May 2020 Newsletter

Society of Air Force Pharmacy

CORONAVIRUS

*Disclaimer: News may have changed by the time of publication.

We are experiencing a historic milestone in our Air Force Pharmacy careers. Currently, there is an ongoing pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
Responding to the pandemic has forced some AF pharmacies to drastically scale back on services. Some locations have moved to Curbside Pick-Up or Drive-Thru operations only. The number of cases of affected Department of Defense members changes too rapidly to discuss in this venue, but an excellent source to follow is the Center for Strategic and International Studies Defense 360 Project, found at https://defense360.csis.org
The SAFP Newsletter Team thought that there would be some benefit to compiling some of the changes AF Pharmacy has encountered thus far in our fight against COVID-19. Please continue to channel questions through your MAJCOM functionals for the most up-to-date information.

COVID-19 World Wide Webinars
These take place every other Wednesday at 1300 EST.

Quantity Limits on Inhalers
On 10 April, DHA implemented quantity limits on albuterol and levalbuterol inhalers. Pharmacies are required to limit patients to 1 inhaler per prescription fill. As of 20 May, this policy has been rescinded, save for retail fills.

FDA Extended Use Dates
The list of medications with extended use dates may be found here: https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortages

Holding Orders for ABC Customers
The holding order process has been established to enable eligible ordering facilities to place orders for items that are on prolonged manufacturer backorder or have a limited shipment status.

Consolidated Info
Consolidated COVID-19 pharmacy information, documents, and topic discussions can be found at: https://www.milsuite.mil/book/groups/covid-19-updates-news-and-discussion/activity

DoD Travel Restriction Update
SECDEF modified DoD travel restrictions to remain in effect until June 30, recognizing the significant risk COVID-19 continues to present to the force. All DoD service members will follow applicable guidance during this time, both internationally and domestically. View the full memo, including information on exemptions and waivers here: health.mil/coronavirus

Maj Miranda Debelevich

SAFP Newsletter Team

- Maj Josh Stallings, Editor
- Maj Adam Cooper
- Maj Miranda Debelevich
- Maj Kyle Smith
- Capt James Holt
- We want to hear from you! Send your story ideas to any member of the Newsletter Team

Inside this issue:

COVID-19 Lessons Learned

Maj Jason Bingham, Maj Allison James, MSgt Justin Viator

Editors Note: The Aviano AB Pharmacy team was the first to experience the lockdown, frustration, and confusion that many of us are now experiencing in the fight against COVID-19. The following lessons learned were compiled by the team in the early days of lockdown.

Due to long incubation period, and similarities with flu symptoms, it is extremely difficult to prepare for COVID-19. Typically if one patient in the immediate area is confirmed positive, then there will continue to be exposure and subsequent positive patients. Take preventative actions now to slow the spread.

If still allowing patients into the MTF, it is highly recommended to arrange lobbies or waiting areas to create 3 feet of space between every chair and swap chairs with arms to cleanable folding chairs.

As the virus can live for more than 9 days on a surface, it is essential that the pharmacy and medical facility have disinfectant wipes that kill coronaviruses as the standard CaviWipes DO NOT.
Ensure that EPA guidance on sanitization clothes that kill coronaviruses is being followed. Some examples include CaviWipes1, CaviWipes Bleach, and SaniCloth Wipes. Products may be found here: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

In addition to activating a single point of entry into the Medical Group, Aviano began requiring all personnel with respiratory symptoms (i.e. coughing, sneezing) and / or fever to call the appointment desk or Public Health (PH) to be triaged prior to being allowed entry into the facility. These patients would be:

- Deemed low-risk and able to come to the clinic and be seen,

  OR

- Determined they have potential exposure to COVID-19 and are required to self-quarantine at home.
  - During the self-quarantine process, PH is following up to track progression on a daily basis. This continues until the patient develops more severe symptoms and level of care escalation is required, or testing comes back negative for COVID-19 (or positive for another condition).
  - Testing positive for another condition has a high likelihood to rule out COVID-19 infection.
  - Develop a process for third parties to pick-up medications for quarantined patients.

OCONUS supply chain for acute medications was an initial worry, and despite being told that preemptive ordering was not recommended, our use for cough-cold symptomatic treatment continued to rise as people were screened and treated. Recommend reviewing stock levels of common cough and cold medications and increasing supply based on patient population levels.

The Pharmacy began using "no touch" dispensing and activation to reduce cross contamination between patients at the dispensing counter. Pharmacy staff will ask patient to hold up ID with backside facing pharmacy and detach 2D scanner to scan ID barcode while in the Pick Up screen. Once scanned, pharmacy staff will verify full name and date of birth, scan each prescription, and counsel patient as needed. Prior to dispensing, pharmacy staff will annotate on prescription pad "COVID" to indicate that the prescription was dispensed during the "no touch" period.

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Recommend devising a schedule where half the pharmacy works one day and the rest of the pharmacy works on another day with a deep sanitization of shared workplaces in between. When a pharmacy staff member tests positive for COVID-19, everyone who works within 6 feet of that member will be placed on quarantine for 14 days. A split schedule will safeguard pharmacy operations for a longer period of time as the other team would not be considered exposed.

Recommend designing a process to dispense medications to patients who are not allowed to enter the medical facility, in most cases this would entail patients who are quarantined/isolated at home. However, at some point after there are positive COVID-19 cases in the area, the facility may decide that any patient with respiratory symptoms without a confirmed temperature taken by a health professional should remain outside of the facility to reduce exposure. A process to dispense medications to the patient outside the facility will allow continued care while minimizing exposure to your staff.

○ Best practice would be to maximize drive-thru services if available and to develop a process to sanitize the drive-thru equipment and work areas throughout the day.

○ As Aviano does not have a drive-thru, a process was created to allow the patient to activate the prescription over the phone and pick up from their car in a designated parking spot.

Curbside Pickup Process:

- Patient activates prescription over the phone and is told it will take 2 hours to process. Time will vary from site-to-site depending on urgent patient needs, manning, or medication availability.
- After the established waiting period has passed, the patient will drive to the MTF and park in one of the designated, numbered pharmacy parking spots. There will be signs or road guards directing traffic flow as needed and as mission and manning allows.
- Each parking spot has a sign that directs patient to text message government issued cell phone with patient's name, date of birth, and his or her parking spot number.
- A Medical Group staff member donned in PPE and wearing an N-95 respirator will take the patient's medications to the designated parking spot, verify patient information, confirm identity with ID card, and dispense medications.

31 FW Actions

• Communication is KEY!!

○ Town halls every time info needs to be pushed out

○ App (Aviano App) for phones that can send push notifications & link to documents for all base personnel (AD & dependent) to reference

○ Updates populate on Aviano.af.mil every day at 1700

IMAs – What are they and how do I get one?

Maj Andrea Russell

Individual Mobilization Augmentees (IMAs) are like the unicorns of Air Force Pharmacy - to see one is a rare and beautiful thing. IMAs are reservists that are attached to active duty units. Their purpose is to bolster unit readiness through reserve manpower. IMAs are a valuable addition to an active duty team. They not only provide additional manpower, but may bring specialized skills and experience for use on special projects.

The active duty unit is responsible for all administrative tasks related to the member- feedback, PHA, evaluations, PRFs, education and training, fitness and all readiness requirements. Air Force Reserve Command (AFRC) recruits and pays the member. AFRC funds the member for 12 Annual Tour days and 12 Independent Duty Training days annually. One of the greatest benefits to both the unit and the IMA is the flexibility in scheduling these days. The member may complete all these days at once, or spread them throughout the year. Additional MPA (Military Personnel Appropriation) days may be funded at the local level. While IMAs may only be at your unit 24 days in a year, a full evaluation is due annually. IMAs and supervisors have shared with us some best practices for utilizing IMAs at their units.

It is important to give the IMA jobs commensurate with their rank that will provide good evaluation bullets. Helping on the front line is good, but assisting with inspection preparation, readiness issues, flu lines, deployment lines, writing 1206s, and process improvement events is better. For IMAs these days are also an opportunity to be mentored and provide mentorship to others. The key is having a supervisor and IMA that can work together to keep the IMA gainfully and professionally engaged.

Here are some examples of projects that pharmacy IMAs have worked on this year:

- Established Group HIV Protocol for Post-Exposure Prophylaxis for the MTF
- Audited and updated Flight Competency Assessment Folders
- Built Smoking Cessation protocol for the pharmacy in coordination with the PRAP clinic
- Coordinated the addition of several medications to formulary through the P&T Function
- Accomplished pre-inspection checklists for UEI
- Conducted TJC tracers

From the IMA's perspective, benefits include: continuing to contribute to the Air Force, maintaining medical and education benefits, and working towards Reserve retirement. The biggest challenges of being an IMA have been reported as administrative hurdles with gaining and getting oriented to life as an IMA. IMAs must navigate most of the administrative work independently, but there is a growing network of experienced reservists standing by to help.

IMA authorizations are created to mirror positions on your current Unit Manning Document for positions O-4 and up and E-7 and up (but can be filled by members one up-one down). The process for getting an authorization for an IMA at your unit is more flexible now than it has ever been, and authorizations may be approved in as little as three weeks once the application is submitted. Information on this process can be found on the Kx at the following link: https://kx.health.mil/kj/kx6/MedicalIMA/Pages/home.aspx

There are also more opportunities now to become an IMA. Current IMAs or active duty pharmacists only need to reach out to an active duty pharmacy and request they create a position for them. At that time the unit should contact the IMA Program Manager at ARPC. Prior service members or new accessions interested in becoming an IMA should contact a Health Professions Recruiter.

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The Reserve Vacancy Finder is a resource to see which units have open authorizations already built. The Vacancy Finder is located on AFPC Secure at the following link: https://w45.afpc.randolph.af.mil/RMVSNet40/SelectVacancies.aspx

Air Force Pharmacy is fortunate to have an expanding network of IMA teammates to support the mission!

Special thanks to the following IMAs for their contributions to this article:
Colonel Robin McCready, Defense Health Agency
Major Kate Heathcote, Travis AFB
Captain Spencer Haslam, FE Warren AFB

Frequently Asked IMA Questions (more found on the KX!)

How is an IMA authorization earned, aligned, and used? The IMA is earned (by AFI and DODI) to backfill AD personnel when they deploy. Ten years ago, medical IMA authorizations were drastically reduced from over 2000 positions, so the authorizations are now used largely as Force Development opportunities. Since CY 2006, Reservists are encouraged to move between the Unit and IMA Programs because the IMA program gives Reservists a perspective on the active component (AC) mission which increases their ability to contribute to the Total Force (TF) team. In fact, an assignment into an IMA position can help a Reservist gain a few of the 4 pillars of Reserve strategic senior leader development (Command, Joint, Higher HQ, and National Capital Region). In many cases, IMAs are used to support AC missions in significant ways, some working extra MPA or RPA duty. In order to be competitive for Colonel and General Officer ranks though, Reservists are expected to gain command experience in Reserve Medical Units or Aeromedical Evacuation Squadrons.

Who is responsible for the IMA? There are many entities involved in the IMA program. AD units determine requirements for authorizations and supervise IMAs assigned their positions. AFRC/SG manages the manpower authorizations. AFRC/SG CFMs advise on the candidates who apply for vacancies. RIO Det 5 facilitates assignments of qualified candidates. HQ RIO and Det 5 are responsible for ADCON. The IMA manages his/her career, duty, and readiness requirements. All are equal stake-holders and critical to the success of the program.

What makes the IMA program so complex?

- A1 manpower has specific alignment rules for authorizations that vary depending on the level of the AD organization. Positions are assigned to individual active duty organizations.
- ARPC assignment policies require the position selectee to have the exact AFSC corresponding to the authorization.
- Once IMAs are assigned, they are expected to perform mandatory training, readiness requirements and duty in support of their job in only 24 annual duty days. The part-time nature of the job, as well as travel and competing interests from civilian obligations make for a challenging environment. Successful IMAs must also be technologically savvy, independent, administratively-inclined, and adept at project-based episodic work. Those who have never worked in the AFR or been on AD in the target career field, historically have a difficult time performing as a IMA.
- The AD supervisor of an IMA must make a commitment to mentoring, guiding, supporting, and supervising the person. This requires a knowledge of Reserve-specific information systems to authorize and certify duty, and the writing of annual performance appraisals, officer development plan feedback, and promotion recommendation forms with a knowledge of Reserve Force Development.
- Clinical IMAs have credentialing requirements, professional certifications, and specific competencies required in order for them to perform duty in AD medical treatment facilities.

DHA Pharmacy TechSIG

TechSIG Overview

Last Updated: 26 January 2020

MTF Advisory Board

- The DHA MTF Pharmacy Advisory Board (DPAB) reports to the Pharmacy Working Group
- The MPAB is comprised of the DHA Pharmacy Regional Consultants and Service Representatives
- Six Special Interest Groups (SIGs) advise and support the MPAB
  - Supply SIG
  - Operations SIG
  - Safety & Quality SIG
  - HR SIG
  - Clinical SIG
  - **Technology SIG**

TechSIG

- TechSIG is charged with guiding the pharmacy enterprise in everything relating to Technology, Informatics, and Equipment
- TechSIG morphed from the previous Pharmacy Informatics and Technology Advisory Committee (PITAC)
- PITAC was a charted DHA committee representing the interests of DHA and the services
- TechSIG is taking on the PITAC mantle and expanding the role to meet the broader DHA needs
- TechSIG is comprised of six Expert Panels
  - MHS GENESIS Operations
  - Legacy EHR Operations
  - Outpatient Automation and Workflow Operations
  - Inpatient and ADC Operations
  - Queuing, Patient Communication, and Analytics
  - Will Call Operations
- TechSIG EPs are not designed or tasked with clinical guidance or overall operational guidance
- TechSIG EPs Overall Responsibilities:
  - Work closely with EPs from Supply, Operations, and Safety & Quality
  - Advising and drafting policy on pharmacy IT and system requirements
  - Assist the DPAB in recommending priorities relevant to pharmacy IT
  - Serve as a focal point for functional requirements from the DPAB
    - Example: Inpatient Operations identifies a need for an enterprise solution for unit-dose packaging. They work with TechSIG Inpatient and ADC Operations to develop salient characteristics for the requirement. DPAB approves the project and TechSIG EPs work with DHA Pharmacy Informatics Branch to develop contract language and requirements to present to PWG.
  - Work with DHA Pharmacy Informatics Branch to develop equipment standards
  - Develop best practices and system configurations for the various pharmacy equipment

DHA Pharmacy TechSIG

Expert Panels

Expert Panel	Chair(s)	Key Areas
MHS GENESIS Operations	MAJ Todd Schwarz	• NOT clinical guidance or decision making • This EP is to help guide sites using MHS GENESIS • The belly button for issues that sites are having with MHS GENESIS that may not be solved by a GSC/Remedy ticket • Work with the MHS GENESIS Pharmacy Solution Team
Legacy EHR Operations	***<OPEN>***	• NOT clinical guidance or decision making • This EP is to help guide sites still using Legacy Pharmacy EHR Systems • Most duties will focus on CHCS • The belly button for issues that sites are having with CHCS that may not be solved by a GSC/Remedy ticket • Work with PDS to assist in roll outs for changes to PDS • Develop standardized guidance for using CHCS and other Legacy systems
Outpatient Automation and Workflow Operations	Maj Jeffrey Barnes	• Portfolio Managers: Innovation, Parata, ScriptPro • Work with Outpatient Operations EP to develop best workflow and map/gap the current vendors to the optimal workflow • Develop automation standards based on MTF workload and vendor capabilities • Work with Queuing EP to develop best practice for obtaining standardized patient wait time / prescription processing metrics • Work with Queuing and Will Call Operations EPs to determine best practices for how to initiate patient contact • Evaluate current outpatient pharmacy automation on the market and develop best practices and recommended solutions for MTF pharmacies • Develop standardized language for telepharmacy and work with current MTF pharmacies to design optimal telepharmacy workflows
Inpatient and ADC Operations	LCDR Kathleen Smith LCDR Jeremy Griswold	• Pyxis Clinical Configuration Task Force: Develop and Manage the enterprise clinical configuration for Pyxis ES • Work with Inpatient Operations EP to determine needs of the enterprise • Develop equipment standards for inpatient pharmacies to include, but NLT: box pickers, unit-dose packagers, and inpatient workflow solutions
Queuing, Patient Communication, and Analytics	LCDR Evan Romrell HM2 Joshua Davila	• RxMAP Task Force: Develop and Manage the enterprise RxMAP design documents • Lead EP for developing best practices for obtaining standardized patient wait time and prescription processing metrics • Lead EP to determine best practices for how to initiate patient contact
Will Call Operations	***<OPEN>***	• Portfolio Managers: GSL, Asteres • Develop equipment standards for both internal and external will call solutions • Evaluate current internal will call solutions on the market and develop best practices and recommended solutions for MTF pharmacies

SIG and EP Membership

- As the name implies, Expert Panel, membership includes users who have extensive knowledge in the subject area
- Looking for individuals that are actively working in the pharmacy and with the above systems (i.e. you do not need a Masters in Informatics or Information Technology to apply)
- Membership can be both Active Duty and GS Civilians
- Membership should include both pharmacists and technicians
- Time commitment: members is estimated at 1-2 hours every 1-2 weeks
- Length of commitment: desired is a minimum of a 2 year expectation

Fairchild Pharmacy – MHS-Genesis

Maj Heather Kincaide

Team Fairchild Pharmacy Ops staff 2 pharmacies (one at main clinic and one at the BX) to produce 150,000 prescriptions per year in support of 32,000 beneficiaries. The pharmacy also supports the Survive Evade Resist Escape (SERE) clinic, 141st Reserve unit, and 11 other clinics on the medical campus. The pharmacy is composed of 14 staff members (8 active duty and 6 civilians).

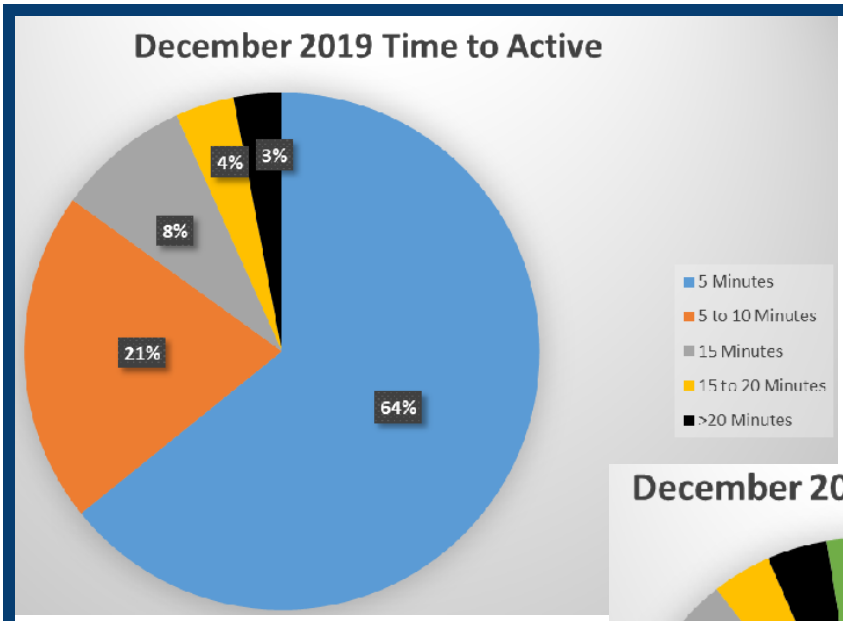
I cannot speak to the work-flow prior to MHS-Genesis deployment because I was not assigned to be facility during that time-frame. I can, however, speak to our current work-flows post-implementation. We've been fortunate to have some technical enhancements and implementations that have enabled us to streamline our processes. The specific one that has especially proven beneficial is the bi-directional interface that was stood-up. This allows us to avoid printing and scanning in electronic prescriptions which cut our transcription time by 75%, saving us about 2,500 man-hours per year. There are however, new work-flows that come along with MHS-Genesis that were not in CHCS. Some of these workflows include "hard-stops" for Prior Authorizations (PA), Drug Utilization Review (DUR) alerts that requires a little more attention, etc. While these added work-flows do eat up some of the prescription processing time, they also promote patient safety by combating alert fatigue. They are intended to prevent "entering" through these alerts, and ensure delivery of the right prescription to the right patient at the right. Having to send PA requests back to the provider to evaluate patient needs prevents pharmacy staff making assumptions based off the little data that we have at our fingertips.

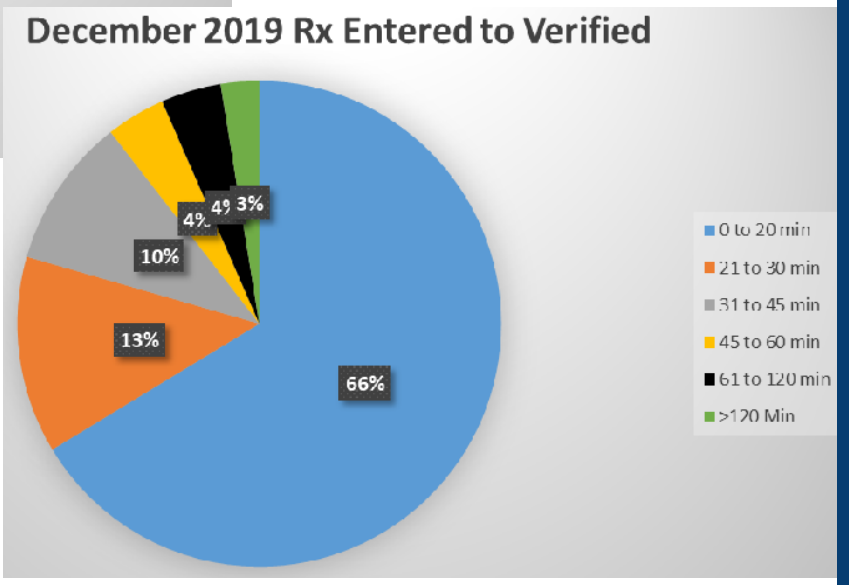
We don't currently have Q-FLOW, so our prescription wait time is not as accurate as we would like and somewhat anecdotal. As any pharmacy experiences, we have extremely busy times where our wait time can be up to two hours and slower times, where our wait time can be as low as 10 minutes. On an average, standard day, Team Fairchild can process a prescription within 20 to 25 minutes (pending no unforeseen issues with the prescription).

December was an exceptionally rough month for Team Fairchild due to low manning and an unusually high prescription count. So at our worst, we were able to activate 64% of prescriptions within 5 minutes, 21% within 10 minutes, with the remaining 15% >10 minutes. (See Chart "Time to Activate"). After activation, 66% of the prescriptions were ready for pick-up in 20 minutes or less, 13% ready for pick-up in 30 minutes or less with the remaining 21% ready for pick-up in >31 minutes. (See Chart "Rx Entered to Verified").

As with any new system there are and there will be struggles and frustrations, but I believe that there are many untapped potentials of MHS-Genesis that we just need to discover, enable, execute, and polish.

Indicated charts on next page





The Society of Air Force Pharmacy Midyear Meeting is postponed until further notice due to health and safety concerns. New dates are currently being considered. For those of you who have already registered, refunds will be issued automatically to the card that was initially used for registration. For any questions regarding billing, please contact the Treasurer at treasurer@af-pharmacists.org.

A Defender's Transition to Pharmacy Technician

TSgt Robert A. Thomas

For 8 years of my Air Force career, I served as a Security Forces Defender. While in Security Forces, I performed duties ranging from gate guard, law enforcement patrols, Supply Noncommissioned Officer in Charge, and Elite Guard for United States Strategic Command (USSTRATCOM). During that time, I experienced deployments to Southwest Asia and Iraq. The lessons I've gained from those experiences have stuck with me throughout my career thus far.

Starting a family and not wanting to continue career in Law Enforcement led me to seek retraining opportunities. Medical career fields had always interested me, so I jumped at a position in pharmacy when it became available. A few months later, I was notified that I got the job and technical school date! The Nebraska winter was in full force around the same time I found out I was retraining. With temperatures of -1˚, the attraction of an indoor profession was for sure the right move.

Pharmacy technician training proved challenging. My biggest obstacles included using math I swore I would never need again after high school, and leaving behind my wife, 3-year-old son and newborn baby girl. Medical Education and Training Campus (METC) provided an incredible educational experience with great instructors, I knew I would excel. After technical training, Travis AFB would become my next home. I started off working in the Satellite Pharmacy where it was cramped and hot, but boy was it busy. Transitioning from a non-medical career field into medical taught me to lose my "cop mentality" and become patient-centered minded very quickly. Taking care of people would become something I strived for. Listening that extra minute, making an extra call, or just simply asking how a patient's day was showed me how little interactions meant the world to some people. My colleagues would quickly become my work family. They came from all walks of life, but were one hell of a pharmacy team.

After working at the satellite pharmacy, I moved to the main hospital and later experienced my first deployment as a Pharmacy Technician. Bagram Air Field, Afghanistan would not only become home for the next 6 months, but also opened my eyes to the importance of our career field to combat medicine. Other than my Security Forces deployment to Iraq, I had never felt the adrenaline rush, pride, and fulfillment like I experienced in Bagram. When you got the call of a trauma coming in, you knew it was time to "kick the tires and light the fires."

Continued on next page

Everyone would put on their game face and our pharmacy team would be posted up right in the trauma bay. Split second calculations, medication draws, and deliveries became second nature. With that, a 98% casualty survival rate would prove to be the ultimate testament to the amazing medical professionals I served with over there.

Upon returning from Afghanistan, I was assigned as the squadron's Unit Deployment Manager (UDM). In this role, I deployed medical warriors downrange, as well as ran several squadron additional duties. It was rewarding with experiences, program knowledge, and the opportunity to see how readiness flowed behind the scenes. Late last year, I applied for an instructor position at METC, which I was blessed to be selected for. Now I'm teaching the same program that made me the pharmacy technician that I am today.

In closing, I want to thank all of my pharmacy colleagues and supervisors that have shaped my career. I also want to send my thoughts and prayers to our deployed pharmacy professionals. Finally, I challenge you all to continue to seek opportunities to grow personally and professionally, be good wingmen, and check on all our deployed personnel.

Outpatient Pharmacy Ops SIG - Update

Maj Julie Carpenter

The Outpatient Pharmacy Operations SIG is currently involved with multiple projects.

1) Standardized Non-Formulary (NF) medication processing. DHA's mission is better care at a lower cost and in July the services were provided with clear guidance on how to correctly dispense NF medications at the MTF (see DHA POD Memo 19-001 dated 10 July 19). This project will aid MTFs in implementing this guidance not only in the pharmacy but with the provider teams as well.

2) Standardized dispensing for geographically separated units (GSUs). This project is in its infancy, but when complete will assist bases with management of GSU's.

3) Standardized basic outpatient pharmacy operating instructions (OIs). The goal here is to create a set of OIs from which bases can launch. They will expand on DHA-PI, AFI and other guidance's required to run an outpatient pharmacy but allow for the teams to add items that may pertain to only their location. The OIs will act as the minimum standard for outpatient pharmacy operations.

4) Standardized checklist at the pharmacy for deploying members. I personally have had very different experiences with various flights in the medical group as we all try to get deploying member out the door. This checklist will provide an easy mechanism for pharmacy staff to ensure all of our requirements have been checked and our teammates are deployed safely.

5) Welcome letter for our newest members. This letter is a guide for supervisors on items important to be aware of as the new member walks in the door. It is a tool to lead discussion, education and feedbacks and to remind the new kids that there is more to the Air Force than the monotony of the front line.

6) High Interest List (HIL) patients. Pharmacists can aid in preventing drug overdoses by knowing which patients are on the HIL. We can add notifications to PharmASSIST and CHCS to alert pharmacy staff and prevent intentional early fills by patients who are at risk.

Did you catch the key phrase? Standardization! It is one of the means by which DHA expects to reach its mission and vision. As DHA's markets are organized and market leads are selected, Army, Navy and Air Force pharmacy operations will be picked apart and the best processes will sent forward. So let's be the best. As these projects are finalized, emails will be sent to the field for implementation. Please implement them and let me know what questions you have. Thank you greatly for your efforts. If you have a project idea, if your base is doing anything great, or if you need additional guidance, send it my way.

When the Tides Start Turning:

How to effectively weather (and prosper through) organizational change

Maj Burke Wilson

In an organization managed by the government and in a profession as process driven as pharmacy, it can feel as though the only constant is change. While nearly all change is intended to yield a positive outcome, navigating uncertain waters and leaving work flow comfort zones can have a detrimental impact to teams if not managed successfully. When management becomes change management, how can you effectively lead a team through the chaos? Three key traits any organization should strive for if you want to have a shot at finding success on the other side: embracing the uncertainty, encouraging diverse ideas and perspectives, and effectively communicating goals and expectations.

Leaders should view change not as an inconvenient disruptor, but as the very essence of the job. One of the most fundamental skills for a leader and teams to build in a shifting environment is "negative capability". The term was first devised by the poet John Keats in the early 19th century while describing creative writers. In a sense, negative capability is the ability to tolerate confusion or uncertainty (and even embrace it) as opposed to settling for a more comfortable or preconceived outcome. Effective change agents must remain curious and focused throughout the process and resist the urge to become fixated on one possible outcome. This skill is inherent to the few but must be learned and practiced by the many. In our ever changing landscape there are plenty of opportunities to consciously practice and coach negative capability. Most organizations pay far more attention to policy, strategy, and execution than to their people. Humans by nature dislike, and will even resist, change that is not empathetic to their needs, values, and feedback. There is an old adage, "If you are the smartest person in the room, you are in the wrong room." Fortunately, the Air Force surrounds us with diversity. Every room that you enter, there is someone that knows something you don't or has a skill set that can synergize with yours. Once these relationships are approached with humility and a learning attitude, the opportunities for successful and efficient change are unleashed. When both supervisors and subordinates appreciate this approach to change management, that is when the real magic happens.

Lastly, one of the biggest root causes of system change failures is miscommunication. A team that is left in the dark during change leads to disengaged stakeholders. Buy in, effort, and trust skyrocket when individuals know what to expect, what role they play, what the end goal is, and why the change is essential. Teams should be charged to set long term goals as well as sub-goals that are to be achieved in the coming months. Once progress is seen, more ambitious and strategy driven goals can be set. Change begets change and success begets success, but only if there is a shared belief that the change is meaningful and rewarding. No one likes to execute meaningless busy work, and by effectively communicating the end goal, leaders can avoid finding their change project perceived as such. To highlight these three fundamentals, we examine a real world scenario all Air Force pharmacies will soon appreciate: MHS GENESIS. This new electronic health record is a fundamental shift in workflow and business processes. The Pacific Northwest and Travis Wave have experienced this reality. Staff must remain malleable and steadfast in the face of this change in order to effectively execute its deployment. In order to prevent resentment and distrust in the implementation and sustainment, the team's voices must be heard and emotional needs be addressed. This was demonstrated as a lesson learned from the initial deployment. The MHS GENESIS program office now deploys a team to the site in advance of the health record deployment. This team is solely responsible for managing expectations and addressing early fears, a lesson that was learned from its absence in the initial rollout. Finally, communication and feedback channels must be open and robust. Successes, as well as gaps, have been highlighted up and down the chain in order to improve the product and deployment for the next sites. An electronic health record deployment is a perfect case to test (and fine tune) a team's change management capabilities.

So whether your pharmacy is about to implement a new electronic health record or is in the middle of a full restructuring under new headquarters oversight, you will undoubtedly find yourself in the middle of change. While this article only begins to scratch the surface of comprehensive change management techniques, it provides a few skills that can be harnessed to better lead your team through frequently shifting terrain. When teams become comfortable with discomfort, are willing to accept ideas of others in lieu of their own, and can clearly articulate the purpose and goals of an initiative, a high performing group can then influence meaningful change.

2019 Society of Air Force Pharmacy Awards

Maxine Beatty Field Grade Pharmacist of the Year

Major Thoa Pham

Fred Coleman Company Grade Pharmacist of the Year

Captain Michael Johnson

Ed Zastawny Clinical Pharmacist of the Year

Major Elizabeth Tesch

Small Team of the Year

Aviano Air Base, Italy

Medium Team of the Year

Barksdale Air Force Base, Louisiana

Large Team of the Year

Keesler Air Force Base, Mississippi

Leadership and Innovation Award

Aviano Air Base, Italy

Educator of the Year

Major Lakisha Roe

"Rising Star" Junior Pharmacy Technician of the Year

Staff Sergeant Jordan Herron

"Leadership Excellence" Intermediate Pharmacy Technician of the Year

Staff Sergeant James Lobban

SAFP "Leadership Pinnacle" Senior Pharmacy Technician of the Year

Master Sergeant Carolyn Phillips

Civilian Pharmacy Technician of the Year

Mr. Patrick Fisher