


Standard Work	 <p style="text-align: center;">Outpatient Pharmacy Runner Process</p>	Page 1 of 4 Date: 06/01/2020
Process Owner: Shauna Laird	Revision #1	Executive Sponsor: N/A

I. Purpose

To ensure that our staff and patients are not exposed to unnecessary risk by using ambulatory pharmacy services.

II. Background/Scope

This will provide the guidance to successfully implement and manage a pharmacy runner program in our outpatient ambulatory pharmacies at Denver Health. This program will be used in conjunction with the ambulatory screener process. The relevancy and applicability of this document is contingent on the need to protect our patients and staff from the spread of COVID-19. Denver Health patients and employees using ambulatory pharmacy services, pharmacy staff, labor pool staff and temporary staff are the relevant audience to this standard work.

III. Impacted Departments or Other Processes

- Denver Health Ambulatory Clinics
- Denver Health Ambulatory Pharmacies
- Denver Health Ambulatory Screener Process
- Labor Pool Staffing Office

IV. Responsibility

- Supervisor of Operations – Manage the operation as a whole, liaison with other departments within Denver Health
- Pharmacy Manager – Manage day to day operations, training and staff accountability
- Labor Pool Staffing Office – Provide employees for pharmacy runners and maintain schedule in Sling
- Labor Pool Staff – Provide pharmacy runner duties and responsibilities
- Temporary Staff – Provide pharmacy runner duties and responsibilities
- Pharmacy staff – Work with manager to help support labor pool and temporary staff

V. Requirements

Equipment requirements (maybe a duplicate from ACS screener process)

- Two tables set up at the main entrance of the building that will be able to accommodate enough staff
- Sticky notes, gloves

- Hand Sanitizer at tables
- Purple tops of Bleach wipes for wiping buckets
- Clear plastic bins
- Florescent vest
- Red lines and or social distancing stickers taped 6 feet apart on the ground to help patients maintain social distancing
- Awning for inclement weather
- Laptop (optional)
- Walkie talkies (optional)

Staffing

- Pharmacy runners must wear
 - A face mask at all times
 - See Denver Health Dress Code Policy
- Lunch Breaks
 - A 30 minute break will be provided
- Labor Pool will provide employees via the scheduling platform SLING
 - Call outs will be managed by labor pool. Call out procedure is available to employees when they click on their assigned shift in Sling.
 - All pharmacy managers will have access to Sling. Print schedule and post in pharmacy.
- Security call ext 67444 or 303-436-7444

VI. References/Policies

Eastside Clinic Pilot

Labor Pool Standard Work

[Denver Health Dress Code Policy](#)

VII. Definitions

ACS – Ambulatory Clinic Site

Pharmacy Runner/Transporter – Liaison between patient and pharmacy staff to fill prescriptions and deliver prescriptions directly to the patient.

Labor Pool – Manage the staffing and scheduling of pharmacy runners and screeners

DOB – Date of Birth

2 Patient Identifier – Verifying patient by asking for **name, DOB**, phone number, address

PT – Pharmacy transporter

VIII. Training

Pharmacy Transporter Competencies Check List – see attachment

- Pharmacy staff are responsible for training
- Pharmacy staff will be notified in a timely manner when there will be a new employee
- In Sling a temporary employee will be marked as “(Temp)”
- In Sling a pharmacy transporter will only be marked as “(PT)”
- In Sling a new temporary employee will be tagged as “First Day”

IX. Procedures

Plan B – Not enough Runners to implement Pharmacy Runner Program

- Less than 50% of runners at a clinic
 - Screener to allow 3 pharmacy patients into building at a time
 - Any excess runners will be re-allocated as screeners or runners to clinics in need

X. Process Steps

Scenario 1 – Patient drives up and parks in designated spot

- Pharmacy runner approaches vehicle
- Ask for name and DOB and telephone number. Obtain ID if possible. Ok if picking up for someone else.
- Runner uses walkie talkie/phone/in person conversation to inform pharmacy technician regarding the name/DOB/Telephone#. The runner is a go-between the patient and pharmacy staff
 - If **no payment** needed, pharmacy runner delivers medication to patient. Runner will be wearing a mask. In addition, they will be using the clear plastic bins when handing out prescriptions in order to create social distancing.
Must use 2 patient identifier Use laminated sheet in plastic bin to help remember – see attachment:
 - **Photo ID**
 - **Birthdate**
 - Address
 - Phone number
 - After handing over medication,
 - Patient Name is correct
 - Medications are correct
 - Number of medications is correct
 - There will be a colored slip attached with the pharmacies phone number to call stating “Please call pharmacy with any questions” Pharmacy runners will need to repeat this to the patient. **Do not** answer any questions about medications
- If **payment needed**, pharmacy runner delivers medication to patient
Must use 2 patient identifier Use laminated sheet in plastic bin to help remember (see attachment):
 - **Photo ID**
 - **Birthdate**
 - Address
 - Phone number
- If cash or credit card, pharmacy runner goes outside to obtain cash from patients. Staff will be wearing masks. In addition, they will be

- using the clear plastic bins to exchange payment and prescriptions in order to create social distancing
- If debit and patient unable to use card as a credit card, patient must go inside to enter pin.
 - The patient must go through the screener process to enter pin
 - A runner must never ask for patient's pin
 - After payment collected, pharmacy runner delivers medication to patient using clear plastic bin.
 - *Must use 2 patient identifier* Use laminated sheet in plastic bin to help remember (see attachment):
 - **Photo ID**
 - **Birthdate**
 - Address
 - Phone number
 - In order to dispense a controlled substance you must have patients ID.
 - After handing over the medication, ask patient to open pharmacy bag and verify:
 - Patient Name is correct
 - Medications are correct
 - Number of medications is correct
 - Amount of change if any is correct
 - There will be a colored slip attached with the pharmacies phone number to call stating "Please call pharmacy with any questions" Pharmacy runners will need to repeat this to patient. **Do not** answer any questions about medications

Scenario 2 – Patient has no vehicle and is waiting outside

1. Ask patient to wait at designated line. The responsibility for maintaining physical distancing is with the runners
2. Same process is used for patients that are waiting outside or in vehicles regarding no payment, cash or credit card payments.

Never take any used or unused medications, syringes, supplies back from patient for disposal.

XI. Attachments



DENVER HEALTH PHARMACY™

Pharmacy Transporter Competencies Check List

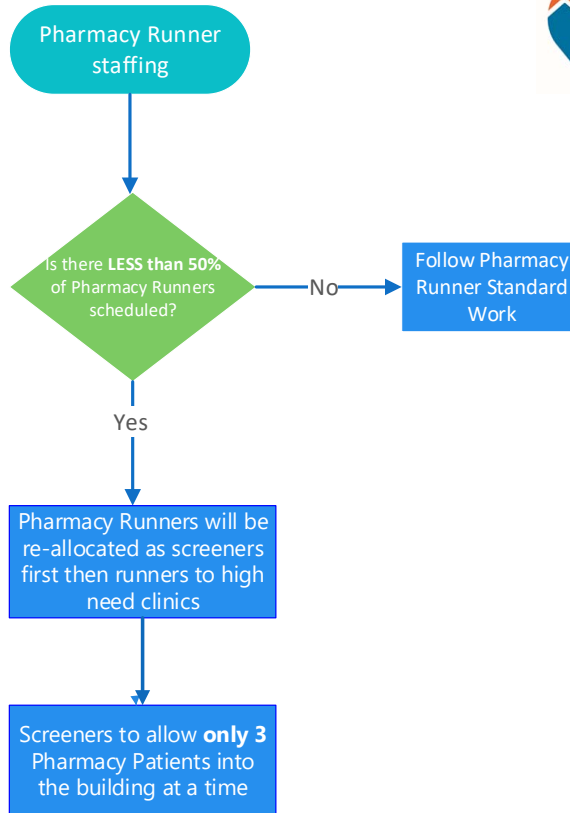
On First Day at New Site	Employee	Trainer
Tour of clinic (bathrooms, breakrooms, API time card)		
Introduction to Staff		
Pharmacy Runner Standard Work Read		
2 Patient Identifier Policy Read		
Train with experienced pharmacy runner		

Employee signature _____ Date _____

Trainer signature _____ Date _____

Send signed copy to Shauna.laird@dhha.org

ACS Pharmacy Runner Process PLAN B



PLEASE ASK FOR:

- IDENTIFICATION

- NAME
- DATE OF BIRTH
- ADDRESS
- PHONE NUMBERS

- INSURANCE CARD

- COPAY

- HOW MANY MEDICATIONS?

- PATIENT TO OPEN BAG UPON DELIVERY OF MEDS

- VERIFY CONTENTS OF BAG ARE CORRECT



Current Status: Active

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DENVER HEALTH
— est. 1860 —
FOR LIFE'S JOURNEY

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Two Patient Identifiers and Patient Identification Bands

Policy

PURPOSE

In compliance with National Patient Safety Goal (NPSG) Denver Health Hospital Authority (DHHA) uses two patient identifiers to reliably identify the individual as the person for whom the service or treatment is intended; and to match the service or treatment to that individual.

SCOPE

To provide consistency throughout the Denver Health system the scope will include outpatient, Emergency Department (ED), Pediatric Emergency Department and Urgent Care (PEDUC), Behavioral Health PES and Adolescent, Adult Units, Adult Urgent Care Center (AUCC), Inpatient, Post Anesthesia Care Units and the Operating Room (OR).

DEFINITIONS

Anonymous Patient: Any patient whose identity is unknown or cannot be confirmed when the patient is arrived into the EHR

POLICY

- A. DHHA will use full patient name and date of birth as the two patient identifiers. If patient name is truncated on the patient identification band or if there is any question of proper identification after using full name and date of birth, staff should use the Medical Record Number as a third identifier to ensure proper identification.
- B. The Admission staff or nursing staff on units (direct admits) shall place a patient identification band on patients as soon as positive identification is available.
- C. The Emergency Department RN or Healthcare Technician (HCT) will place the armband on patients when the patient condition prohibits the Admission staff from accessing the patient.
- D. Health care professionals providing patient care at DHHA are responsible for verification of the patient's identification including but not limited to registration, during handoffs, and before care, treatment and service is administered.

- E. Anonymous patients will be admitted under a temporary name and approximate birthdate. Admission staff shall place the updated identification band on the patient as soon as identification is available after essential interventions have been completed.

PROCEDURES

- A. Healthcare professionals will ensure the accuracy of patient identification by using two patient identifiers. Patient identification is required:

1. When registering the individual as either an outpatient or inpatient
2. When assuming care of the patient
3. Prior to transferring the patient to another unit or department
4. Prior to any treatment or procedure
5. Before administration of medication
6. When verifying allergies
7. Before taking blood samples or transfusing blood products
8. When reporting critical test results
9. When re-banding or when applying a band on a patient who was previously unidentified.

- B. Patients or families are involved in the patient identification process whenever possible.

- C. At the point of registration, a photo ID is requested. In addition, patient identification is verified by checking:

1. Patient name
2. Last four digits of the social security number
3. Date of birth
4. Demographic information including address, phone number, employer and emergency contact

- D. The following patients will wear patient identification bands:

1. Patients registered for care in the Emergency Department (ED), Pediatric Emergency Department and Urgent Care (PEDUC) and the Adult Urgent Care Clinic (AUCC)
2. Patients registered for Ambulatory Surgery or patients undergoing special procedures.
3. Patients admitted to the hospital or Short Stay Unit.
4. Anonymous patients who are brought to the hospital will be assigned a temporary name (Trauma name), estimated date of birth, medical record number (MRN) and Contact Serial Number (CSN).
 - a. Once the patient is identified ONLY the name and birthdate will be updated in the Electronic Health Record, (EHR).
 - i. AFTER the majority of initial patient care interventions are completed, and patient has to a degree stabilized the health care team will be responsible to notify Admissions that the name and date of birth may be updated.
 - ii. The EHR will be updated and a new ID band will be generated and placed on the patient by Admissions or Nursing Staff.
 - iii. The new patient stickers will be applied to the paper medical record so that the old and

new information is displayed. The account number will remain the same.

b. Once patient has been discharged Health Information Management (HIM) will merge medical records as appropriate.

c. Patients transferred will use the assigned temporary name and estimated date of birth.

Note: Health Care providers will receive a pop up indicating that the patient's demographic information changed whenever they open the EHR regardless of length of stay.

E. The patient identification band will be placed on the most accessible wrist for adult patients. The most accessible extremity will be used when both wrists are determined to be unsuitable. Pediatric patients may be banded on either wrists or ankles.

F. If an armband becomes damaged, cut off by medical staff, or is not readable it must be replaced immediately by the appropriate staff either nursing staff or admissions.

G. If an armband is lost, the patient will be immediately re-banded. If there is a concern about the patient's identity, registration staff will confirm the patient's identity. Unit secretaries on inpatient units can reprint arm bands. In the ED, PEDUC and the AUCC, Ambulatory Surgery or the OR, the registration staff shall regenerate the arm band and place on the patient.

H. If a patient refuses to wear an armband, every attempt should be made to educate the patient to the importance and rationale for armbanding. If the patient continues to refuse, two patient identifiers as outlined above will be used with every patient interaction.

I. If a patient does not have a hospital identification armband on, the staff member responsible for the patient must be notified and an armband solicited. Lab phlebotomists are not permitted to attach hospital armbands to the patient. Every attempt should be made to ensure identification of the patient and the obtaining of the proper lab work.

J. Automated scanning systems such as Bar Code Medication Administration and Blood Administration are used to provide additional measures of safety to the care of the patient.

K. Blood Transfusion (Refer to Blood Transfusion Policy for more detailed procedure)

1. The yellow blood product armband cannot be used in lieu of the patient identification band and is not to be used for purposes other than blood product transfusion.

2. A transfusion sample must be collected and accurately labeled at the patient's bedside.

a. Verify the patient identification by using patient full name, Date of Birth, and Medical Record Number.

b. Patient should state his/her name and verify all above information whenever possible.

DHHA RELATED DOCUMENTS

A. [Patient Care and Medication Orders](#)

B. [Blood Product Transfusion](#)

EXTERNAL REFERENCES

A. [National Patient Safety Goals 01.01.01- Improve the Accuracy of patient identification \(2015\)](#)

ATTACHMENTS

NONE

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Thomas MacKenzie: Chief Quality Officer	09/2019
	Kathy Boyle: Chief Nursing Officer	09/2019
Executive Committee for Patient Safety and Quality	Mary Ann McEntee: Director of Patient Safety & Quality	08/2019
Nursing Professional Practice Council	Mary Ann McEntee: Director of Patient Safety & Quality	07/2019
	Patricia Ross: Director of Laboratory Administration	07/2019
	Janine Shepherd: Med Tech Section Supervisor Blood Bank	07/2019
Formatting Review	Colette Morris: Program Manager of Document Management	07/2019
	Mary Ann McEntee: Director of Patient Safety & Quality	07/2019

Applicability

Denver Health



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Owner:	<i>Jill Damman: Employee Relations Director</i>
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Document Types:	<i>HR- Employee Relations</i>
Applicability:	<i>Denver Health Human Resources</i>

Personal Appearance/Dress Code

Principle:

The personal appearance and hygiene of each representative of Denver Health and Hospital Authority (DHHA), including employees, residents, interns, students, volunteers, contractors, and others either directly or indirectly employed by DHHA or providing services to DHHA patients/customers, is crucial to the public relations and professional image of DHHA. All representatives of DHHA are to dress in a manner that reflects our dedication to providing professional service and high quality patient care. Dress should contribute to high levels of respect and confidence among patients, visitors, and co-workers.

References:

- [DHHA Policies & Procedures, Hand Hygiene Policy for Infection Prevention](#)
- [DHHA Policies & Procedures, Surgical Attire](#)

Practice:

1. Each representative of DHHA is expected to demonstrate appropriate personal appearance.
2. Departments may develop, enforce, and publicize a dress code that supplements the guidelines of the DHHA's dress code and are consistent with any applicable regulations, laws, and standards set for by accrediting, legal, or regulatory entities. Departmental dress standards must be approved by the appropriate executive staff member.
3. Management reserves the ability to request employees to make adjustments during work hours if an employee's personal appearance becomes disruptive or distracting.

Clothing:

1. All clothing must be clean, neat, pressed, and in good repair. Office staff is to dress in professional business attire including but not limited to, dress slacks, suits, skirts, and dresses. Ties add a professional look but are not required. Length and fit of all attire is to be in accordance with that acceptable in a business environment. Unacceptable attire includes, but is not limited to, denim clothing of any kind; shorts; casual Capri pants; spandex; leggings (unless worn under a dress or long top); sweats; hoodies; tee shirts with advertising/logos, membership, political, or sayings displayed; low-cut necklines; tank, halter or spaghetti-strap tops; see-through clothing; clothing that exposes bare midriffs; backless clothing. Clothing associated with specific hospital functions or events (sports teams, Nurses Week, PT

Month, etc.) is acceptable during a designation period as defined by management and approved by the appropriate executive staff member. All department-issued clothing needs to be approved by the Marketing and Communications Department in advance.

A. Exception: Isolation gowns should be worn for their identified purpose only. They are intended for use in specified areas only and must be removed when leaving those areas.

2. DHHA apparel is not to be worn by anyone except DHHA employees and medical staff and only in departments where required or approved. No DHHA apparel is to be worn or taken out of the hospital, unless previously approved. Employees may be required to pay for damaged or missing DHHA apparel.

Footwear:

1. Shoes must be clean, in good repair and appropriate to the work setting. Dress sandals with open toes are acceptable in office and administrative environments as long as there is not a safety concern or such footwear is contrary to department needs. Flip-flops are not allowed. Sport shoes are not to be worn in an office or administrative environment. Clean sport shoes may be allowed in other areas, as approved by management. Employees working in patient care areas may not wear open-toed shoes at any time during their shift. All footwear must meet department safety standards.

Grooming:

1. Hair should be neat, clean and groomed. Staff working in patient areas or areas where a hair tie, net or cap is required must adhere to departmental guidelines and regulatory requirements. Facial hair should be neatly trimmed, well-groomed and appropriate for the work setting.
2. Perfume, cologne, or aftershave should be used sparingly.
3. Body odor and bad breath are offensive to patients and to coworkers. Necessary steps are to be taken to prevent these problems.
4. Fingernails are to be clean and in compliance with DHHA Policies & Procedures, Hand Hygiene Policy for Infection Control.

Jewelry:

1. Any jewelry worn must be appropriate for the work environment and the safety of staff and patients. Ear piercings and nose studs are acceptable. Jewelry and accessories that are distracting in size and number should be avoided. Jewelry or piercings should not interfere with direct patient care or other on-duty responsibilities. Jewelry or other items that may pose any form of safety hazard is forbidden.

Tattoos:

1. All visible tattoos must be in good taste, not depicting logos, slogans, profanity, gang affiliation, nudity, or violence. Tattoos that do not meet these professional standards must be covered.

Uniforms:

1. Departments and/or divisions may require uniforms for employees based on the approval of the appropriate executive staff member and subject to budget constraints. Uniforms must be worn as required by department and/or division dress codes. Required uniforms are to be worn at all times while on duty.
2. All such uniforms become the responsibility of the individual to whom they are issued and must be returned to DHHA upon separation of employment. The using areas/departments are responsible for the inventory, recordkeeping, and replacement of uniforms.
3. Uniforms may be required in any department at employee's expense. Laundering and maintenance is the

responsibility of the individual owning the attire; however, the cost of the uniform and any costs spent on cleaning and maintaining the uniform may not reduce the employee's wages below the legally required minimum wage.

Scrubs:

1. All non hospital laundered scrubs and polos should have the DHHA logo embroidered.
2. Appropriate layers of clothing to add warmth to required scrubs are as follows:
 - A. Neutral colors may be worn under the scrub top (gray, white, tan, or black).
 - B. Only DHHA fleeces or jackets with the DHHA logo may be worn over the scrub top. These fleeces or jackets may not have a hood.
3. In certain areas of the hospital, hospital laundered scrub attire will be required or recommended to maintain an aseptic environment.
 - A. When areas are so designated by Infection Control, appropriate scrub attire will be provided by DHHA for authorized persons working in the area. The color for this scrub attire will be green. The only authorized use for this scrub attire is as mentioned above.
 - B. Reusable surgical attire will be laundered at DHHA, which follows health care accredited laundry standards. Scrubs shall not be laundered at home.
 - C. Scrub attire must be laundered on site to reduce the danger of acquired hospital infection and to reduce the risk of employee exposure to infectious agents.
 - D. Hospital staff authorized to wear green scrub attire will change into and out of scrub attire in their assigned work areas.
 - E. All scrub attire purchased with DHHA funds will be labeled "Property of DHHA" by the Laundry prior to being put into service.
 - F. The Materials Management Department will be responsible for maintaining an adequate inventory of green scrub attire and for ensuring scheduled delivery to designated using areas.
4. DHHA has identified color-coded scrubs and uniform shirts for employees who work in patient care areas. They are:

Color	Position Titles
Black	Respiratory Staff, School-Based Oral Health
Black (polo shirt)	Distribution Services Staff and Carriers
Caribbean Blue (Teal)	Licensed Practical Nurse (LPN)
Ceil Blue	Behavioral Health Technician, Certified Nursing Assistant (CNA), Health Care Technician, Laboratory, Medical Assistant, Ophthalmology Technician, Phlebotomist, Psychiatric, Rehabilitation Technician
Charcoal Gray	Central Supply Staff
Forest Green (long sleeve shirt)	Information Technology (IT)

Grape	Medical Technologist, Sonographer
Graphite Gray (polo shirt)	Biomedical Engineering Staff
Gray (scrubs and polos)	Recreational Therapists
Heather Gray (polo shirt)	Occupational Therapist, Occupational Therapist Assistant, Outpatient Therapist, Physical Therapist, Physical Therapist Assistant, Speech Therapists
Hunter Green	Patient Transportation
Jade	Neurodiagnostic Technician
Khaki	Laundry Staff
Misty Green/Gray	Registered Dietician, Dietician Technician
Navy Blue	Environmental Services Staff (EVS)
Olive	Patient Safety Attendants
Purple	Pharmacist, Pharmacy Technician
Rich Purple	Radiology
Red	Phlebotomy
Red (polo shirt)	Volunteer Staff
Royal Blue	Registered Nurse (RNs)
White (dress shirt)	Chaplain
Wine	Emergency Department (ED) Technician
Wine (polo shirt)	Food Services

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Michelle Fournier Johnson: Chief Human Resource Officer	02/2020
	Jordan Clothier: Senior Staff Attorney	02/2020
	Sherry Stevens: Associate Chief HR Officer [JD]	02/2020
	Sheila Paukert: Associate Chief HR Officer	02/2020
	Jill Damman: Employee Relations Director	02/2020

Applicability

Denver Health, Denver Health Human Resources

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