



March 2, 2010

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

Dear Board Members,

The Nevada Society of Health-System Pharmacists (NVSHP) strongly opposes the concept of remote Centralized Order Entry (COE) for the hospitalized acute care patient in Nevada. NVSHP has serious reservations that this COE model is in the best interest of Nevada residents who are patients in Nevada hospitals, the hospitals in Nevada and the hospital pharmacists practicing in Nevada. NVSHP is an affiliate of the American Society of Health-System Pharmacists (ASHP). NVSHP represents the pharmacists and technicians who practice in hospitals and health systems throughout Nevada.

The current hospital regulations for remote chart order entry for Nevada were designed to support coverage for pharmacy departments in rural and smaller hospitals who are unable to offer 24-hour pharmacist coverage. This improvement to the regulations allowed for a Nevada pharmacist who was not employed by the hospital to review chart orders, verify that every piece was correct for the patient and enter the chart orders into that hospital's system in a timely manner which is endorsed by the Joint Commission.

A change in these regulations to allow chart order entry by a remote COE facility will impede the medication safety process. In the COE model as described, the following will occur:

1. Any chart order that cannot be read due to illegibility will be put on hold
2. Any chart order that is not complete will be put on hold
3. Any chart order that is not appropriate for the patient will be put on hold
4. Any medication that needs to be therapeutically interchanged per the hospital's Pharmacy and Therapeutics Committee's list of approved therapeutic interchange will be put on hold. The Nevada pharmacist can process this chart order by writing the interchange chart order at the time of order entry.
5. Patient information that is missing – for correct dosing of many medications the chart order can not be processed until this information is known which means the chart order will be put on hold.
6. Possible allergy to a medication – if the medication needs to be changed, the chart order will be put on hold.

All of these chart order holds will delay care for Nevada patients waiting for the Nevada hospital pharmacist to clarify the problem with the physician or solve the problems themselves. NVSHP believes that the resulting delay in care for our Nevada patients is unacceptable.

In hospitals with automated dispensing systems, the order entry and/or review by a pharmacist is a critical step in the medication use process. It is at this point that the pharmacist determines if the medication order is appropriate for the patient and intervenes as needed. Each Nevada hospital pharmacist performs multiple clinical interventions daily due to problems or issues with medication chart orders. Whether the chart order cannot be read clearly or is not complete or is not appropriate for our patients, the Nevada pharmacists call physicians for clarification as soon as the chart order is seen. In many cases, the Nevada pharmacist can write the clarifying chart order according to pharmacy policy and procedures which is done at the time of order entry. The remote out-of-state COE pharmacists would not make clarification calls to Nevada physicians; this remains the responsibility of the Nevada pharmacist in the proposed model.

Additionally, physicians write their chart orders for pharmacists to dose many medications for patients, which is allowed by Nevada law. Nevada pharmacists complete the initial dosing of anti-infective medications, anticoagulants, and a number of other critical drugs many times a day. This important professional activity ensures that Nevada patients receive the correct dose in a very timely manner.

In the proposed COE model, the COE pharmacist will not be able to provide dosing services and all of the following chart orders will be put on hold for action by a Nevada Pharmacist:

1. Initial Pharmacokinetic dosing (antibiotics)
2. Initial Weight based dosing (anti-coagulants, chemotherapy)
3. Initial Renal dosing (antibiotics, and multiple other medications)

In addition, the proposed COE Medication Management cannot improve the current systems in place for the following situations:

1. IV to PO conversion – This can only be accomplished by Nevada hospital pharmacists.
2. Patient's own medication – This can only be accomplished by the Nevada hospital pharmacists, who must identify and verify that the patient's medication is correct, in good condition, and has not expired.
3. Hold chart order management – It is unclear how exactly this would work in the proposed model. The Board of Pharmacy already has had a disciplinary case that showed the root cause was that the chart order for an anti-coagulant was left on hold for clarification, which was not done in a timely manner.

In order for the proposed remote COE model to produce the cost savings that are intended for the health care systems that would use them, we presume that Nevada hospital

pharmacist positions will be eliminated in favor of the COE pharmacists. NVSHP does not support decreasing the number of pharmacist positions in Nevada only to replace them with pharmacist positions in another state. There is no evidence provided that this new process will truly provide time for the pharmacy to enhance the provision of clinical services. Further, the Nevada hospital pharmacists' practice would be relegated primarily to dealing with problems and orders on hold, and facing what will undoubtedly be concerns about timely solutions to the problem in order to provide good patient care; this change to the hospital pharmacist's practice setting could greatly impact job satisfaction and could result in staff turnover.

A key issue in the proposed COE model that needs to be addressed is the concept of "Remote Order Entry," which is promoted heavily on the website (coe.acareerathca.com) of this company. The website is unclear whether or not there is any oversight or monitoring of pharmacists who work at home. NVSHP continues to support the current regulations prohibiting pharmacists from processing prescriptions or chart orders for Nevada patients on a pharmacy system from any other location outside of a licensed Nevada pharmacy.

NVSHP understands that the Nevada Board of Pharmacy will be forming a committee to review and update the hospital pharmacy regulations. As the only professional association representing health-system (and hospital) pharmacy in Nevada, NVSHP is ready to participate and work with the Board on this important process, and will be happy to provide names of our members who would be qualified to represent hospital pharmacy on the committee.

We strongly recommend that the Board defer any action on the proposed COE program until a more comprehensive review of hospital pharmacy regulations is complete.

Sincerely,

Caryn M. Bing

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President, Nevada Society of Health-System Pharmacists

Approved by the Nevada Society of Health-Systems Pharmacists Executive Board on
Tuesday, March 2, 2010