

YALE HEALTH CARE

news from Yale Health
fall 2013

Pharmacy Work Flow
Emergency Preparedness
Ob/Gyn Clinicians



FLU SHOTS

PAP TEST FREQUENCY

PINK EYE



From Your Clinician to the Counter

How exactly do your prescriptions get filled?

ON ANY GIVEN DAY, pharmacy staff members are working behind the scenes to fill anywhere from 700 to 1,000 prescriptions.

The process typically begins with an electronic prescription sent by your clinician to the pharmacy. What ensues is a thorough quality and safety inspection that includes as many as three pharmacists checking your medication before it ends up in your hands.

But before the first inspection can even begin, you need to tell the pharmacy your plans for picking up your medication, which impacts the way your prescription will be filled.

You must check in either at the pharmacy window or by calling the pharmacy to let them know you want your prescription filled. When you check in at the window, you will be asked when you would like to pick up your medication. You may choose to wait for your prescription to be filled, come back in a few hours, or in 1–2 days.

If you choose to wait for your prescription to be filled, it will be flagged for immediate processing. The pharmacy strives for a goal of 15 minutes or less for this method of pickup. The average wait time from this past April–June was 19 minutes.

*Pharmacy Technician
Philomena Hottin
restocks the pharmacy's
"robot," which is capable
of dispensing 60–120
prescriptions an hour.*

PHARMACY CONTINUED ON THE NEXT PAGE

PHARMACY CONTINUED FROM PREVIOUS PAGE

If you check in by phone, or refill your prescription by phone or online, it will automatically be flagged for pickup in 1–2 days and you can pick it up directly at a check-out window.

Once you have decided on your method of pickup, the pharmacists go to work, matching your medication to your information and entering the quantity, directions, and refill amount, if any.

Another pharmacist then examines your drug profile and performs a pre-verification check to look for possible allergic reactions, any interactions that may occur with other medications you are taking, and that the medication is appropriate for your age and medical situation.

Once the pre-verification process is complete, the medication is ready to be dispensed in one of three ways.

The 200 most commonly prescribed medications are filled via the “robot,” a machine that Peter Steere, RPh, MBA, director for the pharmacy, described as looking similar to a “candy store.” It is capable of dispensing 60–120 prescriptions an hour.

If a prescription is available to be filled by the machine, the computer senses its availability and sends the request.

The “robot” then selects the correct vial based on the quantity to be filled, labels the vial with your information and instructions, and uses air pressure to shoot the medication into the bottle.

Each pill passes through a laser, which counts the medication and automatically stops when it hits the correct quantity. The machine then caps the vial and releases it for pickup by a pharmacy technician.

“As a system for quality, it’s been enormously helpful,” Steere said of the “robot,” which was added to the pharmacy when Yale Health moved to 55 Lock Street in September 2010. “I don’t think we could do what we do without it.”

If the medication is not available for filling by the machine, a pharmacy



technician will print a label with your information and the instructions and find the drug from among the 3,000-plus options on the shelves. They then scan the barcode on the bottle to ensure it matches the prescription that your clinician requested. If the barcodes do not match, the system will not allow the pharmacy technician to proceed.

Once the medication is verified, they manually fill the vial using a small metal spatula and a plastic counting tray, which are conveniently available in both left and right handed versions.

A weight-based counter scale is available for filling prescriptions of tablets or

capsules written for high quantities. After a medication tablet is weighed on the scale, the weight of that tablet is stored in the computer. The pharmacist will simply pour the tablets or capsules onto the scale until the weight matches the number required.

When the medication has been bottled and labeled, a pharmacist performs a final check for accuracy.

“At this point, we’re just making sure it’s the correct medication for the correct patient,” Steere said.

An image of nearly every medication is available on the pharmacy’s computer system. The pharmacist checks to make sure the image matches what is in the vial.

The medication is then bagged and the prescription receipt, which contains clinical information on how to properly use the medication, is stapled to it.

If you chose to wait for your pickup, it is placed in a bin near the check-out window and pharmacy staff will call your name to alert you that it is ready. If you chose to return to the pharmacy at a later time, it is placed alphabetically on a shelf and is pulled when you return to check out.

After a payment based on Yale Health’s three-tiered co-pay system, you will receive your medication and the process is complete.

Pharmacy Academic Hours

The Pharmacy has resumed academic hours effective Tuesday, September 3rd.

Monday	8:00 am – 6:30 pm
Tuesday	8:00 am – 7:00 pm
Wednesday	8:00 am – 7:00 pm
Thursday	8:30 am – 6:30 pm
Friday	8:00 am – 6:30 pm
Saturday	8:30 am – 3:30 pm



We can only improve by looking at ourselves through your eyes.

FROM THE DESK OF NADINE MORANDI

Feedback is an important part of two-way communication. We all want our concerns or ideas to not only be heard, but to be used as input to preserve what we've experienced, or make the experience better.

Over the past year, we have put a stronger emphasis on using your feedback to help evaluate patient experience and understand what drives satisfaction.

Your feedback comes to us in many forms including surveys, phone calls, comment cards, and face-to-face visits at the Yale Health Center. What we do with this feedback, specifically the actions we take, is indicative of our commitment to enhancing your experience as a Yale Health member.

We currently distribute a patient satisfaction survey, administered by Press Ganey, to evaluate your experience during a particular visit, touching upon several aspects such as access, moving through your visit, and interaction with your care provider. The responses are shared monthly with our clinical teams in order to identify what works well along with opportunities for improvement.

We also have comment cards located in the waiting rooms of each clinical department and available on our web site at yalehealth.yale.edu/comment-card. This is another avenue for you to share your observations, opinions, and expectations about your interaction with Yale Health.

The most compelling feedback often comes from your write-in comments, which provide additional detail about your experience and expectations. We read each comment and use this information as a learning opportunity for our staff.

We have heard you express a need for more support for newly enrolled members transitioning into Yale Health. **We have since implemented tours and orientation sessions to make the transition as seamless as possible, conducting over 30 tours for more than 100 new members in the past year.** And, in partnership with union leadership, we have created a new full-time "Liaison" position based in the Member Services Department, which will serve as an emissary to new members in assisting them on how to use our model of care.

Most recently, we have established a Service Enhancement Committee with staff representation from each department, implemented a Service Excellence Training Program for our clinical receptionists and call center staff, and streamlined our internal reporting system to track every customer service inquiry.

Your feedback is important to us and we recognize that we can only improve by looking at ourselves through your eyes. We welcome and appreciate your comments as they help to steer our direction and make us better equipped to provide an optimal patient experience for you.

A handwritten signature in black ink that reads "Nadine E. Morandi".

Associate Director of Patient Experience



The William K. Lanman, Jr. Center was transformed into a mobile field hospital during Yale Health's emergency preparedness drill in June. Photo courtesy of Heather Liberman.

Always Be Prepared

Yale Health stages emergency preparedness drill

AFTER NEARLY A YEAR OF PLANNING, mock patients in cots filled a court at the William K. Lanman, Jr. Center in the Payne Whitney Gymnasium in early June to test how Yale Health would provide medical care to the Yale community in the event of a pandemic flu.

Run in partnership with the University's Emergency Operations Center, the drill was "one of the largest undertakings" in the history of Yale Health, said Kathleen Blum, RN, Internal Medicine, and co-chairperson of Yale Health's Emergency Preparedness Committee.

In 2008, the committee held a drill at the Lanman Center to test the setup of equipment and supplies of one 25-bed pod. The pods, which include beds, medical equipment, and supplies, are stored in a warehouse at West Campus under climate and security controls and are audited

regularly to maintain the required level of compliance.

The latest exercise again included the setup of 25 beds with equipment, but added mock patients to test the medical component of the operation.

"I thought it was a big success," said Robert Roach, Yale Health's safety officer and co-chairperson of Yale Health's Emergency Preparedness Committee. "I thought the ability to finally test the medical side of what would be required of the clinical staff was critical to a full understanding of how we really would work in that sort of environment."

The drill was based on the premise that the World Health Organization has declared a Pandemic Alert Level 5 for a new strain of influenza that has reached Connecticut. The Lanman Center has the capacity to hold 150 beds with medical and support equipment

and can be set up within a matter of hours. If this scenario were to occur, as many students as possible would be sent home and faculty and staff members would be asked to stay home if they had flu-like symptoms.

After transporting and setting up the beds and equipment the previous day, the drill began with several mock patients, played by Yale Health staff members and volunteers, already in bed with symptoms. Other patients arrived at the Lanman Center and were triaged before being assigned a bed.

"Once the drill actually started, you could hear a pin drop and everything went into motion," Blum said. "We're professionals and everyone took care of business. We had a lot of positive feedback from our mock patients. They felt that they were in a true clinical environment."

Along with medical personnel including clinicians, nurses, medical assistants and pharmacists, Yale Health staff members in fields such as communications, finance, and logistics also participated.

Roach said the drill, which was based on the National Incident Management System (NIMS) design, would not have been possible without multiple areas of the University coming together including Traffic, Receiving & Stores (TR&S), Security, and Facilities Operations.

"If the Lanman Center were to go live, it would be all hands on deck," he said. "All aspects of the University would be available. What was really great about the drill was that we had participation from top to bottom."

Evaluators from Yale Health, Environmental Health and Safety, Emergency Management, and the New Haven Health Department watched closely as Yale Health's clinical staff wearing air-purifying respirators cared for patients, prescribed medication, and dealt with scenarios ranging from anxiety to vomiting.

"We are much better prepared now than we were before the drill," Roach said. "It allowed us to see certain things in real time and that would not be possible to do without actually running through it."

"We're professionals and everyone took care of business. We had a lot of positive feedback from our mock patients. They felt that they were in a true clinical environment."

Kathleen Blum, RN, Internal Medicine, and co-chairperson of Yale Health's Emergency Preparedness Committee

Within a few hours of the drill, all of the beds and equipment were cleaned and back en route to West Campus for storage.

There were areas identified in need of improvement, which is the purpose of running such a drill, but after all the patients had gone and the Lanman Center transitioned back to a basketball facility, Blum left feeling confident.

Said Blum; "The takeaway, in my opinion, was that if we were faced with that challenge, we would be prepared to step up to the plate and take care of these people."

Wendy Fazekas, RN, assistant manager of Obstetrics & Gynecology, and David Smith, MD, Internal Medicine, tend to a mock patient during Yale Health's emergency preparedness drill. Photo courtesy of Heather Liberman.



Briefs



Patient Drop-Off / Pick-Up and Parking

The section of driveway closest to the front doors is reserved for patient drop-off and pick-up. The driver of the vehicle must either exit the driveway or park in the garage after dropping off a patient.

The first 90 minutes of parking in the garage are free and if you are there for less than 90 minutes you do not need to validate your parking ticket, simply insert it into the machine at the gate to exit.



Yale Health Staff Walk to Benefit American Heart Association

Nearly 50 Yale Health and Being Well at Yale staff members teamed up to participate in the American Heart Association's Greater New Haven Heart Walk at Savin Rock in West Haven on June 1st. The team, "Health and Wellness Walkers" raised over \$3,700. More than 130 Yale University staff members joined in the walk, totaling over \$9,300 in donations to benefit the American Heart Association.

New Clinicians Join Ob/Gyn



Amanda Lendler, CNM
OBSTETRICS & GYNECOLOGY

After spending the last 12 years with the Obstetrics-Gynecology & Infertility Group PC, Amanda Lendler has joined the Obstetrics & Gynecology Department.

Lendler earned her BA in sociology from Trinity College in 1994 and her MSN from Case Western Reserve University in 1999.

She completed her graduate clinical placements at the Cleveland Surgical Center, Free Medical Clinic of Greater Cleveland, Hough-Norwood Health Center, Ohio Permanente Medical Group, and the Connecticut Childbirth and Women's Center.

She spent four years as a registered nurse at Yale-New Haven Hospital where she was responsible for care during labor and delivery and immediate postpartum care.

Lendler is certified through the American College of Nurse Midwives and the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties.



Hollister Berry, APRN
OBSTETRICS & GYNECOLOGY

Hollister (Holly) Berry received her BA from Harvard University in 1995 and her MSN in 2002 from the Yale University School of Nursing. She has over 10 years experience, including working part-time at Yale Health in Ob/Gyn, Internal Medicine, and Student Health.

She most recently provided primary care including routine and urgent gynecology services at the University of New Haven.

Holly was also the co-leader for the Downtown Evening Soup Kitchen in New Haven, which provides general medical care and information to the homeless and low-income residents. She was honored with the Yale School of Nursing's Community Service Award in 2002.

Holly is a certified Adult Nurse Practitioner and Women's Health Nurse Practitioner.

Classes



Diabetes Support Group

A Diabetes Support and Education Group for Yale Health members, Yale retirees, and students meets the first Tuesday of every month from 5:15-6:15 pm in 4th Floor Conference Center at the Yale Health Center. In this group, you will learn tips to control your blood sugar, prevent complications, set realistic goals, and have an opportunity to share your experiences with others. Monthly attendance is not required.

For more information or to register, contact Jennifer Brackett, APRN, CDE, Care Management, at 203-432-0022 or e-mail jennifer.brackett@yale.edu.



Smoking Cessation

Yale University and Yale Health are sponsoring the American Cancer Society's Freshstart® program, which is free for all Yale employees and Yale Health members (non-students) who want to quit smoking.

Participants must attend all sessions and be prepared to stop smoking between the 2nd and 3rd session to benefit from the group support component. The five-week Freshstart® program is offered by trained nurse health educators.

Visit yalehealth.yale.edu to register.

FLU SEASON**Why should I get a flu shot?**

+ Everyone older than 6 months should receive a flu shot annually to protect themselves against the influenza virus. **Between 5 to 20 percent of U.S. residents get the flu each year and more than 200,000 people are hospitalized with flu-like symptoms.**

The flu vaccine changes every year so you must get a flu shot annually to be protected.

Groups at higher risk for developing serious complications from the flu include children under the age of 5 and their caretakers, pregnant women, adults over the age of 65, healthcare workers, childcare providers, and people with chronic medical conditions such as asthma, diabetes, and heart disease.

Yale Health offers free flu shots to all University staff, faculty, students, and Yale Health members (see the flu clinic schedule on page 8).

The flu clinics are easy, quick, and free.

For more information, visit yalehealth.yale.edu/flu.

*Ann Marie Cirkot, RN
Health Education and Staff Development*

EYE CARE**What is pink eye and how can I treat it?**

+ Conjunctivitis, also known as pink eye, is an inflammation of the lining of the eye and is common in preschool and daycare settings.

It is categorized into three types, which are often difficult to tell apart.

Allergic conjunctivitis is more common during seasonal changes and typically affects both eyes. Symptoms include watery, red, puffy eyes as well as sneezing and itching of the nose.

The viral form of conjunctivitis may only affect one eye and usually includes a runny nose, congestion, and cough.

Bacterial conjunctivitis often spreads to both eyes and is extremely contagious. Along with red swollen eyes, a thick yellow discharge is present. It is often accompanied by an ear infection.

Antibiotic eye drops are typically prescribed to help treat pink eye, but you should not give your child eye drops as a preventive measure to avoid contracting it from another child.

Proper hand washing and avoiding sharing items such as toys and towels are the best ways to prevent the spread of pink eye.

Adults should exercise the same precautions as pink eye can spread to parents as well.

Children can return to daycare or school when they have been treated

with eye drops for at least 24 hours and the discharge around their eye has stopped or is only present in the morning and does not come out during the day.

*Christopher DeSanto, MD
Pediatrics*



Making the Rounds

**HEALTH AND WELLNESS INFORMATION
FROM YALE HEALTH'S CLINICAL STAFF**

WOMEN'S HEALTH**When should I get a Pap test?**

+ Guidelines recommend women start having Pap tests at age 21 rather than age 18, as previously recommended.

If the results are normal, women should have a Pap test every three years through the age of 30.

From ages 30 to 65, Pap tests are combined with a test for Human papillomavirus (HPV) and are performed every five years. The alternative screening option is to have just the Pap test, without the HPV co-test, every three years.

HPV co-testing is not performed on women under the age of 30 because a fair number of women in this category will acquire HPV, which their immune system will typically clear, and testing in women ages 21–29 has not been shown to be beneficial.

If the results of your Pap test are abnormal, your clinician will determine if additional testing is needed.

A colposcopy is usually the next step and would be performed in the Obstetrics & Gynecology Department at the Yale Health Center. The test consists of looking at your cervix through magnification and taking a small piece of tissue to test for cervical dysplasia or abnormal cells of the cervix.

If nothing more serious is found, you will be monitored annually with the Pap test and HPV co-test. If the results of the colposcopy identify high-grade dysplasia, you would likely need further treatment and continue to be monitored closely.

Women who have had a hysterectomy with their cervix removed and have never had high-grade cervical dysplasia

or cervical cancer can discontinue Pap testing. Similarly, Pap tests are not necessary after the age of 65 unless you have a history of abnormal results.

*Joann Knudson, MD
Obstetrics & Gynecology*



For more on these topics, listen to the complete healthcasts on yalehealth.yale.edu/healthcasts.

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KEEP IN MIND

Flu Schedule

Flu clinics are available to Yale University employees, students, and Yale Health members.

DATE	TIME	LOCATION
TUESDAY, OCT. 1	10 AM–2 PM	West Campus
TUESDAY, OCT. 8	10 AM–3 PM	Yale Health Center (Senior and High Risk Only)
THURSDAY, OCT. 10	10 AM–3 PM	Med School, Harkness Lounge
FRIDAY, OCT. 18	10 AM–3 PM	Yale Health Center
MONDAY, OCT. 21	10 AM–3 PM	Med School, Harkness Lounge
*THURSDAY, OCT. 24	1 PM–6 PM	Yale Health Center
TUESDAY, OCT. 29	10 AM–3 PM	Woolsey Hall, President's Room
FRIDAY, NOV. 1	10 AM–3 PM	Med School, Harkness Lounge
FRIDAY, NOV. 15	10 AM–3 PM	Yale Health Center
*TUESDAY, DEC. 3	1 PM–6 PM	Yale Health Center

*Also available to children over 3 who are Yale Health members.
Children under 18 must be accompanied by a parent or guardian.

Visit yalehealth.yale.edu/flu to register for pediatric flu clinics.

Remember to wear clothes that allow you to easily reveal
your upper arm.

Remember to bring your Yale University ID badge.

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