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QUALITY IMPROVEMENT IMPLEMENTATION GUIDE #45

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

PURPOSE: Replace previous editions of QIIG 45 as the documents that guide the Regional Pharmacy Executive (RPE) AOR duty responsibilities and serve as a reference for Coast Guard (CG) personnel involved in pharmacy operations, such as Health Services Administrator (HSA), Senior Health Services Officer (SHSO) Regional Practice Director (RP DIR) and the Regional Practice TEAM, consisting of the Senior Medical Executive (SME) Senior Dental Executive (SDE), Regional Pharmacy Executive (RPE), Senior Independent Health Service Technician (SIDHS), and the Regional Practice Manager (RPM).

DISCUSSION: In order to ensure that practice sites without assigned pharmacy officers provided high quality pharmacy services to their beneficiaries in accordance with CG policy and applicable federal laws. Pharmacy operations have become increasingly complex (e.g. implementation of the Smallpox and Anthrax Vaccination Immunization Program, requirements to maintain chemical/biological/radiation/nuclear antidotes as well as logistical and clinical support for Regional practice sites within the assigned area of responsibility). This complexity requires appropriate mechanisms in place to ensure pharmacy operations are safely conducted to ensure a high degree of operational readiness.

ACTION: Health, Safety and Work-Life Service Center (HSWL SC), HSAs, SHSOs/RP DIRs, Designated Medical Officer Advisors (DMOAs), Independent Duty Health Services Technicians (IDHS), Regional Practice TEAM 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.

Overview.

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

2. Responsibilities.

a. HSWL SC

- (1) Provide the necessary financial support to the Regional Practices for the program.
- (2) 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.
- (3) Maintain a uniform HSWL RPE AOR Duty Operations Checklist for assist visits (Enclosure 2).
- (4) Establish a uniform HSWL RPE AOR Duty assist visit schedule
- (5) Obtain performance input for the USPHS Commissioned Officers Effectiveness Report from practice sites where pharmacy officers provide oversight.

b. Regional Pharmacy Officers (RPEs).

(1) Conduct Assist Visits.

(a) Assist visit schedule:

1. At least once monthly for practice sites within a 50 mile radius of the pharmacy officer's billet. Additional visits may be warranted based on discussion between HSWL SC PhO and the RPE.

2. At least once annually for practice sites outside a 50 mile radius of the pharmacy officer's billet. Additional visits may be warranted based on discussion between HSWL SC PhO and the RPE.
3. At least once annually to IDHS sites/practice sites that operate a sickbay pharmacy. Additional visits may be warranted based on discussion between HSWL SC PhO and the RPE.
4. Ad hoc visits to assigned practice sites at the request of the Command, SHSO/FO DIR, HSA, HSWL SC PhO, or the Regional Practice TEAM for warranted issues of concern.
5. At least once quarterly contact (i.e., telephone, email, face-to-face visit) will be made between the practice site and the RPE. Contacts made with the practice sites are to be documented and readily retrievable.
6. RPEs are to maintain a positive and pro-active oversight of pharmacies and IDHS-staffed sickbays within their AOR. Greater oversight may be required for practice sites that are visited once annually. Oversight includes, but is not limited to: frequent contacts with pharmacy personnel, documented phone and email contacts, review of all Prime Vendor and/or pharmaceutical orders prior to submission, prime vendor credit orders and the return of pharmaceutical returns documents.

- (b) Organize visit itinerary, notify appropriate members of the practice site Command of visit date, follow appropriate military protocol, and provide an in-brief and/or out-brief to the regional practice site's CO or his/her representative during visits at the CO's discretion.
- (c) Ensure practice sites operate in accordance with the HSWL SC Pharmacy Officer Checklist requirements (Enclosure 2).

(2) Prepare assist visit reports.

- (a) Document visits using the HSWL SC memorandum (Enclosure 3), utilizing enclosures 2 and 4 for summary of the visit(s). Completion of the memorandum within 10 days of the visit and uploaded onto the CG electronic reporting system. Forward assist visit reports to the appropriate Practice Site's Commanding Officers (CO) or designee, Senior Independent Duty Health Services Technician (SIDHS), and designated DMOAs.
- (b) Assist visit reports shall include, at least, 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 the 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 and vaccines.
- (b) Provide guidance for all pharmacy-related programs such as the prime vendor program, contract versus non-contract pharmaceuticals, DoD MMQC notifications, cold-chain management, stockpile maintenance, closed point-of-dispensing (POD) plans and 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 and AOR Regional Practice Pharmacy and Therapeutics Committee (PTC) meetings and all other requirements as designated by Chapter 10 of the Coast Guard Medical Manual, COMDTINST M6000.1 (series) and HSWLSCINST M6010.1.
- (d) Provide pharmacy-related education, training, and updates.
- (e) Assist practice sites in preparing for Accreditation Association for Ambulatory Health Care, Incorporated (AAAHC) surveys.

(4) Document AOR Duty Activities.

- (a) Pharmacy officers shall document AOR duty activities including submission of visit reports and email or telephone contacts, ensuring dates and time of contacts are accurately notated.

Enclosure (1): Regional Pharmacy Executive AOR Duty Assignments

Regional Practice 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 Regional Practice Academy (Academy Pharmacist)

Clinic Academy, St. Louis
PPC Topeka
Sector Long Island Sound, Ohio Valley, MSD Quad Cities
SFO Moriches
Activities Europe
Cutters Eagle

HSWL Regional Practice 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 Regional Practice 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 Regional Practice District Five (Portsmouth Pharmacist)

Clinic Portsmouth, Yorktown
Sector Hampton Roads, Eastern Shore
PSU 305
MSST/MSRT 91102 (Chesapeake)
Expeditionary PATFORSWA
CAMSLANT Chesapeake
Cutters Bear, Forward, Harriet Lane, Legare, Northland, Tampa

HSWL Regional Practice 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 Dallas, Gallatin, Oak, Resolute, Venturous

HSWL Regional Practice Puerto Rico (Miami Pharmacist)

Clinic Miami Beach
Air Station Borinquen, Miami
Sector San Juan, Key West
MSST 91114 (Miami)
Cutters Vigilant, Confidence, Mohawk, Thetis, Valiant

HSWL Regional Practice 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 Regional Practice 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 Regional Practice 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, Morgenthau, Sherman, Berthoff, Waesche, Stratton

HSWL Regional Practice 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 Sea, Steadfast

HSWL Regional Practice District Fourteen (Petaluma Pharmacist)

Clinic Honolulu (Army), Petaluma (District 11)
Air Station Barbers Point, Sacramento
Sector Guam
Strike Team Pacific Strike Team
MSST 91107 (Honolulu)
Cutters Kukui, Jarvis, Walnut, Sequoia, Rush

HSWL Regional Practice 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.	Persons <u>temporarily</u> responsible for pharmacy operations who are not C-school trained pharmacy technicians have completed QIIG 41 under the supervision of a Pharmacy Officer or qualified "C" School Trained Pharmacy Technician.	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Practice sites without a C-school trained pharmacy technician have requested a pharmacy technician training quota from the Commandant (CG-112). Date of attendance will be within the next 6 months.	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Person (s) responsible for pharmacy operations has a designation letter on file and is/are proficient in the appropriate CHCS modules.	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Person (s) responsible for pharmacy operations completes pharmacy-specific training with the RPE.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Written standard pharmacy operating procedures (SOP) are specific to the practice site and reviewed/updated annually.	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	There is a practice site specific list (i.e. formulary) of medications regularly stocked by the practice site's pharmacy and is available to all beneficiaries.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The formulary is in accordance with decisions of the Regional Practice Pharmacy and Therapeutics Committee meetings, the DoD Pharmacy and Therapeutics Committee and CG-112.	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Regional Practice Pharmacy and Therapeutics Committee meetings are conducted quarterly and a representative from the practice site attend via telephone, video conference or in person (ashore practice sites).	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The Regional Practice Pharmacy and Therapeutics Committee meetings review the appropriateness of drug usage, including Medical Necessity Forms, Special Orders and Prior Authorizations submitted by the practice site.	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Hazardous, toxic and flammable products are stored/disposed of appropriately.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Temperature sensitive pharmaceuticals and immunizations are stored, monitored and documented in accordance with CG and USAMMA guidelines, using Sensaphone monitoring, consistent temperature reporting and generator backup installation.	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Designated individual responsible for maintaining immunizations has completed the MILVAX cold chain management training and has certificate	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Portable medications that are 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 monthly and inventoried quarterly.	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Practice site personnel understand the requirements and utilize the Vaccine Adverse Event Reporting System (VAERS) and FDA MedWatch reporting systems. Reports submitted are included in the Regional Practice Pharmacy and	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapeutics Committee meeting minutes.						
15.	National and/or local poison control numbers are posted in the pharmacy/sickbay, front desk area, after-hours duty area and other pertinent practice site/sickbay areas.	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Poison antidote locker, if applicable, is located outside the sickbay/pharmacy area, checked monthly and inventoried quarterly as designated by MEDMAN guidelines.	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Practice site personnel understand and appropriately administer and dispense medication in accordance with the Standardized Health Service Technician Drug Formulary.	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Members of the Controlled Substance Audit Board (CSAB) are appointed in writing, via a designation letter, by the Regional Practice Manager.	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Controlled substances audits are conducted in accordance with CG and DEA references.	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Controlled substances (including CANA) are stored in a secure, temperature controlled area in accordance with CG and DEA guidance.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Transactions involving controlled substances are completed in accordance with CG and DEA guidelines.	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Provisions are made for the separate storage of external medications, internal medications, injectables, otics, ophthalmics and disinfectants.	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Appropriate current pharmacy references are maintained and readily available.	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Non-prescription program (OTC) conforms to current MEDMAN and FDA guidelines. Requests for "Pseudoephedrine-containing" products have the required address, date and signature of the patient and are retained for 3 years.	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	CBRN antidotes are maintained in accordance with CG, MILVAX and USAMMA guidance.	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	CBRN antidotes are maintained for operational practice sites in accordance with CG, MILVAX and USAMMA guidance.	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Practice site utilizes a Defense Logistics Agency (DLA) contracted Return Goods vendor for expired medications and medications requiring specialized disposal.	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	IDHS has been designated in writing by the Designated Medical Officer Assigned (DMOA).	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	IDHS is certified in writing by the DMOA to administer immunizations	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Intended immunization site is properly equipped for response to anaphylaxis or allergic reactions.	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Vaccine Information Sheets (VIS) are provided in accordance with current guidelines.	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Medications and immunizations stored in a secure, temperature controlled area.	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Medications and immunizations are evaluated, reviewed and documented monthly for expiration dates and deterioration.	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Medications stored in accordance with current guidelines with documentation from the DMOA for any medications that are not listed on the HSALs.	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. A prescription log is maintained, documenting prescriptions dispensed.	35	<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)

To: USCG XXXX

Subj: REGIONAL PHARMACY EXECUTIVE ASSIST VISIT

Ref: (a) Medical Manual, COMDINST M6000.1(series), Section 10.A.1.e
(b) QIIG 45, Pharmacy Officer AOR Duty Program

1. The Coast Guard Pharmacy Officer AOR Duties 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. A portion of 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. Further, the program requires the submission of a copy of this report uploaded in the CG electronic reporting portal upon completion.

2. On Day, Month, Year, LCDR/CDR/CAPT XXXXX, 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)].

3. A copy of this letter was sent to the SIDHS and the DMOA of regional practice site's sickbay.

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

Copy: CG ()
CG ()

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: