

HEALTH SERVICES QUALITY IMPROVEMENT IMPLEMENTATION GUIDE

QIIG: 45

SUBJECT: PHARMACY OFFICER COLLATERAL DUTY PROGRAM

PURPOSE: This QIIG replaces COMDINST 6570.3 (Pharmacy Officer Collateral Duty Responsibilities) as the document that guides pharmacy officer collateral duty responsibilities and to serve as a reference for Coast Guard (CG) personnel involved in pharmacy operations- such as clinic administrators, pharmacy officers, and Chiefs of Health Services Divisions.

DISCUSSION: COMDINST 6570.3 (Pharmacy Officer Collateral Duty Responsibilities) was implemented in 1990 in order to ensure units without assigned pharmacy officers provided safe pharmacy services to their beneficiaries in accordance with CG policy and applicable federal laws. Since the inception of COMDTINST 6570.3, pharmacy operations have become increasingly more complex (e.g. implementation of the Smallpox Vaccination Immunization Program and requirement to maintain chemical/biological/radiation/nuclear antidotes). This complexity requires appropriate mechanisms are in place to ensure pharmacy operations are safely conducted and to ensure a high degree of operational readiness. This QIIG addresses these issues.

ACTION: Pharmacy officers, Maintenance and Logistics Command (MLC) Regional Pharmacy Consultants, Chiefs, Health Services Divisions (CHSD), clinic administrators, Designated Medical Officer Advisors (DMOA), and other personnel involved in sickbay and clinic pharmacy operations shall familiarize themselves with this QIIG and follow its guidance in conjunction with other CG policies and instructions that pertain to pharmacy operations, especially COMDTINST 6000M.

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1. Overview.

The Pharmacy Officer Collateral Duty Program (POCDP) gives pharmacy officers the authority to provide professional oversight to clinics and sickbays possessing pharmacy operations and/or providing pharmacy services to beneficiaries in their area-of-responsibility (AOR). The program is managed by the MLCs (k) and implemented by clinic pharmacy officers.

2. Definitions.

a. Area-of-responsibility. All units within a given geographical area, with or without medical personnel, supported by the medical clinic to which the pharmacy officer is assigned. In addition, the MLC Regional Pharmacy Consultants may adjust collateral duty assignments in their AOR to meet operational readiness requirements.

b. Collateral duty units. Units with medical personnel that have a pharmacy.

3. Responsibilities.

a. Maintenance and Logistic Commands (k).

i. Provide the necessary financial support for the program.

ii. Review, revise, and update collateral duty assignments for their respective pharmacy officers (Figure 1). Collateral duty assignments will not include units without medical personnel, units with medical personnel whose jobs are not primarily direct patient care, units that maintain only medications listed in a non-prescription medication program (COMDINST 6700M.1B, Section A.6.h), or units that do not maintain a Health Services Allowance List.

iii. Maintain a uniform MLC Pharmacy Operations Checklist for assist visits (Figure 2).

iv. Establish a uniform MLC assist visit schedule (see Section 3.b.i(1)).

v. Forward assist visit reports to the appropriate COs and DMOAs.

vi. Obtain performance input, when necessary, for the USPHS Commissioned Officers Effectiveness Report from units where pharmacy officers provide oversight.

b. Pharmacy Officers.

i. Conduct assist visits.

(1) Assist visit schedule:

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- (a) At least once monthly for clinics within a 50 mile radius of the pharmacy officer's billet. Additional visits may be warranted based on discussion between cognizant MLC and collateral Pharmacy officers.
 - (b) At least once annually for clinics outside a 50 mile radius of the pharmacy officer's billet. Additional visits may be warranted based on discussion between cognizant MLC and collateral Pharmacy officers.
 - (c) At least once annually to IDHS sites/units that operate a sickbay pharmacy (e.g. AIRSTAs, cutters, Sectors). Additional visits may be warranted based on discussion between cognizant MLC and collateral Pharmacy officers.
 - (d) Ad hoc visits to assigned units at the request of the Command, CHSD, clinic administrator, or cognizant MLC for warranted issues of concern.
 - (e) At least once quarterly contact (i.e. telephone, email) with assigned units. Contacts must be documented.
 - (f) Visits will not be funded for units without medical personnel (see Section 3.a.ii).
 - (g) Collateral Pharmacy officers are to maintain positive and pro-active oversight of pharmacies in their area of responsibility. Greater oversight may be required for units that are visited once annually. Oversight includes, but not limited to, frequent contacts to pharmacy personnel, documented phone and email contacts, review of all Prime Vendor and/or pharmaceutical orders prior to submission, return of pharmaceutical returns documents, review of clinic P&T committee meeting minutes and provide recommendations when necessary.
- (2) Organize visit itinerary, notify appropriate members of the unit Command of visit date, follow appropriate military protocol, and provide an in-brief and/or out-brief to the CO or his/her representative during visits at the CO's discretion.
 - (3) Participate in Pharmacy and Therapeutics Committee meetings if they are conducted during visits.
 - (4) Ensure units operate in accordance with the MLC Pharmacy Operations Checklist requirements.
- ii. Prepare assist visit reports.
- (1) Document visits using the MLC memorandum (Figure 3) and forward to the cognizant MLC Regional Pharmacy Consultant within 10 days of visit.

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- (2) Assist visit reports shall include, at least, the following information when applicable or appropriate:
 - (a) Innovative practices implemented to improve pharmacy operations.
 - (b) MLC Pharmacy Operations Checklist requirements that were met or not met.
 - (c) MLC Pharmacy Operations Checklist items requiring corrective action.
 - (d) Other pharmacy procedures or operations not addressed by the MLC Pharmacy Operations Checklist requiring corrective action.
 - (e) Operational readiness of the unit pharmacy.
 - (f) Resolution of items that required corrective action from last visit.
- iii. Provide professional oversight for units in their AOR.
 - (1) Serve as the point-of-contact on all pharmacy related matters, such as the procurement, storage and dispensing of pharmaceuticals.
 - (2) Provide guidance for all pharmacy-related programs such as the prime vendor program, contract versus non contract pharmaceuticals, DoD MMQC notifications, and pharmaceutical returns programs.
 - (3) Provide guidance for pharmacy-related functions such as ensuring the formulary is maintained in accordance with decision by the DoD and local Pharmacy and Therapeutics Committee and all other requirements listed in Chapter 10 of the Medical Manual.
 - (4) Provide pharmacy-related education, training, updates, and/or materials as requested or needed.
 - (5) Assist units in preparing for Accreditation Association for Ambulatory Health Care, Incorporated (AAAHC) surveys.
- iv. Document Collateral Duty Activities.

Pharmacy officers shall document collateral duty activities including submission of visit reports and email or telephone contacts, ensuring dates and time of contacts are accurately noted.

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Figure 1. Pharmacy officer collateral duty assignments.

Alameda	
Air Stations	Barbers Point, San Francisco
Cutters	ASPEN, BOUTWELL, JARVIS, KUKUI, MORGENTHAU, MUNRO, RUSH, SEQUOIA, SHERMAN, WALNUT
Group	San Francisco
ISC	Honolulu
MSSTs	91105 (San Francisco), 91109 (San Diego)
PSU	312
Cape Cod	
Air Station	Cape Cod
Cutters	CAMPBELL, JUNIPER, RELIANCE, SENECA, SPENCER, TAHOMA, WILLOW, ESCANABA
Group	Woods Hole
ISC	Boston
PSU	301
Sector	Northern New England
Station	Rockland
MSST	91110 (Boston)
SFO	Southwest Harbor
Activities	Europe
Cape May	
Air Station	Atlantic City
Cutters	DEPENDABLE, VIGOROUS
Sector	Delaware Bay
Station	Cape May
Strike Team	Atlantic
TRACEN	Cape May
Clearwater	
Air Stations	Clearwater, Savannah
Cutters	DALLAS, GALLATIN, OAK, RESOLUTE, VENTUROUS
MSSTs	91108 (St. Marys)
PSU	307
Sectors	Charleston, Jacksonville, St. Petersburg, Mayport
HITRON	Jacksonville

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Elizabeth City

Air Station	ATC Elizabeth City, Corpus Christi, Houston
Cutters	DAUNTLESS, DILIGENCE, ELM
PSU	309
Sector	Houston/Galveston, North Carolina
SFO	Cape Hatteras, Galveston
Stations	Port O'Connor, South Padre Island
CAMSLANT	Chesapeake
MSUs	Wilmington, Port Arthur, Galveston
Camp	Lejeune
MSST	91104 (Houston/Galveston)
Strike Team	National

Kodiak

Air Station	Sitka
Cutters	ACUSHNET, ALEX HALEY, HICKORY, MAPLE, SPAR, STORIS, SYCAMORE
ISCs	Ketchikan, Ketchikan-Juneau Detachment
LORSTAs	Attu, Point Clarence, Saint Paul
MSST	91111 (Anchorage)

Mobile

Air Stations	ATC Mobile, New Orleans
Cutters	CYPRESS, DECISIVE
ISCs	New Orleans, St Louis
MSST	91112 (New Orleans)
PSU	308
Sectors	Mobile, New Orleans, Upper Miss, Lower Miss, Ohio Valley,
PSC	Topeka
Stations	Grand Isle, Venice
PC 170	Pascagoula
MSU	Lake Charles, Morgan City
Strike Team	Gulf

New London

Cutter	Eagle
Sectors	Long Island Sound, New York
Station	Sandy Hook
SFO	Moriches
Academy	CG

Opa Locka

Air Stations	Borinquen, Miami
Cutters	CONFIDENCE, GENTIAN, MOHAWK, THETIS, VALIANT, VIGILANT
ISC	Miami
MSST	91114 (Miami)
Sectors	Key West, San Juan

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Petaluma

Cutters CHASE, HAMILTON
ISC San Pedro
MSSTs 91103 (LA), 91107 (Honolulu)
PSU 311
Sectors Humboldt, San Diego

Portsmouth

Cutters BEAR, FORWARD, HARRIET LANE, LEGARE, NORTHLAND, TAMPA
Group Eastern Shore
PSU 305
ISC Portsmouth
TRACEN Yorktown
MSST 91102 (Chesapeake)

Seattle

Cutters ACTIVE, ALERT, FIR, HEALY, MELLON, MIDGETT, POLAR SEA, POLAR STAR, STEADFAST
Groups Astoria, Port Angeles
MSST 91101 (Seattle)
PSU 313
Sectors North Bend, Portland

Washington, D.C.

Air Stations Traverse City, Washington, DC
Cutters ACACIA, ALDER, HOLLYHOCK, MACKINAW
ISC Cleveland
Sectors Buffalo, Lake Michigan, Sault Ste. Marie
SFO Grand Haven
CG Yard Baltimore
Super SB Detroit
TISCOM Alexandria
CGPC Ballston
MSU Duluth
HQ CG

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Figure 2. MLC Pharmacy Collateral Duty Pharmacy Operations Checklist.

		Compliance*			
		SC	PC	NC	NA
1. Persons responsible for pharmacy operations who are not C-school trained pharmacy technicians have completed QIIG 41 under the supervision of a qualified pharmacy technician, pharmacy officer, or the most senior person responsible for pharmacy operations.	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinics without a C-school trained pharmacy technician have requested a pharmacy technician training quota from the Commandant (CG-112).	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Person (s) responsible for pharmacy operations is/are proficient in the appropriate CHCS modules. (contact MLC for CHCS Training Disk)	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Person (s) responsible for pharmacy operations completes pharmacy-specific training.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written standard pharmacy operating procedures are specific to the clinic and reviewed/updated annually.	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is a clinic specific list (i.e. formulary) of medications regularly stocked by the clinic's pharmacy and is available to all beneficiaries.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The formulary is in accordance with decisions of the clinic's Pharmacy and Therapeutics Committee, the DoD Pharmacy and Therapeutics Committee and CG-112.	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Clinic Pharmacy and Therapeutics Committee meetings are conducted quarterly with minutes forwarded to the cognizant MLC.	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The clinic's Pharmacy and Therapeutics Committee reviews the appropriateness of non-DoD Basic Core Formulary items.	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hazardous, toxic and flammable products are stored/disposed of appropriately.	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Temperature sensitive pharmaceuticals are stored and monitored appropriately.	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Controlled substances (including CANA) are secured in accordance with CG and DEA guidance.	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Clinic personnel understand and utilize the Vaccine Adverse Event Reporting System (VAERS) and FDA MedWatch reporting systems.	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. National and/or local poison control numbers are posted in the pharmacy and other pertinent clinic areas.	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Poison antidote locker is maintained in accordance with CG guidance.	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Clinic personnel understand and appropriately administer the Standardized Health Service Technician Drug Formulary.	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Controlled substances audits (CSABs) are conducted according to CG guidance.	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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18. Transactions involving controlled substances are executed in accordance with CG and DEA guidance.	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Appropriate current pharmacy references are maintained.	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Non-prescription program (OTC) conforms to CG guidance.	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. CBRN antidotes are maintained in accordance with CG guidance.	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. CBRN antidotes are maintained for operational units in accordance with CG guidance.	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Clinic supports the HSALs and other pharmacy requirements for AOR units.	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Clinic utilizes an appropriate return goods vendor for expired medications and medications requiring specialized disposal.	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Compliance definitions:**

SC = Substantially Compliant

PC = Partially Compliant

NC = Not Compliant

NA = Not Applicable

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Figure 3. Pharmacy officer assist visit report template.

U.S. Department of
Homeland Security



United States
Coast Guard

Commander
Maintenance & Logistics
Command

MLC Address

6570

M E M O R A N D U M

From: MLC (kom), CAPT, USPHS
CG MLC (kom)

Reply to Regional Pharmacy
Consultant

To: USCG

Subj: PHARMACY OFFICER ASSIST VISIT

Ref: (a) Medical Manual, COMDINST M6000.1B, Section 10.A.1.e
(b) QIIG ##, Pharmacy Officer Collateral Duty Program

1. The Coast Guard Pharmacy Officer Collateral Duties Program, described in references (a) and (b), requires Pharmacy Officers to provide professional oversight to clinics and sickbays in their respective areas-of-responsibility that do not have an assigned pharmacy officer. Part of this oversight includes site visits to the units. The program is intended to ensure pharmacy operations are safely conducted in accordance with CG, federal and other applicable laws and to maximize operational readiness. Further, the program requires the submission of written Pharmacy Officer Assist Visit Reports regarding the provision of collateral duty site pharmaceutical services to this office.
2. On 01 Jan, 2006, CDR Jones, USPHS, conducted a pharmacy officer assist visit at the CGC with HSC , USCG. The results of the visit are documented in the Pharmacy Officer Assist Visit Report (enclosure (1)).
3. The MLC Regional Pharmacy Consultant reviewed this report and [MLC fills in].
4. A copy of this letter was sent to the Designated Medical Officer Advisor of the .

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Encl: (1) Pharmacy Officer Assist Visit Report

Copy: CG ()
CG ()

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SUBJ: PHARMACY OFFICER ASSIST VISIT REPORT FOR

1. General remarks regarding the overall operation of the pharmacy.
2. Checklist items that require corrective action (item and necessary corrective action).

- There were no checklist items that require corrective action at this time.
- The following items require corrective action:

3. Comments on non-checklist items.

- No comments to make.
- The following is noted regarding non-checklist items:

4. Comments on innovative pharmacy practices.

- None to report at this time.
- The following practices are noted:

5. Recommendations on how to improve operations.

- No comments to make.
- The following are recommendations to improve operations:

6. Concluding remarks.