Background on the Issue

• The practice of LTC pharmacy is long-standing in Washington nursing homes and assisted living centers.

• The Washington Pharmacy Quality Assurance Commission has regulatory oversight for the work of all Washington pharmacies.

• Recent, significant staff transitions, both in PQAC staff and in Department of Health Pharmacy Inspectors ended the long-standing approach to permit flexibility in a somewhat undefined model of pharmacy service delivery.

• LTC Pharmacy Inspections have been problematic.
Key Issues

- Use of chart orders to order medications.
- Transmission of physician orders/prescriptions via phone, fax and electronically.
- The role of the nurse as the physician agent in transmitting prescription information.
- The use of electronic units for emergency kits (confusion between Automated Drug Dispensing Devices and E-Kits)
- Satellite pharmacy services
- Return and reuse of medications
WHCA Involvement

• LTC pharmacy inspection problems
• Electronic transmission of prescription information challenged
• PQAC staff meeting
• Meeting with Governor’s staff
Step 1 - Legislative Fix

• Outreach to key legislators related to the critical role of nurses in transmitting chart orders and the need for statutory fixes. WHCA successfully advocated for the budget proviso to address the issue.

• Legislative leaders were aware of the problem - and support ensuring that the nurse role is protected, and that the PQAC provide recommendations to the Legislature regarding statutes for LTC pharmacy by November 15.
Work with Pharmacy Partners

- LTC Pharmacy Coalition Convened
- Priorities Identified
- Legal Counsel Develops Draft Recommendations
- Recommendations Submitted to PQAC by WHCA and WSPA
Overview of Draft Recommendations

• Establish a new subsection in pharmacy law directly related to LTC pharmacy.
• Include SNF, AL and AFH in the definition of LTC facility for LTC pharmacy (current law defines LTC facility as such)
• Permit the use of chart orders as a valid prescription
• Permit nurses to act as prescribers’ agent for verbal orders
• Medical “resupply” is permitted from a chart order
Draft Recommendations (cont.)

- Codify the use of e-kits and supplemental dose kits
- Shared pharmacy services are permitted between pharmacies.
- Return and re-use of unit dose and modified unit does blister packs is allowed.
- LTC pharmacy techs are permitted to perform administrative tasks outside mandated ratio.
- Medication orders are continuing rather than time limited
Draft Recommendations (cont.)

• Clarify use of verbal orders
• Affirm that nurses can transmit orders to pharmacy by phone, fax or e-prescription
• Permits the prescriber’s agent (nurse) to e-sign and transmit orders.
• Permits electronic storage of prescription information.
• Exempts the use of transfer resistant pads to include all LTC, not just SNFs.
• Permits the prescriber or prescriber’s agent to sign a chart order.
INTENT.

- The legislature finds that safe and timely access to prescription medications by residents of long-term care facilities and hospice patients is a crucial public health issue. The legislature further finds that the practice of pharmacy in the context of long-term care facilities and hospice programs is different from the practice of retail pharmacy or hospital pharmacy in certain material ways. In particular, the ability of medical practitioners to delegate chart entry and transmission of prescriptions is an important practice for quality of care in long-term care in that both the medical practitioner and the pharmacy serving the residents or patients are generally located off site, including at times when the resident or patient may be in urgent need of medication. It is the intent of the legislature to establish efficient and sensible regulatory guidelines for pharmacies to provide safe, timely, and high quality pharmacy services to long-term care facilities or programs and their residents or patients.
Proposed Language (con’t)

• A chart order shall be considered a prescription provided that it contains:
  • (a) the full name of the patient;
  • (b) date of issuance;
  • (c) name, strength, and dosage form of the drug prescribed;
  • (d) directions for use; and
  • (e) an authorized signature:
    • (i) if a written order, the order must contain the prescribing practitioner’s signature or the signature of the practitioner’s authorized agent (including the name of the prescribing Practitioner); or
    • (ii) if an electronic or digital order, the order must contain the prescribing practitioner’s electronic or digital signature, or the electronic or digital signature of the practitioner’s authorized agent (including the name of the prescribing Practitioner).
• (2) A licensed nurse, pharmacist, or physician practicing in a long-term care facility or hospice program may act as the practitioner’s agent for purposes of this chapter, without need for a written agency agreement, to document a medication order in the patient’s medical record on behalf of the prescribing practitioner pending the prescribing practitioner’s signature; or to communicate a prescription to a pharmacy whether telephonically, via facsimile, or electronically. The communication of a prescription to a dispenser by the prescriber’s agent shall have the same force and effect as if communicated directly by the authorized practitioner.
• (3) Nothing in this chapter shall prevent a licensed nurse, pharmacist or physician from transmitting a chart order on behalf of the authorized practitioner pursuant to RCW 74.42.230.
• (4) A pharmacy may dispense drugs to the resident of a long-term care facility on the basis of a written or digitally signed prescription sent via facsimile copy by the prescriber to the long-term care facility, and communicated or transmitted to the pharmacy pursuant to subsections (2) or (3).
• (5) A pharmacy may resupply a prescription to a patient at a long-term care facility pursuant to a valid chart order that is signed by the prescribing practitioner, is not time limited, and has not been discontinued.
'Chart order” means a lawful order for a drug or device entered on the chart or medical record of a resident of a long-term care facility or a patient of a hospice program, by an authorized practitioner or his or her designated agent.

"Long-term care facility" means a nursing home licensed under chapter 18.51 RCW, an assisted living facility licensed under chapter 18.20 RCW, an adult family home licensed under chapter 70.128 RCW, and such other care settings as may be determined by the commission.
A pharmacy or pharmacist may provide a limited quantity of drugs to a licensed nursing home or hospice program without a prescription, for emergency administration by authorized personnel of the facility or program pursuant to a valid prescription. The drugs so provided shall be limited to those required to meet the immediate therapeutic needs of residents or patients and which are not available from any other authorized source in sufficient time to prevent risk of harm by delay resulting from obtaining such drugs from other sources. Such emergency kits shall be secured in a container or device to prevent unauthorized access, and to ensure a proper environment for preservation of the drugs.

In addition to or in connection with the emergency kit authorized under subsection (2), a licensed nursing home may maintain a supplemental dose kit for supplemental nonemergency drug therapy. Such supplemental dose kits shall be secured in a container or device to prevent unauthorized access, and to ensure a proper environment for preservation of the drugs.
A pharmacy may outsource shared pharmacy services for a long-term care facility or hospice program to another pharmacy, provided that the outsourcing pharmacy:

- (a) obtains approval from the long-term care facility or hospice program to outsource shared pharmacy services for the facility’s or program’s residents or patients, and
- (b) provides a copy of the prescription or order to the pharmacy providing the shared pharmacy services.

Shared pharmacy services may be used for, but are not limited to, the purpose of ensuring that drugs or devices are attainable to meet the immediate needs of residents of the long-term care facility or hospice program, or when the outsourcing pharmacy cannot provide services on an ongoing basis. Where a pharmacy uses shared pharmacy services to have a second pharmacy provide a first dose or partial fill of a prescription or drug order to meet a patient’s or resident’s immediate needs, the second pharmacy may dispense the first dose or partially filled prescription on a satellite basis without the outsourcing pharmacy being required to fully transfer the prescription to the second pharmacy.
• A pharmacy may repackage and dispense unused drugs returned by a long-term care facility or hospice program to the pharmacy in per-use blister packaging, whether in unit dose or modified unit dose form. The commission shall adopt rules providing for the safe and efficient repackaging and reuse of unused drugs returned to a pharmacy from a long-term care facility or hospice program.
“Administrative long-term care pharmacy personnel” means pharmacy ancillary personnel in a closed door long-term care pharmacy who perform administrative tasks not associated with immediate dispensing of drugs, without regard to whether the ancillary personnel is registered under chapter 18.64A RCW. Administrative tasks include but are not necessarily limited to medical records maintenance, billing, prepackaging unit dose drugs, inventory control, delivery, and processing returned drugs, in a long-term care pharmacy.
Proposed Language (con’t)

• "Closed door long-term care pharmacy" means a pharmacy licensed under the provisions of chapter 18.64 RCW that provides pharmaceutical care to a defined and exclusive group of patients who have access to the services of the pharmacy because they are treated by or have an affiliation with a long-term care facility or hospice program, and that is not a retailer of goods to the general public.
“Shared pharmacy services” means a system that allows a participating pharmacist or pharmacy pursuant to a request from another participating pharmacist or pharmacy to process or fill a prescription or drug order, which may include but is not necessarily limited to preparing, packaging, labeling, data entry, compounding for specific patients, dispensing, performing drug utilization reviews, conducting claims adjudication, obtaining refill authorizations, reviewing therapeutic interventions, and/or reviewing chart orders.
PQAC Education and Outreach

- PQAC staff have little operating knowledge of LTC pharmacy.
- There is no LTC pharmacy representative on the Pharmacy Quality Assurance Commission.
  - Tour of Manor Care Lacey
  - Focused stakeholder work July-August
  - PQAC tour of Landmark in Yakima today (September 18)
What happens now?

• PQAC has reviewed draft recommendations, which must be finalized by November 15.

• LTC Pharmacy Coalition will continue to work on educating PQAC and legislators related to key priorities.
  • Response to draft report

• Legislative work session will be held sometime in November
  • Panel of industry experts to respond tp PQAC final recommendations
Legislative Session

• November 15: Report Due to Legislature
• Legislation is required - the extent of which is yet to be determined.
• January 2016 - Legislature is in session for 60 days - and the pace will be frenetic.
• Grassroots efforts will be needed.
• We will keep you apprised and ask you to respond, where essential, to action on the legislation.