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I need to rearrange the weekend schedule so I can attend the party for my parents’ wedding anniversary. I hope my coworkers will help out.” “I can’t have an active role in the pharmacy association, because I know it would be a scheduling nightmare every time I need to take off for a meeting.”

These are just some of the common concerns of busy pharmacists. Between work, children, parents, and other time commitments, managing a work–life balance keeps many pharmacists awake at night. Pharmacy school prepares well-trained, clinically competent professionals but spends little time teaching how to juggle work and home commitments—a challenge that changes throughout the different stages of life. For example, new graduates who have just begun their careers may be reluctant to ask for time off for family or professional activities.

In institutional settings, these issues may seem less pressing because of greater staff availability. In reality, however, time management can become more problematic because of the necessity for 24–7 coverage and other staffing demands. To have a good work–life balance, you must determine what is important to you, know how to set goals and develop priorities, and realize that you may need to adapt your priorities to your situation.

Association membership
One way to counteract tunnel vision is to get involved with a national pharmacy association like APhA. Through activities sponsored by APhA, as well as other local, state, or national pharmacy associations, you can learn more about current trends in pharmacy. Knowing what is happening and how it may affect you and your patients is critical. From simply joining an association to running for elected office, there are many paths for involvement in a pharmacy association. No matter the level of your involvement, your work life—and ultimately, patient care—will only improve through your participation.

The balancing act of professional pharmacy association membership vs. work vs. family is something that keeps many of us awake at night. You may know the benefits of pharmacy associations, but where do these benefits fall on your own personal priority scale? Belonging to a professional organization should not be seen as a professional obligation, but as something desirable, as your involvement can spur professional development and satisfaction. It’s okay if your level of involvement changes based on your other priorities. Setting goals and priorities for what you hope to achieve from your membership will help you make these decisions.

Cathy and Tom Worrall, the subjects of our profile this month, are an excellent example of a pharmacist couple who have been able to balance their family, careers, and involvement in pharmacy associations. It isn’t always easy to achieve that balance, and it may take you some sleepless nights to get there, but knowing that you are reaching a higher level of professionalism and taking better care of your patients can help make the insomnia worthwhile.

—Melinda C. Joyce, PharmD
Pharmacy Today Health-System Edition Editor

Melinda Joyce, PharmD, FAPhA, FACHE, is Corporate Director of Pharmacy at the Medical Center in Bowling Green, KY. She also serves as adjunct faculty for the University of Kentucky College of Pharmacy and Western Kentucky University Department of Nursing. Send your ideas for HSE Insomnia to Dr. Joyce at pt@aphanet.org.
Top tips for barcode implementation

AHRQ summarizes hospitals’ experience putting barcode medication administration into practice

In a recently released report, the Agency for Healthcare Research and Quality (AHRQ) presented key findings on the implementation of medication administration technologies—specifically, barcode medication administration (BCMA) and electronic medication administration record (eMAR) technologies. The agency based its recommendations on 11 grant projects using barcode technologies; these projects are located across the country, in both urban and rural areas.

Through interviews with AHRQ-funded projects, the agency identified three main areas requiring consideration before instituting a medication administration system: the technology being implemented, the means of implementation, and the characteristics of the organization.

Technology: Interoperability is key

The technology used by an institution is paramount to the success of a BCMA system. Most AHRQ grantees preferred interoperable applications to standalone, “best-of-breed” systems. Institutions saw applications that could work with other IT interfaces as a cost-saving measure. Small and rural hospitals were especially positive about these systems, as these hospitals could not sustain the larger IT staff required for maintenance and support of a standalone system.

Grantees commented that “pilot testing facilitated a more successful implementation.” Common problems caught during pilot testing included scanners that were not compatible with all barcodes used and wristbands that could easily be lost or become unreadable.

The institutions also recommended performing pilot tests in smaller units and/or units with low-acuity cases. A related issue is the timing—simultaneous or separate implementation of BCMA and eMAR—and location—all units at once or unit-by-unit—of the technology rollout. AHRQ reported that the grantees “did not come to a consensus regarding the order in which to implement medication administration technologies,” however.

Implementation: Practice, practice, practice

Training, of course, is essential to a successful implementation. AHRQ grantees emphasized the importance of providing sufficient time for training and extending training to all relevant positions. Some institutions found it effective to integrate the training process with pilot testing. Another successful strategy was to deploy “superusers” who would receive extra training and provide peer-to-peer support for their coworkers. Most grantees also reported relying on on-site assistance from vendors.

Grantees cautioned that some manufacturers do not comply with FDA’s mandate to print barcodes on all medications at the unit dose level. Additional problems can include codes that are incompatible with scanners and drugs that need to be further repackaged before administration. In all of these cases, hospitals will need a backup strategy to relabel products, either by purchasing a packaging/labeling machine for the institution or by outsourcing barcoding.

Organization: Strong culture leads to success

Because BCMA and eMAR “are not simple tools that can be easily integrated into a new environment,” grantees had to plan for a cultural change. Many grantees told the agency about significant changes to the social structure of their hospitals. Communication between nurses and pharmacists will likely increase. The increased interdependence between the pharmacy and other departments can improve staff relationships if personnel are prepared for this change. Communication and collaboration during the planning and implementation stages can avoid turf wars between pharmacists and other hospital staff. One strategy many hospitals used to improve collaboration was to focus on nurse champions—nursing personnel who became strong supporters of BCMA and eMAR as error-preventing tools and helped encourage staff buy-in.

Setting proper expectations for the implementation of these technologies is also helpful in preparing employees. “According to the grantees, BCMA and eMAR systems had no impact on nurses’ workload, and in some projects, increased workload for pharmacy staff. Many grantees believed that BCMA and eMAR decreased nursing efficiency in the short term but had no effect over the long term,” wrote AHRQ. As a result, hospitals should not promote these technologies as time-saving tools; instead, focus on their actual benefits in reducing errors and allowing for more extensive evaluation of medication administration.

—Alex Egervary
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MTM the Worrall way

Both pharmacists, both successful, both leaders in the profession

PhA Executive Vice President and CEO John Gans’s “amazing vision” for the pharmacy profession and a desire to lead the profession are two major reasons that Thomas J. Worrall, PharmD, BCPS, FAPhA, Ambulatory Care Clinical Pharmacy Specialist at the Ralph H. Johnson Department of Veterans Affairs Medical Center in Charleston, SC, and Cathy L. Worrall, BSN, PharmD, BCPS, BCNSP, FAPhA, Trauma/Surgical Critical Care/Nutrition Support Clinical Pharmacy Specialist at the Medical University of South Carolina in Charleston (MUSC) Medical Center, take active leadership roles in APhA and in their profession. In a recent interview with Pharmacy Today, Tom explained that his motto with regard to the pharmacy profession is “Give back, lead, and positively move the profession.” Cathy has a similar philosophy as her husband and noted, “It is important to be involved so that you can help shape the future of pharmacy.”

The Worralls have been very involved in APhA since pharmacy school. Cathy attended her first APhA Annual Meeting as a first-year student pharmacists at the University of Florida and has been actively involved in APhA for the past 19 years. Tom has been a member of APhA since attending pharmacy school at Rutgers University. Cathy and Tom both served as President of their APhA Academy of Student Pharmacists Chapters. Cathy also served as a Regional Delegate and National Executive Committee Member-at-large. When asked how they met, the Worralls laughed and explained that mutual friends introduced them—where else, but at the APhA Annual Meeting in Dallas during their last year in pharmacy school! Tom and Cathy both served as New Practitioner Officers in the APhA Academy of Pharmacy Practice and Management (APPM) after graduation and went on to serve as section officers. Cathy is completing her final year as Member-at-large of the APhA–APPM Executive Committee.

Providing MTM in the ambulatory care environment

Tom spends the majority of his day in the VA’s primary care arena taking care of patients. He remarked, “I feel blessed to be taking care of America’s heroes.” He sees patients in two main clinics—anticoagulation and pharmacotherapy. In the former, Tom manages patients on long-term anticoagulation therapy; in the latter, he provides medication therapy management (MTM) services to patients with diabetes, lipid disorders, chronic obstructive pulmonary disease, heart failure, and hypertension. Tom noted, “I do everything for my patients from ordering labs to prescribing medications.” When he is consulted by one of the attending physicians to manage a patient, Tom is able via his scope of practice to initiate, change, or stop medications that are used to treat the disease states for which he is consulted. “This is not to say that the attending physicians are not accessible. They are always available when I need to run something past them,” he explained. Tom noted that he has a “very positive working relationship with all of the attending physicians in his ambulatory care clinic” and that he could not ask for a more supportive medical staff.

“Serving patients in the primary care environment can be very stressful but it also comes with many rewards,” Tom explained. He recounted the story of one of his favorite patients: “I met this gentleman when he was 53 years old. At that time he and his wife were worried about his health and his life expectancy. His father had died in his forties and all of his three broth-
ers had died in their fifties.” At the first visit, Tom knew that managing this patient’s cardiovascular medications was going to be a challenge; he had already had one myocardial infarction, was on a blood-thinning medication, was unable to take statin medications because of severe adverse drug reactions, and had been deemed by his cardiologist as not a candidate for future surgical interventions.

When Tom started working with the patient, his LDL cholesterol (LDL-C) was 148 mg/dL and he was taking high-dose niacin and high daily doses of colestipol (Colestid—Pfizer). The patient was suffering numerous adverse effects from the two lipid-lowering medications. Tom has been seeing the patient for 10 years now, and he described the patient’s progress: “He is now 63 years old and has lived longer than any of his first-degree male relatives. His LDL-C ranges from 60–80 mg/dL, and he is being managed on low-dose rosuvastatin 5 mg [Crestor—AstraZeneca] and ezetimibe 5 mg [Zetia—Merck/Schering-Plough] each day. I know that this gentleman and his wife appreciate the time and the care that my pharmacy residents and I have given to him. This year for Christmas, his wife sent my family a tin of homemade goodies to enjoy as appreciation.”

When not in clinic, Tom is frequently teaching and mentoring student pharmacists and pharmacy residents. He also serves as Assistant Clinical Professor in the Department of Clinical Pharmacy and Outcomes Sciences for the South Carolina College of Pharmacy (SCCP) MUSC campus in Charleston. He enjoys medical writing; he has been a contributor to the APhA Federal Pharmacist Update e-newsletter since 2004.

Providing MTM to surgical-trauma patients
Cathy spends the majority of her time at MUSC Medical Center in the fast-paced surgical trauma ICU (STICU). Unlike many critical care clinical pharmacy specialists, she follows her patients throughout their hospital stay, from admission to the ICU to discharge from the floor. “I work with two surgical teams—one that manages the ICU patients and one that manages the floor patients. I am the only multidisciplinary team member who manages patients on both services, which provides continuity of care for our patients,” she explained. Cathy performs rounds first thing in the morning with the STICU team and later in the morning or early afternoon with the surgical trauma floor team. The census for her ICU and floor services varies depending on the time of year, with the summer months being the most hectic. Cathy explained, “The STICU has a 16-bed capacity, while the trauma floor service has a 21-bed capacity. During the summer months, we often exceed capacity and have patients all over the hospital.”

Cathy’s patient population includes victims of motor vehicle crashes, gunshot wounds, stab wounds, and other types of blunt and penetrating trauma. The trauma surgeons she works with also perform general surgeries, and she manages these patients as well. Cathy explained, “It is my job to manage all of the pharmacotherapy needs of these patients. I ensure that medication reconciliations are completed, round with my teams, and recommend ways to optimize drug therapies and laboratory tests to monitor for efficacy and toxicity and provide discharge counseling. I work closely with the clinical dietitians to ensure optimal nutrition therapy for my patients, including both enteral and parenteral nutrition.”

Cathy is board certified in both pharmacotherapy and nutrition support. When asked specifically about MTM, Cathy laughed and explained, “Doing MTM is my job! Most hospital pharmacists have been doing MTM for years, long before the term MTM was coined.” Cathy noted how much the surgeons she works with rely on clinical pharmacists to manage drug therapies: “I have always enjoyed working with surgeons because they value my expertise and appreciate the services I provide to enhance patient care. They really rely on me to ensure that drug therapy management is optimized for their patients.”

When Cathy leaves the hospital, her duties as a pharmacist for that day are not necessarily over. She wears a pager 24/7 so she is available for her teams, if needed. “They only call me after hours if they really need something. We have a clinical pharmacy on-call service that can manage most drug therapy questions after hours and on weekends,” she told Today.

Although Cathy is employed by MUSC Medical Center, she also serves as Associate Clinical Professor in the Department of Clinical Pharmacy and Outcomes Sciences for the SCCP MUSC campus. Cathy precepts postgraduate year (PGY) 1 and PGY2 pharmacy residents and student pharmacists most months of the year. She said, “I really enjoy the students and residents. I think it is important to take students and residents on rotation because it allows us as clinicians to give back to our profession.”

Cathy enjoys clinical research in her areas of interest, which include stress-induced hyperglycemia, alcohol withdrawal, nutrition, and infectious diseases, as well as teaching at the College of Pharmacy and the College of Health Professions. She also serves as faculty advisor for the Phi Lambda Sigma Leadership Society on the SCCP MUSC campus.

Life away from the hospital
Things do not slow down when the Worralls leave the hospital. Their three children—9-year-old identical twin boys and an 11-year-old daughter—keep them very busy. Cathy explained, “All the kids are involved in sports and church activities, so we have a busy schedule most evenings and weekends. I am a full-time pharmacist and part-time chauffeur!”

Tom enjoys sports and is currently coaching his twins’ basketball team. When Habitat for Humanity houses are being built in his area, he can frequently be seen working on Saturdays at the home site. Cathy enjoys music and participates in choir and handbells at church. As a family, the Worralls enjoy Southeastern Conference college football and were especially happy when their team, the Florida Gators, recently won the Bowl Championship Series National Championship Game versus Oklahoma.

The Worralls have served APhA in many capacities over the years. They encourage all pharmacists to become involved in APhA, noting that “APhA is the organization that represents all pharmacists, not just special segments or interest groups.”

—Ellen Whipple Guthrie, PharmD
Contributing writer
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