

## Rural Hospitals and Telepharmacy

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There are many value-added components inherent in today's patient safety movement. One of the less frequently acknowledged components is **human ingenuity**. Remote rural pharmacies and hospitals can now benefit from such ingenuity through telepharmacy.

Through the efforts of the North Dakota Telepharmacy Project, a collaboration of the NDSU College of Pharmacy, the ND Board of Pharmacy, and the ND Pharmacists Association, **North Dakota became the first state to pass administrative rules allowing the practice of telepharmacy**. A licensed pharmacist at a central pharmacy site supervises a qualified registered pharmacy technician at a remote site through the use of video conferencing technology, a central pharmacy computer link, and audiolink. The technician **prepares** the prescription drug for **dispensing by the pharmacist**. The pharmacist communicates face-to-face in real time with the technician, and also provides traditional pharmacy services such as drug utilization review, prescription verification, and patient counseling.<sup>1</sup>

As of September 2005, thirty-three remote telepharmacy sites were served by seventeen central pharmacies in 55% of North Dakota's counties.<sup>2</sup> Remote services are provided by pharmacy staff, frequently at larger medical centers in a region where small rural hospitals experience a severe shortage of pharmacy professionals. The tasks involved in safe long distance dispensing of medications utilize the following, among other techniques,

- State-of-the-art telecommunication technology
- Computer access that allows remote viewing of original physician orders
- A videolink that takes pictures of drug labeling by the technician

The remote site is considered to be under the personal charge of the pharmacist at the central pharmacy, and one pharmacist may oversee no more than four remote sites.<sup>3</sup> It is advisable that the remote site have a mechanism for assuring that all staff pharmacists are qualified to provide telepharmacy services. The **Board of Pharmacy is responsible** for maintaining, continuing and enhancing the development of the education and professional role of the pharmacist.<sup>4</sup>

For complex and newly established services such as telepharmacy, it is advisable to develop at least **two supporting documents**, a policy and procedure or service protocol, and a contract. **The policy and procedures of the hospital pharmacy must address all aspects of the operation**, including control of the pharmacy by the registered pharmacy technician in the absence of the pharmacist. It should also include quality control mechanisms. Contractual arrangements must be in place for the supervision of the technician by the consultant pharmacist.<sup>5</sup>

A service **protocol** would include:

- **Professional standards** such as those issued by the Board of Pharmacy.
- Specific description of **steps** performed in delivering telepharmacy services, including labeling and a double check before dispensing.
- **Reference to** other existing pharmacy- and medication-related protocols of the **receiving** facility that should not be contradictory or conflicting.
- A process for **monthly inspections of the remote site** by the pharmacist.
- Mechanism for ongoing review of **incident reports** and outcomes related to dispensing activities, including corrective actions as necessary.
- Approval by the **facility administration** and the **director of pharmacy** who is responsible for **delivery** and oversight of the telepharmacy program.
- Approval by the **administrator** and pharmacist (if available) of the **facility receiving** the services.

A service **contract** is signed by the providing facility administration, and the administrator of the **receiving** facility. Such service contract ideally includes:

- **A description of the services**, service schedule and approximate volume (protocol above may be attached).
- **A quality monitoring process** for both locations.
- Qualified **personnel** involved.
- A “**mutual hold harmless clause**;” the contract should **not** refer to “additional insured,” unless insurance coverage for the other organization and/or provider has been verified in writing by the insurance carrier.

The facility’s legal counsel should be consulted to finalize the contract.

The idea of telepharmacy is catching on. The U.S. Department of Defense (DOD) decided in 2005 to conduct research on commercially available technology products for a telepharmacy application for its Military Health System.<sup>6</sup> This application is intended to fill, check and dispense prescriptions at a remote site, with access to patient information at a central pharmacy as well as the remote site, and auditing capabilities of the prescription fill process.

Whatever plans your facility may have to undertake innovative patient safety solutions related to medication prescription, dispensing, and administration or other aspects of patient care, you are invited to turn to The Risk Management and Patient Safety Institute for guidance and support.

## **References**

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- 4 "61-02-08-01, Purpose and Scope," *Chapter 61-02-08 Telepharmacy Rules, n.d.*, [http://telepharmacy.ndsu.nodak.edu/publications/Telepharmacy\\_Rules.htm#eight](http://telepharmacy.ndsu.nodak.edu/publications/Telepharmacy_Rules.htm#eight), 2/22/06
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- 6 Mary Mosquera, "DOD seeks telepharmacy system," *Government Computer News*, 11/28/05, [http://www.gcn.com/vol1\\_no1/health\\_IT/37649-1.html](http://www.gcn.com/vol1_no1/health_IT/37649-1.html), 2/22/06

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