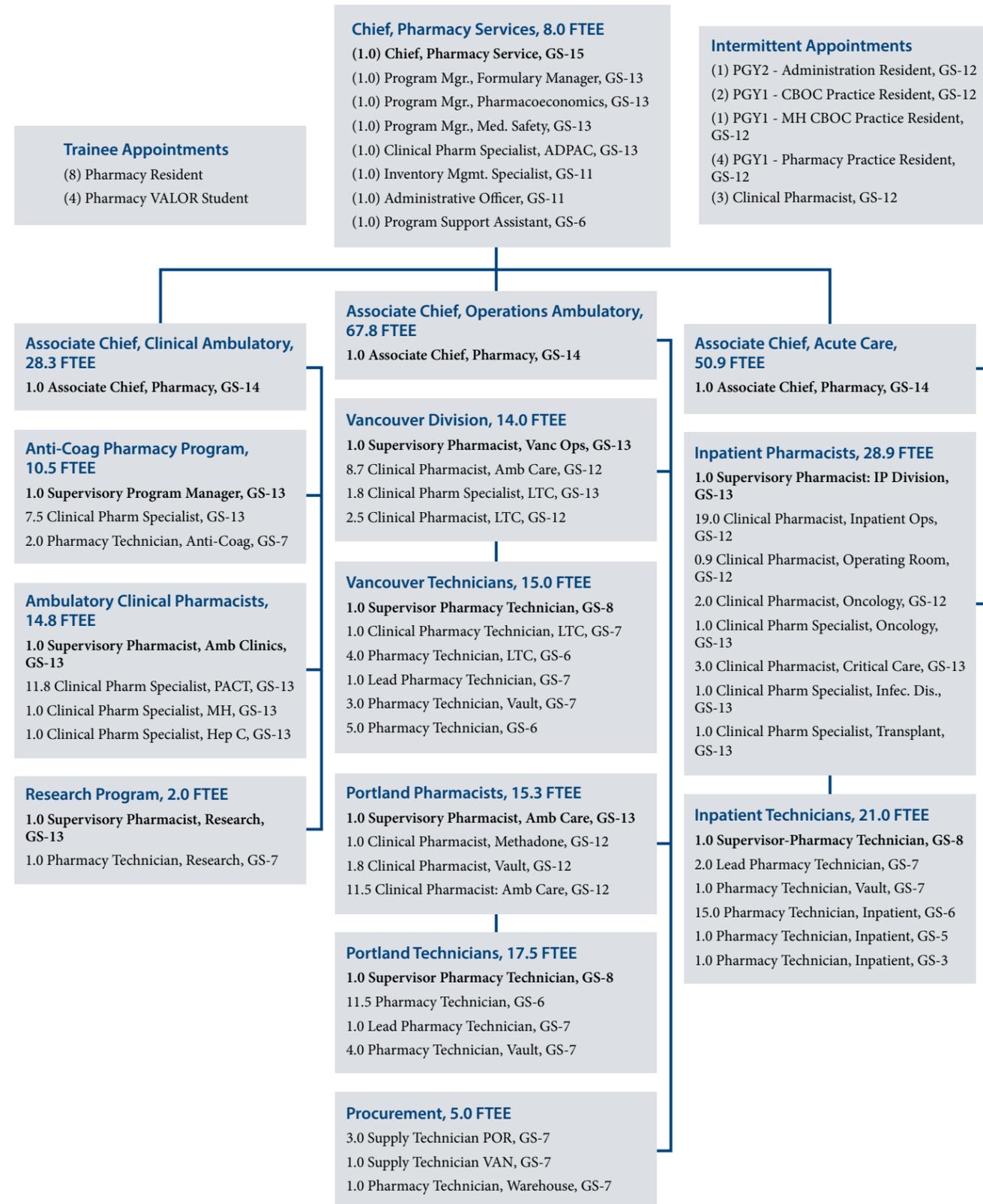
Primary Care (2.0 FTEs)    Mental Health (1.0 FTE)  
Anticoagulation (1.0 FTE)    Infectious Disease (0.5 FTE)  
Operative Care (2.0 FTEs)    Hepatitis C Clinic (1.0 FTE)

It is a true honor to represent all of our great pharmacy staff. I am proud of all of our staff's accomplishments throughout a constantly changing environment in 2015. It is with great pride that I present to you the inaugural 2015 VA Portland Health Care System Pharmacy Service Annual Report.

Jacob M. Thompson, PharmD, MS  
Chief, Pharmacy Services

# AFFORDABLE ORGANIZATIONAL CHART

155.0 - Authorized FTEE



## PROVIDING AN EXCELLENT PATIENT EXPERIENCE



### Ambulatory Pharmacy

The Ambulatory Pharmacies at the VAPORHCS are located on the Portland Campus and Vancouver Campus, which continue to provide excellent care for medication refills, new prescriptions from clinic visits, and as they transition from hospital visits to home. Our pharmacists and technicians provide direct patient care to thousands of patients each day across the organization.

There are 36 FTEs in Portland and 33 FTEs in Vancouver with 2 procurement specialists in each campus. Each pharmacy technician is certified by the Pharmacy Technician Certification Board (PTCB). In total, 7 pharmacists are board certified and the staff have VA experiences ranging from 2 to > 20 years.

### Services provided

We strive to provide similar pharmacy services at both of our Portland and Vancouver campuses. Services include, but are not limited to pharmacotherapy counseling, prescription dispensing, Methadone Clinic, medication reconciliation, discharge coordination, prescription shipping, non-formulary processing, travelling Veteran Rx privileges, extension of prescriptions, renewal requests, drug information questions, pharmacotherapy consultation, pharmacy vault, Prescription Drug Monitoring Program (PDMP) inquiry, prescription parcel tracking, and precepting pharmacy residents and students. A total of 6 residents and 8 students rotated through the pharmacies in FY15.

In addition to the services listed above, the **Vancouver Campus** provides medications for 30 beds in the Residential Rehab Facility, 78 beds in the Community Living Center (CLC), and 90 patients living in long term care facilities. They also send bubble packed medications to the new Lebanon State Home facility, which is a new service in FY 2015. The CLC also has a ward for the care of hospice patients. Pharmacists are highly involved in ensuring that the patients' end of life wishes are met and that they receive excellent medical care.

### Prescription Processing

1.7 million outpatient prescriptions FY2015

423,000 prescriptions filled in Portland and Vancouver

- 245,000 dispensed at the window
- 178,000 processed by local mail

1.3 million sent to the national consolidated mail order pharmacy (CMOP) in Chicago, IL



### Accomplishments

- Implemented Torbal Pill counting scales in the Out-patient Vaults
- Successfully converted Hydrocodone to CII which doubled our local controlled substance volume once CMOP was no longer authorized to fill these prescriptions.
- Implemented Endicia software to improve tracking ability of all USPS packages including narcotics, all local mail. This saves us approximately \$800,000 per year as a HCS, but also is Veteran Centric for communicating when and where local packages are sent.
- Improved the Choice Prescription program with workflow improvements and communication documents to patients, purchase care, and primary care.
- Collaborated with the Choice Champion Team to improve how outside prescriptions are processed and received by patients.

- Improved and modified Patient Service Unit (PSU) - Pharmacy consults which are considered “Best Practice” by the VISN call center.
- Developed a new National Institute for Occupational Safety and Health (NIOSH) program which included a shelf labeling system, education program, and personal protective equipment (PPE)
- Successfully passed the Joint Commission Survey in our Methadone Dispensary on the Portland Campus.



### Ambulatory Clinics

The evolution of clinical pharmacy practice across the VAPORHCS is consistent with the vision of reducing variability, improving efficiency, engaging in evidence based medicine that results in safe and positive outcomes, while improving access of care to our Veterans.

### Prescriptive Authority

A major highlight of 2015 for Ambulatory Care Clinical Pharmacy services was the publication of the national VHA. This handbook is the first comprehensive policy document to encompass numerous elements of clinical pharmacy practice into a single formal policy. The number of implications include directives related to pharmacist scope of practice, establishing national policies to result in a more uniformity practice, and provide greater clarity related to oversight of scope of practice through the professional practice evaluation program.

VA has a long history of including clinical pharmacist in all clinical settings to assist providers and patients with management of medications. VA set national policy for the advanced roles of clinical pharmacists authorized to prescribe medications. Clinical Pharmacist Specialists at our facility are now **licensed independent practitioners** with a scope of practice under supervision of the Medical Staff Council. This means that our Clinical Pharmacist Specialists have oversight mirroring the oversight of physicians and nurse practitioners.

**Outpatient Pharmacy Wait-Time**



This graph represents the average wait time for a Veteran once they see a pharmacy staff member vs when they pick it up

**Average Days Behind at End of Day**



This graph highlights how much work is left undone at the end of each day. We do not have any national benchmarks to compare.

### Patient Aligned Care Teams (PACT)

The Clinical Pharmacy Specialists (CPSs) in the PACT model in our Community-Based Outpatient Clinics (CBOC) provide services in chronic disease management (diabetes, hypertension, hyperlipidemia), medication reconciliation, medication reviews, and patient and provider education.

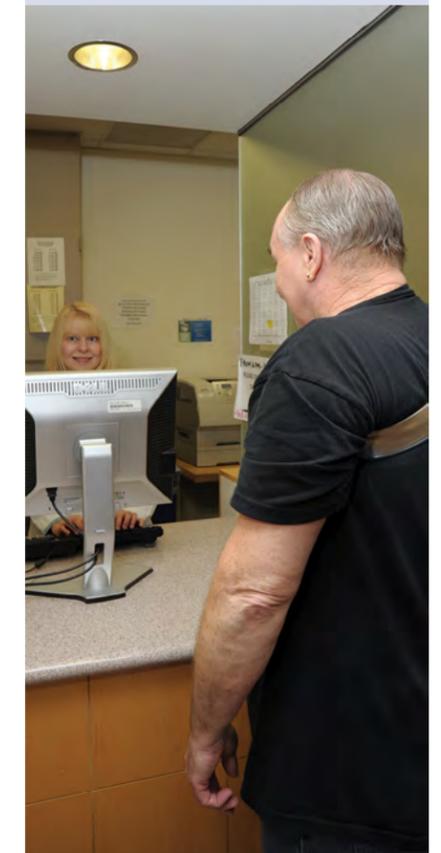
Currently, a total of 12 FTE provide these clinical services to the Veterans in the community setting. This number of FTE continues to grow to help ensure that the VAPORCHS is able to meet the demands of patient access into a primary care clinic.

### Location of Clinical Pharmacy Specialists



Campus Location	Number of CPSs	Total Primary Care Patient Uniques
<b>Main Campus</b>		
Portland	2	5,861
<b>Secondary Campus</b>		
Vancouver, WA	2	12,690
<b>Community Clinics</b>		
Bend	1	7,241
East Portland	1	8,758
Hillsboro	2	8,282
Salem	2	9,129
West Linn	2	7,307

A total of 13,991 patient visits were documented in FY15.





### Anticoagulation Clinic

The VHAPORHCS Anticoagulation Program monitors patients for appropriate lab values, such as INR testing, provides anticoagulation bridge therapy to promote successful outcomes, and educates new-start patients on anticoagulation therapy. Approximately 951 new patient consults were completed this year (compared to 881 in FY14) with 2,350 patients enrolled in the clinic. This resulted in 100,558 direct patient care visits, and a total of 50,986 phone encounters in FY15. There has been an 8% increase in the active patient census in addition to an increase in the average daily encounters via phone. The daily encounters have increased by 9.6%, from 187 in FY14 to 205 in FY15. These patients have been managed by 7.5 CPS FTE with the assistance of 2.0 clinical pharmacy technician FTEs.

With the departmental shift towards prioritizing the complex patients (new warfarin starts, perioperative management cases, drug interaction or other close monitoring in patients with unstable INR response), there has been slight decrease in the time in therapeutic range (TTR). The average TTR has previously been >70%, and was reported to be 69% in FY15. Despite this change in workflow, there was no significant change in major bleeding or thrombotic events observed.

### Specialty Clinics

Our CPSs are involved in providing clinical services in mental health, hepatitis C, anemia management, and in the MOVE! Program.

A total of 1,395 specialty clinic visits were documented in FY15. A CPS was hired in FY15 to help with establish outpatient clinical mental health services.

In addition, the Hepatitis C Clinic treated a total of 387 patients with the pharmacist as an integral member of the interdisciplinary team. The role of the Hepatitis C pharmacist exhibited an increase effectiveness of medication reconciliation via decreasing medication discrepancies through prospective medication review, improved treatment success by limiting treatment discontinuation due to pharmacist management of adverse effects and enhanced drug information by functioning as an expert therapeutic consultant to providers and other health care providers working with Veterans infected with hepatitis C and/or HIV.

Overall, the presence of a pharmacist in a clinic increased patient access by assisting with patient follow-up, medication adjustments, medication monitoring, assessment and management of medication related adverse events, patient medication counseling, and achieved significant cost-avoidance in patients that discontinue therapy by intervening promptly.

### Accomplishments

- Boarded all current PACT CPSs as GS 13 Licensed Independent Practitioners
- Created a service agreement between Primary Care and Clinical Pharmacy Specialists
- Boarded a CPS for Psychiatry to practice as a licensed independent practitioner in collaboration with the Mental Health ambulatory care division
- Increased the number of FTE in the Anticoagulation Clinic to achieve VHA Anticoagulation Clinic staffing guidance recommendations



### Inpatient Pharmacy

The VAPORHCS Inpatient Pharmacy is located in Portland with 166 inpatient beds. This main campus is a multidisciplinary academic medical center that integrates clinic and hospital care with research and education. The department operates 24 hours/7 days a week, with 29.1 clinical pharmacist FTE and 23.6 pharmacy technician FTE. This facility has emergency, intensive care, surgical, and general medicine services all of which are accredited by The Joint Commission. Additionally, the pharmacists cover for the Roseburg and White City Veterans when their respective pharmacy is closed for the night. The decentralized clinical pharmacists provide direct patient care and are accountable for improving the medication outcomes for our Veterans, by being part of every multidisciplinary inpatient team.

The inpatient pharmacy not only provides medications throughout the hospital, but also, but also to 27 specialty clinics and 10 CBOCs throughout Oregon and in Vancouver, Washington. The inpatient specialty service focus areas include infectious disease, oncology, transplant, and general medicine.

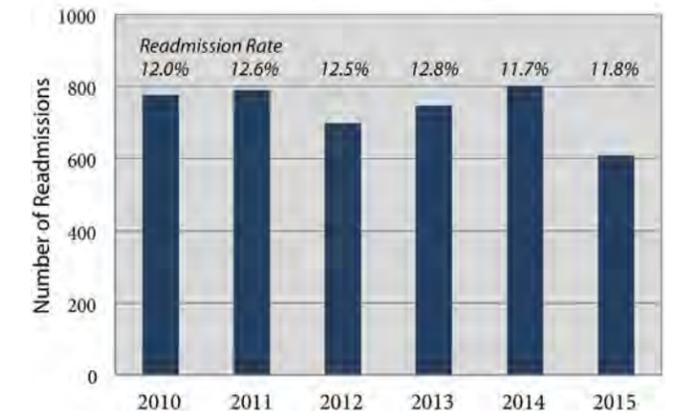
The pharmacy team is highly involved in precepting medical and pharmacy residents and pharmacy students from Oregon State University and Pacific University colleges of pharmacy. In total, the department offered 33 APPE inpatient rotations (13 students), 8 IPPE rotations (8 students), and 7 acute care orientation rotations for the Post Graduate Year-1 pharmacy (PGY-1) pharmacy residents.

### 2015 Stats

Total Number of bed days of care	
Med-Surg	34,752
ICU	5,384
Total number of admissions (Portland)	10,496
Total number of discharges (Portland)	10,519
Total number of IV orders	121,564
Total number of IV doses dispensed	79,170
Total number of unit doses dispensed	119,443

Data Source: All Cause Readmission Cube (VSSC)

### Readmission Data



### Accomplished Goals

- Expanded pharmacy clinical services include
  - » Merging with the Oregon Health & Science University on an IRB project looking at outcomes in DCD liver transplant patients
  - » Implementing pharmacy medication reconciliation in pre-op evaluation of liver transplant candidates
  - » Implementing an Oral Antitumor Clinic
  - » Implementing a new order entry system for oncology nurse practitioners to utilize when ordering non-chemotherapy medications.
  - » Establishing a new VAPORHCS Antimicrobial Stewardship Program (ASP) to ensure safe, effective and cost-effective use of antimicrobials.
  - » Increase in number of FTE for the OR and IV home infusion programs
- Established a pilot medication reconciliation in Emergency Department
- Implemented a OneNote handoff tool for inpatient pharmacists
- Ensured the Inpatient Pharmacy met updated NIOSH requirements and created a new CE for NIOSH medication compounding to educate all pharmacists and technicians
- Implementation of new albumin process for short stay
- Converted all automation dispensing cabinets to Omnicell's newest platform: OmniRx

## DRIVING OPERATIONAL EXCELLENCE



### Financial Report

Type of Project	FY15 Savings
Conversions	\$849,003
Generic Switches	\$1,795,295
Drug Strength Switches	(\$16,379)
National Initiatives	\$2,991,305
Lost Opportunity Costs	(\$450,013)
<b>FY15 Totals</b>	<b>\$5,169,211</b>

### Formulary Management

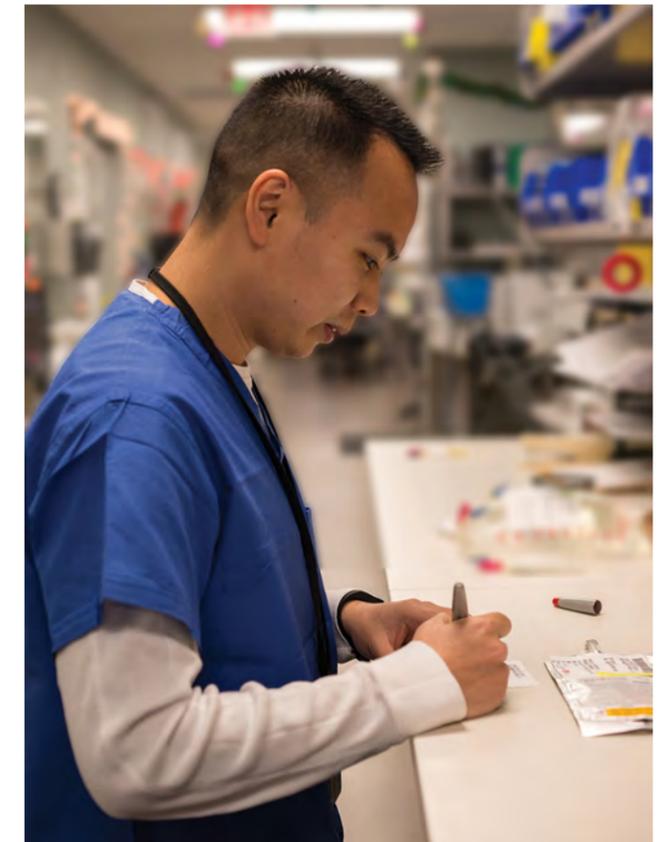
The VA Pharmacy Benefits Management (PBM) offers a broad range of services and is committed to provide Veteran-centric evidenced based health care. Locally at VAPORHCS, the formulary program manager, pharmacoeconomic specialist, specialist, informatics pharmacist, and the procurement technicians work as a Drug Budget Operations (DBO) committee to implement national cost initiatives. The group also works very closely with the Pharmacy and Therapeutics Committee to manage formulary decisions. The DBO, in conjunction with the procurement technicians have worked to start FY15 with the 29th lowest cost per outpatient prescription among all VA 1a medical centers.

This beginning cost per unique was \$731.38 and the FY ended with the VAPORHCS being the 25th lowest cost per unique, at a cost of \$918. Only four years earlier, the VAPORHCS was ranked the 38th out of the 39 1a medical centers. Despite the increase in actual cost per unique during FY15, the increase was much less than the average 1a facility. This can be attributed to the work facilitated by the PBM team.

When taking into account the cost of the life-saving medications dispensed from our active Hepatitis C Clinic and our Oncology Clinic, it becomes clearer how our cost increased but we actually moved up the rankings by four spots.

### Goals Accomplished

- Decreased the ranking of cost per unique from most expensive to mid-range within the past 5 years
- Exceeded the goal of saving \$1.2 million for the medical center. The total amount saved was \$5.1 million. Cost-savings initiatives included: salsalate, glatiramer, flunisolide, potassium, Supartz, and warfarin.



- Conducted several medication use evaluations (MUEs) to measure patient safety and medication effectiveness. Among the MUEs completed were insulin pens, memantine, donepezil, galantamine, testosterone, target-specific oral anticoagulants (TSOACs), and enzalutamide.
- The testosterone MUE was presented at the 2014 ASHP Midyear Clinical Meeting which led to a decision support menu to be built in the computerized patient record system (CPRS).
- Criteria for Use (CFU) were written for several non-formulary agents to assist providers in appropriate prescribing and monitoring. CFU was written for: lidocaine patch (now includes Salonpas and rib fractures), abatercept, acamposate, lurasidone, Plegridy, secukinumab, Impact AR, and Rytary
- DBO team compiled several Electronic Formulary Exclusion Request (EFER) templates and Reason For Request (RFR) documents to help direct non-formulary prescribing: duloxetine, nicotine patches, potassium liquid, salsalate, and lidocaine (updated lidocaine patch template)
- New drug monographs for were submitted to the Pharmacy and Therapeutics Committee: lurasidone, Plegridy, secukinumab, Impact AR, Rytary



## Medication Safety

**Medication Safety and quality are top priorities for VAPORHCS as evidenced by having an active Medication Safety Program in place since 1987.**

Our program has grown to include a comprehensive event reporting process, review, and follow-up with improvement actions designed to keep our Veterans safer.

Proactive measures taken based upon external medication safety recommendations from the FDA, The Institute for Safe Medication Practices, VHA, The Joint Commission, and other accrediting bodies is also a critical part of what we do. This helps to identify and mitigate any risk points that may lead to improved efforts ensure compliance.

We strive to include all staff in this work by employing a Just Culture, ensuring near misses or “Super Catches” are celebrated, and importantly that we report out to all staff our findings, recommendations and actions each quarter in a newsletter. This program belongs to all of us and our mission to protect patients from harm due to medications is an essential component of delivering exceptional healthcare and best practices to our Veterans.

Total number of Adverse Drug Reaction Reports Reviewed	858
Total number of Medication Error Reports Reviewed	
Inpatient	183
Outpatient	104

### 2015 Accomplishments

**Recognized by ASHP Residency Accreditation officials as a best practice organization with the Medication Safety Program.**

- Performed a total of 4 Root Cause Analyses (RCAs): aggregate chemo, contrast for imaging, epinephrine use in the OR, and hypertonic saline in the wards.
- Exceeded national standards for BCMA scan rates for both wristbands and medications. We had the least number of BCMA bypass-related errors in 8 years!

- Distributed 6 Super Catch Awards in the medical facility.
- Continued decline with SQ insulin errors in an inpatient setting for past 3 years and in the number of patients with active Rx's and no allergy assessment in CPRS found in audits over last 4 months of year.
- Addressed pertinent FDA and ISMP updates, warnings, recommendations when appropriate.
- Pharmacy NIOSH policy written and new procedures created to ensure staff safety.
- New ongoing medication safety audits added to ADE reports to ensure good care: Patients with active RXs and no allergy assessment in CPRS.
- Separated/collected all neuromuscular blockers to one place in the refrigerators. Creating a neuromuscular “limo” for delivery of vials to the OR. All in red lidded labeled High Alert boxes.
- Added Endicia to outpatient pharmacies to address finding feature to reduce mis-mailed Rx's.
- Pharmacy changed practice so that it will print iron sucrose IV labels only after labs are back for the patient and they have checked them.



## Research

Research pharmacy staff are dedicated pharmacy personnel who ensure that medications and substances related to clinical trials are handled and dispensed in accordance with VA regulations and standards, pharmacy requirements, and protocol specific processes.

The staff work on protocols that are part of the FDA process for new drug approvals as well as evaluating drugs currently on the market to improve treatment guidelines and disease state management. There are three pharmacists who review research protocols for the Institutional Review Board and assist with the approval process.

### Goals Accomplished

- Over 200 new participants enrolled this past year in one of the 24 active research protocols.
- Participated in local and national medication use evaluations to express better stewardship of resources and improve our care for our Veterans.

### MSC Recommendations and Actions Taken

1. Recommend that all patients receiving DOACs be monitored by Anticoagulation Clinic and that the clinic be fully staffed to adequately follow these patients and the growing number of warfarin patients.
2. Recommend support of measures that could help reduce mailout errors including increasing space for the process in pharmacy and decreasing the number of urgently mailed Rx's from our local pharmacy.
3. Support improvements in the chemotherapy ordering and administration processes to ensure patients safely get the medications they need.
4. Medication orders written as nursing text orders do not appear in BCMA and are easy to miss. All providers should be entering medication orders via the established order entry process in CPRS as indicated in VAPORHCS Barcode Medication Administration MCM 118-09.

## DEVELOPING THE FUTURE

To provide Veteran-centric pharmaceutical care that improves outcomes through a commitment to innovation, **education**, and collaboration.



### Education & Training

The pharmacy service mission is to provide Veteran-centric pharmaceutical care that improves outcomes through a commitment to innovation, **education**, and collaboration. Through education, our service is able to provide the information necessary for health professionals to ensure that patients are prescribed therapy through evidence-based practices. Educational medications programming has been developed for the pharmacy and medical staff, students, and residents, nursing staff, other professionals, our patients.

### Competencies and Continuing Education (CE)

Coordinated by the PGY-1 Residency Program Director (RPD), the Department of Pharmacy provided more than 10 hours of Oregon and Federal CE credit for pharmacists, and 4 hours of Oregon and Federal credit for technicians in 2015. Additionally, we continue to keep and include more staff into our formal preceptor development program on a yearly basis.

### Pharmacy Residency Programs

The VAPORHCS maintains 4 distinct residency programs eligible for American Society of Health-System Pharmacist accreditation, including:



- PGY-1 Pharmacy Practice Residency - Acute Care
- PGY-1 Pharmacy Practice Residency - Ambulatory Care
- PGY-2 Health System Pharmacy Administration Residency (HSPA)
- PGY-1/PGY-2 Health System Pharmacy Administration (HSPA)/MBA Residency

These programs are developed to allow residents a great deal of self-direction, individualization and maximize opportunities to explore particular areas of interest. We offer opportunities to participate in active pharmacy practice in a number of clinical setting.

Additionally, we have a strong collaboration with the Oregon State College of Pharmacy at Oregon Health and Science University and Pacific University to allow residents to participate in teaching and academic educational opportunities.



### Resident Projects

- **Eric Ballew** - Improving Access to Care in Rural Community Based Outpatient Clinics Through Implementation of a Pharmacist-Run Medication Reconciliation Program for Veterans Recently Discharged from a Non-VA Hospital
- **Tara Berkson** - PACT Rx: Evaluating the Role of the Patient Aligned Care Team (PACT) Pharmacist in Improving Veteran Access to Primary Care
- **Kate Moore** - Evaluation of Use of U-500 Insulin Therapy with Insulin Resistant Type 2 Diabetes to Determine Local Criteria for Use and Monitoring Protocol
- **Mila Moroz** - Pharmacist-implemented Feedback Intervention to Rural Prescribers and its Effect on Prescribing Patterns of Fluoroquinolones for Urinary Tract Infections
- **Amar Patel** - Effectiveness of a Pharmacist Run Medication Reconciliation Intake Clinic in a Primary Care Setting at the VA Portland Health Care System
- **Andrew Quach** - Acceptance Rate of Antimicrobial Stewardship Chart Note Recommendations for Patients Receiving Potentially Inappropriate Broad-Spectrum Antibiotics
- **Andrew Schaefer** - Evaluation of an Intensive Care Extended Infusion Piperacillin/Tazobactam Dosing Protocol in a Veterans Affairs Medical Center
- **Arrash Vahidi** - Incidence of Adverse Drug Reactions in Patients Receiving Rapid Versus Standard Infusion Bevacizumab

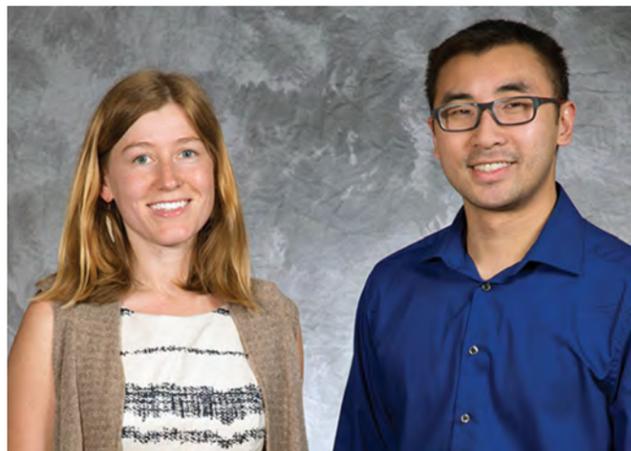
## Major Accomplishments

- ASHP Commission on Credentialing granted accreditation for six years (maximum) to our PGY-1 Pharmacy Residency - Acute Care program and our PGY-2 Health System Pharmacy Administration program.
- Initiated our first resident for the combination PGY-1/PGY-2 HSPA/MBA program
- Implemented new ASHP PGY-1 pharmacy residency standards
- Implemented new evaluation tracking tool, Pharm-Academic for the programs
- Obtained and secured funding via RFP for PGY-2 Specialty residency in Psychiatry
- Pharmacy Residency led the FLU Clinic initiative and administered ~ 900 immunizations to our Veterans and staff

## VA Learning Opportunity Residency (VALOR) Interns

The Pharmacy VALOR Program is designed for outstanding students who have completed their 2nd professional year (or 4 semester hour equivalent in a year-round program). VALOR interns at the VAPORHCS are exposed to various learning opportunities within our Inpatient and Outpatient Pharmacy Program, which includes:

- Elective Rotations
- Formulary Management
- General Medicine
- Journal Club discussions
- Participation in interdisciplinary clinical conferences
- Practice in competency-based clinical practice
- Projects



## VALOR projects and publications:

Discontinue Use of Niacin (Slo-Niacin®) for ASCVD Prevention. VAPORHCS Pharmacy and Therapeutics Committee. Approved and implemented at VA Portland Health Care System

Revisiting Niacin at the VA Portland Health Care System (VAPORHCS): Are We in Compliance with the Guidelines? Matt J Glaus, Pharm.D. Candidate 2016, Laura R Davis, Pharm.D. Candidate 2016, Lynnette R Klaus, Pharm.D., Jessina C. McGregor, Ph.D., and Harleen Singh, Pharm.D.

## Pharmacy Students

The VA Portland Health Care system offers over 60 advance pharmacy practice experience (APPE) rotations to the two local Colleges of Pharmacy in Oregon. In addition, 8 introductory pharmacy practice experience (IPPE) rotations are offered to students in preparation for the APPE year. Students work with pharmacists and technicians to learn the VA pharmacy system.

In FY15, we put much effort to increasing our student capacity. We increased our overall student rotation capacity by 14%, while increasing capacity for Oregon State University (OSU) by 53%. In FY16, we plan to further increase our capacity for OSU to 74 rotation experiences, doubling our capacity in less than two years! Students participate in a variety of rotations that lend them the opportunities to help with dispensing of medications, education of patients and medical staff, clinical duties of pharmacists, and participation in acquisition and distribution of pharmacy products in the VA Health Care System. In 2015, a total of 24 APPE students were precepted in rotations such as:

- Administration
- Ambulatory Care
- Formulary
- Geriatrics
- Hospice/Palliative Care
- Hospital
- Infectious Disease
- Internal Medicine
- Oncology
- Psychology
- Transplant

## Academic Affiliations

- Oregon State University (OSU/OHSU) (Pharmacy School)
- Pacific University (Pharmacy School)

## EMPLOYEE RECOGNITION



## Certifications

### BCACP

Cheryl Bauzon  
Mark Sauer  
Harleen Singh  
Misty Stone

### BCOP

Sean Cosgriff  
Scott Marshall

### BCPP

Melissa Maxwell

### FOSHP

Ronald Brown  
Sue Millar

### CGP

Thi Doan  
Yelizaveta Russ

### CDE

Gail Hirokane  
Jeegisha Patel  
Jolene Siple

### BCPS

Marta Brown  
Eric Huynh  
Kimberly Kauzlarich  
Lynnette Klaus  
Sydney Lobato  
Jeegisha Patel  
Yelizaveta Russ  
Harleen Singh  
Jolene Siple  
Randall Udouj

## ASHP Pharmacy Leadership Academy Graduates

Yusuf Dawoodbhai  
Jeegisha Patel

## NPTA Certificate Program

Robin Luke

## VHA Coaching and Mentoring Certification Program

Izabela Chamot  
Sean Cosgriff  
Yusuf Dawoodbhai  
Kristina Hinton  
Kimberly Kauzlarich  
Lynnette Klaus  
Anne Lubischer  
Domenica McKenna  
Mary Palmquist  
Jeegisha Patel  
Yelizaveta Russ  
Jolene Siple  
Christy Stewart  
Mei Tse  
Randall Udouj  
Katherine Voll

## Clinical Preceptor Training Course

Eric Huyh  
Lindsey Ong  
Erika Shin  
Jolene Siple

## VA Choice Champion Certificate of Achievement

Marta Brown  
Amie Lenzi  
Jacob Thompson

## Organizational Involvement

### OSHP

Ryan Bickel  
Sean Cosgriff  
Anne Lubischer  
Kimberly MacKay  
Sue Millar  
Jeegisha Patel  
Jacob Thompson (Junior Board Member at Large in 2015, Industrial Relations Committee 2015-2017, Annual Seminar Committee 2014)  
Arrash Vahidi (Educational Affairs Committee)

### ASHP

Gail Hirokane  
Sydney Lobato  
Lindsey Ong  
Jeegisha Patel  
Jeanne Peterson  
Jacob Thompson (Section Advisory Group on Management of the Pharmacy Enterprise (2015-Present), AJHP Manuscript Reviewer (2012-Present))

### SCCM

Ryan Bickel

### ACCP

Ryan Bickel  
Sean Cosgriff  
Gail Hirokane  
Sydney Lobato  
Melissa Maxwell  
Kimberly MacKay  
Jeegisha Patel  
Jolene Siple

### Association of VA Hematology/Oncology (AVAHO)

Sean Cosgriff (Immediate-Past President)

### Hematology/Oncology Pharmacy Association (HOPA)

Sean Cosgriff

### American Society of Clinical Oncology (ASCO)

Sean Cosgriff

### Oncology Pharmacy Specialty Council with Board of Pharmaceutical Specialties (BPS)

Sean Cosgriff

### AADE

Gail Hirokane  
Jeegisha Patel

### CPNP

Melissa Maxwell  
Jeanne Peterson

### National Pharmacy Technician Association

Robin Luke (Current President)

### Standardizing General Medicine Rotation Task Force (OSU COP Department of Pharmacy Practice)

Lynnette Klaus

### Pre-APPE Readiness Task Force (OSU COP Department of Pharmacy Practice)

Lynnette Klaus

## Publications, Posters and Presentations

### Articles

Cannabinoid Hyperemesis Syndrome - American Journal of Health-Systems Pharmacy. Currently being peer reviewed.

Wendell KR, Maxwell ML. Evaluation of Clonidine and Prazosin for the Treatment of Nighttime Posttraumatic Stress Disorder Symptoms. Fed Pract. 2015 November; 32(11):8-14.

Berkson T, Tse M. Evaluation of Dabigatran vs Warfarin Before Cardioversion of Atrial Arrhythmias. Fed Pract. 2015 October;32(10):14-18.

Jallad J, McWhorter K, Siple J, Chui J “DeRailed Dementia: Alzheimer’s Disease versus Posterior Cortical Atrophy” Journal of the American Geriatrics Society 2015;63(2):418-419.

Siple J, Harris E, Morey J, et al. “Experiences of Veterans from Shared Medical Appointments: Barriers and Motivators to Self-Management of Diabetes” Federal Practitioner; May 2015;32(5): 40-45.

Aspinall SL, Good CB, Zhao X, et al. Adjuvant Chemotherapy for Stage III Colon Cancer: Relative Dose Intensity and Survival among Veterans. BMC Cancer 2015; 15:62.

### Newsletters

Patel J. Essential Leadership Qualities: The C&C Practice Model. Pharmacy News from VA Pharmacy Benefits Management Services, Pharmacy Recruitment and Retention Office, and the Clinical Pharmacy Practice Office. 2015 September;7(2):2.

Dawoodbhai Y. Understanding the Nature of Leadership. Pharmacy News from VA Pharmacy Benefits Management Services, Pharmacy Recruitment and Retention Office, and the Clinical Pharmacy Practice Office. 2015 July;6(12):1.

### Poster Presentations

Winterbottom L, Sauer M, Diggs B, Nordahl T, Yang J, Brenk T, McConnachie J, Wilcox B. Using Informatics Tools to Standardize the Request, Adjudication and Monitoring of Non-Formulary Agents at a VA Facility. Poster session presented at: American Medical Informatics Association 2015 Annual Symposium; 2015 Nov 14-18; San Francisco, CA.

Atkinson M, Zogbi A, Manning J, McGregor J, Singh H. Testosterone replacement therapy (TRT) for men: are we using it appropriately? ASHP (Midyear Clinical Meeting) Anaheim CA. Dec. 2014.

Flynn K, Manning J, Singh H. Evaluation of insulin glargine pen utilization at a major Veterans Affairs Medical Center. ASHP (Midyear meeting). Anaheim, CA. December 2014.

Zhian S, Manning J, McGregor J, Singh H. GLP-1 therapy utilization and monitoring evaluation. ASHP (Mid-year meeting). Anaheim, CA. December 2014.

Powers A, Crumby K, Fritsche K, McGregor J, Klaus L, Singh H. Evaluation of adherence to drug use criteria for flecainide and propafenone at a large Veteran Affairs Health Care System. ASHP (Midyear Meeting) 2014.

Kazuaki Jindai, MD<sup>1,2</sup>, Jackson Musuuza, MD, MPH, MS<sup>3</sup>, Graeme Forrest, MBBS<sup>1,4</sup>, Kimberly MacKay, PharmD<sup>1</sup>, Nasia Safdar, MD, PhD<sup>5,6</sup> and Christopher Pfeiffer, MD, MHS<sup>1,4</sup>, (1)VA Portland Health Care System, Portland, OR, (2)School of Public Health, Oregon Health & Science University, Portland, OR, (3)Institute for Clinical and Translational Research, University of Wisconsin, Madison, WI, (4)Division of Infectious Disease, Oregon Health & Science University, Portland, OR, (5)The William S. Middleton Veterans Affairs Medical Center, Madison, WI, (6)Infectious Disease Division, University of Wisconsin School of Medicine & Public Health, Madison, WI. Can a Patient Safety Initiative Change Outpatient Antibiotic Prescription Practice?

### Grand Rounds, Inservice Topics, SCAN-ECHO

Siple J. New Diabetes Medications. Vancouver Nurse Care Manager bi-weekly meeting. 19 November 2015.

Millar S. Opioid Conversions & PCS Consults. VA Portland Health Care System Pharmacy Service. October 2015.

Lee J. VISN 20 Pulmonary Sleep SCAN-ECHO. 2015 August.

Siple J. Testosterone Monitoring and levels. Vancouver Primary Care Providers meeting. 8 July 2015.

Udoug R. Pharmacology of Analgesics. VA Portland Health Care System Pain Resource Nurses Training. 23 April 2015.

Millar S. Developing a Consensus Approach to Pain at the End of Life Conference. VA NW Network VISN 20. April 2015.

Lee J. Pharmacological Treatments in Insomnia.

Kauzlarich K. Southern OR VA (White City) Medical Grand Rounds on Womens Health issues. 16 October 2014.

#### Conference Presentations

*Conflict Resolution for Practitioners.* Thompson J, Erlewine R, Holman S. OSHP Annual Seminar. April 18th, 2015.

*Pharmacy Services When a Disaster Hits.* Thompson J, Ramirez J, Gibler A. OSHP Annual Seminar. April 17th, 2015.

Kauzlarich K. Telehealth for Antipsychotic Management in Rural Dementia Care. Northwest Regional Rural Health Conference . Spokane, WA. 18 March 2015.

Vahidi A. Old Drugs, New Problems: A Review of Emerging Evidence on Safety Concerns with Commonly Used Medications. OSHP Fall Seminar. October 18th, 2014.

Mackay K. Infectious Diseases Update: Antibiotic Resistance. OSPA Annual Seminar. 21 Feb 2015.

Luke R. Simplifying HIPAA for Pharmacy Technicians. HPhA Annual Meeting. 8 March 2015.

Anna M. Powers, PharmD Candidate 2015<sup>1</sup>, Keri Crumby, PharmD Candidate 2015<sup>1</sup>, Kenith Fritsche, PharmD Candidate 2015<sup>1</sup>, Jessina C. McGregor, PhD<sup>1</sup>, Lynnette Klaus, PharmD<sup>1</sup>, Harleen Singh, PharmD, BCPS<sup>1</sup>. *Evaluation of adherence to drug use criteria for flecainide and propafenone at a large Veteran Affairs Health Care System (VAPORHCS).*

*The (Other) Portland Trailblazers: Leading Pharmacy in the 21st Century.* Thompson J, Patel P, Stoner K, Logan S. OSHP Fall Seminar. October 18th, 2014.

#### College of Pharmacy Presentations

*Organizational Leadership Skills.* Thompson J, Arendt S, Widen D. Pacific University PharmD/MHA Class. September 21st, 2015.

*Presenting yourself as a Professional.* Thompson J. OSU College of Pharmacy 4th Year Lecture. November 7th, 2014.

Udoug R. Hyperglycemic emergencies and inpatient glycaemic management. Pathophysiology & Therapeutics. Oregon State University College of Pharmacy. 4 November 2014.

*Organizational Leadership Skills.* Thompson J, Fulmer Groves J, Logan S. Pacific University PharmD/MHA Class. October 6th, 2014.

Russ Y. Insomnia. Pathophysiology & Therapeutics. Oregon State University. 2014.

#### Awards/Recognitions

##### PROMISE Pins

Myle Do	Scott Marshall
Tad Dunning	Lindsey Ong
Linda Ghov	Patti Yager
James Lee	

##### Kudos

Darlene Carson	Mary Palmquist
Eryn Cassinerio	Kami Roake
Izabela Chamot	Emma Robinson
Yong Chung	Jenn Shorten
Anita Gabreal	Archana Srikanth
Linda Ghov	Christy Stewart
Chrystalyn Hoyt	Randall Udoug
Kimberly Kauzlarich	Katherine Voll
Lynnette Klaus	Kimberly Wan
Carrie McGee	Soo-Ping Wong
Lindsey Ong	

##### Preceptor of the Year Award

Mariah Alford, VAPORHCS  
Anne Lubischer, VAPORHCS  
Sue Millar, Pacific University  
Sarah Stender, VAPORHCS

##### VA Voluntary Services Employee of the Quarter Award

Frank Buckley

## FY16 PHARMACY STRATEGIC GOALS

### Pharmacy Service

- Implement Shared Governance Model (Unit Based Councils and Pharmacy Practice Council)
- All pharmacy policies updated and organized on Sharepoint
- Implement Ongoing and Focus Professional Practice Reviews (OPPE/FPPE)
- Finish implementation of new organizational chart (fill open positions: staff and leadership)
- PharmD Tool intervention database install

### Acute Care

- Open an OR Pharmacy Satellite (2.0 VACAA FTE)
- Standardize students/residents role in the Practice Mode
- Decentralized distribution model implementation
- Implement transition of care program for home infusion patients (0.5 VACAA FTE)
- Implement Pandora surveillance system

### Ambulatory Clinics

- Implement new Practice Model for PACT RPhs (Direct Pt Care clinics and standardize students/residents)
- Start Hepatitis C Clinical Pharmacist Specialist clinic (1.0 VACAA FTE)
- Start Mental Health Clinical Pharmacist Specialist clinic (1.0 VACAA FTE)
- Start Mental Health PGY2 Residency Program
- Start monitoring Direct Oral Anticoagulants (DOACs) in the Anticoagulation Clinic

### Ambulatory Pharmacy

- Take on queue work and appropriate alerts from Ambulatory Clinic Pharmacists
- Standardize Practice Model between sites, including role of students/residents
- Eliminate Hold process without contacting patients
- Implement Eyecon software in vaults
- Implement Scriptpro Pharmacy Services Portal

### Pharmacy Benefits Management

- Implement national non-formulary review process
- Centralize procurement functions
- Participate in the creation of the Innovation Grant Project
- Implement national PBM initiatives

Our Mission: To provide Veteran-centric pharmaceutical care that **improves outcomes** through a commitment to innovation, education, and collaboration.

