

QIIG: 45 (August 2013)

SUBJECT: REGIONAL PHARMACY EXECUTIVE (RPE) AREA OF RESPONSIBILITY (AOR) PROGRAM

PURPOSE: Guide Regional Pharmacy Executives (RPE) in the implementation of their AOR duty responsibilities to practice sites without assigned pharmacy officers and serve as a reference for Coast Guard (CG) personnel involved in pharmacy operations.

DISCUSSION: COMDINST 6570.3 (Pharmacy Officer Collateral Duty Responsibilities) was implemented in 1990 to ensure that Coast Guard practice sites without assigned pharmacy officers provided high quality pharmacy services to their beneficiaries in accordance with CG policy and applicable federal laws. COMDINST 6570.3 was cancelled in 2011 and converted to Quality Improvement Implementation Guide (QIIG) 45 and with key components incorporated into the Coast Guard Medical Manual COMDTINST M6000.1 (series). Since the original inception of COMDTINST 6570.3, regional pharmacy operations have become increasingly complex, including but not limited to Smallpox, Anthrax and the annual Influenza Vaccination Immunization Programs, coordination of chemical/biological/radiation/nuclear antidote requirements, implementation of the Coast Guard's Patient Centered Wellness Home (PCWH) and the coordination of regional pharmacy support and guidance within the assigned AOR. This complexity requires appropriate mechanisms in place to ensure pharmacy operations at practice sites without assigned pharmacy officers continue to be safely conducted to ensure a high degree of operational readiness.

ACTION: Health, Safety and Work-Life Service Center (HSWL SC), Regional Practice Managers (RPM), Health Services Administrators (HSA), Senior Health Services Officers(SHSO)/Regional Practice Directors (RP DIR), Designated Medical Officer Advisors (DMOAs), Independent Duty Corpsmen (IDTs), Regional Practice TEAMS and other personnel involved in sickbay and practice site pharmacy operations shall familiarize themselves with this QIIG and follow its guidance in conjunction with other CG policies and instructions that pertain to pharmacy operations, especially COMDTINST M6000 (series).

Overview.

The Regional Pharmacy Executive AOR Duty Program assigns Pharmacy Officers the authority to provide professional oversight of practice site pharmacy operations within their area-of-responsibility (AOR). The program is managed by the HSWL SC and implemented by AOR Regional Pharmacy Executives (RPE).

1. Definitions.

- a. Area-of-Responsibility (AOR). All practice sites within a given geographic Area of Responsibility, with or without medical personnel, as assigned by the HSWL SC Pharmacy Officer (PhO). In addition, the HSWL SC PhO, upon consultation with the CG-112 Pharmacy Force Manager, may adjust AOR duty assignments within AORs to meet operational readiness requirements.
- b. AOR duty practice sites. Practice sites with medical personnel that operate a pharmacy or an IDHS-staffed sickbay.
- c. Pharmacy. A sickbay that administers medications based on the Health Services Allowance Lists (HSALs) appropriate for assigned location and/or medications approved by the unit Designate Medical Officer Advisor (DMOA). Sites such as small boat stations that only maintain a non-prescription program are not considered to maintain a 'pharmacy.' Small boat stations and other non-medical programs are reviewed for policy and legal compliance by the SIDHS.

2. Responsibilities.

a. HSWL SC

- (1) Provide the necessary financial support to the Regional Practices for the program as part of the annual budgeting and Regional Practice allocation.
- (2) Provide orientation training for newly assigned Pharmacy Officers.
- (3) Review, revise, and update AOR duty assignments for their respective pharmacy officers (Enclosure 1). AOR duty assignments will not include practice sites without medical personnel, practice sites that maintain only medications listed in a non-prescription medication program (COMDINST 6700M.1B, Section A.6.h), or practice sites that do not maintain a Health Services Allowance List.
- (4) Maintain a uniform HSWL RPE AOR Duty Operations Checklist for assist visits (Enclosure 2).

- (5) Obtain performance input for the USPHS Commissioned Officers Effectiveness Report from practice sites and Base Commanding Officers at locations where pharmacy officers provide oversight.
- (6) HSWL SC Pharmacy Officer will conduct annual IDHS surveys with the intention of gaining feedback of the respective RPE support, training and completed site visits.

b. Regional Pharmacy Officers (RPEs).

- (1) Visits. Conduct at least annual visits to all assigned practice sites that operate a sickbay pharmacy. Ad hoc visits to assigned practice sites may be conducted at the request of an appropriate authority such as the Command, SHSO/FO DIR, HSA, HSWL SC PhO, IDHS or the Regional Practice TEAM.
 - a. For pharmacies with 2 or more providers within a 30 mile radius, the RPE will visit the site at least monthly.
 - b. For pharmacies within a 50 mile radius, the RPE will visit the site at least quarterly.
 - c. For pharmacies outside of a 50 mile radius, the RPE will visit the site at least annually.
- (2) Oversight. RPEs are to maintain a positive and pro-active oversight of pharmacies and IDHS-staffed sickbays within their AOR. Oversight includes, but is not limited to: frequent contacts with pharmacy personnel, review of all Prime Vendor and/or pharmaceutical orders prior to submission, prime vendor credit orders, controlled substance transactions and the return of pharmaceutical returns documents. Quarterly contact will be conducted between the practice sites and will be documented by the RPE.
- (3) Checklist. Ensure practice sites operate in accordance with the HSWL SC Pharmacy Officer Checklist requirements (Enclosure 2).
- (4) Reports.
 - (a) Site visits will be documented using Enclosure (3) and (4). A memorandum will be completed within 10 business days of the site visit and uploaded onto the CG electronic reporting system. Assist visit reports will be forwarded to the Regional Manager of the site visited with a copy to the respective Practice Site's Commanding Officers (CO) or designee, Senior Independent Duty Health Services Technician (SIDHS), Independent Health Services Technician (IDHS) and the designated DMOAs.

- (b) Assist visit reports shall include the following information when applicable or appropriate:
 - 1. Innovative practices implemented to improve pharmacy operations.
 - 2. Regional Pharmacy Executive Pharmacy Operations Checklist requirements that were met or not met.
 - 3. Regional Pharmacy Executive Pharmacy Operations Checklist items requiring corrective action.
 - 4. Other pharmacy procedures or operations not addressed by the Regional Pharmacy Executive Pharmacy Operations Checklist requiring corrective action.
 - 5. Operational readiness of the practice site pharmacy.
 - 6. Resolution of items that required corrective action from previous visits.

- (3) Provide professional oversight for practice sites in their AOR.
 - (a) Serve as the point-of-contact (POC) on all pharmacy related matters, such as the procurement, storage and dispensing of pharmaceuticals/vaccines and controlled substance transactions (as applicable).
 - (b) Provide guidance for all pharmacy-related programs such as the documentation of prime vendor program, contract versus non-contract pharmaceuticals, DoD MMQC notifications, cold-chain management, vaccine acquisition and storage, stockpiled medication maintenance, closed Point-of-Dispensing (POD) plans and Prime Vendor Pharmaceutical Returns Programs.
 - (c) Provide guidance for pharmacy-related functions such as ensuring the formulary is maintained in accordance with decisions made by the DOD Pharmacy and Therapeutics Committee and the Coast Guard Formulary Development Committee Board (FDCB) meetings and all other requirements as designated by Chapters 9 and 10 of the Medical Manual and HSWLSCINST M6010.1. (series)
 - (d) Provide pharmacy-related education, training, and updates.
 - (e) Assist practice sites in preparing for Accreditation Association for Ambulatory Health Care, Incorporated (AAAHC) surveys.

Enclosure 1. Regional Pharmacy Executive AOR Duty Assignments

Field Office District One (Cape Cod Pharmacist)

.Air Station .Cape Cod
.Cutters .CAMPBELL, JUNIPER, RELIANCE, SENECA, SPENCER, TAHOMA,
WILLOW, ESCANABA
.Clinic .Boston
PSU .301
.Sector .Northern New England, Southeastern New England, Southwest Harbor
.SFO .Rockland
MSST .91110 (Boston)

HSWL Field Office Academy (Academy Pharmacist)

.Clinic .Academy, St. Louis
PPC .Topeka
.Sector .Long Island Sound, Ohio Valley, Upper Mississippi River (St Louis)
.SFO .Moriches
.Activities .Europe
.Cutters .EAGLE

HSWL Field Office Cape May NJ (Cape May Pharmacist)

.Tracen .Cape May
.Air Station .Atlantic City
.Sector .Delaware Bay, New York
.SFO .Cape May, Sandy Hook
.Strike Team .Atlantic
.Cutters .DEPENDABLE, VIGOROUS
MSST .91106 (New York)

HSWL Field Office National Capital Area (HQ Practice site Pharmacist)

.Clinic .Headquarters, CG Yard
.Sickbay .TISCOM, CG PSC
.Air Station .Houston, Corpus Christi
.Sector/Station .Houston/Galveston, South Padre Island, Galveston, Port O'Connor
MSU .Port Arthur
MSST .91104 (Houston/Galveston)
.Cutters .DAUNTLESS

HSWL Field Office District Five (Portsmouth Pharmacist)

.Clinic .Portsmouth, Yorktown
.Sector .Hampton Roads
PSU .305
MSST/MSRT .91102 (Chesapeake)
.Expeditionary .PATFORSWA
.CAMSLANT .Chesapeake
.Cutters .BEAR, FORWARD, HARRIET LANE, LEGARE, NORTHLAND, TAMPA

HSWL Field Office District Seven (Clearwater Pharmacist)

.Air Stations .Clearwater, Savannah
.Sectors .Charleston, Jacksonville, St. Petersburg
.MSSTs .91108 (St. Mary's)
.PSU .307
.MFPU .King's Bay (Georgia)
.HITRON .Jacksonville
.Cutters .OAK, RESOLUTE, VENTUROUS, VALIANT, GALLATIN (until decommissioned)

HSWL Field Office Puerto Rico (Miami Pharmacist)

.Clinic .Miami Beach
.Air Station .Borinquen, Miami
.Sector .San Juan, Key West
.MSST .91114 (Miami)
.Cutters .VIGILANT, CONFIDENCE, MOHAWK, THETIS

HSWL Field Office District Eight (Mobile Pharmacist)

.ATC .Mobile
.Air Station .New Orleans
.Clinic .NOLA
.Sector .Mobile, Lower Mississippi, New Orleans
.SFO .Venice, Grand Isle
.MSU .Lake Charles, Morgan City
.Strike Team .Gulf
.PSU .308
.MSST .91112 (New Orleans)
.Cutters .CYPRESS, DECISIVE

HSWL Field Office District Nine (Elizabeth City Pharmacist)

.Clinic .Cleveland, Detroit (ANGB-Selfridge), Elizabeth City (District 5)
.Air Station .Traverse City
.Sector .Lake Michigan, Sault Ste. Marie, Buffalo, Grand Haven, Wilmington
.SFO .Duluth, Cape Hatteras, Ft Macon
.PSU .309
.Strike Team .National
.Cutters .ALDER, HOLLYHOCK, MACKINAW, DILIGENCE, ELM

HSWL Field Office District Eleven (Alameda Pharmacist)

.Clinic .Alameda, San Pedro, San Diego (Navy)
.Air Station .San Francisco, Humboldt Bay, Los Angeles (AF)
.Sector .San Francisco, San Diego
.MSST .91105 (San Francisco), 91103 (Los Angeles), 91109 (San Diego)
.PSU .311 (Los Angeles), 312 (Alameda)
.PACTACLET .Pacific Tactical Law Enforcement Team (San Diego)
.Cutters .ASPEN, BOUTWELL, SHERMAN, BERTHOFF, WAESCHE, STRATTON

HSWL Field Office District Thirteen (Seattle Pharmacist)

.Clinic .Seattle
.Air Station .North Bend, Port Angeles, Columbia River
.Sector .Portland
.MSST .91101 (Seattle)
.PSU .313
.MFPU .Bangor
.Cutters .ACTIVE, ALERT, FIR, HEALY, MELLON, MIDGETT, POLAR STAR,
STEADFAST

HSWL Field Office District Fourteen (Petaluma Pharmacist)

.Clinic .Honolulu (Navy), Sand Island, Petaluma (District 11)
.Air Station .Barbers Point, Sacramento
.Sector .Guam
.Strike Team .Pacific Strike Team
.MSST .91107 (Honolulu)
.Cutters .KUKUI, WALNUT, SEQUOIA, RUSH, MORGENTHAU, (until
decommissioned)

HSWL Field Office District Seventeen (Kodiak Pharmacist)

.Clinic .Kodiak, Ketchikan, Juneau
.Air Station .Sitka
.Sector .Anchorage
.MSU .Valdez
.Cutters .ALEX HALEY, HICKORY, MAPLE, SPAR, MUNRO, SYCAMORE

Enclosure 2. Regional Pharmacy Executive AOR Duty Pharmacy Operations Checklist

	Compliance*			
	SC	PC	NC	NA
1. IDHS is designated in writing by the Designated Medical Officer Assigned (DMOA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Person(s) responsible for pharmacy operations has completed pharmacy-specific training with the RPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is documentation the pharmacy section of standard operating procedures (SOP) is reviewed annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. IDHS is certified in writing by the DMOA to administer immunizations and to prescribe and dispense medications not included on the HSAL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Refrigerator temperatures are verified and documented two times a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Refrigerator has a twenty-four hour monitoring device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For units without personnel to monitor refrigerator temperatures after hours (e.g. AIRSTAs, PSUs, and MSSTs), a Sensaphone or similar temperature alert system is utilized and regularly tested for functionality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. For units with personnel onboard to monitor refrigerator temperatures after hours (e.g. cutters), an external alarm, or other mechanism to alert personnel of out-of-range temperatures is utilized. This may include Sensaphones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Refrigerator is connected to a backup energy source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Vaccine Information Sheets (VIS) is made available to patients prior to immunization. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. MILVAX Immunization CQIP is completed annually (www.vaccines.mil/documents/1512Customer_CQIP_Tool.pdf).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Individual responsible for maintaining immunizations has certificate of completion for the MILVAX cold chain management training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Practice site personnel understand the mechanism for reporting immunization and medication adverse reactions through the Vaccine Adverse Event Reporting System (VAERS) and FDA MedWatch reporting systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Regional Practice Pharmacy Committee (PTC) meetings are conducted quarterly with a representative from each practice site attending via telephone, video conference or in person. The PTC meetings reviewed the appropriateness of drug usage, including Medical Necessity Forms, Special Orders and Prior Authorization Forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Practice Sites maintaining Anthrax Vaccine have documentation of USAMMA registration as Anthrax Vaccination Administration Site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Practice Sites maintaining Smallpox Vaccine have documentation of USAMMA Smallpox training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Practice site is properly equipped for response to anaphylaxis or allergic reactions including maintaining Epi-Pens ® and injectable diphenhydramine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medications and immunizations are stored in a secure, temperature-controlled area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Practice site pharmacy is clean and orderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provisions are made for the separate storage of external medications, internal medications, injections, otics, ophthalmics and disinfectants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Flammable medications are stored in an appropriate flammable locker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Non-refrigerated medications are evaluated and documented for expiration dates quarterly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Refrigerated medications are evaluated and documented for expiration dates monthly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Portable medications stored as part of first aid kits, battle dressing stations, gun bags, EMT kits, flight bags and medical lockers maintained independent of the sickbay are inspected quarterly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. National and/or local poison control numbers are at least posted in the sickbay and the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Non-prescription program (OTC) conforms to current MEDMAN guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. OTC requests for pseudoephedrine-containing products have the address, date and signature of the patient on them and are retained for 3 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Members administering and dispensing products from the OTC Program pseudoephedrine have completed the “DEA Combat Methamphetamine Act” training (do not pay for certificate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Transactions involving the transfer of pseudoephedrine-containing products are appropriately documented with DD 1149s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Practice sites utilize an approved Defense Logistics Agency (DLA) contracted Return Goods Vendor for expired medications and those medications requiring specialized disposal or they forward their medications to their supporting RPE clinic with appropriate DD-1149 documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Medications in inventory that are not included on the appropriate HSAL have written approval from the unit DMOA for the specific medication stocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Pharmacy references are current and maintained IAW the appropriate HSAL and MEDMAN.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Medical Countermeasures (MCM) are maintained in accordance with manufacturer, CG, SLEP and USAMMA guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. CBRN antidotes are appropriately inventoried and updated quarterly in the Shelf-Life Extension Program (SLEP), where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Practice site personnel understand and appropriately administer medications IAW the Standardized Health Service Technician Drug Formulary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Transactions involving controlled substances are completed in accordance with CG and DEA guidelines such as DD1149, CG5353, and NAVMED6710/5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Controlled substances (including CANA) are appropriately stored IAW CG and DEA instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Controlled substances audits are conducted IAW CG and DEA references.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Members of the Controlled Substance Audit Board (CSAB) are appointed in writing by the appropriate authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. A prescription log containing the name of recipient, medication and date dispensed from the practice site is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. HIV prophylaxis medications are appropriately maintained, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Compliance definitions:**

SC = Substantial Compliance

PC = Partial Compliance

NC = Not Compliant

NA = Not Applicable

Enclosure 3. Regional Pharmacy Executive Assist Visit Report Memorandum Template

U.S. Department of
Homeland Security



**United States
Coast Guard**
Commander

Your Regional Practice site

Your Address

6570

M E M O R A N D U M

From: Your practice site, Your Rank, USPHS
CG Regional Practice site

Reply to Regional Pharmacy
Executive (staff symbol)
Email address
Telephone number

To: USCG REGIONAL MANAGER, XXXXXXXX
USCG COMMANDING OFFICER. XXXXXXXX

Subj: REGIONAL PHARMACY EXECUTIVE ASSIST VISIT

Ref: (a) Medical Manual, COMDINST M6000.1(series), Section 10.A.1.e
(b) QIIG 45, Regional Pharmacy Executive (RPE) Area of Responsibility (AOR)
Program.

1. The Coast Guard Regional Pharmacy Executive (RPE) Area of Responsibility (AOR) Program, described in references (a) and (b), requires Pharmacy Officers to provide professional oversight to Regional Practice sites and sickbays in their respective areas-of-responsibility (AOR) that do not have an assigned pharmacy officer. This oversight includes regular site visits to the practice sites. The program is intended to ensure pharmacy operations are safely conducted in accordance with Coast Guard, federal and other applicable laws and to maximize operational readiness.

2. On Day, Month, Year, LCDR/CDR/CAPT XXXXXX, USPHS, conducted a pharmacy officer assist visit at the USCG/USCGC _____ with Rank of Corpsman & name _____, USCG. The results of the visit are documented in the Regional Pharmacy Executive AOR Duty Pharmacy Operations Checklist Report [enclosure (2)] and the RPE Assist Visit Report Summary [enclosure (4)].

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Encl: (1) Regional Pharmacy Executive AOR Duty Pharmacy Operations Checklist Report

Copy: CG Regional Practice Designated Medical Officer Assigned (DMOA)
CG HSWL SC Senior Independent Duty Health Services Technician (SIDHS)
CG HSWL Independent Duty Health Services Technician (IDHS)

Enclosure 4. Regional Practice Executive Assist Visit Report Summary

SUBJ: REGIONAL PHARMACY EXECUTIVE ASSIST VISIT REPORT FOR

1. General remarks regarding the overall operation of the pharmacy.
2. Checklist items that require corrective action (item and necessary corrective action).

- There were no checklist items that require corrective action at this time.
- The following items require corrective action:

3. Comments on non-checklist items.

- No comments to make.
- The following is noted regarding non-checklist items:

4. Comments on innovative pharmacy practices.

- None to report at this time.
- The following practices are noted:

5. Recommendations on how to improve operations and training support.

- No comments to make.
- The following are recommendations to improve operations:

Concluding remarks: