3/16/2012 Testimony James A. Prota RPh.

Thank you for the opportunity to speak today on behalf of The Connecticut Hospice. I am James Prota, Director of Pharmacy. I am here today in opposition to the raised Bill No 5499. I am specifically opposed to the making of on-site pharmacy services optional for Hospices that provide direct inpatient care. I have previously testified before the DPH. Under the Condition's of participation, It states that the staffing must reflect the volume of patients , their acuity and the level of intensity of services needed to ensure that the plan of care outcomes are achieved. In order to fulfill these conditions the sites providing acute care and receiving reimbursement for high acuity services must have the pharmacist's presence on-site. I speak from two perspectives, firstly as an employee of Connecticut Hospice for the past five years and secondly as a family member who has lost a loved one and has needed hospice care.

I direct a small department consisting of both technicians and pharmacists. I am amazed by the notion of removing these on-site pharmacy services from the hospice model. Present regulations enforced by the DPH and standards set by the Joint Commission are patient safety focused. To quote the the Joint commission medication management Chapter: "Medication management is an important component in the Palliative, symptomatic and curative treatment of many diseases and conditions. However, medications are also capable of causing great harm if the incorrect dose or medication is inadvertently administered to a patient. To eliminate any potential harm that could be caused by medications, hospitals need to develop an effective and safe medication management system". The chapter goes on in detail to describe planning, selection and procurement, storage, ordering, Preparing and dispensing, administration, monitoring and evaluation. Additionally, today drug shortages are causing disruptions in therapy for many patients. These regulations and standards are quite complicated and quite detailed, all in the name of patient safety. It seems contrary to the mission of the Department of Health and the Joint Commission to want to remove or make optional the onsite presence of the Pharmacy for facilities providing acute end of life care.

At Connecticut Hospice the pharmacist responsibility goes deeper than this. We are an equal and a core member of the interdisciplinary team. We round daily with nursing and medicine as a scheduled meeting, but additionally meet informally often and as necessary throughout the day. The pharmacists are visible to staff members, patients and families. We reconcile medication orders upon patient admission and we also reconcile and educate patients upon discharge. We are following the trail of medications from start to finish. Medication reconciliation is an area where health systems struggle to

comply, the accurate transfer of medication orders from one institution to another, a difficult task, a much more difficult and unsafe task without pharmacy services available on site.

The input of the interdisciplinary team cannot be overstated, a team combined strength developing the most effective treatment plan to achieve the goal of terminal comfort. A common misconception of Hospice care is that patients receive morphine and the dosage is adjusted until the patient slides off to sleep. You desire for the process to be that smooth. It can be a much more complicated process that requires the expertise and assessment of a team experienced in Pain management and in all aspects of palliative care and end of life symptom management, where patient change can take place very quickly. You only have one opportunity to get the plan of care right. The need must be to have the on-site presence of pharmacy services, to tend to the changing patient condition and medication needs, to rapidly respond and provide continuous pain management, or to facilitate conversions between different opioids, to recommend dosages or monitor for drug interactions.

I have experienced Hospice personally, my father needed Hospice care approximately 2 years ago. I witnessed his care both in a nursing home and in an acute care hospital. Neither setting could provide the comfort care that Connecticut Hospice did. These other sites did not have the palliative care mindset to offer comfort care, the use of medications to relieve his anxiety, the use of opioids to ease his labored breathing, they did not have the interdisciplinary team including pharmacy to manage the medications throughout the course of care to ensure that all aspects of my father's comfort were met. There was no other Hospice model that I would have wanted for him.

Removing on-site pharmacy services from the hospice regulations and enacting this Bill will be a setback for the profession of pharmacy and clinical pharmacy practice, a setback for the people of Connecticut who have had the best end of life care available, and most importantly a setback for a patient's safety at the end of life. Please include specific requirements for on-site pharmacy services where acute end of life care is being provided and reimbursement warrants acute clinical services. With regard to the staffing condition of participation, Pharmacists will ensure that plan of care outcomes are achieved and negative outcomes avoided. Thank you.