



PHARMACY HORIZONS

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Lucy Michael, MS, PharmD, Editor

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Contact Us

LMichael@Maxorcorrections.com (916) 441-1089

2007 In Review: A Splendid Year Indeed!!!

The year 2007 started with many questions and very few answers. Challenges mounted. The task of reengineering pharmacy operations seemed insurmountable. Many wondered if it is even in the realm of possibilities. Hopelessness echoed in the hearts and minds of many, yet with eager anticipation.

Hurray! 2007 ended with a crescendo of accomplishments. It has been a very productive and positive year. But don't take my word for it. Read on!

*~ Lucy Michael, PharmD, MS
Editor
Maxor Assistant Director of Pharmacy*

From the Chairman...

To the Maxor/CPR team:

Over the last twelve months, we have been engaged in tremendously complex and challenging work involving a comprehensive overhaul of the California prison system pharmacy program. It seems only a short time ago that we opened our Sacramento office doors on January 2nd and the team we assembled went right to work. While the year has been extraordinarily busy and at times frustrating for all of us, it has also been very rewarding. We have accomplished much. And yes, there is much left to do. However, during this first year we have grown our team, honed our problem-solving skills, and learned how to best get things done within the complexities of the system we are revamping.

At the same time we have achieved unparalleled results. We have established an effective central pharmacy administration, budget and enforcement authority charged with implementation of the *Roadmap to Excellence*. In conjunction with the CPR, we have developed a system for coordination of pharmacy related issues and concerns between the *Plata, Coleman* and *Perez* parties. This vital coordination provides a consolidated interface between the three major health care cases and ensures the focus



on improved patient safety and evidenced-based practices remains at the forefront of the decision-making process.

We have established and implemented a revitalized CDCR Pharmacy and Therapeutics Committee whose efforts are beginning to show results. We have created a clinical pharmacy service to assist health care providers with formulary compliance, appropriate medication management, and patient intervention that is now in operation at approximately one-third of the facilities.

There are many more accomplishments including improved staffing; implementation of a pharmacy services "drop-in" team; the development of Pharmacy Nursing Liaison positions to assist in coordination of medication management issues; implementation of key management and reporting tools; the selection and implementation of GuardianRx® as an interim pharmacy operating system; the implementation of a coordinated system rollout strategy for all aspects of the medication management process; the implementation of *MC Strategies*, a software educational and tracking tool for pharmacy employees; improved communications and accountability among pharmacy staff; the assumption of purchasing and procurement responsibilities for CDCR pharmaceutical products; and I could go on.

What I am most proud of however, is the dedicated and professional effort our Maxor team has put forth and the standard of excellence that you have established. Your expertise is well respected. At every twist and turn, you have acted responsibly and in an accountable manner, with the highest degree of integrity and professionalism. You have responded to challenges with a "can-do" attitude that overcomes obstacles and achieves results. I want you to know that I appreciate you and your work. I look forward to the next year and am confident that the Maxor team is up to any challenges it may bring.

I wish each of you a happy, safe and prosperous New Year.

*~ Jerry Hodge
Chairman
Maxor National Pharmacy Services Corp*

From The Receiver...



Photo by Ray Chavez/CPR

2007 ROUND UP

It's hard to believe that 2007 is wrapping up already. What an eventful year it has been! My team and I completed visits to all 32 *Plata* prisons, where we saw progress toward improving medical care delivery. At each prison we visited with wardens, custody and medical leadership, staff and inmates. In the pharmacies, the staff talked about Maxor's on-site work and expressed

great enthusiasm for the coming changes.

Patient care takes place in the field, and all of our initiatives aim to provide more support and resources to the medical and custody staff who are doing that work. Some concrete steps we've taken in that direction include providing the local institutions with needed equipment and supplies, raising

medical staff salaries, recruiting hundreds of nurses and scores of other health care and support professionals, providing financial support for additional Correctional Officer coverage, and launching pilot programs to try out new approaches to old problems. For instance, GuardianRx®, the new prescription information system, that is a key component of the new pharmacy system, has been implemented in Folsom, Mule Creek and California Men's Colony. There are specialty care pilots underway at California Correctional Institution and California State Prison, Los Angeles County. We also continue our hands-on work at San Quentin, which celebrated the opening of its new Triage and Treatment Area in June 2007, and will welcome a new Central Health Services Center in 2010.

Plans to improve and expand medical facilities at every prison are underway, starting at Avenal State Prison and then the Correctional Training Facility. Read our Plan of Action at <http://www.cprinc.org/materials.htm> to learn the schedule for facility improvements at your prison. Creating that plan was a major undertaking this year. It was submitted to Judge Henderson first in May and then again in November, and it spells out activities that will take place over the next three years to transform the prison medical care system in order to bring it up to constitutional standards.

Devising the plan was the easy part, now we must put it into action! I know that we all are up for it. As my team and I have become better acquainted with so many folks working in the institutions and at headquarters, we have seen that the spirit is there, creativity is abundant, the hard work is invigorating and many medical and custody professionals are dedicated to making the reform a reality. Together, we will create a system of patient care of which we can all be proud.

As you prepare for the holidays and look forward to time with family and friends, I hope that you will take satisfaction in the achievements of 2007. Get some rest, because 2008 and all its challenges are right around the corner!

*~ Robert Sillen
Receiver*

From The Project Manager...



The year has truly been exciting, challenging and memorable. The excitement of the enormity of the healthcare system and its needs, the challenge of a project that dictates incremental, cooperative steps to establish the basics of improvement, and the memories of a dynamic, professional team of individuals devoted to a project that really will make a difference to patient care—all of these things have made this, to me, an effort that has been professionally rewarding. If the next year is half as successful, we will accomplish what many systems have taken years to do. I am determined to continue our momentum, and, promise to make this next year the best yet. Thank you all for your support, your experience, and your dedication to the project.

Happy New Year!"

*~ Glenn Johnson, MD
Maxor/CPR Project Manager*

From The Administrator...

Hello Everyone,

I would like to take the opportunity to reflect on 2007 and the enormous progress we have made as a pharmacy team and department. I would further like to thank everyone for the enormous movement toward our pharmaceutical care reform goals. Some of the highlights of note include the establishment of All PIC meetings. The ongoing communication and networking has helped us to have a shared mission and also fostered team work on many levels.



Another huge step forward has been the update and deployment of policies and procedures, along with the formation of a central CDCR Pharmacy and Therapeutics Committee. The Committee includes representation from CDCR, court experts for Medical, Psychiatric and Dental Services; Regional Physicians, psychiatrists, dentists, nurses and a pharmacist. This group has forged the way for standardizing the medication use process including establishing a formulary and new medication use guidelines. All these efforts help us become more consistent and improve the access and the quality of pharmaceutical care.

I am also very pleased that a state-of-the-art computer system is being made available. The implementation of GuardianRx[®] has not only moved CDCR 20 years forward in technology, but the process of implementing the computer system has shined a light on the entire medication management system resulting in multidisciplinary communications, team work and process change.

It was a great year and we have many things to look forward to in 2008. These include the addition of three new Pharmacy Operations Teams to support change and increase the rate of implementing GuardianRx[®], expansion of the clinical programs and building the central pharmacy. I look forward to working with you all on these landmark endeavors.

Best wishes for the New Year,

~ Matt Keith, RPh, BCPS, FASHP

Maxor/CPR Project Administrator



End-of-year Summary

This has been a remarkable year for both Maxor and the CDCR. Together, with guidance from the Receiver, we have made considerable progress towards achieving fiscal responsibility and accountability and most importantly, improving continuity and quality of patient care. The CDCR pharmacies have advanced from independently functioning entities towards a unified medication delivery system with

common goals and objectives which promote appropriate use and timely access to medications. A few of our major accomplishments to date include:

- Formation of a highly functioning central P&T Committee
- Establishment of a central CDCR Formulary, 6 Disease Medication Management Guidelines, and 13 new or revised Policy & Procedures
- Formation of a central pharmacy administration and direct lines of authority
- Establishment of an effective and enforceable pharmacy inspection process that serves as a quality improvement tool and ensures all pharmacies are operating in accordance with state and federal laws and regulations
- Development of an employee tracking system which also includes training, education, and performance measures on clinical and operational topics
- Implementation of GuardianRx® in three facilities
- Implementation of improved reporting and monitoring capabilities with both the existing and new pharmacy systems including standardized monitoring reports and processes to continually monitor the progress of clinical, operational and fiscal initiatives
- Implementation of reports and monitoring tools to monitor purchases, dispenses, and contract compliance
- Direct oversight of all wholesaler and contract agreements

A glimpse at 2008 will include complete transition to the new pharmacy information system (GuardianRx®), building of the new central pharmacy facility, evaluation of 340B pricing, and continued clinical and operational process improvement. We look forward to another productive year.

~ Melanie Roberts, PharmD

Maxor/CPR Project Clinical Consultant

CDCR P&T Committee





First year Overview

In looking at the first year and all the planning and organizing that has been done for the future, we all truly see a tremendous vision for the future of pharmacy in CDCR. In the last few months, embarking on the installation of Guardian has truly brought the future to the present. What is apparent is that the focus of this change has brought nursing, medical, data services and pharmacy together for a common purpose.

That focus and drive is now paying dividends in areas outside the Guardian installation process itself. All the disciplines listed above are now working together on other issues that will help to benefit the patients that we serve by providing them with a higher level of care.

That cooperative effort that has been fostered by the Guardian experience will help all of us in the future as we work to advance the level of health care that is provided to our patient population. The vision and planning that have been put forward by Maxor can become a reality through the synergistic, collective efforts of all disciples involved.

~ Dick Cason, RPh

Maxor/CPR Project Senior Consultant

CDCR Pharmacists-in-Charge



Attentive!



Interactive!

Bruce Boelter, B.S. Pharmacy, MBA joined the Maxor team effective December 10, 2007 as Pharmacy Operations Manager. Bruce brings more than 28 years of experience in pharmacy management, operational and clinical experience. We are delighted to have Bruce join our team.

Welcome Aboard...

New shipmates at the facility level include **Efren Sotto** (Pharm II, PIC) at CCI; **Lary Freeman** (Pharm II, PIC) at CTF; **Alejandra Lopez** (Pharm Tech) CAL; **Mark Facchini** (Pharm I), **Jennifer Lee** (Pharm Tech) and **Edward Romero** (Pharm Tech) at SATF; **Nathan Sizemore** (Pharm Tech) at ASP; **Belinda Schumacker** (Pharm I), **Donald De Zordo** (Pharm I), **Robyn Chalmer** (Pharm Tech), **Melissa Lectures** (Pharm Tech) and **Jaime Sibson** (Pharm Tech) at DVI; **Jorge Levy** (Pharm Tech) and **Priscilla Rodriguez** (Pharm Tech) at NKSP; **Monica Flores** (Pharm Tech) and **Malian Flail** (Pharm Tech) at RJD; **Kris Fells** (Pharm Tech) at SCC.

Let us know if there are other new shipmates at your facility.

Maxor/CPR Pharmacy Program News

The Plata Workforce Support Unit On the Go!

The Plata Workforce Support Unit has been actively participating in pharmacy recruiting events statewide. The team, including Ms. Sandra Fields, Angela Bassett, Jackie Medina, Catering Gipson and Christopher Marquez and supported by Subject Matter Experts (SMEs) from Maxor and CDCR pharmacy staff team participated in pharmacy recruiting events state-wide. The team participated in at pharmacy schools at UOP, USC,

Loma Linda, Western University and UCSF. In addition, the team exhibited CDCR Pharmacy opportunities at CSHP in Palm Springs and ASHP Midyear meeting in Las Vegas. Many thanks to the Plata Workforce Support Unit team and Sees.



PIC SMEs:
Gerry Moysa (seated), from left: Abbas (Abby) Moghadam, Wayne Gohl, and Sam Musallam.

'Reeling them in' at ASHP Midyear Meeting 2007



From left: a candidate, Dick Cason (Maxor SME), Sandra Fields, Christopher Marquez

CDCR Formulary is now Available on Epocrates

The CDCR formulary is now available on Epocrates for PDA download free of charge. A desktop version is also available. Both versions may be accessed through the Epocrates website at: www.epocrates.com

Formulary Revisions are also posted on the CPR website at www.cprinc.org on the pharmacy page under 'Projects'. Please check the web site regularly for updates and changes to the formulary.

Clinical Pharmacy Services secured for 13 CDCR facilities. Maxor Clinical Pharmacy Specialists (CPSs) have been actively engaged in establishing clinical pharmacy services and implementing the clinical elements of the **Roadmap** in CDCR facilities. It has been a very productive year for all of them. Please meet your CPSs:



Julie Oduguwa, PharmD



Tom Schilling, PharmD



Khiem Nguyen, PharmD, PCPS

"I really enjoyed my job working alongside providers and patients to provide the best possible drug therapy "; commented Dr. Oduguwa who provides clinical pharmacy services to CIM, CIW, CRC, and LAC. Dr. Schilling, who is assigned to CAL, CEN, RJD, CSP and ISP said, "In the short time since I began, it has been exciting, challenging, and rewarding in many ways. Every day offers new and exiting opportunities to contribute to this process of improvement." As Dr. Nguyen who provides clinical pharmacy services to WSP, CCI, KVSP, and NKSP said, "Working together with various healthcare professionals will eventually lead us to the road of success."

GuardianRx[®] Update: The prescription information system, GuardianRx[®], is live and fully operational at three facilities: Folsom State Prison (FOL), Mule Creek State Prison (MCSP), and California Men's Colony (CMC). California State Prison, Sacramento (CSP-SAC) is gearing up for GuardianRx[®] go-live scheduled for early February 2008. Maxor is in the process of adding additional staff to accelerate the implementation process.

CDCR Pharmacy & Therapeutics

Committee...

The **CDCR System-wide Pharmacy & Therapeutics (P&T) Committee** met on December 11, 2007. The committee Approved revisions to pharmacy policy, chapter 12, Labeling and Storage of Medications and Pharmacy policy chapter 16, Expiration Dates and Disposition of Drugs. The Committee also approved several additions and deletions to the CDCR formulary. Copies of approved polices and related documents have been disseminated to all CDCR Picks and Hams. The following is a summary of the decisions made by the Committee in the October meeting.

Dec-2007 P&T Formulary Decisions

Additions

- Metoprolol 25mg tablets
- Ceftriaxone 250mg vial for IM injection– Restricted to the treatment of STD's. Should not be used as initial dose empiric treatment prior to oral therapy for nonSTD indications. Diagnosis must be indicated on prescription.
- Azithromycin 500mg tab – 500mg strength restricted to the treatment of STD's. Diagnosis must be included on prescription.
- Benzocaine 20% Spray (Lanacane, Solarcaine, Americaine) - restricted to fire camps

Deletions

- Fosphenytoin (Cerebyx) – 50mg/ml

Recommended Treatment Regimens – Gonorrhea / Chlamydia

Ongoing data from the Center for Disease Control's (CDC) Gonococcal Isolate Surveillance Project (GISP) demonstrates that fluoroquinolone-resistant gonorrhea is now widespread in the United States. As a consequence, the CDC no longer recommends fluoroquinolone antibiotics for the treatment of gonorrhea.

The P&T Committee recommends the following treatment regimen for uncomplicated gonorrhea:

Ceftriaxone 125mg IM (in a single dose) plus

Azithromycin 1 gm (500mg x 2 pills in one dose) if Chlamydia is not ruled out

Updated treatment recommendations for all (including mild and severe) gonococcal infections including disseminated GC, Pelvic Inflammatory Disease (PID), epididymitis as well as guidance on treating cephalosporin-allergic patients can be found at:

<http://www.cdc.gov/STD/Gonorrhea/arg/default.htm>

CDCR P&T Committee Position Statement

The CDCR P&T Committee insists that all treatment inhalers and Nitroglycerin sublingual tablets be allowed on person, regardless of security status and housing, to ensure appropriate, self-medicated, and timely use for established medical conditions. Facility Health Care Managers and Chief Medical Officers should facilitate this necessary access with their local security management teams.

Policy & Procedure Update...

Chapter 12, Labeling and Storage of Medications and **Chapter 16, Expiration Dates and Disposition of Drugs** have been revised to reflect current standards. The revised policies have been distributed to CDCR facilities. ***Both policies should be fully implemented by no later than February 18, 2008.***