



# The Emerging Use of Telehealth and Virtual Work Environments in Home and Specialty Infusion

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# Understanding the Changing Landscape of Boards of Pharmacy and Others in the Face of COVID-19

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FASHP

# Background

- President Trump announced the formation of the President's Coronavirus Task Force on 01/29/2020.
- Declaration of Public Health Emergency by HHS<sup>1</sup>
  - Declared by Secretary Azar on 01/31/2020 (Retroactive to 01/29/2020)
  - Gives states, tribal and local health departments greater flexibility
  - HHS worked with Department of State to bring home Americans from China and other countries
  - HHS collaborated with manufacturers
  - HHS worked with state health departments
- Declaration of Emergency Orders by the States (National Governors Association)<sup>2</sup>
  - <https://www.nga.org/state-covid-19-emergency-orders/>



# Example of Data from NGA Website<sup>2</sup>

State/Territory	Type of Order	Initial Emergency Order	Status of Order	# of Renewals	Most Recent Emergency Order
Alabama	State of Emergency	13-Mar-20	Active	3	27-Aug-20
End Date 8-Nov-20					
Alaska	Public Health Emergency	9-Mar-20	Active	1	18-May-2020
End Date 15-Nov-20					
American Samoa	Public Health Emergency	18-Mar-20	Active	8	1-Sep-20
Arizona	Public Health Emergency	11-Mar-20	Active		
End Date Ongoing					
Arkansas	Emergency	11-Mar-20	Active	3	14-Aug-20
California	State of Emergency	4-Mar-20	Active		
End Date Ongoing					
Colorado	Disaster Emergency	10-Mar-20	Active	8	2-Sep-20

# FDA COVID-19 Response<sup>3</sup>

- Some Highlights
  - Ensuring timely availability to accurate and reliable tests
  - Accelerated availability of medical equipment and products for treatment
  - Actively monitoring the medical product and food supply changes to address imbalances
  - Halting the sale of products with fraudulent claims related to COVID-19
  - Broadened the scope of the existing emergency use authorization (EAU) for the drug remdesivir (Veklury™) (08/28/2020)
  - Issued an EAU for investigational convalescent plasma for the treatment of COVID-19 (08/23/2020)
  - To date the FDA has issued 60 guidance documents



# Drug Enforcement Agency (DEA) COVID-19 Response<sup>4</sup>

- Allowed practitioners to issue prescriptions for controlled substances to patients for whom they have not conducted an in-person evaluation
- Worked with various entities to ensure there is an adequate supply of controlled substances available
- Has COVID-19<sup>5</sup> guidance on:
  - Prescribing
  - Refills
  - Handling Oral CII prescriptions
- Exemption from the “Five Percent Rule”

# USP COVID-19 Response<sup>6,7</sup>

- Garb for direct patient care personnel should take priority
- Prioritize availability of sterile gloves
- Limit staff performing sterile compounding
- Establish and document deviations from existing Standard Operating Procedures (SOPs)
- Offered guidance for garb used for sterile non-HD compounding
  - Face masks
  - Gowns
  - Head and hair covers
  - Shoe covers
- Issued 03/18/2020; 05/06/2020; 05/18/2020





# Individual State Responses to COVID-19<sup>8</sup>

- Responses to COVID-19 have been all across the board
- Many states put into place waivers to allow for:
  - Reuse of PPE related to sterile compounding
  - Remote pharmacy practice for technicians; pharmacists
  - Counseling requirements
  - Signature requirements
  - Emergency refills
  - Training requirements
  - License renewals
  - Licensure requirements (both individuals and facilities)

State	Response
Alabama	<ul style="list-style-type: none"><li>• Declared <b>state of emergency</b></li><li>• Board issued guidance addressing the following:<ul style="list-style-type: none"><li>&gt; Pharmacist remote order verification permitted for institutional and hospital pharmacies</li><li>&gt; Emergency refills authorized</li><li>&gt; General guidance on <b>limiting exposure</b> and <b>safety methods</b></li><li>&gt; <b>Guidance</b> on prescriptions for Schedule II-V controlled substances via telemedicine consults</li><li>&gt; Schedule II medications may be <b>prescribed electronically, or by calling in or faxing an emergency prescription</b> to the pharmacy<ul style="list-style-type: none"><li>&gt; <b>Additional clarification</b> from DEA regarding the dispensing of Schedule II medications pursuant to an emergency oral prescription</li></ul></li></ul></li></ul>



# NABP Passport Program<sup>9</sup>

- Temporary or emergency licensure facilitated by NABP Passport

NABP Passport is a temporary authorization that facilitates pharmacists, pharmacy technicians, interns, and pharmacy businesses practicing in another state. The program was developed in response to coronavirus disease 2019 (COVID-19), and it allows states to efficiently grant temporary or emergency licensure.

- Boards of Pharmacy
  - Recognized NABP Passport as a designation for temporary practice
  - Require NABP Passport as a pre-requisite for temporary or emergency licensure
- Currently:
  - Thirteen states and the District of Columbia recognize the NABP Passport
  - Six states no longer recognize the NABP Passport and they are expired



# NABP Passport Program<sup>9</sup>

## States that recognize the NABP Passport

State	Professions	Upcoming Expiration Date
Alabama	Pharmacist and Technician	December 31
Arizona	Pharmacist, Technician, Intern, and Pharmacy Business	December 31
Connecticut	Pharmacist and Technician	December 31
District of Columbia	Pharmacist, Technician, and Intern	October 9
Iowa	Pharmacist and Technician	October 18
Idaho	Pharmacist, Technician, Intern, and Pharmacy Business	December 31
Louisiana COVID-19*	Pharmacist, Technician, Intern, and Pharmacy Business	December 31*
Louisiana - Hurricane Laura	Pharmacist and Technician	October 31
Massachusetts	Pharmacist and Technician	December 31
North Carolina	Pharmacist and Technician	December 31
Oregon	Pharmacist and Technician	December 31
South Dakota	Pharmacist, Technician, Intern, and Pharmacy Business	December 31
Texas	Pharmacist and Technician	December 31
Virginia	Pharmacist and Technician	December 31
West Virginia	Pharmacist, Technician, and Intern	December 31

## States where NABP Passports have expired

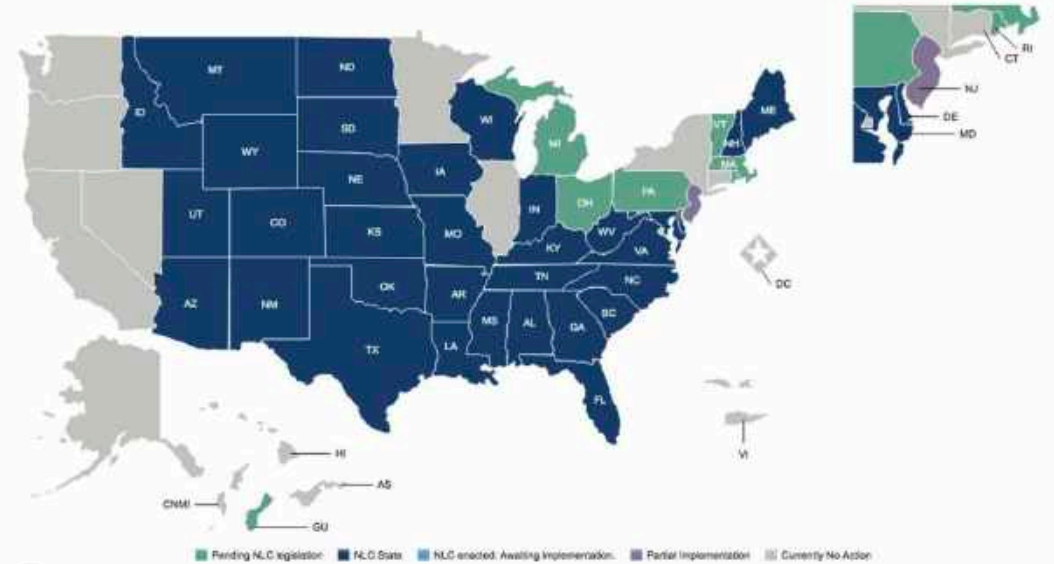
State	Professions	Expiration Date
Illinois	Pharmacist and Technician	May 13
Kentucky	Pharmacist	June 30
Kentucky	Technician and Intern	May 21
North Dakota	Pharmacist and Technician	April 17
Tennessee	Pharmacist and Technician	June 30
Utah	Pharmacist and Technician	June 18

Website accessed: 09/28/2020

# Individual State Responses to COVID-19<sup>11</sup>

- Responses to COVID-19 have been all across the board
- Enhanced Nurse Licensure Compact (eNLC)<sup>10</sup>
- Other health professions

Updated Map: Enhanced Nursing Licensure Compact (eNLC) August 2020



# Other COVID-19 Resources

- NHIA<sup>12</sup>
  - COVID-19 Resource Center
  - COVID-19 Education Series
  - Latest news updates
- ASHP<sup>13</sup>
  - Evidence Table (Updated 09/17/2020)
  - Catalog of COVID-19 Resources and Programming
  - COVID-19 Diagnostic Testing Chart
  - ASHP Principles for COVID-19 Vaccines



## Assessment of Evidence for COVID-19-Related Treatments: Updated 9/17/2020

The information contained in this evidence table is emerging and rapidly evolving because of ongoing research and is subject to the professional judgment and interpretation of the practitioner due to the uniqueness of each medical facility's approach to the care of patients with COVID-19 and the needs of individual patients. ASHP provides the evidence table to help practitioners better understand current approaches related to treatment and care. ASHP has made reasonable efforts to ensure the accuracy and appropriateness of the information presented. However, any reader of this information is advised ASHP is not responsible for the continued currency of the information, for any errors or omissions, and/or for any consequences arising from the use of the information in the evidence table in any and all practice settings. Any reader of this document is cautioned that ASHP makes no representation, guarantee, or warranty, express or implied, as to the accuracy and appropriateness of the information contained in the evidence table and will bear no responsibility or liability for the results or consequences of its use.

ASHP's patient medication information is available at <http://www.safemedication.com/>. Visit our website for the latest information on current drug shortages.

Selected entries were updated 9/17/20; these can be identified by the date that appears in the Drug(s) column. Within updated entries, select revisions that include the most important new information (e.g., new clinical trial data, new or revised guidance) are marked by \*\*.

### TABLE OF CONTENTS

#### ANTIVIRAL AGENTS

- BALOXAVIR
- CHLOROQUINE PHOSPHATE
- FAVIPYRAVIR (Avigan®, Avipiv®, Favilair®)
- HIV PROTEASE INHIBITORS (e.g., LPV/NV, Doluta®)
- HYDROXYCHLOROQUINE (Plaquemil®)

#### SUPPORTING AGENTS

- ANAKINRA (Insect®)
- ASCORBIC ACID
- AZITHROMYCIN
- BACITRAB (Oubient®)
- COLCHICINE
- UPDATED: CORTICOSTEROIDS (systemic)
- CORTICOSTEROIDS (inhaled)
- INHALED PROSTAGLANDINS

#### OTHER

- ACE INHIBITORS, ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)
- ANTIAGGREGANTS
- UPDATED: COVID-19 CONVALESCENT PLASMA
- UPDATED: FIBRINOLYTICS
- HMG-CoA REDUCTASE INHIBITORS (statins)
- IMMUNE GLOBULIN

## COVID-19 Diagnostic Testing Chart



### Types of COVID-19 Diagnostic Tests

COVID-19 Test Type	Molecular Testing—Major Examples			Antigen Testing
	RT-PCR	LAMP	CRISPR	
Term Definition	Reverse transcriptase polymerase chain reaction.	Loop-mediated isothermal amplification (LAMP).	Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR).	Rapid test for viral proteins or antigens of COVID-19.
What is the test identifying?	SARS-CoV-2 Viral RNA Presence <sup>1</sup>	SARS-CoV-2 Viral RNA Presence <sup>1</sup>	SARS-CoV-2 Viral RNA Presence <sup>1</sup>	Presence of the nucleocapsid protein antigen <sup>2</sup>
When should the test be used?	Diagnosis of COVID-19 during the acute phase of infection	For quicker diagnosis of COVID-19 during the acute phase of infection	For quick diagnosis of COVID-19 during the acute phase of infection	For quick diagnosis of COVID-19 during the acute phase of infection
Detectable COVID-19 (viral RNA)	Asymptomatic patients	Asymptomatic patients	Asymptomatic patients	



# What Can You Do

- First and foremost, keep up with expiration dates for waivers, declarations of emergencies, etc. for those states that you hold a pharmacy (resident and non-resident) license
- Keep up with any travel restrictions and/or quarantine requirements for employees that travel
- Ensure that your remote employees:
  - Have adequate access to necessary resources
  - Protect PHI
  - Conduct patient conversations in a quiet, secure location
  - Are productive through the use of productivity tools, workload KPIs, etc.



# What Can You Do

State	Region	Date of Waiver	End Date of Waiver (as of 09/10/20)	NABP Passport Tech/RPh/Phar	Passport Good Thru	Allows RPh to Work Remotely	Limitations for RPh	Allows Tech to Work Remotely	Limitations for Tech	Allows PPE	Surface Sa	Emergency	Other comments	Waiver Rec	Waiver Approved
Alabama	South Central	3/13/2020	11/20/2020	T R	12/31/2020	Yes		No		Yes	Monthly	Yes	Following institutional guidance. Must be physically in AL		
Alaska		3/9/2020	11/15/2020			N/A		N/A		N/A					
Arizona	West	3/11/2020	Ongoing	T R P	12/31/2020	Yes		Yes		Yes	Monthly		Notify bop if > 48 hrs closed. Allow non-lic/reg RPh/PT to practice.		
Arkansas	South Central	3/11/2020	10/13/2020			No	Case by case as needed, up to 1 RPh	No		Yes	Weekly	Yes	PPE - Brown Paper Bag (Mask) If < 40 hrs must notify BOP As needed request for remote from 2nd pharmacy		
California	West	3/4/2020	Ongoing			Yes	Must have CA Prof Lic Must have PPI Must have secure system Must maintain records Must be able to answer tech ?	Yes	Must have CA license RPh available for questions RPh must verify work	Yes	Monthly		State of Emerg: 03/04/20 May exceed ratio - doc needed for 1 yr Sig req changes for receipt of drugs PPE - Must document training	TBD	
Colorado	North Central	3/10/2020	10/2/2020			Yes		Yes	Limitations: non-dispensing, non-inventory tasks	Yes	Monthly			Yes - Tech 03/20/20 03/24/20	
Connecticut	Northeast	3/10/2020	2/9/2021	T R	12/31/2020	Yes		Yes	Must maintain ratios	Yes	Monthly		PPE Reuse - Yes w PPIs Allows Tech-RPh o 14:1 during SoE OK to be open < 35 hrs during SoE Temp lic/reg - Allow non-lic/reg RPh/PT to practice Temp Lic - Allow non-lic Rx to dispense		
Delaware	Northeast	3/12/2020	10/2/2020			Yes		Yes		Yes	Monthly				
Florida	Southeast	3/1/2020	11/3/2020			Yes		Yes		Yes	Monthly				
Georgia	Southeast	3/14/2020	10/10/2020			Yes	Only 1 per Pharmacy	No		Yes	Monthly	Yes	Rule Chng 3/23 allow remote Temp recognition of non-resid lic Temp licenses Only 1 RPh remote		



# What Can You Do

State	Travel Restrictions into State (Y/N)	If Yes, what are the restrictions	Quarantine Required (Y/N)	If Yes, Nbr of Days	Specific State Quarantines (e.g. NY, FL, CT) or ALL (all states)	Other Notes	Exceptions for Health Care Workers (Y/N)	Exception if COVID-19 Test Negative (Y/N)	Exec Order Uploaded to Folder (Y/N)
ME	No								
OH	Yes	Quarantine	Yes	14	FL, TX	Must be MI fan	No	Yes	Yes
AL	No								
AK	Yes	Quarantine or Testing	No	14	All states	Can either do a test	No	Yes	Yes
AZ	No								
AR	No								
CA	No								
CO	No								
CT	Yes	Quarantine	Yes	14	AL, AR, AZ, CA, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WY	<a href="https://portal.ct.gov">https://portal.ct.gov</a>	Yes	No	
DE	No								
FL	Yes	Quarantine	Yes	14	CT, NJ, NY	<a href="https://floridahealth.com">https://floridahealth.com</a>	Yes	No	
GA	No								
HI	Yes	Quarantine	Yes	14	All states	<a href="https://health.hawaii.gov">https://health.hawaii.gov</a>	Yes	No	<a href="https://hidot.hawaii.gov">https://hidot.hawaii.gov</a>
ID	No								
IL	Yes	Quarantine	Yes	14	AL, AR, AZ, CA, FL, GA, IA, ID, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WY	<a href="https://www.chicagopolice.org">https://www.chicagopolice.org</a>	Yes	No	
IN	No								
IA	No								
KS	Yes	Quarantine	Yes	14	AL, AR, AZ, FL, SC	<a href="https://www.coronavirus.kansas.gov">https://www.coronavirus.kansas.gov</a>	Yes	No	Yes
KY	No								
LA	No								
ME	Yes	Quarantine	Yes	14	All states (except CT, NJ, NY)	<a href="https://www.maine.gov">https://www.maine.gov</a>	Yes	No	
MD	No								







# Telehealth in Home and Specialty Infusion

David Hirsch, MSN, MBA

# Telehealth – Yesterday, Today, and Tomorrow

- Telehealth is a method of providing medical support when a face to face is not possible by using information and communication technologies when the provider and patient are distances apart. (Gogia 2020)
  - TeleMedicine; TeleEducation; Administrative, Nonclinical services (Gogia 2020)
    - 1876 - with telephonic consults – Alexander Graham Bell – acid spill (Tuerk, 2015)
    - 1879 – first diagnosis via telephonic consult (Tuerk, 2015)
    - 1920 – use of two way television and audio signals used (Tuerk, 2015)
    - 1940-1950s – transmission of first medical videos, images, radiography (Tuerk, 2015)
    - 1959 - First live neurological examination transmitted–first case of video telemedicine (Tuerk, 2015)
    - 1980s – Radiology embraced telemedicine and digitalized images(Tuerk, 2015)
    - 1990s -2000 – Initial evidence based research published focused mainly on the use of videoconferencing in the management of varied psychological disorders (Tuerk, 2015)
    - 2000s to present – expanded from mental health disorders to application across primary care and varied specialty services (Tuerk, 2015)



# What Has Driven Telehealth Advancements?

- Advancements in technology (Gogia, 2020)

- Telephone
- Television / Radio
- Picture / Video
- World Wide Web

- Other Advancements (Gogia, 2020)

- Memory and storage
- Standardization of files
- Security
- Application Development
- The Cloud and virtual servers
- Advanced Digitization (digital cameras, scanners)

- Primary Limiting Factors (Gogia, 2020)

- Ease of Use (simple)
- Reliability (stable and safe)
- Security (safeguards)
- Availability (responsive system 24/7)



# What Do Those Advancements Look Like?

- Telehomecare (Gogia, 2020)

- Most fall under “*Other Advancements*”

- Smart Phone Technology

- Health related Applications
      - Electronic Medical Record System Apps (access portions to full documentation)
      - Communication Apps (video and verbal)
      - Pulse Ox, Heart Rate, Vital Signs etc (if approved by your organization)
      - Picture and Video capabilities that can be uploaded into a medical record

- Cloud Service

- Improved access to saved documents and resources
      - Ability to access large amounts of information easily from a phone
      - Improved connectivity or service
      - Multiple users at 1 time



# What Do Those Advancements Look Like?

- Telehomecare (cont)

- Most fall under “*Other Advancements*” (cont)

- Security

- PHI remains secure on systems using secure mapping
- Ability for an organization to manage a clinicians phone remotely

- Advanced Digitization

- Digital Phones, Digital Cameras, etc. – improved image quality
- Digital images increase speed and accuracy
- Video calls



# Applying Tele-Home Care to Patient Care

A. Goal of limiting potential exposure of our staff to patients and vice versa

- Decrease the number of visits conducted
- Decrease the time spent in visits

a) Eliminate in person visits by providing virtual support

- i. Identify those cases where a patient could be supported via video conferencing vs in-person home visit
  - 1) Mandate patient/caregiver independence with certain therapies (i.e. Chemo take down)
    - a) Chemotherapy take down (final visits) virtually and ongoing without virtual
  - 2) On-call complications – video assessment of a patient line, troubleshoot
  - 3) IVIG titration by a caregiver (who is also a health care provider) during video visit



# Applying Tele-Home Care to Patient Care

A. Goal of limiting potential exposure of our staff to patients and vice versa (cont).

a) Eliminate in person visits by providing virtual support (cont)

i. Expand upon pre-discharge bedside education to all therapies and all patients eliminating same day/next day need for start of care (prior limited based on therapy)

1) Start of care moved to first set of labs/next dressing change

2) Augmented/added tools

a) Expanded upon and improved handouts also made available virtually via internet

b) Video creation based upon mode of administration

c) Expanded simulated education with appropriate “dummy” devices, arms, etc.

d) Embedded d/c education in discharge orders allowing “push” of video links and tools to patient’s “MyChart”

3) Use of video platforms with each teach to include family and caregivers in teaching



# Application at the Bedside

- A. Goal of limiting potential exposure of our staff to patients and vice versa (cont).
  - b) Minimize the time a clinician spends face to face during a visit
    - i. Identify opportunities to provide care from a distance
      - 1) Virtual/In Person Revisits
        - a) Clinicians instructed to complete all verbal assessments from their phone via video conference using FaceTime, WhatsApp, or setting up a Zoom/Microsoft Teams meeting with a link
      - 2) Virtual Start of Care
        - a) Office based clinician will complete all start of care assessments using Teams video conferencing with a patient followed by field staff member completing all hands on care in person the following day or later that day
      - 3) Titrate Up and Go – IVIG visits with patients who have been stable mandated orders obtained from providers allowing clinicians to titrate to a maximum rate and leave with patient completing infusion and virtual contact made post infusion to ensure no complications



# Applying Tele-Home Care to Patient Care

- Additional Best Practice (Tuerk, 2015)
  - Remote Patient Monitoring – use of artificial intelligence to collect patient data and digitally communicate that information to centralized team members
  - Smart Phone Applications – used by patients to input signs and symptom or test results allowing centralized team members to review and react to prevent worsening conditions, ER use, and admission;
  - Wearable Devices – Collect data automatically from the patient and alert the patient and remote team members of changes in condition



# Health and Well Being of Team Members

Any Strategy that focuses on the well being of staff members must also focus on the well being of the patient.

- Strategy: Expanded nursing education as it relates to use of technology
  - Realize that nurses are patient centric and will focus on how to make the patient and caregivers most comfortable (most clinicians lean in this direction)
    - Nurses will always look at a problem or need such as to improve the experience for a patient and place themselves in the middle of that problem to correct the issue (chi, 2014)
  - Ensure clinicians are well versed and capable of using technology to improve upon the outcomes when used

# Health and Well Being of Team Members

- Strategy: Minimize patient/caregiver interactions with members of the team
  - Full virtual visits
    - Identify those visits that can be done virtually or from a distance
      - Final teach and competency assessment
      - Some On-call needs – virtual line troubleshooting, virtual assessment of a PICC line site
  - Partial Virtual Visits
    - Identified those parts of a visits that can be done by video conference
    - All questions and non hands-on assessment components completed by RN in their car outside the pts home. RN enters home when hands on care must be completed
    - Virtual Start of Care
    - Virtual IVIG / titrate up and go
  - Virtual Start of Care
    - Office based nurse will coordinate a virtual video conference with each patient/caregiver to complete all question and answer aspects of a start of care visit.

# Health and Well Being of Team Members

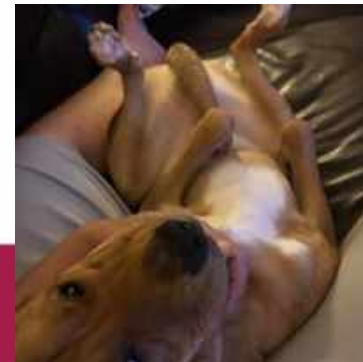
- Strategy: Minimize non-clinical staff interactions
  - Work From Home for office based team members is vital
    - Infrastructure must exist prior to implementation
      - Technology – Tools needed to do their job
      - Internet bandwidth in the home to support services
      - Multiple Screens
      - Furniture to promote healthy activities
      - Telephonic support – Avaya allows team to link their phone to the system and the system shows calls coming from a JHHCG number / routes calls to their cells
    - Promote a healthy work:life balance
      - Have virtual get togethers that are social in nature
      - Encourage the office to be separated (prefer on a different floor) then personal life

# Health and Well Being of Team Members

- Strategy: Assess for Failure to Adjust



- Work From Home for office based team members
  - Some team members thrive off of social interactions and in person communication
    - Mandate video cameras on with every mtg
    - Shift staff into the off for short periods of time
  - Promote a healthy work:life balance
    - Have virtual get togethers that are social in nature
    - Encourage the office to be separated (prefer on a different floor) then personal life
  - Virtual Happy Hour for all-staff
    - Pulse check
    - “Puppypalloza”





# Protecting the Office Staff

Can they work from home?

Felicia Schaps, RN, MSN-Ed, CRNI, OCN, CNSC

# What steps are needed to protect your office staff?

- Evaluate who is available to work from home
  - Daycare issues
  - Internet available
- Which of your employees are high risk?
  - Age
  - Comorbidities
- Which departments can function effectively from home?
- Who must you have in the office in order to comply with your state BOP?

# Which departments can effectively function from home?

- Intake
- Nursing Staffing
- Patient Service Representatives – speaking to patients for supply orders and refill orders – coordinating deliveries\*
- Billing
- Pharmacists – processing refills and follow up calls to patients\*
- Department heads if not performing clinical duties

\* Ensure that this meets BOP requirements for your state





# Essential Workers

- According to the [U.S Department of Homeland Security](#), essential workers are those who conduct a range of operations and services that are typically essential to continue critical infrastructure operations. Critical infrastructure is a large, umbrella term encompassing sectors from energy to defense to agriculture.
- [42 states issued some sort of guidance](#) on which sectors and industries they consider “essential” despite pandemic-related closures.



# Who are the essential workers in your branch?

- Compounding technicians
- More than one pharmacist
  - One to process prescriptions
  - Second to check mixed medications and double check high risk prescriptions, and double check pump programming, and supplies going to the patient
- Warehouse technicians to pack supplies/coordinate deliveries, shipments, manage inventory

\*\*Field RN's and drivers/couriers should stay in the field, and not come into the office



# Technical Support

- Can desktop or laptop computers be moved to the employee's home?
- Can they connect to the office network to enable printing, faxing, visibility of real time information?
- Can remote pharmacists print compounding documents, supply/delivery tickets in the pharmacy?
- Can the pharmacy EMR be accessed by remote employees?
- Can intake access electronic referral systems and hospital records (i.e. Allscripts, EPIC, etc.)?
- Can your desk phones be transferred to employee's homes and ring with incoming calls so they can assist with answering patient inquiries?

# Communication

Because employees are not all in the office together, communication becomes more difficult. Suggestions:

- Use an instant messaging system (for example Microsoft teams or something similar) that all employees can have access to and see in real time
- Do a morning and afternoon “huddle” with all office staff and the sales team so that everyone is aware of all referrals and their status
- Utilize an online nursing schedule that everyone has access to
- If you use a whiteboard for referrals send a screenshot to the nursing coordinator and intake before the huddle calls.
- Set up electronic assess with the labs you use for access to online results



# Tactics to keep the Office Infection Free

In order to protect the essential staff who remain in the office:

- Provide hand sanitizer and require all employees to use the gel or wash their hands as soon as they enter the building
- All office staff will wear masks at all times
- Limit entry to the branch to only those essential employees
- Provide disinfectant wipes to all employees to clean their work space at the beginning and end of each day
- Practice social distancing with employees seated at least 6 feet apart



# Tactics to keep the office Infection free

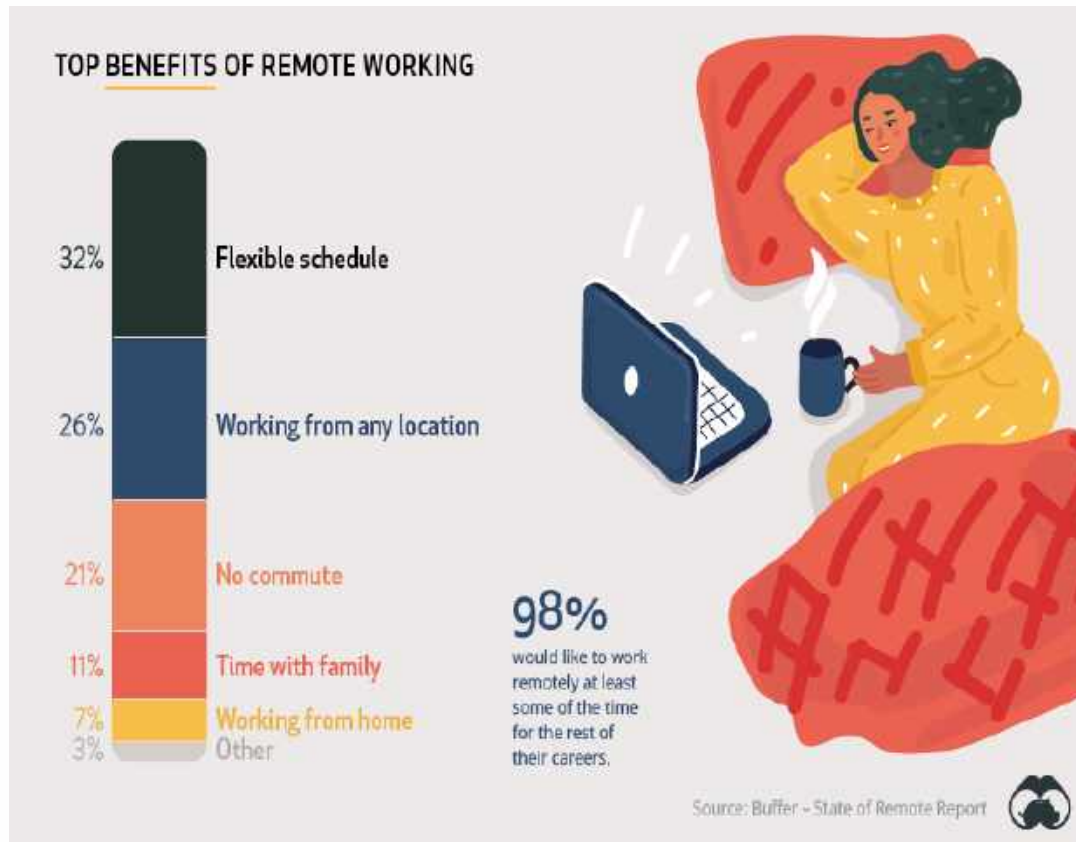
- Do not allow non employees in the office (i.e. face to face in-services, cleaning service, etc.)
- Do not allow nursing staff to enter the building. Supplies can be shipped to them if needed. Do staff meetings virtually.
- Have couriers/drivers call when in the parking lot and pass deliveries out the door to them.
- Ensure that all employees in contact with patients have sufficient PPE and are using it appropriately.



# What happens if office staff tests positive?

- If any essential personnel have symptoms of COVID, they should be tested and stay at home until results of testing are received. Family members may also need to quarantine.
- Follow directives from your HR Department or the CDC regarding returning to work. Some employers require negative COVID tests before the employee can return.

# What Employers and Employees think about remote working

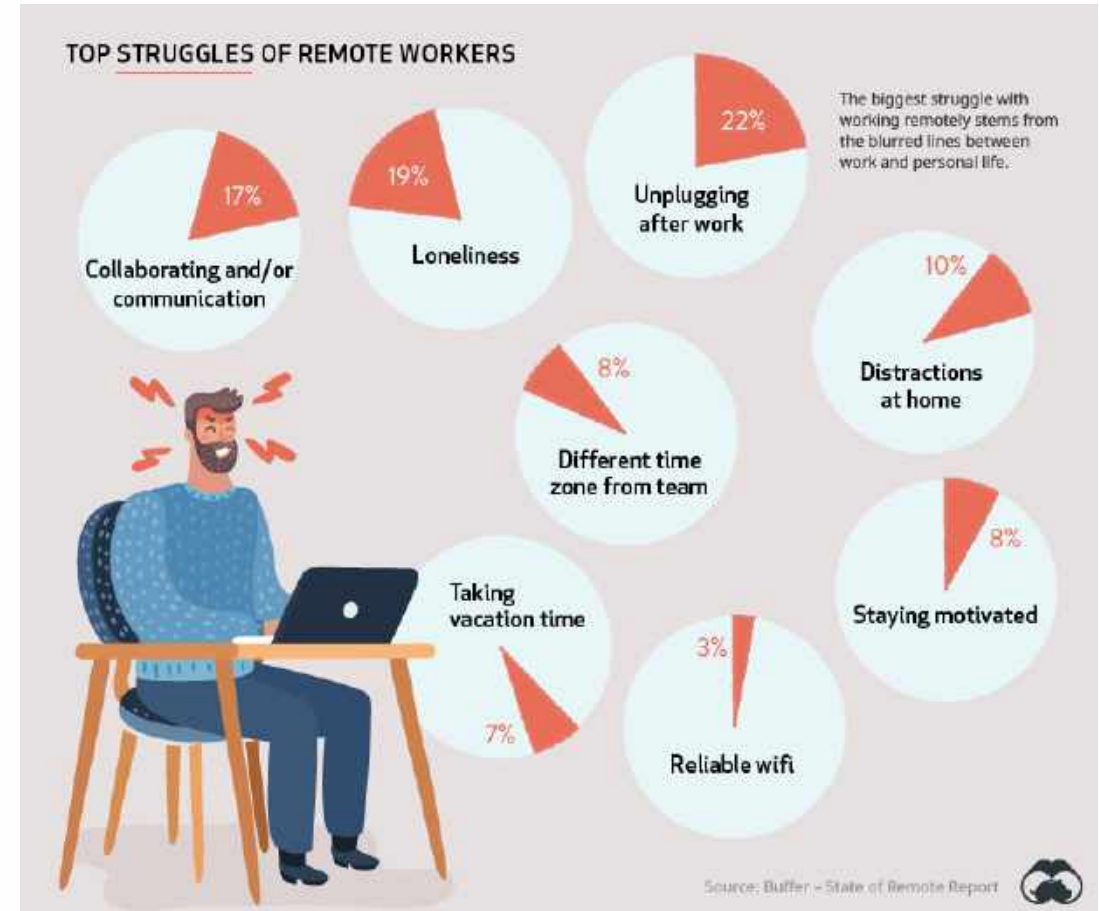


- 98% of people surveyed said they would like the option to work remotely for the rest of their careers
- A flexible schedule, the ability to work from any location and no more commuting were the top reported benefits
- Not everything, though was positive



# What Employers and Employees think about Remote Working

- The top issue faced by remote workers was “unplugging” from work. Office hours are undefined.
- Lack of person-to-person communication was a challenge for some who experienced loneliness
- With many school systems providing virtual education, children at home could be a distraction for remote workers



# What Employees and Employers Think About Remote Working

- Managers worry that productivity and focus will be diminished if people work in more informal settings
- If employees are not working in the same physical location, will team cohesiveness and company culture suffer?
- Longtime company policy is difficult to change in some firms – “we’ve never done it that way” philosophy



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