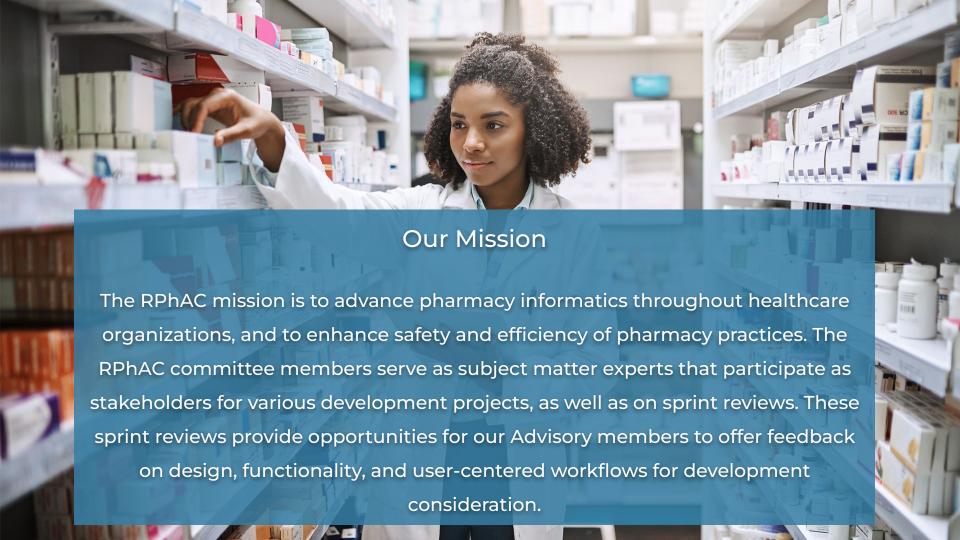


# **Pharmacist Advisory Committee**

October 5th, 2022





### **Agenda**

- I. Success Stories
- II. Future Webinar/SeminarTopics
- III. Overview of CLIN-217705
- IV. Idea Corner
  - A. IDEA-33216
  - B. IDEA-4676
- V. Pharmacy in EXPANSE 2.2
- VI. Development Corner



### **Success Stories**

- What new features has your hospital implemented that made a positive impact? All success stories big or small are welcome.
- For example, have you implemented a new interface, such as the robot?
- For example, have you changed a PHA customer-defined parameter to align with recommendations?



## **Future Webinar/Seminar Topics**

Caitlyn Mulligan, Specialist

## **Future Webinar/Seminar Topics**

- The MEDITECH PHA group is looking to implement new seminar topics, with the intent of featuring special/advanced topics rather than general overviews.
- What topics would you like to see that have not been previously offered?
- Are there any integrated topics that would be beneficial to include?
  - The FSV process is an example of a general overview that was presented previously.
  - An example of a potential special topic is CMS



#### **CLIN-217705**

 When a Home Med is continued to Acute as a Non-Formulary, or Patients Own Medication, CLIN-217705 now allows for conflict checking.

- The system will identify the MED-ID associated to the drug selected and apply to the Acute Order.
- The MED-ID associated to the order will be used to perform conflict checking against.

### **PHA Pre-requisites**

- PHA Access Dictionary> Miscellaneous tab
  - Allow associate FDB Concept for Non-Formulary orders
    - This must be set to "Y" in order to get the ability within the PHA application

- Pharmacy CDPs> Site tab
  - Non-Formulary Drug parameter
    - You would associate the FDB non-formulary entry that you want to use anytime a Non-Formulary is entered through the PHA application.



### **Idea Corner**

Galvin Chow, Senior Analyst and Caitlyn Mulligan, Specialist

#### **IDEA-33216**

#### Control Duplicate Checking for PRN Medication Orders

- SAFER Self-Assessment: Computerized Provider Order Entry with Decision Support
- What workflow challenges are presented by duplicate checking of PRN orders?
  - Clinical scenarios
  - Pharmacy and/or Order Management?

- Being prepared for downtime, and having a game plan on how to deal with different downtime scenarios is extremely important.
  - PHA Pre Downtime Document
  - PHA During Downtime Document
  - PHA Post Downtime Document

 For the PHA application, steps are generally the same for planned and unplanned downtime.

- The following are reports that should be run prior to downtime, and daily in case of unplanned downtime:
  - eMAR Admin report
  - eMAR exception report
  - Medication Administration record (MAR)
  - Fill lists
- The previous day's output for these reports should be used during downtime for medication filling and administration.
  - Additionally, hospitals should have a system in place to keep record of medication charges and credits so this can be manually entered when the system is back up. Also, the registration staff should implement a system to alert pharmacy staff of relevant admission activity.

- Post downtime there are a variety of areas MEDITECH staff validate prior to users being allowed back into the system, such as reviewing locks, background jobs, and PHA data integrity with other applications
- PHA programming may need to bump up the number wheel
  - This is done to avoid RX number confusion and/or corruption

- IDEA-4676:MAR Download HTML Format Not Respecting Page Break. MEDITECH is reviewing this IDEA further with development.
  - The downtime MAR is known to have formatting issues when it is scheduled to download via the NPR report schedule. This is because the HTML format does not incorporate page breaks to tell printing when to start a new page, it only prints a continuous stream with the browser's page setup giving dimensions and margins. As a result, it is possible that an HTML version of the Downtime MAR report does not match the same output of the same report when printed manually.
- Looking for confirmation of current alternative workflows/workarounds in place at your hospitals for this issue.



• The intent of this discussion is to highlight changes within the pharmacy application when going from 2.1 to 2.2.

- Beyond the pharmacy application, the change from 2.1 to 2.2
  provides enhancements for both Acute and Web software including
  the introduction of both the new Expanse Patient Care (Patient
  Care System, Surgical Services, Emergency Department
  Management) and Expanse Oncology Care (ONC) applications. Both
  of these rewritten applications assist in improving the efficiency and
  quality of patient care.
  - Expanse 2.2 Update Planning information

- The required use of the Web Presentation Layer (WPL) is the biggest change for the Pharmacy application.
  - This allows the NPR and M-AT applications to run in a web browser. PHA has a similar look and usability as the thick client desktop.
  - WPL starting guide
- Overall, you are encouraged to run the Customer Release
   Documentation search to review release highlights for the update.
  - The 2.1 priority pack your hospital is updating from determines to a degree the various enhancements you gain in 2.2, such as allowing conflict checking against non-formulary drugs.
  - Release Documentation Search

- For example, if you run the release documentation search from 2.1
   PP 5 to 2.2 PP 31 with a type of enhancement, then you get over 500 entries.
- If you run it for 2.1 PP 43 to 2.2 PP 31 with a type of enhancement, then you get 95 entries. These entries would indicate PHA enhancements specific to 2.2 that you likely would not receive in 2.1
  - There are a variety of PHA/LTC changes specific to 2.2.
- Overall, the Pharmacy development team continues to work on enhancing the PHA application. However, it is likely the biggest changes will occur in PHA in relation to Web PHA.

- Examples of PHA changes specific to 2.2 include
  - CLIN-125916:Pharmacy Conflict Checking Against Routed Drugs in acute
  - CLIN-183310:PHA: Display of "On Hold" or "Future Hold" qualifier status on View Historical Links screen for home meds and hold/resume comments on View Order Data screen
  - Variety of PHA/LTC changes



#### Recent Pharmacy Enhancements - Completed

CLIN-217705: Allow Conflict Checking Against
 Non-Formulary/Patient's Own Med (Expanse 2.1.40, 2.2.29)

- CLIN-214884: Supplemental Allergens in Expanse (Expanse 2.1.37, 2.2.25)
  - Drug Dictionary<Screenings tab</li>
  - Associate MIS Allergen
    - Categories of Drug or Multiple only
  - MIS Interaction/Conflict Group dictionary prompt

### Pharmacy Recent Enhancements - Completed

- CLIN-153491: IV Workflow Management System (IVWMS) Inbound HL7 Interface (Expanse 2.1.41, 2.2.29)
  - Consume IV, Med, Compound, ALT and Split orders from OV (BD, Omnicell, Baxter/Dose Edge, MedKeeper)
  - o Receive NDC/DIN, Lot#, Expiry date, Preparer's Name
    - Saved on RxAudit, Print Order, Med Discharge Summary
  - Unique Dose Identifier for each dispensed dose, process debits/credits, and dispenses/returns
  - Can restrict sending of messages/orders per PHA Site
  - Process and Acknowledge interface errors

### Pharmacy Recent Enhancements - Completed

	_ Adı	nins 🔺	Schedule	Given	Rate	User	Scan Rx/Pt	Reason	Doses	Items	्री Inf
l	<b>a</b> 03/	03/18/21-0805   03/18/21-0800		Yes	250 MLS/HR	ASHER	M/M		1	1	1
		Admin Queries		Container Volume: 1000 Elapsed Time (minutes): 0m Increase/Decrease: Started Infusion Rate: 250 Waste Amount: 0							
ı		Last Infusion of Admin		03/18-0805 by Sher,Adam							
ı		Rate		250 MLS/HR							
ı		Cumulative Intake Container Volume		1,000 mls							
ı											
		Barcode Medication		SODIUM CHLORIDE*GTIN* NDC/DIN: 9657401235 (SOURCE: IV Workflow Management) Expiration Date: 01/31/19 Lot Number: OR091752RA							
		Barcode Medication		ERYTHROCIN LACTOBIONATE*GTIN* NDC/DIN: 74185296312374 (SOURCE: IV Workflow Management) Expiration Date: 03/31/20 Lot Number: 7410910							

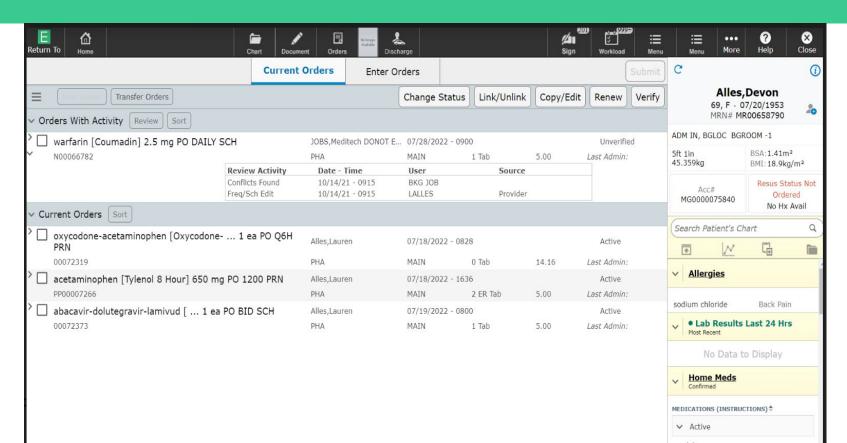
#### Pharmacy Recent Enhancements - Completed

- CLIN-212786: AIMS File medication administration scans as Unknown (*Expanse 2.1.35, 2.2.23*)
  - Previously received as "not scanned"
  - Status of (U) sent to PCS for both patient and medication administration scans
  - Reconciles proper scanning metrics on the Scanned/Not Scanned report

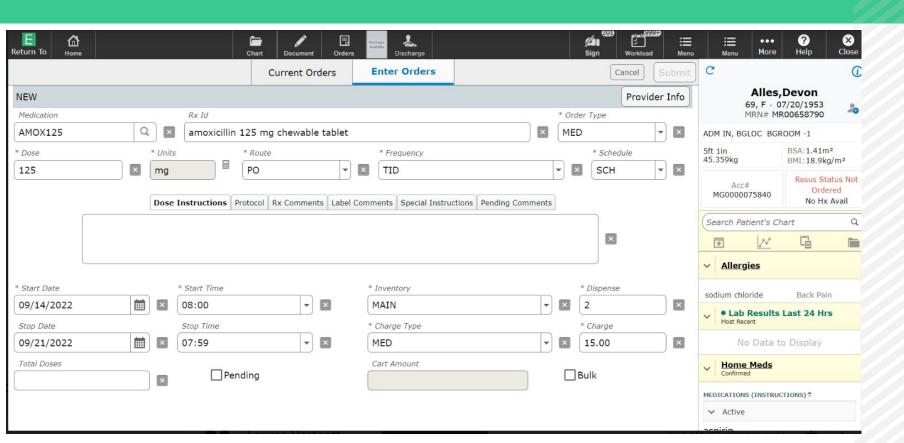
### Pharmacy Enhancements - In Progress

- ORD-38591: Pha support for CCeRx/LTC (Right Side/Outside dispensing Pharmacy) (Expanse 2.2)
  - Ordering through OM utilizing eRx solution, transmit to retail/contract pharmacy for dispensing and administration via MAR
  - Storing MEDID from API drug concept onto PHA Drug dictionary entry through FSV update process
  - Using MEDID to match ordered drug against received drug for medication administration
  - Several fields locked down on edit screen in Pharmacy to maintain integrity
- CLIN-170465 (main Epic): WEB Pharmacy (Expanse only, release and dates TBD)
  - Dictionaries moved into web-based structures
  - Ordering screens modeled after Web Acute Ordering with emphasis on pharmacist-specific roles, workflows, and Advisory committee feedback
  - Several stakeholder meetings have contributed to design and usability (e.g.,PHA New Activity)
  - Access to WEB tools, such as Widgets or Chart viewer, allows access to clinical information without leaving the patient's order
  - Leverage use of FDB API Med Knowledge Framework/drug concepts

#### Pharmacy Enhancements - Web PHA



### Pharmacy Enhancements - Upcoming



#### Pharmacy Enhancements - In Progress

- IV Smart Pump Support with PCS
  - Vendor testing
  - EA process once vendor BD gains FDA clearance

- IDEA-14669: Send Unverified orders to dispensing machines
  - Currently Researching

- CLIN-227112: Charge Reconciliation
  - B/AR Procedure List
    - Run for drugs with no billing procedure code only
    - Download
  - Billing Log
    - Grand Totals per batch and end of report

### **Thank You**

- Thank you for attending, and providing insight on the topics discussed.
- Including a link to <u>MEDITECH On Demand</u>, which contains many useful Pharmacy resources.

Don't forget to check out our **Pharmacist Advisory Committee Webpage!**