



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **EHR Pharmacy Informaticist Training**

## Announcement and Agenda

July 22-25, 2013

IHS Office of Information Technology (OIT)  
Albuquerque, New Mexico

and

Bemidji Area Office, Billings Area Office,  
Oklahoma Area Office, Shiprock IHS Hospital

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## **1.0 General Information**

### **1.1 Purpose**

This is a five-day course for pharmacists and other pharmacy staff who are responsible for Pharmacy Informatics within a Health Care setting.

### **1.2 Target Audience**

- Pharmacists who have received no formal Pharmacy Informatics training (learned by trial and error)
- Pharmacists planning to get more involved in managing the Pharmacy Information System
- Pharmacists interested in learning more about Pharmacy Informatics

### **1.3 Prerequisites**

Indian Health Care System Pharmacists, Pharmacy Supervisors, and Pharmacy Managers directly involved with the implementation, use, and maintenance of the pharmacy information system.

## 2.0 Learning Objectives

The course will cover topics important to pharmacy departments including electronic documentation of adverse drug reactions, and the interface with an electronic health record (EHR). Additional topics will include: processing prescriptions, paperless refills, hold and unhold, return to stock and reissue, copy, management reports, and some of the new development in the informatics field.

At the end of this intensive training, participants should be able to:

- Describe advantages to a health care organization associated with Information Technology (IT).
- Explain the importance of accurate IT setup and configuration and the need to respond quickly to errors.
- Describe how healthcare organizations can utilize safety strategies and reduce the risk of medication and other errors by implementing technology at different points along the medication use process.
- Examine the risk of medication and other errors and consequences in patient safety for improperly configured systems.
- Delineate the process of provider order entry and order completion by pharmacy and explain the pharmacist's role.
- Discuss need for a system to communicate errors and system messages to users.
- Discuss Meaningful Use requirements for Medication Reconciliation.
- Formulate best practices regarding processing simple and complex Inpatient medication orders to optimize accuracy in medication management and improve patient safety.
- Organize the process of ordering Outpatient/Discharge medications for patients being discharged and the ways that information technology simplifies the process.
- Discuss patient safety issues when orders are entered on wrong patient and define process to remove them properly from patient profiles.
- Explain the need to return unclaimed medications to stock in a timely manner.
- Describe strategies for preventing unclaimed medication from being filled.
- Describe the utility of computer programs to document patient education.
- State requirements by states and quality organizations regarding patient medication handouts and discuss how to use them.
- Discuss the Institute for Safe Medication Practices (ISMP) recommendations for Sound Alike/Look Alike medications.
- List abbreviations forbidden by national standards bodies such as The Joint Commission or ISMP.

- Describe the consolidated mail order pharmacy (CMOP) process and explain how it can be a resource for Indian Health Service (IHS) outpatient pharmacy.
- Identify potential errors caused by use of information technology in medication administration and develop strategies to avoid them.
- Compare and Contrast both the risks and benefits of using health information technology in managing pharmacy inventory and ward stock stored throughout the facility.
- Develop a strategy to identify items that are appropriate for distribution to non-pharmacy locations.
- Formulate a strategy to leverage health information technology, data management, and workflow to strive toward the patient-centered medical care model.
- Demonstrate the benefit of using the information system in managing and providing pharmacy services in inpatient facilities including clear reports and unambiguous medication orders.
- Understand the importance of adjusting daily workflow processes for pharmacy and nursing when using centralized bar code distribution technology to support bedside verification.
- Develop bedside medication metrics to maximize patient safety benefits.
- Discuss and review Prescription Drug Monitoring Program – Controlled Prescription Export to states.
- Discuss need to have a properly configured Information Management system to assure medication accuracy, timely access to patient information and patient safety.
- Explain the need to maintain currency of a computer program and to have updates and bug fixes to assure proper function.
- Examine the need for patient safety-related improvements in the process for tracking adverse reactions in many health-system pharmacy departments.

## 3.0 Instructors and Facilitators

**Disclosure Statement:** Each of the faculty for this course has completed the disclosure process and has indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest. Additionally, each has agreed to use generic or multiple trade names when referring to medications and will identify any "off-label" or experimental uses of medication.

Facilitators marked with an asterisk (\*) will primarily provide technical assistance

### 3.1 Northern Navajo Medical Center (Shiprock)

- Clint Krestel, PharmD, Navajo Area Pharmacy Consultant\*
- Kendall Van Tyle, PharmD, BCPS, Pharmacy Informaticist, Northern Navajo Medical Center\*

### 3.2 Oklahoma City Area and ARRA EHR Consultants

- Amy Rubin, PharmD, Oklahoma Area Clinical Applications Coordinator
- Tracie Patten, PharmD, Oklahoma Area Pharmacy & Laboratory Consultant\*
- Jamie Tapp, PharmD, IT Analyst, Cherokee Nation WW Hastings Indian Medical Center
- Andrea Jackson, PharmD, Chief Pharmacist, El Reno Indian Health Center
- Matt Olson, PharmD, Pharmacy Informaticist, Choctaw Nation Health Center

### 3.3 Bemidji Area

- Teresa Chasteen, RHIT, Bemidji Area Clinical Applications Coordinator
- Carla Stearle, PharmD, BCPS, IHS Office of Information Technology (OIT) United South and Eastern Tribes (USET) EHR Pharmacy Consultant

### 3.4 Billings Area

- Erik Chosa, R. Ph., Billings Area Clinical Application Coordinator and Pharmacy Consultant

## 4.0 Detailed Agenda

### 4.1 Day 1

Time	Topic	Tab
15 min.	Introductions	
20 min.	Resource and Patient Management System (RPMS) Basics: <b>John Shumack</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Demonstrate ability to navigate basic RPMS menus and conventions and explain basic keyboard shortcuts and recognize the list manager view and use it efficiently.</li> <li>• Discuss Pharmacy List-serv and process for obtaining technical assistance.</li> <li>• Identify procedure to get help and submit enhancement requests.</li> </ul>	Tab 2
45 min.	Overview and Demonstration of RPMS EHR: <b>Katie Johnson</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Analyze medication and other patient-related information captured in patient care information systems.</li> <li>• Delineate the process of provider order entry and order completion by pharmacy and explain the pharmacist's role.</li> <li>• Appraise the need for standardization throughout the clinical information technology system, including use of a standardized menu structure.</li> <li>• Integrate the potential impact of the Institute of Medicine recommendations, available medication management technologies and patient safety into the practice of pharmacy Informatics.</li> </ul>	Tab 3
<b>15 min</b>	<b>Break</b>	
90 min.	Medication Order Processing <b>Andrea Jackson and Jamie Tapp</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Explain the need for pharmacists to use and update patient information screen.</li> <li>• Analyze pharmacist order entry functionalities including: entering a new prescription, processing a refill prescription, utilizing the renew function, and discontinuing an order.</li> <li>• Explain the impact of the Clinical Indication field on medication ordering and prescription processing.</li> <li>• Differentiate when to edit and when to discontinue/re-enter.</li> <li>• Analyze how the "Nature of Order" field impacts the facility and Computerized Provider Order Entry.</li> <li>• Examine the limitations associated with the utilization of the "Partial" function.</li> <li>• Formulate best practices for processing medication orders to optimize accuracy in medication management and improve patient safety.</li> <li>• Explain the importance of processing all pending orders completely and accurately including the impact it has on multiple disciplines in outpatient settings.</li> </ul>	Tab 4

<b>Time</b>	<b>Topic</b>	<b>Tab</b>
<b>80 min.</b>	<b>Lunch</b>	
75 min.	<p>Prescription Processing in Pharmacy 7 Return to Stock   Reissue   Hold   Suspense <b>Todd Warren and Matt Olson</b> Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Explain the need to return unclaimed medications to stock in a timely manner.</li> <li>• Describe strategies for preventing unclaimed medication from being filled.</li> <li>• Discuss patient safety issues when orders are entered on wrong patient and define process to remove them properly from patient profiles.</li> <li>• Re-issue a medication that has been returned (first fill vs. refill).</li> <li>• Compare “Hold” and “Suspense” and explain the implications on billing, EHR medication management, and other pharmacy processes.</li> <li>• Explain the difference between medications placed on “hold” by pharmacy versus Order placed on hold by provider.</li> <li>• Issue medications that had been placed on “Hold” or “Suspense”, including pulling early from suspense.</li> </ul>	Tab 5
<b>15 min.</b>	<b>Break</b>	
75 min.	<p>CPOE Medications, Pharmacy Notes, and EHR Notifications <b>Amy Rubin and Neill Dial</b></p> <ul style="list-style-type: none"> <li>• Explain proper use and patient benefit from the On-Demand Drug Checker in EHR.</li> </ul>	Tab 6
60 min.	<p>Completing Pharmacy Patches, Background Jobs, Menus and Keys, and IHS Parameters <b>Bradley Bishop</b> Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Explain the need to maintain currency of a computer program and to have updates and bug fixes to assure proper function.</li> <li>• Discuss a process of applying updates and how to identify patches that affect Pharmacy.</li> <li>• Understand computer operating system task processes and explain how to schedule background jobs for pharmacy programs.</li> <li>• Describe need for system security and how use of menus assures data safety and integrity.</li> <li>• List menu options and keys needed by various staff.</li> <li>• Recommend a local menu structure to assist in pharmacy efficiency.</li> <li>• Describe a mechanism to identify current patch levels.</li> </ul> <p>Identify pharmacy functions most used by staff pharmacists.</p>	Tab 7
	<b>End of day</b>	

## 4.2 Day 2

Time	Topic	Tab
10 min.	<b>Review Previous Days Training</b>	
120 min.	Drug File Preparation and Maintenance (Pharmacy Data Management – PDM) <b>John Shumack and Kendall Van Tyle</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Examine the need for complete and accurate support files in an information system. Determine the benefits from efficient functioning and the risks associated with errors. Defend the notion that time spent configuring the drug file properly will save time and effort in other uses of the medical information system.</li> <li>• Explain national standards as they relate to medications and drug files: consider ISMP recommendations for Sound Alike/Look Alike medications and abbreviations forbidden by national standards bodies such as The Joint Commission or ISMP and recommend an implementation plan.</li> <li>• Recognize how an order is constructed in the system (schedule, dosage form, etc.) and the interrelationship between supporting files. Defend the reasons for the way outpatient pharmacy quick orders are built and used.</li> </ul> <b>Locked with APSPSS</b>	Tab 8
10 min.	<b>Break</b>	
60 min.	Drug File Preparation and Maintenance (PDM) – Continued <b>John Shumack and Kendall Van Tyle</b>	Tab 8
70 min.	<b>Lunch</b>	
60 min.	Drug File Preparation and Maintenance (PDM) – Continued <b>John Shumack and Kendall Van Tyle</b> <ul style="list-style-type: none"> <li>- EHR Patch 11 Update</li> <li>- Patch 1015</li> </ul>	Tab 8
60 min.	Mailman Messages   System Messages <b>Neill Dial</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Discuss need for a system to communicate errors and system messages to users.</li> <li>• Identify specific messages that apply to pharmacy maintenance and assist in patient safety practices.</li> <li>• Take appropriate action based on the various system messages.</li> <li>• Explain reasoning behind and procedures to set up user parameters for MailMan.</li> <li>• Navigate within MailMan.</li> <li>• Recommend MailMan groups to set up with site manager.</li> </ul>	Tab 9
15 min.	<b>Break</b>	

Time	Topic	Tab
60 min.	Counseling and Patient Education <b>Kristy Klinger, Jon Schuchardt and Mike Lee</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Define a pharmacy counseling visit and identify when one is required.</li> <li>• Describe the utility of computer programs to document patient education and utilize the Patient Education module provided by EHR including education pick lists to document patient education.</li> <li>• Facilitate documentation of the pharmacy education.</li> <li>• CMS, JCO, AAAHC – Patient education requirements</li> <li>• REMS – FDA requirement</li> </ul>	Tab10
45 min.	General Search Retrieval Tool	
	<b>End of day</b>	

### 4.3 Day 3

Time	Topic	Tab
10 min	Review Previous Days Training <b>All</b>	
40 min.	Multi-Division Drug File (MDF) <b>Phillip Siebigtheroth</b> Content covered in this session: <ul style="list-style-type: none"> <li>• Explain the function of the MDF.</li> <li>• Determine potential problems due to incorrect setup.</li> <li>• Describe proper setup and use of MDF to optimize patient safety.</li> </ul>	Tab 11
60 min.	Pharmacy Site Parameters   EHR Parameters <b>Jamie Tapp, Amy Rubin, and Neill Dial</b> <ul style="list-style-type: none"> <li>• Explain the necessity to configure Information Management system in medication management to correlate to physical processes to assure that the system supports but does not supplant the process.</li> <li>• Evaluate package parameters relating to medications and medication use in both outpatient and inpatient settings to function for usability and workflow including:               <ul style="list-style-type: none"> <li>• IHS specific options</li> <li>• Uniform print format for EHR</li> <li>• Controlled substance orders</li> <li>• PharmEd Button</li> </ul> </li> <li>• Determine best practices</li> <li>• Pharmacy VueCenteric GUI Templates</li> </ul>	Tab 12
<b>10 min.</b>	<b>Break</b>	

<b>Time</b>	<b>Topic</b>	<b>Tab</b>
80 min.	<p>Adverse Reaction Tracking Package  <b>Lou Feldman and Cindy Gunderson</b>            Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Explain the need to create an integrated strategic plan when implementing technology in different parts of the adverse reaction tracking process.</li> <li>• Examine potential sources of potential error in the adverse reaction tracking process and with the use of current technology.</li> <li>• Evaluate the approach to training, implementation, and maintenance of the adverse reaction tracking process to ensure patient medication safety.</li> <li>• Design a method of adverse reaction tracking clean up.</li> <li>• Justify the argument for patient safety-related improvements in the process for tracking adverse reactions in many health-system pharmacy departments.</li> <li>• Support at least two examples of improvements to patient care and medication safety resulting from the cleanup of adverse reaction data.</li> </ul>	Tab 13
<b>70 min</b>	<b>Lunch</b>	
60 min.	<p>Medication Reconciliation and Patient Wellness Handout  <b>Wil Darwin Jr and Cheryl Namvedt</b>            Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Examine the Meaningful Use requirements for meeting the Medication Reconciliation Performance Measure.</li> <li>• Design the necessary components and required documentation for meeting the Medication Reconciliation Performance Measure.</li> <li>• Integrate the use of the Patient Wellness Handout in the Medication Reconciliation process.</li> <li>• Compare and contrast the Outside Medications functionality with Outpatient and Inpatient medications functionality.</li> <li>• and explain why Outside Medications are important in maintaining a complete medication profile.</li> <li>• Utilize the principles, practices, and techniques for documenting patient reported medications including outside prescription medications, herbals and Over-the-counter Medications to support Outside Medication functionality.</li> </ul>	Tab 14
60 min.	<p>Pharmacy Management Reports  <b>Robin Bartlett and Cindy Gillis</b>            Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Justify the need for management reports and prove their utility in maintaining and improving quality in the operation.</li> <li>• Prioritize reports required by various quality and regulatory bodies for outpatient and inpatient pharmacies.</li> <li>• Explain usage and maintenance requirements.</li> </ul>	Tab 15
<b>15 min.</b>	<b>Break</b>	

Time	Topic	Tab
60 min.	<b>CMOP</b> <b>Cindy Gillis and Todd Warren</b> Content covered in this session: <ul style="list-style-type: none"> <li>Describe the CMOP process and explain how it can be a resource for IHS outpatient pharmacy.</li> <li>Explain the CMOP process used by VA and its application to IHS.</li> <li>Propose changes to current policies and procedures to accommodate CMOP in local pharmacy practice.</li> <li>Discuss the process of becoming CMOP ready, including drug file preparation.</li> <li>Formulate recommendations for facility leadership to justify a move towards CMOP.</li> </ul>	Tab 16
30 min	Open Forum: Questions & Answer Session	
	End of day	

#### 4.4 Day 4

Time	Topic	Tab
10 min.	Review of Previous Days Training: <b>All</b>	
120 min.	Inpatient Pharmacy Data Management (PDM)   Quick Orders   EHR Parameters <b>Jamie Tapp, Kendall Van Tyle and Clint Krestel</b> Content covered in this session: <ul style="list-style-type: none"> <li>Examine the need for complete and accurate support files in an information system. Determine the benefits from efficient functioning and the risks associated with errors. Defend the notion that time spent configuring the drug file properly will save time and effort in other uses of the medical information system.</li> <li>Recognize how an order is constructed in the system (schedule, dosage form, etc.) and the interrelationship between supporting files. Defend the reasons for the way inpatient pharmacy quick orders are built and used.</li> </ul>	Tab 17
<b>15 min.</b>	<b>Break</b>	
45 min.	Computer Generated MAR <b>Jamie Tapp</b> Content covered in this session: <ul style="list-style-type: none"> <li>Define the term, Computer Generated Medication Administration Record (cgMAR) and explain how it is used in a facility.</li> <li>Evaluate known workflow workarounds that can impede the effective use of cgMARs and propose strategies to avoid common pitfalls including colleague hand-holding.</li> <li>Determine the process of generating cgMARs in inpatient facilities and create strategies to keep them current including use of cgMAR labels.</li> <li>Determine potential errors caused by use of information technology in medication administration and develop strategies to avoid them including proper manipulation of medication orders to fit in the boxes.</li> <li>Formulate and defend a strategy to implement cgMAR in facilities which have yet to implement.</li> </ul>	Tab 18

<b>Time</b>	<b>Topic</b>	<b>Tab</b>
<b>75 min.</b>	<b>Lunch</b>	
120 min.	<p>Bar Code Medication Administration (BCMA)  <b>Robin Bartlett, Mike Allen and Carla Stearle</b>            Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Evaluate the current barcode symbology used in health care for positive patient and medication identification in a healthcare environment.</li> <li>• Develop bedside medication metrics to maximize patient safety benefits</li> <li>• Recommend a strategy to prepare your caregivers for known workflow workarounds that impede the effective use of bedside medication scanning systems. Develop strategies to avoid common pitfalls</li> <li>• Compare and contrast how different mobile technology platforms will impact nursing workflows with the implementation of bedside medication scanning</li> <li>• Propose strategies for IT and nursing to work effectively to assist both nurses and care teams to cross the clinical communication chasm.</li> <li>• Justify adjusting daily workflow processes for pharmacy and nursing when using centralized bar code distribution technology to support bedside verification. Evaluate the effects on patient safety.</li> </ul> <p>Propose a strategy to prepare ambulatory setting for BCMA implementation</p>	Tab 19
<b>15 min.</b>	<b>Break</b>	
30 min.	<p>Inpatient Ward Stock  <b>Wil Darwin, Jr</b>            Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Compare and Contrast both the risks and benefits of using health information technology in managing pharmacy inventory and ward stock stored throughout the facility.</li> <li>• Develop a strategy to identify items that are appropriate for distribution to non-pharmacy locations.</li> <li>• Identify the results of marking drugs as ward stock in pharmacy work reports.</li> </ul>	Tab 20
45 min.	<p>Inpatient Pharmacy Workflow Processes and Daily Tasks  <b>Clint Krestel, Kendall Van Tyle and Robin Bartlett</b>            Content covered in this session:</p> <ul style="list-style-type: none"> <li>• Demonstrate the benefit of using the information system in managing and providing pharmacy services in inpatient facilities including clear reports and unambiguous medication orders.</li> <li>• Discuss the use of information system outputs in daily pharmacy work.</li> <li>• Formulate a strategy to leverage Health Information Technology, data management, and workflow to strive toward the patient-centered medical care model.</li> </ul>	Tab 21
	<b>End of Session</b>	

## 5.0 Biographical Sketches

The IHS OIT, USET National EHR Training and Deployment Program and the IHS Pharmacy Professional Specialty Group (PSG) worked diligently to prepare the necessary deployment and training documents to facilitate this training. We hope that you find both the training and training documents informative and educational.

**Disclosure Statement:** As a provider accredited by ACCME, ANCC, and ACPE, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. The course directors/coordinators, planning committee members, and faculty for this activity have completed the disclosure process and have indicated that they do not have any significant financial relationships or affiliations with any manufacturers or commercial products to disclose.

### **CAPT Michael Allen, MIS, RPh**

#### **IHS OIT/USET EHR Pharmacy Consultant**

CAPT Allen is a commissioned Officer in the USPHS. He came from a family of pharmacists and holds a BS degree from Idaho State University. He has a Master of Information Systems degree from University of Phoenix. He started with USPHS after working in retail pharmacy for a few years. During his years in IHS he has served in Portland Area, Phoenix Area, and currently is in Tucson Area. His duties have included, besides being a pharmacist: Site Manager, Assistant Site Manager, CAC, Pharmacy Package Administrator, and POS specialist. He served on the Pharmacy PSG for eight years, and served briefly on the POS Technical Advisory Group. He lives in Tucson with his wife, son, and cat.

### **Bradley Bishop, PharmD, MHS**

#### **Pharmacy Consultant, Office of Information Technology, IHS**

CAPT Bradley Bishop is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2001. CDR Bishop received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy and Master of Public Health from the University of Massachusetts-Amherst. He has been assigned to Sells, AZ, Tahlequah, OK, and Tucson Area Office as a pharmacist, chief pharmacist, clinical applications coordinator, and pharmacy consultant. CDR Bishop currently serves as the National Pharmacy Consultant for IHS Office of Information Technology.

**Teresa Chasteen, RHIT**  
**Bemidji Area Clinical Applications Coordinator**

Teresa is the Bemidji Area Clinical Applications Coordinator. Her previous position at the Cass Lake Indian Health Service was the Director of Health Information, where she was the Project Lead for EHR Implementation. She served as one of the Bemidji Area Health Information Management Consultants. She started her Health Information Management career in 1984 and has been in the health care field since 1980. Teresa has worked in Indian Health Service since 1996. She obtained the Registered Health Information Technician (RHIT) in 1992 from the College of Saint Catherine Saint Mary's campus.

**Erik Chosa, RPh**  
**Billings Area Clinical Applications Coordinator / Pharmacy Consultant**

He has been a pharmacy preceptor for the University of Michigan and the University of Montana for many years. In June 2004, Erik took over the acting Deputy Chief position. He then accepted the permanent Deputy Chief position in April of 2006. He has been working with the EHR since 1998 when the Hospital became the first site in all of IHS to test the system. He has completed the "RPMS EHR for Inpatient" program taught at the Albuquerque Area Office and the "Anatomy and Physiology of Clinical Reminders" course. Erik has also assisted in the implementation of the EHR at the Crow/Northern Cheyenne Hospital. He is currently the Area Pharmacy Consultant/Area Clinical Applications Coordinator for the Billings Area Office.

**CDR Wil Darwin, Jr., PharmD, CDE, NCPS**  
**Area Pharmacy Consultant, Albuquerque Area HIS**

Commander Wil Darwin is a Commissioned Officer in the United States Public Health Service and has been with the Indian Health Service since 1997.

The Indian Health Service, an agency within the Department of Health and Human services, is responsible for providing federal health services to American Indians and Alaska Natives who are members of 566 federally recognized Tribes across the U.S.

The IHS is the principle federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level.

Commander Darwin completed his Doctor of Pharmacy at the University of New Mexico Health Science Center, School of Pharmacy. Immediately after finishing school, he participated and completed a general pharmacy practice residency within the ABQ VA Health System. He was stationed at the Acoma-Canoncito-Laguna Service Unit, Indian Health Service in Acoma, New Mexico for 14 years. He is currently stationed at the Albuquerque IHS Regional Area Office and is tasked dual role as the Area Pharmacy Consultant and the Area Electronic Health Record Clinical Application Coordinator for the region. His pharmacy clinical responsibilities are various clinical outcomes-based programs such are Anticoagulation Clinic, Immunization Pharmacy Driven Clinic, Diabetes Type 2, Hyperlipidemia, and Hypertension disease state management services. In addition to his clinical skills, he has assisted with healthcare administrative responsibilities and oversight including clinical quality outcome measures, Joint Commissioned accreditation survey processes and facility executive board member.

**CDR Cornelius (“Neil”) Dial, RPh**  
**Portland Area Clinical Applications Coordinator**

In his 16 years working for the Indian Health Service, CDR Dial has served at the Clinic, Service Unit, and Area level. He started his IHS career as a COSTEP at the Ft. Thompson Health Center on the Crow Creek reservation in the Aberdeen Area, served in the Albuquerque Area and later at the Navajo Area’s Gallup Indian Medical Center as the Pharmacy Clinical Applications Coordinator / Pharmacy Package Administrator. He is the Vice Chair of the Pharmacy Specialty Group Committee, serves on the IHS National P&T Committee and the National Pharmacy Council. CDR Dial hails from North Carolina and is a graduate of the University of North Carolina – Chapel Hill.

**Katie Johnson, Pharm D, BCPS**  
**Northwest Portland Area Indian Health Board**

CDR Katie Johnson graduated pharmacy school in 2004 from the University of Kansas. She began working for Indian Health Service upon graduation and completed a pharmacy practice residency at Warm Springs Health and Wellness Center before moving to Whiteriver Indian Hospital in 2005. In Whiteriver she has held different positions, from a clinical pharmacist to Clinical Applications Coordinator as EHR has been implemented throughout the service unit in the outpatient, inpatient, and emergency room/urgent care settings.

**LCDR Clint Krestel, PharmD**  
**Navajo Area Pharmacy Consultant**

LCDR Clint Krestel is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2003. He received his Doctor of Pharmacy degree from Midwestern University – Chicago College of Pharmacy in 2000. From 2000 – 2003 Clint was a staff pharmacist at a San Juan Regional Medical Center in Farmington, New Mexico. In 2003 Clint started working at Northern Navajo Medical Center as a contract pharmacist. In 2005 he was assigned Acting Inpatient Pharmacy Supervisor duties, and was approved as the Inpatient Pharmacy Supervisor in 2006. Clint is originally from the Chicago Suburbs but now resides in Farmington, NM with his wife and young daughter. He enjoys the outdoor opportunities the area provides, but also loves to travel with his family.

**LCDR Matthew D. Olson, PharmD, NCPS**  
**Choctaw Nation Health Services Authority**

LCDR Olson completed his pre-pharmacy coursework at Purdue University and earned his PharmD degree from Creighton University in Omaha, Nebraska. He began his pharmacy career by completing a pharmacy practice residency at the Choctaw Nation hospital in Talihina, Oklahoma. Post-residency, he has served as a staff pharmacist and inpatient pharmacy manager. Currently, in addition to his pharmacy staffing responsibilities, he serves as the Choctaw Nation health system's pharmacy informaticist and residency program director. He lives in Bixby, Oklahoma with his wife, daughter, two sons, three dogs, and one cat.

**LCDR Tracie Patten, PharmD**  
**Oklahoma Area Pharmacy**

LCDR Tracie Patten, PharmD graduated from the University of Oklahoma in Oklahoma City, OK in 2000. She has been with Indian Health Service since 2000. Her assignments have included seven years at Lawton Indian Hospital located in Lawton, OK and two years at El Reno Indian Health Center located in El Reno, OK. Lcdr Patten served as a Co-Clinical Applications Coordinator and was the pharmacy lead for converting to EHR at El Reno. Her current assignment is with the Oklahoma City Area Office as the Area Pharmacy Consultant.

**CAPT Amy Rubin, PharmD**  
**Oklahoma City Area Office Clinical Applications Coordinator**

CAPT Amy Rubin began her career with the Commissioned Corps and the Indian Health Service in 1999 as an Assistant Chief Pharmacist in a small clinic. In 2002, she transferred to a hospital as a clinical pharmacist and soon moved into the Assistant Chief Pharmacist position. During this tenure, CDR Rubin was actively involved in many aspects of the operations of the hospital and was actively involved in many committees. She took on the task of preparing and coordinating the pharmacy for the conversion to Pharmacy 5/7 software. She also assisted in the design and set-up of the new ambulatory care clinic including working with architectures and Information Technology staff to develop a facility with the ability to support successful implementation of the RPMS EHR. Both of these activities led to the assignment as Acting CAC in November 2007 to lead the process of implementing RPMS EHR throughout the service unit (three facilities). She remained the Assistant Chief Pharmacist during this initial phases of implementation and performed in both capacities. In May 2008, she was selected as the full-time Service Unit CAC. The Service Unit under her leadership was successful in implementing RPMS EHR at three facilities. In April 2009, CDR Rubin made the transition to the Oklahoma City Area CAC. In this capacity, she provides EHR support to all sites using EHR in the Oklahoma City Area. She is actively involved in the implementation of new sites. Additional duties include serving as the Meaningful Use Coordinator for the Area and supporting the Area Improving Patient Care Initiative.

**CDR Jon Schuchardt, RPh**  
**Aberdeen Area Pharmacy Consultant**

Jon is the Aberdeen Area Pharmacy Consultant and has been actively promoting and implementing EHR use, previously for the Pine Ridge and Rosebud service units and presently throughout the Aberdeen Area.

**LCDR Carla Stearle, PharmD, BCPS**

LCDR Carla Stearle serves as a Commissioned Officer in the United States Public Health Service and has been with the IHS since 2004. She received her Bachelor of Science Degree in Biology from Penn State University in 2000 and her Doctor of Pharmacy degree from the University Of Maryland College Of Pharmacy in 2004. Carla completed a pharmacy practice residency at W.W. Hastings Cherokee Nation Indian Hospital in 2004 and remained at Hastings as a staff pharmacist until 2009. In 2009 she transferred to the Office of Information Technology as an Inpatient Pharmacy Consultant where she assisted in the deployment of the EHR in the inpatient setting of numerous IHS hospitals. She is currently working as both of member of the USET/EHR Deployment Team and as part of the IHS e-Prescribing program. She also serves as the lead for the Informatics Residency rotation for the IHS pharmacy residents.

**LCDR Jamie Tapp, PharmD, BCPS**  
**Cherokee Nation Health System Pharmacy IT Analyst**

LCDR Tapp is a Commissioned Officer in the USPHS. He received his pharmacy degree from Southwestern Oklahoma State University and obtained BCPS certification in 2011. He began his IHS career at W.W. Hastings Hospital in Tahlequah, OK in 2007 as a clinical staff pharmacist, during which time he gained experience in both the inpatient and outpatient pharmacy settings. In 2009, LCDR Tapp began assisting the hospital's pharmacy clinical applications coordinator. He then accepted his current position of pharmacy IT analyst for the Cherokee Nation Health System in 2011. He maintains the RPMS EHR pharmacy package for the hospital and eight outpatient clinics. LCDR Tapp is currently serving on the IHS PSG committee.

**LCDR Kendall Van Tyle, PharmD, BCPS**  
**Pharmacy Informaticist, Northern Navajo Medical Center**

LCDR Van Tyle is Commissioned Officer in the United States Public Health Service. He holds a BS in Microbiology and worked as a clinical microbiologist for 10 years before graduating with a Doctor of Pharmacy degree from the University of Arizona in 2006. LCDR Van Tyle completed a PGY1 Pharmacy Residency with the Indian Health Service in 2007 at Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico. He is currently the lead pharmacy informaticist, the director of the PGY1 pharmacy residency program, and a board-certified clinical pharmacist at NNMC. He also serves as one of the Navajo Area pharmacy technical consultants and is a member of the Navajo Area BCMA implementation team. He lives in Cortez, Colorado with his wife & four children.

**CAPT Todd A Warren, PharmD, BCPS**  
**Director, Department of Pharmacy, Rapid City PHS Indian Hospital**

Todd Warren, PharmD, BCPS has been the Pharmacy Director at Rapid City PHS Indian Hospital, in Rapid City SD, since May 2006. He served as the Chief Pharmacist (2003-2006) and a staff pharmacist (1997-2003) at the Wind River Service Unit in Wyoming. Todd also served as an Air Force pharmacist from 1991-1997. While in the Air Force, he completed a Pharmacy Practice Residency, served as a staff pharmacist and later Chief, Pharmacy Services at F.E. Warren AFB, Cheyenne, WY and then as a clinical pharmacist and later Chief, Clinical Pharmacy Services at Wilford Hall USAF Medical Center, Lackland AFB, in San Antonio, TX. He graduated from the University of the Nebraska Medical Center, College of Pharmacy.