Are you seeking to improve your sterile compounding operations, but are not sure where to start? Are you navigating the complex regulatory landscape, especially with revisions to USP <797>?

As a provider of IV compounding technology, Omnicell knows the challenges health systems face when it comes to sterile compounding. We are sponsoring and hosting a number of educational events to help hospital pharmacies stay informed on these matters and learn about solutions.

**PP&P Webinars**

*Pharmacy Purchasing & Products* is presenting two free, 45-minute webinars addressing the implementation and utilization of ready-to-use syringes with IV robotics.

**Leveraging IV Automation to Improve Safety, Quality, and Efficiency in the Cleanroom**

**Friday, September 13 from 1:00-1:45 p.m. EST**

This webinar will be led by Dennis Killian, PharmD, PhD, Director of Pharmacy Services at Peninsula Regional Medical Center in Salisbury, Maryland.

Learn more and register [here](#). Capacity is limited.
Continued

Insourcing Ready to Administer Syringes with IV Robotics: A Hospital Case Study

Friday, September 27 from 1:00-1:45 p.m. EST

This webinar will be led by Kevin Hansen, PharmD, MS, BCPS, Assistant Director of Pharmacy at Moses H. Cone Memorial Hospital in Greensboro, NC.

Learn more and register [here](#). Capacity is limited.

Omnicell Webinar – Continuing Education Opportunity

BUD Strategies for CSPs: A Case Study

On August 29, Omnicell hosted a webinar that reviewed strategies for managing beyond-use dates (BUDs) under the USP <797> revisions posted June 2019.

This continuing education session was led by Kevin Hansen (see above) and Brian Kelley from ARL Bio Pharma. You can watch the recorded webinar and earn 1.0 contact hour of continuing education.

Access Webcast

Program Objectives:

1. Review USP <797> revisions impacting beyond-use date assignment for compounded sterile preparations
2. Outline additional testing methods in USP compounded monographs for sterile injectables
3. Differentiate sterility testing methods for compounded sterile preparations
4. Apply strategies to extend beyond-use dates for compounded sterile preparations

Speaker Program

Omnicell is hosting speakers at various state ASHP conferences. The presentation is titled: What You Need to Know About Insourcing Ready-to-

Administer (RTA) Syringes With IV Robotics: A Hospital Case Study. The speakers will cover quality, service, and financial considerations involved in insourcing RTA syringes as well as an overview of implementation logistics and an evaluation of workflow.

Following are the upcoming events for the remainder of the year:

CSHP – California Society of Health-System Pharmacists
Saturday, October 19 at 7 a.m.
Disneyland Hotel, Anaheim, CA
Speaker: Kevin Hansen, Moses H. Cone Memorial Hospital in Greensboro, NC.

PSHP – Pennsylvania Society of Health-System Pharmacists
Monday, October 28 at 7 a.m.
Radisson Valley Forge Casino Resort, King of Prussia, PA
Speaker: Dennis Killian, Peninsula Regional Medical Center in Salisbury, Maryland

VSHP – Virginia Society of Health-System Pharmacists
Saturday, November 9 at 7 a.m.
Kingsmill Resort, Williamsburg, VA
Speaker: Dennis Killian, Peninsula Regional Medical Center in Salisbury, Maryland

Additional Educational Materials

Visit our [IV Compounding Resources web page](#) and you’ll find a variety of informational resources about IV compounding technology to guide your sterile compounding strategy. Materials include presentations, published articles, and online resources.
Quest for IV Safety Leads from Clean Room to Capitol Hill

Sterile compounding is among the highest-risk activities performed by health-system pharmacies. The quest to reduce this risk led Dave Webster to become an early adopter of sterile compounding automation—as well as a noted author, lecturer, and advocate on the subject.

Webster leads sterile compounding operations across multiple sites for the University of Rochester Medical Center. To date, fully automated robots have produced over 170,000 doses for the medical center—including patient-specific oncology doses—with IV workflow devices producing an additional 3,000 doses per month.

Q: How have perceptions of sterile compounding technology changed among health-system pharmacists?
At first, I heard comments such as, “Do we really need technology in this space? How do you introduce technology in a clean-room setting?”

The conversation evolved to become more supportive, but with some hesitancy. More recently, I’ve seen healthy debates about the technologies used. It is encouraging to see the debate move away from the question of need for technology to finding the best solution available.

Q: What debates about foundational technologies are you seeing?
I think everyone agrees that barcode scanning and digital image capture are helpful in assisting pharmacists in the clean room as far as improving safety. But there still is debate around gravimetrics. Some individuals question whether IV preps need to be weighed before and after: “Do we really need to go that far?”

I’ve always been a proponent of all three technologies in sterile compounding. More pharmacy directors and leaders are moving in that direction to make this process as safe as possible. All three components are important.

Q: What are the arguments for insourcing vs. outsourcing?
If you’re outsourcing, you need to look at what you would save by bringing that in-house. You need to look at the financial and safety perspectives.

Many institutions—and we were one of them—relied heavily on compounding pharmacies and 503B sites. The NECC (New England Compounding Center) situation exposed a lot of that overdependence, but there’s still a heavy reliance by many hospitals.

Some pharmacy leaders feel compounding pharmacies have put new quality controls in place and that the FDA is watching over them. But while some compounding pharmacies do an excellent job, there’s still a spectrum of issues among outsourcers related to quality control and adhering to regulations.

“If I had a crystal ball to look into the future, I’d want to see an IV workflow system in every hospital that compounds sterile products.”

Q: Why have you been so active in meeting with regulatory agencies?
I’ve been working with pharmacy leaders and patient safety advocates from across the country to meet with government leaders and the FDA on sterile compounding technology.

We’re very supportive of the Drug Quality and Security Act (DQSA) and the 503A and 503B spaces. But a lot of avenues are available to make the system even safer.

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We want to guide hospitals and healthcare systems to the best possible solution to protect patients. We believe that adoption of technology in a smart way can be part of that solution.

**Q: What has been your proudest moment?**
I couldn’t be prouder of our IV compounding team and leaders. They’ve embraced the technology and want to make it even better.

The day we went live with the IV workflow devices was a really proud moment. The idea that we now have technology that can make almost any compound and still have the same robust patient safety checks is exciting to me. If I had a crystal ball to look into the future, I’d want to see an IV workflow system in every hospital that compounds sterile products.
Free Nurses from the Cabinet with Anywhere RN

During med passes, traffic jams at the automated dispensing cabinet can be frustrating for nurses. Omnicell has long offered a web-based application that enables nurses to perform many medication tasks remotely via their computer workstation.

With Anywhere RN™ Remote Medication Management, nurses can remotely order, return, waste, perform medication overrides, and check medication availability. It creates a simpler process for removing meds at the cabinet, resulting in less congestion at the cabinet during the medication pass.

Anywhere RN is easy to use. The five icons in the top menu area provide access to the following functions:

1. **Request Med Removal**
   - Remove Meds – displays patient names, scheduled meds timeline, and PRNs
   - Remove Stocked Meds – remote override requests can be made here

2. **Request Med Returns**
   - Return Meds – displays items eligible for return post-dispense and streamlines the return process at the cabinet

3. **Record Med Waste**
   - Displays medications eligible for waste
   - Accurate and compliant witness documentation

Continued on next page >
Free Nurses from the Cabinet with Anywhere RN

Continued

4. Assign My Patients
   • Allows a nurse to select his/her patients for queuing medications. Nurses typically start here to create a “My Patients” list with their selected medications.

5. View Patient Profile
   • Allows a nurse to retrieve patient information

How Is Time Saved at the Cabinet?
When nurses complete remote medication queuing via Anywhere RN, the meds are ready at the cabinet. Nurses log into the cabinet where they are prompted to “Issue” the pending requests, and simply follow the Guiding Lights to access drawers and bins where each requested medication is located.

What Are the Benefits?
Time Savings
Cabinet medication removal time has been shown to decrease by 33% with Anywhere RN. One hospital estimated that Anywhere RN saved at least 15 minutes per nurse during morning med passes. Less time at the cabinet enables time for other clinical tasks, which promotes nurse satisfaction.

Patient Safety and Satisfaction
By reducing the number of trips to and from the cabinet, Anywhere RN helps reduce the potential for interruptions that can lead to medication errors and frees up more time for patient care. The ability to select medications in the patient room instead increases time near the patient, which can improve patient satisfaction. Another advantage is the ability to discuss medication issues, such as pain scale for PRNs, to help reduce returns and improve the appropriateness of meds selected.

Waste Management
For hospitals that allow a waste to occur outside of the medication room, the ability to document waste remotely is convenient. The remote waste feature complies with requirements for waste witness. Another advantage of the Anywhere RN waste feature is the ability to quickly see if the automated dispensing system is expecting a waste documentation. This allows the nurse to verify before the end of the shift whether waste documentation needs to be completed.

Integration with Epic and Cerner
Omnicell offers direct integration between the automated dispensing system and Epic and Cerner electronic health record (EHR) systems. If your hospital is using one of these interoperability solutions, the Anywhere RN functionality is embedded in the MAR, so the user can view and perform MAR and Omnicell requests simultaneously. No separate Omnicell login is required, and the process for removing medications at the cabinet is streamlined, as described above. Learn more about Omnicell-EHR integration.

1. Data collection from cabinet log file analysis.
2. Rapid City Regional Hospital, 2014.
Sentara RMH Medical Center Transitions to XR2 Automated Central Pharmacy System to Improve Safety and Efficiency

Sentara RMH Medical Center is a 238-bed community hospital in Harrisonburg, Virginia that provides cardiac, oncology, orthopedic, and mother-baby services, among others. For the past 18 years the hospital had been successfully using central pharmacy robotics for medication cartfill, and they recently decided to transition to the new Omnicell® XR2 Automated Central Pharmacy System.

Creating Safer Processes

Sentara’s main objectives in moving to the XR2 was to increase safety and efficiency. “The more we move away from manual picking of medications, the safer our processes will be,” said Jamin Engel, Pharmacy Manager, Sentara RMH Medical Center.

The XR2 Automated Central Pharmacy System introduces a more fully automated approach to medication inventory management. With fewer touchpoints, XR2 helps free the pharmacy for clinically focused initiatives. To date, Sentara has achieved 20% faster inventory turnover with the XR2.

Accommodates More Types of Medication Form Factors

The Sentara team is pleased that they do not need to micromanage the XR2—it can pick most medications robotically, reducing verification burdens on pharmacists. In fact, larger products that could not be accommodated by the previous robot—such as nebulizers, inhalers, and creams—can be managed through the XR2.

In Sentara’s central fill model, 80% of products they distribute in the hospital come from a main pharmacy, and of those 99% are going through the XR2. Now with improved efficiency, the staff is able to spend more time on value-added activities—a key aim of the autonomous pharmacy.

To learn more about Sentara’s pharmacy operations improvements with the XR2, watch the video or download the case study.
A Vision of the Autonomous Pharmacy for One of the World’s Largest Hospitals

Anne Mostue of Bloomberg Radio recently toured the Massachusetts General Hospital pharmacy and interviewed Christopher Fortier, PharmD, Chief Pharmacy Operator, about his partnership with Omnicell and how the Company’s Autonomous Pharmacy vision will advance his goals for pharmacy. Some of their conversation is summarized below.

Mass General is one of the world’s largest general hospitals with 1,000-beds, and it is planning to build a new facility with another 400+ beds. The hospital has followed a more traditional approach to medication management, with a massive 24/7 pharmacy operation on the basement floor. Humans do most of the work—an approach that is not only costly, but risks the possibility of error.

With a new hospital on the horizon, Fortier has partnered with Omnicell to automate and improve the medication management process. His ultimate goal is having his pharmacists spend less time in the basement and more time on the hospital floor providing direct patient care.

Why does Fortier feel that it is important for his pharmacists to be involved in patient care?

“When we are trained in pharmacy school, we are very much more clinically trained. When you talk about medications, not only the complexities—the cost, the risks of medication errors, lack of patient adherence, it’s really important for pharmacists to be side-by-side with patients counseling them, for example, when they are going to be discharged, to make sure they are going home on the right medications. But because of other tasks like drug preparation and distribution, we are not able to get fully into that spectrum of care,” Fortier explained.

Fortier’s vision is to integrate technology and automation at all steps of the medication use process. He wants to get the human factor out of the process to make it more efficient and leverage data intelligence to drive better decision making.

“This is not just in the hospital,” he says. “We can have an impact from the minute a patient hits the emergency department to all the way to their home.”

Listen to the full Bloomberg interview here.

Show Hosts: Tom Moroney, Joe Shortsleeve, and Anne Mostue. Producer: Dan Pierce.
Training

Omnicell offers a variety of practical, interactive training opportunities—virtual, online, and classroom—to help you derive the maximum benefits from your Omnicell systems. A comprehensive list of training resources is available on myomnicell.com, our customer portal. Following is a list of new or updated courses.

Virtual Training Classes

The following virtual training courses for Omnicell Pandora™ Analytics have been completely redesigned and updated.

**PandoraVIA 101: Navigating the System and Running Reports**
This class is intended for system administrators and clinical users of Pandora Analytics. Participants will learn how to run, review, save, schedule, and export a report as well as add and delete widgets from the home screen.

**PandoraVIA 211: Best Practices for Medication Diversion Prevention**
This class is intended for clinical users of Pandora Analytics. Participants will learn about diversion and be introduced to the following diversion reports: Anomalous Usage report, Patient Safety report, Discrepancy report, Witness Buddy report, Resolution Buddy report, Activity report, and User Watch List report.

**PandoraVIA 212: Reading and Interpreting Diversion Reports**
This class is intended for recipients of Pandora clinical reports. Participants will learn to review trends in diversion reports. This session focuses on reading and interpreting Pandora reports only. For this session, participants do not access Pandora.

**PandoraVIA 221: Inventory Reporting**
This class is intended for clinical users of Pandora. Participants will learn about the different inventory reports available within Pandora, including the PAR Optimization report, PAR Analysis report, Inventory report, Item Usage report, Stagnant Items report, Station Detail report, and Stations to Act On report. For Omnicell customers only, the Remote Par Optimization module is also included in this training session.

**PandoraVIA 301: Administration & User Management**
This class is intended for system administrators of Pandora Analytics. Participants will learn how to create users and grant permissions, and create and apply profiles, worlds, and views.

Upcoming Events

- **FrameworkLTC Annual User Conference**
  Las Vegas, Nevada  |  September 17-19
- **Cerner Health Conference**
  Kansas City, MO  |  October 7-9
- **NCPA (National Community Pharmacists Association) Annual Convention**
  San Diego, California  |  October 26-29
- **HLTH Conference**
  Las Vegas, NV  |  October 27-31

See 5 reasons your senior leadership should attend HLTH.