

Pharmacy Purchasing Outlook

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Does Your Disaster Plan Really Work?

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First, what happened and a little background. I am the Pharmacy Buyer at Children's National Medical Center in Washington, D.C., a medical center with 283 beds. (We are a free standing Children's hospital, with a level 1 Pediatric trauma center, providing service for over 130 years, of which I've been here for 30 of them.)

Sometime around 10pm on February 6th, a 4 or 6 inch pipe that feeds the sprinkler/fire suppression system for our facility's helicopter pad burst. The drop in pressure triggered the pumps to kick on, and what may have been a just a bad leak became a torrent of water. I was told by one of the evening techs that it looked like Niagara Falls coming through the ceiling and flooding the pharmacy, up to 6 inches deep as it raced downhill to the floors below us. The patient care area closest to Pharmacy was affected, in addition to parts of the NICU (Neonatal Intensive Care Unit), below us and at least 1 Operating Room suite 2 floors down. Many members of the management team were called in and they attempted to recover as much drug as possible. The new USP 797-compliant IV room was moved to the satellite pharmacy, while the oral prep area was moved to a working research area. To top it off, we still needed to get our 10am IV med delivery out, along with the combined 5pm delivery, and remember, it is now Friday!

By the time I arrived at 7:30am that Friday morning, a commercial disaster recovery team had most of the damaged ceiling tiles removed, the water sucked up by vacuums, and damaged equipment was being carried out. Walls were being cut open to dry and evaluate. My Cardinal wholesaler order arrived, which I staged in the hallway. My receiving area missed most of the overhead damage, but you could tell the water had been at least 4 inches deep there. While my wholesaler computer survived, most others did not. The administrative offices were totally destroyed. Even two of the C-II safe towers had taken some damage, which became apparent later in the day.

Let me say, I'll bet that *everyone's* disaster plan is designed for an external situation and your response would be very straightforward. If a chemical were released, you would have the neutralizing agent and supportive drugs requested from your wholesaler. If a natural disaster, you may have pain meds and antibiotics sent. But if your own entire drug inventory were suddenly in question compromised, what would you restock it with...everything?

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Product Recalls & Alerts

Amlodipine Besylate Tablets - FDA Recall

On January 25, FDA Recall #D-332-2010 was issued for Amlodipine Besylate Tablets 5mg, from InvaGen Pharmaceuticals, Inc. of Hauppauge, New York.

The recall, for Lot #10906374, 1,000-count bottle, NDC#31722-238-10, was due to the product having an incorrect or missing Package Insert.

Amlodipine Besylate & Benazepril HCl - FDA Recall

On February 2, FDA Recall #D-339-2010 was issued for Amlodipine Besylate and Benazepril HCl Capsules 5mg/10mg from Novartis Pharmaceuticals Corporation of Suffern, New York.

This recall was initiated after a sample preparation of the combination product was made at the 6-month stability interval, when it was found that 1 of the capsules in Lot #F1031 did not contain the Benazepril 10mg tablet.

The recall applies to Lot #F1031, expiring March 2012, in 1,000-count bottles, with Sandoz NDC#0781-2272-10.

H1N1 Vaccine - Recall

On February 4, as part of its quality assurance program, Sanofi Pasteur, Inc. of Swiftwater Pennsylvania announced results after performing a routine, ongoing testing of influenza vaccines after the vaccine had been distributed to healthcare providers, to ensure

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Is there an emergency preparedness plan for that?

So now it's Friday morning and you are looking at needing some drugs in the next couple hours. The issues you would likely be facing may be: 1) How close is your wholesaler? 2) How large of an order can they handle and with what kind of turnaround time? 3) Exactly who do you call?

If you are a Cardinal customer, you are supposed to call Customer Service. The problem is how they communicate to the distribution center. I apparently did not get it across to them that I had an emergency. Everything they did was via their email system vs. a phone call. There was no sense of urgency. My distribution center is only 2 hours up the road but they are accustomed to an evening work system; they are not designed to work a large order on short notice, nor do they have "will call." Add to that, I also needed to place a narcotics order. We do not use CSOS (Controlled Substance Ordering System), but almost every computer in the office was gone, so the certificates would be of no use; we had to revert back to paper.

So when I finally got a call back from Cardinal (a good couple hours later), they began their round of questions: "How big is this order that you need?" To which I say: "It depends on the turnaround time (meaning: the largest order I can place to get the fastest turnaround). When can you get an order here?" To which they respond: "We'll get back to you."

In the meantime, my narcotic RPh has determined what has been destroyed and needs to be replaced. So another phone call: "How can we do this same day narcotic order?" Of course, I should have known to ask that earlier as well, because - you guessed it, the response was: "We'll get back to you."

In the meantime, we have unpacked the Friday order and gotten the drugs to their respective places of need. We have also found a spot to work on the trays, after the Pyxis™ technicians have tried to get their refills put together. And remember, All the while, we still have recovery crews working to open up the walls and place their dehumidifiers in the middle of the floor. The satellite pharmacy has become the only pharmacy, handling the entire hospital. Although the hospital staff was told of the flood, of course some still didn't get that "memo," so I started getting questions: "Why can't you put me in the Pyxis system?" "What do you mean the Pyxis console is smoking and you're scared to use it?"

Mind you, while I'm only concentrating on the drugs, other members of the staff are doing their own thing, trying to recover their own areas, getting phones back up and rerouted, pulling temporary computers from IT and working to reroute printer outputs, etc., and of course, still getting the day-to-day or "STAT" orders out the door and to the patients.

And now when the Cardinal customer service rep comes back on the line, they want the 222 Form (DEA Narcotic Order Form), before they will even fill the order, seems because losing our DEA license has them a little leery. Ok, how can that happen? I end up having to tell them: "The form will be ready for pickup at 1pm, so just make it happen, and it needs to be back tonight." In the meantime, my contact at the distribution center has seen the emails and responded directly to me with: "What do you need? We'll get it there ASAP." We agree the best thing to do is put an order through

the system by 3pm and it will be delivered Friday evening, aiming for 8-9pm. He will watch it on the system and release it, and he has already alerted the day crew that it needs to be done. Additionally, an order can be sent between 3-3:30pm for a Saturday delivery as well.

Now the cart-fill folks have discovered what they need for the 5pm deliveries...4 pages (hand written) that I somehow need to find. The tech supervisor has already called the Buyer at the adult hospital next door and faxed him the list. I walk over and we go shopping on his shelves for a sleeve (10's) of everything on the list, as best we can. Sometimes he has 100mg and we need 50mg. Gee, maybe we can re-enter the order for a ½ tab. I try to laugh, knowing that we need to get it done NOW. Some items he doesn't have; guess so we'll have to see if they it can be re-entered for liquid to get it tonight?

It's 3pm and the Cardinal order is placed, but wait, when we discover the 222 form is still here. Where is the driver if it's going to get back with the 8pm order? Another phone call and the driver finally arrives at 3:30pm. We missed a couple of things for Saturday, so will have to call in to add them manually.

I return back in on Saturday to put away the order, okay and check it in because there is no place to put it...the rolling shelves are off track; they have now lost power and are useless. I piled up the drugs on my receiving area counter so folks can find it. Then I work on an order for Monday.

Monday brings thoughts of recovery. We basically have to relocate everything that is left in the Pharmacy. The facility's engineering staff asked what I needed and made it happen, while the on-site contractors were tapped to do the electric (we needed the refrigerators & C-II safe to be on generator

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circuit). The office area was turned into my drug storage area almost overnight by the onsite construction crew. You know how about some people ask if you need help with anything, but they are just being kind? Well, these gentlemen in the construction crew really meant it!

To make matters worse, 3 weeks after this incident while I was at a buyers' meeting in San Diego for our facility's system, Child Health Corporation of America, the wholesaler's computer gave up the ghost. We already had its replacement on hand, but it crashed so terribly that we lost all of the department data and some very old information. The wholesaler only keeps 36 months of backup and it is not attached to departments that reside on your computer. Even so, the backup Buyer was there that night until 9pm trying to get it back online. I was able to retrieve the data using Puppy Linux (a free operating system, with a special build meant to make computing easy and fast), and copied the files I needed, but who remembers to backup their systems like we were told so many years ago?

I know I've rambled, but all being said and done, I was impressed by most of the pharmacy staff for the way they pulled together to get this recovery job done. There were also always those that just did not quite "get it," but they were in the minority. As I write this, we are still recovering, but things are moving forward. Good news is that we are getting a better-designed pharmacy out of this mess. We had renovation on the drawing board, so it has now been moved up in priority as a full redo...why rebuild the old pharmacy when for a few more bucks you can get the one you want?!

Which leads me to what I have learned from all this. You need to ask yourselves, from your own position at your own institutions the following:

- If you needed a large order with a rapid delivery, how would you do it? Not what your wholesaler says they "can" do but in actuality. Is there redundancy? Do you still use the Choice™ system and Cardinal.com? Do you still have an old handheld unit that can be held up to a phone's mouthpiece to transmit an order?

- If you were suddenly cut off from the world, how would you communicate your needs? For those of you who were at work on September 11, 2001 in certain parts of the country as it was here, you know that cell and regular phones were overwhelmed. So in such a disaster event, how would your hospital restrict or even shut down the phone system? You would also know that in many emergency/disaster situations, internet connections are often lost, which most of us need to send orders. Our internet provider once had their cables actually cut by a highway maintenance crew. We still had phone service at least, but now even that is being changed more & more to VOIP (voice over internet protocol), how will that be affected?

- If you use CSOS and every computer that has the certificates is suddenly unavailable, do you still have some 222 forms filed in hard copy that has not been damaged, and how do you get them to the wholesaler?

- Will your delivery even be able to get to you? The 2 closest elevators to Pharmacy were (and still are) shut down due to the flood. Will your delivery dock be able to handle all the trucks that will be converging at the same time? At our place, there were a lot of the company's "recovery assistance" trucks parked there, which made deliveries difficult. One of my delivery company's driver actually started parking the truck in the street instead, and used a hand truck to bring in my order.

- Internally, if 50% of your stock needed to be replaced, how would you do that?

- If your movable shelves were no longer moveable, or the shelf labels were no longer legible, how would you deal with that?

- If staff moved some of your stock, and/or lost bins and were not aware that you needed those bin labels, how would you know what was missing?

I've been working on my own electronic formulary in Excel, for a couple of years and finally was able to share it just recently; what a lifesaver that has turned out to be!

I know this is long, but think about this: I sincerely hope that this story will make you think more about your facility in respect to what you would do in such a disaster scenario, seriously, and try to develop a plan of attack. If tomorrow, you were faced with something similar at your facility, I only hope that my experiences expressed here to you, my fellow pharmacy purchasing colleagues, would help you be a little bit better prepared to handle it.

Editor's Note: Tim has been a long-time supporter of PPO (now NPPA). We thank him for his contribution with this article, sharing his experiences in an attempt to help his colleagues in the future.

We hope to see more contributions from our readers (even if it is 1/2 or 3/4 this length)! If we publish yours here, we will pay you \$25 (for approx. 300-550 words); and for 600 words or more, \$50.