

Ellsworth AFB, South Dakota

HSI/JCAHO 29 Mar – 2 April, 2004

Pharmacy Findings:

CMSgt Hanks was the Sr. Enlisted personnel who inspected the pharmacy. He was very cordial and was in and out of the pharmacy in 65 minutes.

- He asked to see our intervention logs; we had just started the process, so little data was available. However he was satisfied with the fact that we have initiated the process and had some documentation.
- He asked to see our pre-pack log. Asked specifically what expiration date we were using. I explained 1 year or less if expires sooner...IAW USP guidelines.
- Made sure the MDG/CC was signing off on the AF 485 forms, Overages/underages in the vault (IAW HSI element IG.2.5.5.)
- P&T Minutes: concerned there were a couple “OPEN” items for several meetings that had not been closed in a sufficient amount of time, specifically PEC/DoD minutes unavailable back in 2002-2003.
 - Commented that we did a good job tracking patient narcotic use and clinic destruction
 - DURs were done regularly enough for him
 - Happily surprised that most members of the P&T actually attend the meetings
 - Errors tracked well through the MedMarx program
- Authorized Drug Lists (ADLs) had been reviewed annually or PRN; some of the ADLs had been signed by the SGH, but not all of them. He suggested consistency, either do or don't have SGH sign.
- Pharmacy Narcotic destruction – asked process and to see a receipt from the contract company we utilize
- Pharmacist overview of all prescriptions: asked our process; we had plenty of documentation of our process; however we did not address the process in our OIs. He recommended we add that into our OIs.
- We had a blurb on “IV Admixtures” in our OI. We don't do IV admixtures here at EAFB. He recommended we take it out. I had left

it in initially thinking we might have an emergency situation that it would pertain to, even had the OI written that way, he still wanted it out.

- He asked about non-formulary requests. The process of a provider wanting a formulary addition and for a specific patient. He asked if we have any “special populations” we fill Rxs for. The answer is NO and that is what he was looking for. The only exception is flight med for the flyers in certain circumstances.
- He asked about frequency of reviewing our formulary. I explained additions/deletions done at P&T quarterly. We then update the formulary PRN. He recommended a standard Agenda item for P&T for an annual formulary review.
- Narcotic Vault:
 - He walked into our vault (a room with a pyxis machine). Specifically looked for any meds out of the pyxis.
 - Asked to see documents: monthly inventory, form 485 (see above), biennial inventory, daily inventory,
 - picked a random drug and had tech count it to verify the inventory
 - All narcs are in a pyxis of some sort except in the Dental clinic; he asked to see their AF 579s and recommended for the biennial inventory that the dental 579s be attached to that inventory to close the loop.
 - He said he may go down to dental and review their AF 579s.
 - Asked the process of the monthly, 3rd party disinterested inventory. Who assigns that person? We made it clear that the MDG/CC selects that person (IAW AFI 44-102).

***Pharmacy documentation on the Monthly Inventory → We are printing off pyxis reports. The first is a list of all medications separated by area in the pyxis they are located (separated by use). It listed all controlled substances, not just CIIIs. The second report listed the CIIIs in alphabetical order. Because we used the first list to “check off” the CIIIs and not the list that was only CIIIs, Chief Hanks did not like the process. Our inventory has never been off, all the documentation was there, but the fact that we “checked off” one form over another was bothersome to him. He indicated that this may be an issue for us.

Other than that, he reported everything looked great in the pharmacy and with our documentation.

In the Clinic:

They walked a patient with asthma through all the stages. This allowed the nurse to access the pyxis for some meds. They looked at the pyxis process of retrieving a medication.

No data yet on any other medication questions that have come up during the inspection throughout the clinic.

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