



SOCIETY OF AIR FORCE PHARMACY

July 2018

This May, over 130 Air Force pharmacists and pharmacy technicians met in Biloxi, Mississippi for the annual Society of Air Force Pharmacy Midyear conference. Held in a different location each year, the conference promotes the practice of Air Force pharmacy and serves as a gathering ground for the Service's 1,100 military and civilian pharmacy personnel. Hosted by the Keesler Air Force Base Pharmacy team and held at Biloxi's Beau Rivage Resort, the theme of this year's event was "Guiding the Future of Pharmacy Practice."

The conference provided a venue for Air Force pharmacy professionals to gather for face-to-face learning, networking, and partnership building. The conference provided 17 hours of continuing education credit for both pharmacists and pharmacy technicians, to include one hour of law CE presented by Col (ret) David Bobb.

Col Melissa Howard, Associate Corps Chief, and CMSgt Daniel McCain, Air Force Pharmacy Technician Career Field Manager, opened the conference with remarks about the year's successes and set forth goals for the coming year. A broad range of clinical topics, in addition to Service technology updates and operational guidance, were presented by current and former pharmacy practice residents, clinicians, and subject matter experts.

Highlights of the program included a lessons learned session from the roll out of MHS GENESIS presented by Capt Burke Wilson, MSgt Jason Christianson and Ms. Heather Ann Moore of the Fairchild AFB Pharmacy team. Rollout of the electronic health record is of high interest to the field and was a central topic of discussion during the conference. The conference also highlighted pharmacy personnel working in non-traditional roles. For example, Capt Kevin Bourne works in the Defense Logistics Agency support section. As one of eight pharmacists on the team, Capt Bourne provides support to pharmacy teams on pharmaceutical supply matters, to include liaising with manufacturers and ensuring the supply chain operates uninterrupted.

A clinical theme that underscored several of the presentations centered on addiction treatment, prevention strategies, and the role of pharmacy personnel in combating the opioid epidemic. Expanding the role of clinical pharmacists and the future of Air Force MTFs under DHA consolidation of the DoD medical services were also discussed.

The three-day conference schedule was packed with education sessions, and the evenings offered opportunities to relax, have fun, and display the team's off-duty talents. A sports-themed networking social Tuesday night was hosted by emcee Nicholas Nesbit, Pharmacy Technician at Keesler AFB. The final day of the conference began with a Fun Run across the Biloxi Bay Bridge. Overall the conference offered an opportunity for education, mentorship, and meeting up with old and new friends. We were glad to have several retired pharmacy teammates join us, to include former Associate Corps Chiefs, retired Cols John Hammond, Mike Spilker, Phil Samples, and Jeffery Johnson.

The SAFP Midyear conference was revived by the Society and hosted by Wright-Patterson Air Force Base Pharmacy in 2017. We expect this to be an annual event with Travis and Lackland slated to host in 2019 and 2020, respectively. Don't forget to request TDY funding in your FY19 projections for the SAFP Midyear 2019 next spring in California. We look forward to seeing you!

Maj Andrea Russell
SAFP Pharmacist Director-at-Large

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2017 Annual Awards

Maxine Beatty Field Grade Pharmacist of the Year:

Maj Nguyen Nguyen

Fred Coleman Company Grade Pharmacist of the Year:

Capt Miranda Debelevich

Ed Zastawny Clinical Pharmacist of the Year:

Dr. Amie Hall

Pharmacy Educator of the Year:

Maj Kellie Zentz

Leadership Pinnacle Senior Pharmacy Technician of the Year: MSgt

Robert George

Leadership Excellence Intermediate Pharmacy Technician of the

Year: MSgt Naronksuk Rawaekklang

Rising Star Junior Pharmacy Technician of the Year:

SSgt Elaina James

Small Pharmacy Team of the Year:

Ramstein AFB Pharmacy

Medium Pharmacy Team of the Year:

Fairchild AFB Pharmacy

Large Pharmacy Team of the Year:

Lackland AFB Pharmacy

Leadership & Innovation Award:

AF Pharmacy TechSIG Team

Lt Col Justin Lusk

Maj Brian Welch

Capt Benjamin Beidel

MSgt Jason Christianson

TSgt Gary Kozlovsky

SSgt Paul Forbes

SSgt Amber Eliason

Career Sustained Achievement Award:

CMSgt Daniel McCain

AWARD PACKAGE TAKEAWAYS

The feedback from the award packages is nothing new or information we have not heard before and has been provided by a past President, Lt Col Forsythe; however, I want to reiterate it for our new members. The primary thing that should stand out on your SAFP award package is impact, especially in the field of pharmacy. Submitting a package that just reflects your day to day job duties is not enough. Especially for the officers, the focus needs to be on leadership and the impact you have as a leader. You need to have bullets that demonstrate specifically what you did as a leader. As leaders you share the accomplishments of your team and your bullets need to show how your leadership helped the team to achieve success. Ask yourself the "so what" question for each bullet.

Make sure your bullets are realistic and not over exaggerated. It's acceptable to round up numbers a bit but don't stretch things too much. If it looks like you are speeding on one bullet, it brings into question the rest of your package. You should always use hard facts/data to build your bullet. If you have to estimate a number in your bullet, make sure it is a logical extrapolation from hard facts. In addition, if a similar bullet is used by multiple members at the same base, it is difficult to determine how much each member im-pacted the effort being discussed.

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Society of Air Force Pharmacy
Guiding the Future of Pharmacy Practice
8-10 MAY, 2018 - BILOXI, MS



Col Melissa Howard presents
CMSgt Daniel McCain with
the "Career Sustained
Achievement Award"



Col(ret.) David W. Bobb presents updates from the Defense Health Agency to a rapt audience!



A big "Thank You" to the Keesler Pharmacy team for coordinating a fantastic meeting!



The Keesler Pharmacy team coordinated a sports themed social, complete with games and DJ!!

Attendees participating in a 5K Fun Run across the beautiful Biloxi Bay bridge.



Award Package Takeaways...continued from Page 2

Strong award packages show leadership and involvement in areas other than your primary job. Look for ways to get involved (especially in a leadership role) in projects, events, organizations, etc. that have an impact on the Squadron, Group, Wing, Air Force, etc. Did something you led or accomplished get applied across your Squadron or Group, to other Air Force Pharmacies, or the AFMS as a whole? If so, make sure you show that in your bullet. If not, think about those possibilities when looking for things to lead and improve. Seek out leadership roles in organizations (especially military and professional) and make sure you demonstrate your level of impact in your award package. Anytime you have continuous involvement in projects, events, working groups, etc., the amount and level of impact will be greater.

We have outstanding members throughout the career field, and this year it was very evident that our pharmacists and technicians are having impacts throughout the Squadrons, Groups, Wings, and at the Air Force level. Continue the hard work and make sure you are capturing everything you do. Recognize your people and teams whenever possible. Please look for some changes to the award program in the coming year.

As always, let any Society of Air Force Pharmacy Board member know ways that we can support and improve our career field.

Very Respectfully,
Lt Col Jennifer Baker, SAFFP President



FEDERAL PHARMACY: CONNECT • COLLABORATE • INNOVATE

JFPS 2018

JOINT FEDERAL PHARMACY SEMINAR ★ KANSAS CITY, MISSOURI ★ OCTOBER 21–24, 2018

JFPS 2018 Registration

The deadline for pre-registration is Friday, October 19. The registration fee is \$195 for APhA members and \$250 for nonmembers. You may register online at: <https://jfpsmeeting.pharmacist.com/jfps2018/registration>

Registration is open to all pharmacists and technicians in the following categories: Army, Navy, Air Force, Coast Guard, VA, USPHS, Active Duty, Reservist, Civilian, and Retired. Registration includes:

- Education Sessions
- CPE Credits
- Exhibit Hall
- Exhibit Hall Opening — Meet Your Industry Partners
- Signature Event — An Evening of Networking
- Closing Reception and Awards (or Service) Program

JFPS is offering a one-day rate of \$125 to include everything offered on that day. As an added bonus, all one-day registrations include access to the Sunday evening Opening Event inside the Exhibit Hall.

Guest registration is \$75. Registration includes the exhibit hall, general sessions, and evening events. Guests are not permitted in education sessions and will not receive any CPE credit. Children 18 and under are not permitted in the education sessions or exhibit hall, including the Exhibit Hall opening.

JFPS 2018 Hotels

Located in the heart of downtown Kansas City, the Kansas City Marriott Downtown and the Crowne Plaza Kansas City Down-town place guests a short walk away from the area's premier entertainment, nightlife, and dining destinations as well as mere steps away from the Kansas City Convention Center. In addition to the stunning views of historic downtown Kansas City, both hotels include complimentary Wi-Fi, fitness center, and various on-site restaurants.

Crowne Plaza Kansas City (Headquarters Hotel):

Military/Federal: \$121*

Civilian/Exhibitor: \$149

Kansas City Marriott Downtown:

Military/Federal: \$121*

Civilian/Exhibitor: \$172

*The military/federal rates quoted are the GSA Per Diem Rates for the current fiscal year and may change October 1, 2018.

To receive the negotiated group rate, you must make your reservations through the JFPS Hotel Reservation Office at:

<https://jfpsmeeting.pharmacist.com/jfps2018/travel-hotel>

JFPS Air Force Education Committee Representative: Maj Crystal Scott-Brown

INTEGRITY FIRST

Every profession, regardless of the nature of the business, requires certain characteristics or traits peculiar to the employees that represent the core values and the “personality” of that profession. Fire fighters, police officers, and soldiers for example, have a greater chance of success if they possess courage and loyalty. Discretion and compassion might be traits innately suited for professions like social work, counseling, or the clergy. In the world of the pharmacy technician, there is no greater strength or character trait than that of ***Integrity***. Integrity is that personal quality of fairness and it means doing the right thing in every situation without exception. It means a person has an unwavering moral compass.

During my active duty career in the USAF, I had the unique experience of cross-training from an aircraft maintainer to pharmacy technician, and was assigned as NCOIC of a relatively small pharmacy. The one thing I demanded of each team member was that they have ***integrity*** above all else; to do the right thing whether anyone was watching or not. This was something that Air Force leadership espoused and expected at every level: holding NCO's accountable for upholding and promoting the Core Values of integrity, service before self, and excellence in all we do.

The role of the technician has evolved over the years and now includes duties that were relegated primarily to pharmacists. Military technicians are now trained and expected to counsel and interact directly with patients, as well as performing final checks on processed prescription orders; all of which requires a great level of trust from the pharmacist and by extension, the community at large. They must be secure in the knowledge that all tasks and procedures are performed according to standard operating procedures and that patient information and confidentiality should never be compromised.

Over the course of a normal day, technicians are presented with many opportunities to pilfer or misappropriate pharmacy inventory. They are entrusted to handle all types of drugs and could easily be tempted to divert some of the inventory for personal use or distribution. Unfortunately, I've had the responsibility of dealing with technicians who proved to be untrustworthy and dishonest. I've seen all manners of diversion over the years. The consequences of such actions usually resulted in jail time and career destruction.

For the past 15 years, the pharmacy profession has been ranked number 2 overall as the most trusted, second only to the nursing corps. As such, pharmacy technicians have a responsibility to their pharmacists and leadership to provide quality work with 100% accuracy. Of course that level of accuracy is impossible when human input is part of the process, but doing the right thing to the best of one's ability goes a long way towards achieving that goal. In my experience, most medication errors occurred when attention to detail was lacking or the SOP's were not followed properly. The results have ranged from wrongly dispensed medications, to the initiation of a sentinel event by the Joint Commission.

Today, with over 25 years' experience in the field, I have taught and prepared the next generation of pharmacy technicians for the field through a program at a local college. In that capacity, I teach the anatomy and physiology of the human body, introduce and familiarize students to the Top-200 drugs on the market, and teach HIPAA, OSHA Standards, and how to properly calculate dosages. Most importantly, I will continue to teach the value and importance of having integrity as a core value!

CMSgt (Ret.) Michael L. Hodge

THE FORGOTTEN PATIENT

All of us wear many hats in our work and personal lives and are responsible for more than just the patients that we care for. We have a number of responsibilities to take care of, such as, our Airmen's personal growth, professional development, and their private issues. In addition, we have family responsibilities as parents, spouses, and other family that we care for.

With all of these demands pulling at our limited time, please don't underestimate the need for you to take care of yourself. When was the last time you read a new book, went for a long run or attended your church? In a 24-7 military profession, there isn't much free time, unless you simply give up sleeping. With that in mind, it is easy to neglect ourselves and what I urge each of you to do is think of yourself as a very important, but often neglected, patient.

Over the next few weeks to months, I would challenge each and every reader to take a look inward to see how you can revitalize your self-care awareness. Make a few goals to get a good night sleep or get in a few extra workouts every week. The benefits you will start to see in your ability to perform at your optimal ability will surprise you. You will be a better leader, a better spouse, a better parent. Don't wait until you are so rundown that you lose your positive attitude or your warrior ethos. America is counting on you.

Maj. Richard "Cowboy" Caballero

LETTER FROM COL (RET) PHIL L. SAMPLES

SAFP members,

I was recently asked if I would be willing to provide some reflection on my career in the USAF and the transition to the civilian sector once the military career came to a close. Perhaps the best way to attack such a request is to break it down into segments. This may be easier to relate to the various points in your career.

My first active-duty assignment was at Cannon AFB which, at the time, was a 50 bed med/surg hospital with OB/Gyn and pediatric inpatient services. The outpatient workload was between 600-700 Rx/day. The key was in the staffing. Even with this level of work, our staffing only consisted of one pharmacist and 5 technicians. Needless to say, the services we provided were limited. We had a simple ward stock system where pharmaceuticals were placed in locked cabinets on each ward. We also had two small IV hoods in the back of the pharmacy for making complicated intravenous admixtures, such as TPNs and chemotherapy. All other IV meds were reconstituted on the floor at the nursing stations. There were very few pure clinics in those times and our medical centers were very large, even the one we had in Europe (Wiesbaden). Successes in these early assignments were based on the challenges of the times. We battled logistical problems as we implemented the first true pharmacy computer system (an IBM product on a micro-computer platform, the Zenith 248 computer with a 248 bite processor and a 40MB hard drive). Navigating this portion of an AF Pharmacy career took imagination and dedication. If one found an area to improve in, it generally took an entire assignment to see the results. For example, the wheels for a true inpatient pharmacy operation at Wiesbaden were formulated by then LtCol Tom Schendel and Major Al Hess a year before I arrived in Germany. We continued development and deployment of these for the next three years culminating when the case-work for the inpatient pharmacy arrived on the day I left country 3 years after replacing Major Hess. In between, we expanded service to all unit-dose and full IV admixture services to all wards (not just ICU as it had been when I first arrived in Germany in 1987). When I left Germany it brought about what might be considered a second phase of an AF career at the time.



“Successes in these early assignments were based on the challenges of the times.”

As all of you may know, during the 80's and early 90's, the Air Force was in the beginnings of direct accessions of Doctors of Pharmacy (Pharm.D. Those of us fortunate enough to be selected for an AFIT assignment were afforded the opportunity to return to school and attain our Pharm.D. Most follow on assignments were to one of the large medical centers to either establish or support existing clinical programs. Early in our clinical pharmacy service development, Wilford Hall Medical Center was the most developed and supported program. As we were able to build our cadre of post-BS Pharm.D's these clinical services expanded to other medical centers and eventually to our regional hospitals. This was also the phase of a career when, based on ones level of success, opportunities outside pharmacy began to appear. For me that came in the form of Executive Officer for the AETC/SG and then to the AF Inspector General team. Little did I know at the time, I would be the last pharmacist to serve on the IG team. At the midpoint of my time at the IG it transitioned to a joint IG/Joint Commission process and eliminated all but five AF standards for pharmacy. The thought was, “If The Joint Commission inspects it, the IG will not.” This was also the time when in-residence Professional Military Education (PME) came into play. So, from the IG to Air Command and Staff College in residence. After ACSC is what I think of as the third phase of my career began.

Having been away from an operational pharmacy for a number of years I was very anxious to return. Colonel Jim Normark, the Associate Corps Chief at the time, facilitated a great assignment to Eglin AFB. It was there were we began to study, as best we could with the resources available, data, LEAN processes, new automation, physical location and personnel to maximize all these resources. Eglin went through significant change during those three years but we were able to accomplish so much as a team. We were doing LEAN before AFSO21 was ever mentioned and the contributions of the team were outstanding. For example, we chose then Airman Matt Gross to go to Chicago, learn about the robot we were installing and return to manage and train everyone else. The entire team "white boarded" the operational changes to ensure we

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could achieve our goals of improved pharmacy services. The results were amazing and the buy-in from everyone was near 100%. Fortunately, or unfortunately, depending on one's perspective, selection for command truncated my time at Eglin. This began what I consider the fourth and final phase of my career.

The command and senior leadership phase spanned the next 8 years. Obviously there were 2 years as a Squadron Commander; my Sq/CC was at Kirtland AFB as the Support Squadron Commander which was followed by my next assignment to Washington, DC in 2003 as the Pharmacy Consultant and Associate Corps Chief. An interesting note for this time is that it was my intention to spend 4 years in this role and retire. However, after discussing my declination letter for group command with a general officer, I soon found myself on the group commander's list and selected to be the Commander at Goodfellow AFB. You may ask why I had initially declined group command consideration. My reasoning at the time was that I was one of only three Colonels in the AF Pharmacy career field and we did not have anyone meeting the board for the next 2 years. I presented that it was in the best interest of the AF to allow me to stay in pharmacy and then retire. Here's a pearl of wisdom that was shared with me at the time, by the same General Officer, "Phil, the AF will decide what is best for the AF and you should prevail yourself of every opportunity and let senior leadership work out those details." From there, I must admit, was one of the highlights of my career which also set me up for another highlight - deployed commander of a great medical group (that I interrupted being AFMC/SG2 to do ... a great trade off!

Finally, there was Air War College in residence, which also was a career highlight. The friendships one develops as well as the regional cultural studies made the entire year worthwhile. AWC came between my Group Command and my assignment to AFMC. Were there times in my career I questioned my decision to serve? Absolutely! Were there times where the long days, personnel shortages, complaining patients, incompetent personnel, and bureaucratic processes made me want to throw in the towel? BIG YES! But in the end, what I valued at the front of my career was what I valued at the end - the comradery of those we serve and the input to the team of medical professionals, in our environment, was far better than anything in the civilian sector.

"What I valued at the front of my career was what I valued at the end - the comradery of those we serve and the input to the team of medical professionals, in our environment, was far better than anything in the civilian sector. "

At each stage of your career you will be presented with challenges that become opportunities. Many of these are worthy of publication and/or presentation on a national level. Take advantage of these opportunities; invest the time to document at baseline and document after implementation of whatever process is being improved. Seek publication, or at a minimum, a presentation at the Joint Federal Pharmacy Seminar. It will benefit the AF, your team, and you.

As I wrap this up, I wanted to finish by addressing a common information request and that is transitioning to the civilian sector after a long military career and everything in between. The opportunities out there are relatively broad, anything from operational pharmacy to academia. There are not many opportunities to step in at a commensurate level as your retired rank would indicate and it's not because people don't value what you bring but more a function of their internal promotion culture. Also, although we have great experience in hospital operations and administration, if you haven't done the legwork to enhance your credentials as an administrator, there is very little opportunity. Perhaps the most critical need area where a lot of our folks (pharmacists and technicians excel) is in the Veteran's Administration system. They are in need of people who can run a pharmacy at the senior level and have hired a significant number of our folks in the past few years.

I hope you find this article entertaining and useful. I also offer my voice for one-on-one discussions for those preparing for the transition. You can e-mail me at pls.rxd@gmail.com and we will set a time to talk. I wish you continued success as you navigate your AF career.

Col (ret.) Phil L. Samples

THAT'S A GOOD IDEA!

Featuring: Offutt AFB eRX Process

Although eRXs have been around for a few years now, there are still many locations that struggle with how to effectively insert it into their process and achieve buy-in from the providers and/or patients. Offutt's approach was an evolving process, came with many headaches and frustrations, but it developed into a benefit for all (pharmacy staff, providers, and patients). Forewarning, Offutt's method may not work for everyone, but did lead them to #1 in the Air Force and #4 in the DoD. We focused on operational implementation and provider/patient buy-in.

Air Force pharmacies were already accepting old school faxed-in prescriptions for a good period of time before eRXs came around. To get the word out about the new eRx capability, we decided to attack all the providers who were already faxing in prescriptions. It would be an easy kill to get those providers to buy-in. We went through every faxed prescription on hand and contacted that office by phone and faxed them a flyer with our eRx information. It was quite time consuming to begin with, but paid big benefits once they realized we were finally able to accept eRXs.

Simultaneously, we also focused on getting the word out to our patient population. We did this by bag stuffing flyers with their prescriptions and mentioning it to every single patient who dropped off a new script. Although patients were curious about the capability, what really got them to buy-in to the process was allowing them to call in to activate the prescriptions (more on how we worked this into our process later). One of the biggest complaints, probably across all DoD pharmacies, is wait time. They have to wait to check-in, to have the prescription filled, and then to pick-up. When we told them all they had to do was call us, let us know there was a prescription sent over, and then pick up in the drive-thru, they couldn't have been happier or more excited. Unexpectedly, patients themselves became some of our biggest advertisers. I couldn't count how many times patients came in to the window and said, "I heard we can have prescriptions called in now".

Now, probably the biggest issue and headache is staff buy-in and how to work eRXs into the existing processes smoothly. The two biggest questions and decisions we had to make were: Should we validate and fill prescriptions as they come into CHCS? How are we going to manage all of the phone calls we will receive to activate prescriptions? In the very beginning of this process, we decided we were not going to touch a prescription in the eRx CHCS queue until a patient either presented to the pharmacy or called us to activate. Quickly we realized that this caused a major back-up at the window and on the phone when trying to validate each prescription, batch them to the line, and scan in an image into PharmAssist. We decided to tackle both the back log at the window and on the phone together. Receiving phone calls, even before eRXs, has always been a huge speed bump in every pharmacy's process. If you added up all the time you spent on the phone, you essentially lose a body throughout the day to manage it. We used Lean Daily Management (LDM) techniques to examine at what time of day we received the most telephone calls. After a month or so, we determined that it was first thing in the morning between 0800-1100 and then again in the afternoon around 1400-1600. We thought, wouldn't it be nice if we just had an operator? So that's exactly what we did.

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We created an “Operator” spot on our daily schedule between the hours of 0800-1100 and 1400-1600. This staff member would sit away from the front line and had the sole responsibility to answer the phone and to validate prescriptions into the patient’s profiles. Now the operator, when not on a phone call, would focus on validating prescriptions. They would not batch and fill the prescriptions, but just validate them into the correct profile. This now cleared the backup we created at the in-window. The in-window technician would no longer have to search the queue, validate, print, and scan an image. When the patient checked-in, the prescriptions were already in their profile and just had to be printed. If the patient called in on the phone to activate a prescription, perfect, we already had an operator ready to take care of them. This freed up our check-in process and allowed our staff on the fill line to focus completely on the work in front of them.

Keys to success were: advertising to doctors who were already faxing prescriptions, promoting our new capability to every patient, allowing phone activations to encourage patient buy-in, and examining and evolving our current processes to streamline eRx’s. Once again, Offutt’s approach is not necessarily the best way and will not work for everyone. I hope you can take something away from here, allow you to reexamine your approach, and improve your processes.

TSgt Kevin L. Kramer

****We want to hear from YOU!***

Please send your ideas to: emily.g.dietrich.mil@us.af.mil

**** Looking for FREE Continuing Education hours? We can help!***

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1. <http://elearning.pharmacist.com/products/4721/steady-the-pharmacists-role-in-older-adult-fall-prevention>
2. <http://elearning.pharmacist.com/products/4982/from-medicare-to-coverage-for-all-the-evolution-of-an-mtm-program-over-a-decade-home-study>
3. <http://elearning.pharmacist.com/products/4954/patient-case-studies-asthma>

*****You must have an APhA login. You do not need to be an APhA member.***

CE links are also posted at af-pharmacists.org



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