

Pharmacy field hospital toolkit

Updated as of September 8, 2020

Introduction

Vizient has created a toolkit to provide guidance for the provision of pharmacy services within a field hospital. In anticipation of the emergency need for field hospital operations, pharmacy leadership from the sponsoring hospital should proactively solicit direct involvement in the initial planning and execution of field operations. Whenever possible, translate pharmacy practice principles from the sponsoring hospital pharmacy to the field. For issues specific to facilities built in anticipation of future surge needs, refer to Appendix A.

For questions regarding this content, please contact us at pharmacyquestions@vizientinc.com.

Considerations

Physical	
Environment	
<input type="checkbox"/>	Evaluate existing memorandums of understanding (MOU) and mutual aid agreements to determine if a site has been previously identified and if commitment to allow use has been obtained. MOUs and mutual aid agreements should be reevaluated annually.
<input type="checkbox"/>	Ensure agreements are in place to define financial responsibilities, including initial site preparation; supplies; labor; equipment and site restoration. Physical damage to the site during the event may be substantial and costly to repair.
<input type="checkbox"/>	Confirm the pharmacy space is adequate for services to be provided, including pharmacy staff and equipment.
<input type="checkbox"/>	Make certain the pharmacy receiving and storage area is of adequate size (may refer to state requirements), including space for disinfection and cleaning of drug and supplies.
<input type="checkbox"/>	Confirm availability of appropriate climate control for drug storage and preparation including heating, ventilation and air conditioning (HVAC) systems to address temperature and humidity control. Portable units are typically available.
<input type="checkbox"/>	Require onsite medication security features consistent with state and federal regulations, including closed hours.
<input type="checkbox"/>	Address pharmacy-specific security in addition to field hospital security (typically addressed on the whole).
<input type="checkbox"/>	Determine power needs and capacity, ensuring vital equipment has generator backup. Tape off or cap unused outlets to minimize risk of inadvertent overload.

<input type="checkbox"/>	Power and communication needs require multiple cords and other barriers; consider placement to minimize the risk of a trip hazard.
<input type="checkbox"/>	If the physical plant doesn't allow for sinks within the designated pharmacy space, consider availability for portable pharmacy handwashing stations.
<input type="checkbox"/>	Design areas for donning and doffing personal protective equipment (PPE) outside of the pharmacy in addition to PPE requirements for pharmacy compounding. This is generally at the point of entry to the facility.
<input type="checkbox"/>	Confirm all appropriate worker safety considerations (e.g., eyewash, lighting, potential tripping hazards).
<input type="checkbox"/>	Install adequate number of outlets and data ports for pharmacy operations.
Equipment	
<input type="checkbox"/>	Perform a gap analysis between site-provided equipment and pharmacy-specific needs (e.g. printers; sharps containers; pharmaceutical waste receptacles; cleaning supplies; refrigerators; freezers; temperature monitoring systems; wrist band printers).
<input type="checkbox"/>	Purchase supplies required to run normal pharmacy operations including, but not limited to: syringes; needles; mortar and pestle; graduated cylinder; counting trays; unit dose packaging system / equipment; prescription vials; pill crushers; pill splitters; IV hoods or gloveboxes; code kits.
<input type="checkbox"/>	After choosing medication distribution model, acquire appropriate supportive equipment for use in the pharmacy and patient care areas (e.g. automated dispensing cabinets [ADCs]; carts; locked cabinetry; bins).
<input type="checkbox"/>	Consider how IV pumps will be sourced and configured; pumps and libraries based on the sponsoring hospitals' pump configuration and practices will allow for more rapid deployment of newly acquired IV pumps.
<input type="checkbox"/>	Ensure supply provides appropriate options for IV pumps and medications to be administered (e.g vented and non-vented and vendor specific tubing requirements).
<input type="checkbox"/>	Include pharmacy guidance in purchasing/contract decisions surrounding medication-related equipment (e.g. pumps, ADCs, carts)

Regulatory	
<input type="checkbox"/>	Contact appropriate regulatory agencies to initiate applicable support including: State Board of Pharmacy; Drug Enforcement Agency (DEA); Department of Health (DOH) and/or Center for Medicare & Medicaid Services (CMS). Minimal requirements: pharmacy registration, DEA notification.
<input type="checkbox"/>	Ensure roles and responsibilities are defined and agreed to upfront including a coordinated effort to address regulatory concerns associated with roles (e.g. who will be responsible for acquiring drugs,

	including controlled substances. Decide if the hospital license and DEA number will be used or if a site-specific DEA be acquired).
<input type="checkbox"/>	If using paper documentation, ensure adherence to all applicable regulatory guidance.
<input type="checkbox"/>	Ensure pharmacy associated support for non-pharmacy areas (e.g. medication security, ensuring medications are within expiration date, medication waste management).
<input type="checkbox"/>	Include planning for proper disposal of written/printed protected health information.

Communications/Logistics	
<input type="checkbox"/>	Maintain an active contact information list for staff contractors; facilities; environmental services; IT; security; site supervision; employee health and wholesalers.
<input type="checkbox"/>	Consider twice daily briefings of all staff utilizing the incident command structure. A separate pharmacy-specific briefing should also be considered at least daily.
<input type="checkbox"/>	Ensure pharmacy has a dedicated two-way radio (site-specific device of choice) for intra-site communications. Give consideration to security of communications (e.g., limit discussions to those appropriate on an unsecured device).
<input type="checkbox"/>	Include pharmacy in bed numbering system generation to allow for smooth medication delivery.
<input type="checkbox"/>	Coordinate storage and disposition of pharmaceutical waste with assigned waste management vendor. If addressed by the sponsoring hospital staff, consider volumes of waste and transportation needs.
<input type="checkbox"/>	Set-up a dedicated courier service with sponsoring hospital on a regular cadence.
<input type="checkbox"/>	At the end of the engagement, ensure appropriate shut down procedures are followed to address the removal of all pharmaceuticals, supplies and equipment.
<input type="checkbox"/>	Create appropriate logs based on operational and regulatory needs (activities; temperature; controlled substances accountability; burn rates; compounding logs).
<input type="checkbox"/>	Create documentation for all expenses (e.g. labor; medications; supplies; equipment; waste disposal; transportation; site preparation and restoration). Ensure invoices are attached or available when requested.
<input type="checkbox"/>	Coordinate regular communication with site Chief Medical Officer to update inventory levels, burn rates and changes with alternative therapies.
<input type="checkbox"/>	Consider use of facility dispatch center to triage pharmacy related calls vs direct pharmacy communication.

<input type="checkbox"/>	Assess need for facsimile services based on chosen patient care model.
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Operations	
Distributive	
<input type="checkbox"/>	Coordinate with sponsoring hospital pharmacy regarding pharmacy activities that cannot happen onsite (e.g., USP795/797/800 compounding, hazardous waste disposal).
<input type="checkbox"/>	Assess availability of electronic support of operations. If unavailable, leverage templates for: medication administration record (MAR) (1 day, 3 day, 6 day); master formulation records; IV or oral production logs; monitoring forms; patient profile; pharmacy pad dispensing records; controlled drug administration records, and labels. Special consideration may be required if laboratory data is not electronically available.
<input type="checkbox"/>	Collaborate with site leads to establish roles of pharmacy vs supply from a storage and dispensing perspective. Consider integrated vs separate models and risk benefits of each.
<input type="checkbox"/>	Plan medication distribution model according to patient acuity, staffing contingencies, and available equipment.
<input type="checkbox"/>	Consider strategies to address controlled substance diversion detection and mitigation with a focus on the unique setting and practices (e.g. incremental dosing, witness waste challenges).
<input type="checkbox"/>	Ensure availability of auxiliary labels, blank inpatient labels, blank outpatient labels or equipment and templates to produce on demand.
<input type="checkbox"/>	Create a methodology for communicating gravity administration (appropriate medications, auxiliary labels with instructions). See the Institute for Safe Medication Practices (ISMP) for an example.
<input type="checkbox"/>	Utilize appropriate medication inventory system for chosen distribution model to ensure timely restocking, taking into account current burn rates.
<input type="checkbox"/>	Define systems for the collection of key administration data such as vaccine lots and expiration data.
<input type="checkbox"/>	Define how patient owned medications that are self-administered will be documented (e.g. self-administration record completed by patient or nursing MAR with self-administration indicator).
<input type="checkbox"/>	Create a plan for outpatient/discharge medications (e.g. dispense from site, coordinate with local pharmacies)
<input type="checkbox"/>	Fax a list of NPI provider numbers to local pharmacies.
<input type="checkbox"/>	Alert local pharmacy to the potential for paper prescription receipt and address any related concerns.

<input type="checkbox"/>	Ensure access to state-specific Pharmacy Drug Monitoring Program (PDMP).
<input type="checkbox"/>	Create a field hospital specific formulary based upon a limited version of the sponsoring hospital formulary. For guidance, refer to Health and Human Services Alternate Care Site tool kit
Staffing	
<input type="checkbox"/>	Identify Pharmacist in Charge, determine staffing availability and where the staff will be coming from (e.g. sponsoring hospital staff; agency; volunteers; students / new graduates). Consider just-in-time training model.
<input type="checkbox"/>	Evaluate training requirements, addressing use of the EHR; physical layout / patient locations; workflow distributive and clinical responsibilities.
<input type="checkbox"/>	Define staffing model (e.g. 12 hours) and plans for pharmacy support when not staffed. Distributive model will be dependent on hours staffed.
<input type="checkbox"/>	Build in contingencies for accepting patients during hours when the pharmacy is closed, if not providing 24/7 service.
<input type="checkbox"/>	Ensure sponsoring hospital administrative support for field hospital pharmacy staff.
<input type="checkbox"/>	Coordinate onsite supervision of pharmacy staff through field hospital command center.
Medication safety	
<input type="checkbox"/>	Evaluate risks associated with available medication storage locations / equipment (e.g. ADC availability; secure pharmacy room; locking cabinets; refrigerators and freezers; patient's own medication; bulk or floor stock drugs; crash carts / intubation kits or trays).
<input type="checkbox"/>	Define intake medication reconciliation process (e.g. discharge summary from hospital; patient interview; retail pharmacy call).
<input type="checkbox"/>	Define discharge medication reconciliation process and hand-off communication if patient is transferred to another care site (e.g. abbreviated discharge summary; copy of MAR, paper discharge medication reconciliation form).
<input type="checkbox"/>	Define high-risk medication list and practices similar to sponsoring hospital (e.g. double checks; independent validation; use of smart pump dose error reduction system (DERS)).
<input type="checkbox"/>	Define a list of medications and fluids for which gravity administration is appropriate.
<input type="checkbox"/>	Define practices for preparation of immediate use sterile products in sub-optimal locations such as at the bedside. Consider use of smaller volume products and more conservative beyond use and expiration dates.

<input type="checkbox"/>	Prefer flush syringes for line care and following intravenous medication administration; however, contingency plan for flush from bag as a backup.
<input type="checkbox"/>	Set up medication administration practices to prohibit use of flush syringes as diluents (e.g. providing physical or virtual kits rather than only the dry powder vial).
<input type="checkbox"/>	Define practices for the administration of respiratory medications and discourage the use of nebulized therapies without appropriate safeguards (e.g. use patient-specific or common canister MDIs; labeling practices for MDIs that are sent home with patients who are discharged).
Clinical	
<input type="checkbox"/>	Assign patient intake medication history process and determine if pharmacy personnel is preferred or if this process can be managed by non-pharmacy personnel with appropriate education and support. Take into consideration patient input disposition. Consider remote services (e.g. iPad interview).
<input type="checkbox"/>	Develop a robust therapeutic interchange program as inventory space will be limited.
<input type="checkbox"/>	Plan for a medication education process.
<input type="checkbox"/>	Create a custom electronic system for medication monitoring vs paper workflow.
<input type="checkbox"/>	Ensure staff has access to appropriate materials (e.g. drug information resources, policies and procedures).
<input type="checkbox"/>	Coordinate patient discharge activities with case coordinator on site or at the sponsoring hospital.
Medication Use in Patient Care Areas	
<input type="checkbox"/>	Be mindful of disparate nursing staff practices due to prior work history, practice setting and differing organizational policies/practices. Create standardized medication administration practices and ensure they are readily available to nursing staff (e.g. labels; electronic tools; reference sheet; 1:1 education).
<input type="checkbox"/>	Collaborate with prescribers, nursing and leadership to create patient code workflow, including provision of medications.
<input type="checkbox"/>	Design medication administration procedures to decrease cross contamination risk (e.g. patient-specific tablet splitters and crushers).
Wholesale Distributor	
<input type="checkbox"/>	Plan for separate accounts for field hospital medications and supplies.
<input type="checkbox"/>	Establish up front which entity or organization is responsible for payment.

<input type="checkbox"/>	Consider use of retail pharmacy to augment medication supply from the wholesale distributor (e.g. patient-specific medications; meds-to-beds program).
<input type="checkbox"/>	Establish record retention practices for invoices (e.g. paper or electronic invoices; how to segregate from sponsoring hospital records).
<input type="checkbox"/>	Define replenishment procedures, order cut off times, delivery times and delivery location.
<input type="checkbox"/>	Consider the need for procurement of limited distribution drugs not available via traditional wholesale distributor or retail pharmacy (e.g. select oral chemotherapy drugs).
<input type="checkbox"/>	Identify a controlled substance ordering system (CSOS) coordinator and workflow for the field hospital pharmacy in conjunction with the sponsoring hospital and wholesale distributor.

We at Vizient are committed to providing relevant and timely information to help you treat your patients and protect yourself during the COVID-19 pandemic. Below are a few of the resources available to you. For specific questions and assistance, please contact pharmacyquestions@vizientinc.com.

Available to the public:

- [Pharmacy practice considerations](#)
- [COVID-19 FAQs](#)
- [Emerging Practices to Combat Coronavirus Disease \(COVID-19\)](#)
- [Surge demand calculator](#)

For access to all available content, visit our [COVID-19 Resources](#) webpage.

Available to Vizient members

- [Management of Inhaled Medications](#)
- [Pharmacotherapy for COVID-19: Evidence Summary](#)
- [The Effect of COVID-19 PPE Supply Shortages on USP Compliance: Recommendations for Management](#)

For access to all available content, visit our [COVID-19 member](#) webpage.

References

1. Federal Healthcare Resilience Task Force Alternative Care Site (ACS) Toolkit. First Edition. Accessed online: April 7, 2020. <https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>
2. Gravity Flow Rate Drip Chart. Acute Care ISMP Medication Safety Alert. April 9, 2020. 25 (7): 5.
3. COVID-19: Providing Outpatient Pharmacy Services in a Field/Surge Hospital. Issued: April 24, 2020. Accessed: May 11, 2020. https://www.pharmacist.com/sites/default/files/audience/APhACovid-19OutpatientPharmacy0420_web.pdf

Appendix A:

Anticipatory facility-specific challenges	
<input type="checkbox"/>	Vendors (e.g medication distributors, food services, laboratory, security, environmental) may lack incentives to commit to the facility due to situational ambiguity.
<input type="checkbox"/>	Staffing challenges are likely to exist due to multiple unknown factors (e.g., patient volumes, opening dates, hours required, duration of service).
<input type="checkbox"/>	Weighing the need for initial inventory against the risk of loss due to expiration and the ability to rapidly replenish poses a unique difficulty in this setting.
<input type="checkbox"/>	Balancing the risk of financial risk and long-term viability versus lack of community surge preparedness.
<input type="checkbox"/>	Maintenance of full preparedness condition, regardless of utilization, requires significant resources and effort.
<input type="checkbox"/>	Communication challenges associated with multiple vendors and staff serving in a remote capacity during preparedness phase.