

## ASHP Tip Sheet on Utilizing Temporary Remote Staff for Medication Order Processing

*Adapted from the ASHP Guidelines on Remote Medication Order Processing  
Am J Health-Syst Pharm. 2010; 67:672-7*

The incidence of COVID-19 has resulted in a new, but temporary reality in providing health care. A surge in infected patients has resulted in new demands in providing hospital care, requiring short-term needs in resources. Since some work can be done remotely, ASHP has developed a service to help match available resources with those in need. This tip sheet was designed to assist with working through this matching process that has largely not been used before in pharmacy.

**Step 1:** The hospital or other health care setting (the “client”) seeking contractual employee services should identify services that can be performed by a pharmacist or pharmacy technician on a temporary basis. This may include tasks that are performed on-site or remotely.

**Step 2:** The client should confirm whether there are licensure waivers or allowances in the client’s state or states that would permit pharmacists not licensed in those states to perform these tasks. The client should also confirm similar requirements for licensure or registration for pharmacy technicians. NABP licensure information is available at the following link: <https://nabp.pharmacy/coronavirus-updates/passport/> and information from NASPA can be found at <https://naspa.us/resource/covid-19-information-from-the-states/>. If licensure (and/or registration) from outside the client’s state(s) is/are permitted, the pool of contract employee prospects will be much larger.

**Step 3:** The client should identify skills and training needs to perform the tasks that may be provided by contracted pharmacists or pharmacy technicians on a temporary basis. The ASHP CareerPharm Rapid Connect is a free service that allows the hospital site to search for specific skills and qualifications.

**Step 4:** Once candidates are identified, the client should contact them to evaluate fit of skills and interest and see if there is an alignment of need. Terms for the temporary work (hourly rate, contractual arrangement, sharing of credentials, etc.) will need to be established, likely with help from the client’s human resources department.

**Step 5:** Once a contractual arrangement or agreement is in place, the client should work with the contractual staff to orient to hospital and pharmacy department systems. This orientation should be individualized based on whether the work is on-site or remote, and on the experience level of the contracted worker.

***Considerations when implementing remote order verification and clinical services provision:***

***Training and Orientation.*** Pharmacists, through training and orientation, are competent to review patients' profiles, review medication and medication-related diagnostic and laboratory orders, enter medication orders into the electronic health record (the "EHR"), when appropriate, and/or verify medication orders entered into the EHR by providers. . Training and orientation are critical for pharmacists and pharmacy technicians to accurately document and transcribe the appropriate information to maintain an accurate and current medication profile and to provide clinical services to patients commensurate with those provided on-site. Requirements for training and orientation include the following:

- Clients should determine required education and training, practice experience, competencies and certifications (if applicable) required by contract pharmacists and pharmacy technicians. Such requirements generally parallel those of client employees.
- All education, training and orientation to hospital and pharmacy department systems should be documented in a permanent record (many times referred to as a learning management system) maintained in the pharmacy department and/or human resources department of the client utilizing contract employees and should be shared with all client sites, as appropriate.
- All contract pharmacy personnel should complete all clinical, operational, and information technology (EHR) competencies required of the position and services performed prior to beginning work, and annually thereafter.
- When upgrades or significant changes are made to the client site's EHR, the client will communicate such upgrades and changes to contract employees for follow-up training and competency assessment.
- When significant changes are made to the client's policies or procedures, the client will communicate such changes to contract employees for follow-up training and competency assessment.

***Minimum Technical Standards and Specifications.*** The client contract employees must ensure that the following minimum technical standards and specifications are met:

- Contract employees must have full access to the client facility (including client intranet assets) via the client's Internet solution or via the client's computer network.
- Systems used by contract employees to utilize the EHR must comply with the technical standards set by the Health Insurance Portability and Accountability Act of 1996 and ensure technical and physical safeguarding of patient health care information.
- Printing of patient profiles or other records by remote contract employees is not permitted to ensure compliance with HIPAA requirements.

***Confidentiality, Privacy, and Security.*** To ensure the confidentiality, privacy, and security of patient health care information, the following conditions must be met:

- Contract employees must adhere to the client's confidentiality policy.
- Contract employees, if a business entity, must have a signed business associate agreement with the client.
- The client must provide contract employee-specific access to the client's EHR and other hospital computer systems, as appropriate.

**Regulatory Considerations.** State regulations for remote order processing and clinical services provision vary considerably. The client and the contract employees should jointly analyze state regulations governing pharmacy practice to determine and meet applicable requirements. This analysis should be repeated on a routine basis, as regulations may change. To ensure regulatory compliance, the following, at a minimum, should be verified and approved by the client and contact employees before implementation:

- Contract employees' eligibility to practice in the client's state(s) is determined, source-verified, and documented, if required,
- Clients will provide contract employees with the policy and procedure manual for, but not limited to procedures for handling EHR and other computer system or connectivity downtime, issue escalation, annual competency renewal verification, and communication processes required between the client IT personnel and contract employees,
- Clients will provide contract employees with organizational and pharmacy department policies and procedures as noted in a later section of this document.
- Copies of all remote employees' licensure and/or registration required by the states in which the client is located (some states require remote pharmacists to have a consultant license in addition to a state pharmacist license for each hospital for which the pharmacist performs RMOP services), and
- Copies of any hospital job-specific competency requirements for contract pharmacy personnel.

**Review of the Patient's Profile.** Contract pharmacist(s) and pharmacy technician(s) must be full access to the client EHR to enable them to review patients' profiles for

- Medication history and medication reconciliation reports,
- Diagnosis and problem list(s),
- Allergies and prior adverse drug reactions,
- Height, weight, age (measured versus estimated), and sex,
- Immunization history,
- Pregnancy status for women of childbearing potential,
- Current medication profile,
- Current medication administration record information used by nurses,
- Duplications of drug therapies,
- Potential drug interactions,

- Pertinent laboratory and other diagnostic tests and results data,
- Progress notes and nursing notes, and
- Other information as needed.

**Clarification of Medication Orders, Communication, and Problem Resolution.** Clients must have a process for contract employees to provide clinical pharmacy services and medication order review, entry and verification services to ensure patient safety and process integrity. Communication among prescribers, employed and contract pharmacists, pharmacy technicians, and nurses is critical to assessing the patient's response to drug therapy and achieving desired therapeutic outcomes. Contract pharmacists and pharmacy technicians must have the ability to immediately contact prescribers or nursing staff and/or pharmacy staff members at the client site to discuss any concerns identified during review of the patient's information, medication order processing and clinical service provision.

Clients must have a process for clarification of medication order(s) with prescriber(s) by contract pharmacists that includes alerts to other health care providers caring for the patient (e.g., the client nursing and pharmacy staff) of the need for additional information, review and clarification. The process must also include a mechanism for the contract pharmacist or pharmacy technician to readily communicate by phone or leave a note in the client EHR for other health care providers, including the client site pharmacy staff, to clarify the order or otherwise respond within an appropriate period of time, and for timely follow-up on medication orders that are pending clarification.

If the client's process involves pharmacy technician order entry into the EHR, a policy and procedure should be developed and implemented for escalation or referral to a pharmacist for appropriate action.

**Drug Information Resources.** Drug information resources are essential tools for health care organizations. Drug information resources, specific to the needs and scope of patients served, are essential for practicing evidence-based medicine in a safe and efficient manner. Recommended clinical and drug information reference materials provided to contract employees include, but are not limited to:

- Internet and intranet access to online drug information resources available at the client site, including the Food and Drug Administration, CDC, and any sites used routinely by client practitioners that require subscriptions,
- Pediatric and neonatal dosing information
- Oncology-Hematology-Immunology medication dosing and regimen information,
- Drug compatibility and drug interaction resources,
- Poison information and poison control resources (at a minimum, the telephone number for a certified poison control center, and

- Drug information center contact numbers (if applicable).

**Medication Safety and Quality.** Medication-use management and safety in remote clinical pharmacy services environments require special efforts for the coordination of quality-assurance, quality-improvement, and patient safety practices between the client site and contract personnel. Differences in local practice standards and organizational cultures, combined with unique human factors issues, have the potential to magnify the risk of errors. Quality, safety, and risk management strategies should be examined and should address the procedures and communication pathways unique to remote system clinical pharmacy services. These should include, but are not limited to, critical workflow steps and handoffs involved in medication ordering, review, and verification; communication among prescriber, pharmacist, and nurse; and assessing the patient's response to drug therapy and achieving desired therapeutic outcomes.

**Hospital Policy and Procedures.** Clients should provide the following information to contract pharmacists and pharmacy technicians:

- Client organizational medication use policies and procedures (e.g., medical staff, nursing staff)
- Verbal order and telephone order policies and procedures (if not included in other policies and procedures),
- Pharmacy department's policies and procedures,
- Formulary,
- Standard medication administration times,
- Standard concentrations or drug protocols for oral and injectable products,
- High-risk policies, including the "Do Not Use" abbreviations list,
- Drug-specific clinical guidelines, dosing, therapeutic interchange protocols (e.g., renal dosing, dose rounding, etc.)
- Restrictions by indication or prescriber,
- Chemotherapy protocols, pain protocols, pharmacokinetic protocols, and anticoagulation protocols,
- Standing or protocol orders,
- Pre- and postoperative antibiotic selection and administration protocols, and other protocols as determined,
- Policies and procedures for the use of patient's own medications, Client's policies and procedures for processing non-formulary medication orders,
- On-call pharmacy employee schedules,
- Medication restriction and escalation processes,
- Automated dispensing cabinet contents lists and override policies, and
- Access to reporting events within the client event reporting system.

The client must have a procedure that ensures the timely and complete communication of changes in site hospital and pharmacy department policies and procedures, including changes to formularies and medication protocols to contract employees.

***Clinical Pharmacy Services.*** Contract pharmacists and pharmacy technicians may provide select clinical pharmacy services to acute care and ambulatory care patients as identified by the client for its patients. Such services may include, but are not limited to, acquisition of medication histories, researching drug information inquiries, clinic telemedicine patient appointments, monitoring patient responses to therapies, patient education, and others. In such cases, all parameters outlined within this document should be followed for successful implementation and offering. When telemedicine or telehealth processes are utilized for direct patient care, tools required to provide such services (e.g., telephones, iPads, tablets, computer cameras, etc.) should be provided by the client or approved by the client if the contract employees' tools are utilized.

***Considerations for Implementation.*** The success of remote order processing and clinical services program provision implementation will depend on a host of specific factors. Below are some considerations that are generally applicable. Appendix A provides a brief checklist for implementation readiness.

- Terms of contracted clinical pharmacy services to be provided to client patients
- Terms of the contract or agreement should allow flexibility for the number of orders processed, since estimates prior to implementation may be inaccurate.
- Early and frequent communication between the client and contract employees, especially in the first few weeks after implementation is critical for early and ongoing operation.
- After-hours technical support for contract employees will be essential to the success of the implementation and ongoing operation. Plan for information technology support in advance of implementation.
- Education will be required for all nurses and physicians and other providers at the client site, regarding the types and hours of services provided by contract employees.

The client should implement a mechanism for communication between contract pharmacists and nursing staff members via the electronic medication administration record (eMAR) system. For example, if the contract pharmacist reviews the patient's home medication reconciliation list and identifies items not stocked by the pharmacy, it would be helpful to have a drug dictionary item (e.g., "Pharmacy Note to Nurse") whereby the contract pharmacist can make an entry in the eMAR that informs nurses that the order has been reviewed but that some action at the client site is required.

## Appendix A—Checklist/Assessment for Implementation Readiness

1. All automation has been tested and is functional, including
  - a. Communication of medication orders (fax machines or scanners)
  - b. Computer systems maintaining patient profiles
  - c. Connectivity to automated medication dispensing cabinets
  - d. Electronic reference resources
  - e. Remote connectivity
2. All training for contract employees and client staff members is completed and documented:
  - a. Computer systems
  - b. Clinical guidelines, protocols
  - c. Client site pharmacy policies and procedures related to review, authorization, and entry of medication orders
  - d. Communication procedures
3. Pre-implementation tests of mock patients and scenarios has been performed for
  - a. Fax/scan orders
  - b. Admission, transfer, and discharge of patient
  - c. Medication order entry
  - d. Communication procedures
4. System downtime protocols have been communicated to all applicable personnel at both the remote site and client site (e.g., pharmacy, nursing, information technology, and administrative personnel)
5. Service implementation date and service level expectations have been communicated to all applicable personnel at the client site and with contract employees
6. Communication process that includes quality reporting, system changes/availability, and policy and procedure updates as well as shift change communication has been agreed on, established, and well communicated to all applicable personnel

## **Appendix B—Outline for Model Agreement between Contract Pharmacy Staff Members and Clients**

The agreements between contract pharmacists and pharmacy technicians and the client must be approved by contract office, risk management office, and legal office departments (if applicable). The agreement should include

1. Services to be provided, including the roles of all parties:
  - a. Hours of service
  - b. Technology requirements
  - c. Order processing services
  - d. All clinical services provided
  - e. Management services
  - f. Quality measures
  - g. Other services (e.g., vacation, emergency, or other hours of coverage)
  - h. Qualification of pharmacy and pharmacists
  - i. Security of information
  - j. Limitations
  - k. Access to records, including information required to review patient profiles
2. Terms and renewal of the agreement
3. Mutual indemnification and insurance
4. Termination of the agreement, including changes in laws or regulations
5. Confidentiality, including requirements set by the Health Insurance Portability and Accountability Act of 1996
6. Limitations of liability
7. No exclusion from federal health care programs
8. Dispute resolution
9. Fees and payment terms:
  - a. Hourly rates
  - b. Per-order rates
  - c. Order volume
  - d. Overpayment and underpayment exposure
  - e. Penalty charges
  - f. Addition of new services
10. Miscellaneous issues, including
  - a. Independent contractors
  - b. Notices
  - c. Compliance with the terms
  - d. Rights of the parties
  - e. Conflict of laws
  - f. Compliance with laws, regulations, guidelines, and accrediting body standards (e.g., Joint Commission)



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