

Postgraduate Year Two (PGY2) Health System Pharmacy Administration Residency

SETTING

The VA Palo Alto Health Care System (VAPAHCS) is a 900 bed hospital and satellite outpatient clinic complex located in the greater San Francisco Bay Area of California. This major tertiary referral center consists of three medical center divisions and eight satellite outpatient clinics. The Palo Alto Division, located in the foothills of the Coast Range Mountains, is comprised of ambulatory care clinics, as well as medicine, surgery, acute psychiatry, spinal cord injury/polytrauma, geriatric care, hospice, and blind rehabilitation inpatient beds. The Menlo Park Division, located seven miles away from Palo Alto, serves primarily chronic psychiatric, nursing home, respite, and domiciliary patients. The Livermore Division, located 40 miles east of Palo Alto, cares primarily for subacute medicine and nursing home patients. Satellite clinics are located in San Jose, Monterey, Fremont, Livermore, Stockton, Modesto, Sonora, and Capitola. These clinics provide primary and selected specialty care. The Health Care System is affiliated with Stanford University School of Medicine, and the Pharmacy Service has affiliation agreements with the University of the Pacific (UOP), University of Southern California (USC), and Touro University Schools of Pharmacy.

PHARMACY SERVICES

The Pharmacy Service provides 24-hour coverage seven days a week. Patient care is provided by a staff of more than 140 pharmacists, technicians, residents, students.

Inpatient Service. The decentralized inpatient pharmacy staff provides pharmaceutical care to veterans ensuring patients are educated and drug therapy is optimized. Care plans are developed based on individual patient needs and used in conjunction with computer-generated databases to monitor for drug indication, appropriateness, and achievement of therapeutic outcomes. New orders are evaluated in the context of this information with attention to drug dosing, drug interactions, adverse effects and drug allergies. Pharmacists' recommendations are communicated on patient care rounds or directly to the medical, surgical, psychiatric, or extended care teams, and documented in electronic progress notes. The pharmacy also provides "code blue" and "e-team" coverage and staff to monitor

patients receiving total parenteral nutrition. Drug distribution is accomplished through highly automated, centralized unit dose and USP 797 compliant, state of the art IV admixture services. By utilizing automation and the technician support staff efficiently in the dispensing functions of the pharmacy, the system provides an opportunity for pharmacists to provide pharmaceutical care to their patients.

Ambulatory Care. The Outpatient Pharmacy and Ambulatory Care Sections of the Pharmacy Service provide comprehensive pharmaceutical services for clinic patients, which include primary care management of patients in the General Medicine, Anticoagulation, and Home Based Primary Care (HBPC) Clinics, Women's Health, Pain Management, Renal, and HIV Clinics utilizing scopes of practice with full prescriptive authority.

Education and Training. Members of the pharmacy staff precept residents and clinical clerkship students. Resident inservices, Journal Club, Grand Rounds, clerkship student therapeutics and case conferences add to the educational development of the pharmacy staff, residents and students.

Pharmacy Administration. The supervisory structure includes the Chief of Pharmacy, Associate Chiefs of Inpatient and Outpatient Operations, and front line managers and supervisors. These supervisors are supported by program managers in the areas of Pharmacy Benefits Management (PBM), Medication Safety, Pharmacy Informatics and Automation, Clinical Services Coordination, Investigational Studies, and Pharmacoeconomics.



Mission Statement

Upon completion of this residency, the pharmacist will be prepared for a clinical or operational management/supervisory role in a variety of work settings. The pharmacist will be an effective, integral team member as well as efficient at independently solving problems. She/he will develop and demonstrate excellence in the following core competencies: communication, critical thinking, interpersonal effectiveness, organizational stewardship, personal mastery, business acumen, global perspective, leading change, partnering, and data driven outcomes. Leadership skills will be developed through the management of projects and working with administrators of the Pharmacy Service. Essential research skills will be developed and applied to pharmacy practices. Through all of these activities, the pharmacist will effectively utilize a variety of information and automation technologies.

RESIDENCY ACTIVITIES

The residency is a twelve month postgraduate year two program that provides training and experience in Health System Pharmacy Administration. The program provides a basic foundation in all aspects of pharmacy administration and is flexible enough to adapt to the needs of the individual resident and consider the skill set that the resident brings to the program. It provides exposure to national, regional, and local activities that support safe and effective evidence based medication use, performance improvement, strategic planning, regulatory compliance, human resource management, fiscal management, and effective use of automation/technology. A research project is required and a focus on economics, outcomes analysis, or health-care policy is suggested, but not mandatory.

Required Rotations:

Pharmacy Leadership (longitudinal): The resident will learn core concepts and principles of effective leadership and management in a health care system setting and utilize them in practice. The resident will gain exposure to human resource management including: recruitment, hiring, orientation, performance evaluation, progressive discipline, labor-partnership relations, employee satisfaction and retention. The resident will cultivate professional skills and qualities necessary to develop into an effective and confident pharmacy leader, including; critical decision making, negotiation, delegation, change management, strategic planning, time management and project management skills. Residents also explore the pharmacist's role in the development of health care policy by serving as an active member of local and VISN health care committee throughout the entire year. Committees include: Local P&T Committee, Local Medication Safety SubCommittee, VISN Clinical Pharmacy Specialists Workgroup, VISN Outpatient Pharmacy Supervisors, VISN Inpatient Pharmacy Supervisors, VISN Pharmacy Leadership Board, National Pharmacy Chiefs Meeting.

Pharmacy Benefits Management I (8 weeks): The resident will participate in several financial management activities in a health care setting. Formulary management activities will include developing formulary guidance documents such as drug use criteria and treatment algorithms; creating formulary implementation tools such as consult forms, order sets, and ward stock requests; developing medication use policy; and participating in various local and regional meetings. Pharmacoeconomic activities will include developing and implementing cost savings initiatives; attending didactics in pharmacoeconomics, outcomes research, provider profiling, and academic detailing; preparing monthly budget updates; and conducting quarterly drug class growth trend analyses. The resident will also participate in medication use monitoring activities, including developing and implementing regional performance measures, conducting medication use evaluations, and evaluating cost saving initiative outcomes. Additional activities include understanding local procurement policies and procedures, reconciling purchase reports, evaluating daily drug accountability reports, and understanding third party reimbursement processes.

Pharmacy Benefits Management II (longitudinal): The resident will be responsible for various ongoing learning experiences, including: serving as editor of a monthly pharmacy newsletter for circulation to all providers and pharmacists; adjudicating non-formulary requests; ensuring compliance with regional pharmacy benefits management medication safety performance measures; preparing a weekly drug shortage bulletin for circulation

to all staff; coordinating the annual wall-to-wall inventory; and preparing the annual pharmacy budget for submission to Chief Financial Officer and Chief of Staff.

Medication Safety/Compliance (4 weeks with longitudinal activities): The resident will collaborate with departmental and interdisciplinary teams to improve the medication-use process. Activities include developing and implementing quality improvement plans using performance improvement methodologies and managing the adverse drug reaction (ADR) and patient event reporting programs. The resident will participate in Root Cause Analyses, Aggregate Reviews, and LEAN projects (Value Stream Analysis, 5S, Rapid Process Improvement Workshops). The residents will provide information on medication-related external quality standards (The Joint Commission, Office of Inspector General, Environmental Protection Agency, etc.) and monitor pharmacy department compliance.

Information Technology/Automation (4 weeks): The resident will gain exposure to Pharmacy informatics and automation technology in an integrated healthcare system. Specifically, the resident will gain experience in software and automation for every aspect of the medication use process, including: Computerized Patient Record System (CPRS), Computerized Prescriber Order Entry (CPOE), VISTA Pharmacy packages, Barcoded Medication Administration (BCMA), inpatient and outpatient drug dispensing robots, point of care machines, packaging machines and other automation. The resident will also learn to gather and analyze pharmacy prescription and workload data, and will gain exposure to implementation and maintenance of software and automation.

Clinical Management (8 weeks): The resident will get hands-on experience in the management, evaluation and development of clinical and educational services within the Pharmacy Service. The resident will gain experience through project assignment in the following areas: pharmacy student and PGY1 resident program coordination; clinical service productivity and outcomes measurement; clinical pharmacist development and appraisal; evaluation and implementation of clinical services. The resident will participate in and lead various meetings, including service, health care system and regional meetings.

Outpatient Pharmacy Management (8 weeks): The resident will develop advanced skills in outpatient medication distribution management including: planning, directing and coordinating comprehensive outpatient operations; incorporating outpatient performance improvement activities; resolving outpatient pharmacy related patient concerns; managing and ensuring optimal and timely customer service in the pharmacy telephone care program. The resident will spend four weeks immersed in the outpatient pharmacy operation and another four weeks as the Acting Outpatient Pharmacy Manager.

Inpatient Pharmacy Management (8 weeks): The resident will develop advanced skills in inpatient medication distribution management including: planning, directing and coordinating comprehensive inpatient operations; incorporating inpatient performance improvement activities; resolving inpatient pharmacy related customer concerns; managing and ensuring optimal and timely customer service. The resident will spend four weeks immersed in the inpatient pharmacy operation and another four weeks as the Acting Inpatient Pharmacy Manager.

Potential Clinical Elective Rotations (8 weeks)

Academic Detailing

Ambulatory Care

Critical Care

Emergency Department

Geriatrics

Hematology/Oncology

Infectious Disease

Internal Medicine

Psychiatry

Research

PROGRAM DESCRIPTION

Residency Type: PGY-2
Duration: 12 months
Number of Positions: 1
Application Deadline: January 3, 2014
Starting Date: July 1, 2014
Stipend: \$52,709
Interview Required: On site

ELIGIBILITY REQUIREMENTS

Doctor of Pharmacy Degree
Completion of PGY-1 Pharmacy Residency
Pharmacy licensure in any state of the USA
U.S. Citizenship

APPLICATION MATERIALS

1. "Letter of intent" stating why you are pursuing a residency position in our program
2. Current curriculum vitae
3. VA Form 10-2850D "Application for Health Professions Trainees" (available at: <http://www.va.gov/oaa/app-forms.asp>)
4. US Government form OF-306 "Declaration for Federal Employment" (available at: <http://www.va.gov/oaa/app-forms.asp>)
5. Official School of Pharmacy transcript
6. Three letters of recommendation. These should be from individuals capable of commenting on your professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, and any other attributes which will assist us in assessing your ability to flourish and succeed in our program. All comments and information will be held in strictest confidence.

BENEFITS

ACLS Certification	Vacation - 13 days / year
Health & Dental Insurance	Sick leave - 13 days / year
Paid educational leave*	All federal holidays off
Free Parking	Lab Coats

*Residents are paid for their time to attend meetings. Funding to support travel and meeting registration is limited.

For more information and application materials:

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RESIDENCY PRECEPTORS

Pharmacy Management Staff serve as preceptors in their areas of expertise. The following are our current faculty.

Pharmacy Leadership

Kelly Robertson, Pharm.D., Chief, Pharmacy Service Dr. Robertson received her Pharmacy degree from the University of Pacific in 1992 and completed the VA Palo Alto Pharmacy Residency in 1993. She worked as a Clinical Pharmacy Specialist at VA Palo Alto in Inpatient and Ambulatory Care positions from 1993-1995 and then held various pharmacy management positions of increasing responsibility (Outpatient Pharmacy Supervisor, Palo Alto Division Manager, Associate Chief of Pharmacy) until becoming the Chief of Pharmacy in 2004.

Pharmacy Benefits Management

Noelle Hasson, Pharm.D., Pharmacy Benefits Manager Dr. Hasson received her Pharmacy degree from UC San Francisco in 1994 and completed the VA Palo Alto Pharmacy Residency in 1995. She has worked as a Clinical Pharmacy Specialist at VA Palo Alto in various positions (Inpatient Medicine, Drug Information, Clinical Coordinator and Pharmacy Benefits Manager) since 1995.

Medication Safety/Compliance

Carolyn Smith, Pharm.D., BCACP, Medication Safety Officer Dr. Smith received her Pharmacy degree from the University of Florida College of Pharmacy in 2010 and completed a Healthcare Quality and Medication Safety Fellowship at the University of Florida in 2012. She joined VAPAHCS in 2012.

Information Technology Management/Automation

Esther Song, Pharm.D., BCPS, FASCP, Pharmacy Information Manager Dr. Song received her BS Pharmacy from University of Wyoming in 1986 and Pharm. D. from Rio Grande College of Pharmacy in 2000. She worked as Clinical Pharmacy Specialist in Geriatrics at VAPAHCS, Menlo Park Division from 1990 – 2000, then became the Pharmacy Information Manager in 2000.

Douglas Klahold, Pharm.D., Information Technology/Automation Pharmacist Dr. Klahold received his Pharmacy degree from University of the Pacific in 1995 and completed a Clinical Pharmacy Residency at Hamot Medical Center, Erie, Pennsylvania, in 1996. He has practiced in a number of pharmacy settings including inpatient, outpatient, and long term care, and has held multiple pharmacy management positions (Sav-On, VA Palo Alto Outpatient Pharmacy, and Kaiser Permanente) prior to becoming the IT/Automation Pharmacist at VA Palo Alto in 2008.

Clinical Pharmacy Management

Randell K. Miyahara, Pharm.D., Clinical Coordinator, PGY1 Residency Program Director Dr. Miyahara received his Pharmacy degree from UC San Francisco in 1985 and completed a Clinical Pharmacy Residency at the University of Southern California in 1986. He joined VAPAHCS in 2005 as an Ambulatory Care Clinical Pharmacy Specialist, and then became the Clinical Coordinator in 2006.

Outpatient Pharmacy Management

Regina Lo, Pharm.D., Palo Alto Outpatient Pharmacy Manager Dr. Lo received her Pharmacy degree from the University of the Pacific in 1991. After graduation, she went to work for Kaiser Permanente in various positions of increasing responsibilities (Outpatient Pharmacist, Lead Outpatient Pharmacist, Outpatient Pharmacy Supervisor, Outpatient Pharmacy Manager) and in 2010 joined VAPAHCS as the Palo Alto Outpatient Pharmacy Manager.

Inpatient Pharmacy Management

Nora Yang, Pharm.D., Associate Chief of Inpatient Pharmacy Operations Dr. Yang received her Pharmacy degree from the University of Pacific in 1993. She worked as a Staff Pharmacist at various hospitals, clinics and retail pharmacies from 1993 to 2000. From 2000 to 2001, she worked as an Inpatient Clinical Pharmacist at VA Minneapolis Medical Center and was promoted to Inpatient Pharmacy Supervisor at VA Central California Health Care System from 2001 to 2011. She recently joined VA Palo Alto Health Care System as an Associate Chief of Inpatient Pharmacy Operations in 2011.

Kyong Kang, B.S., R.Ph., Palo Alto Inpatient Pharmacy Manager Ms. Kang received her Pharmacy degree from the Massachusetts College of Pharmacy in 1983. She joined VAPAHCS in 2001 as an Inpatient Clinical Pharmacist and has been the Palo Alto Inpatient Pharmacy Manager since 2003.