

# DIVISION SCOPE OF SERVICE

<b>Division: SOUTH ATLANTIC</b>
<b>Classification: VP OF RETAIL PHARMACY OPERATIONS</b>
<b>Applicant Name:</b>

<p><b>VP of Retail Pharmacy Operations:</b> The VP of Retail Pharmacy Operations must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility.</p>
<p><b>Definition of Care or Service:</b> The VP of Retail Pharmacy Operations serve as primary on-site contact and liaison with the Hospital Outpatient Pharmacy and hospital leadership. Assist in the management of pharmacies and pharmacy personnel to meet client and company objectives. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Drive the development and implementation of pharmacy strategic initiatives</li> <li>• Provide leadership and direction of the pharmacy services/activities/functions, including:             <ul style="list-style-type: none"> <li>○ Drug distribution</li> <li>○ Drug education</li> <li>○ Pharmacist clinical activities</li> <li>○ Retail business expansion</li> <li>○ Performance measurements</li> <li>○ Regulatory compliance</li> <li>○ Employee development</li> <li>○ Multi-disciplinary team development</li> </ul> </li> <li>• Serves as the pharmacy leadership point of contact by developing strong collaborative relationships</li> <li>• Participate in designing, implementing and evaluating systems, processes and methods designed to enhance quality, improve service, and enhance cost effectiveness.</li> <li>• Manage pharmacy personnel and operational practices, ensuring compliance with Federal and State laws and regulations.</li> <li>• Administer organizational and department policies and procedures.</li> <li>• Demonstrates Clinical and Service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, ambulatory surgery centers, and physician practices.</li> <li>• Patient care areas, all settings.</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by department director, site manager or designee.</li> </ul>
<p><b>Evaluator:</b> Pharmacy Department Director or designee</p>
<p><b>Tier Level:</b> 2</p>
<p><b>eSAF Access Required:</b> Yes</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Bachelor’s degree or higher in Pharmacy</li> <li>• Pharmacist license</li> </ul> <p style="color: red; font-weight: bold;">NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>

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<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• Pharmacist license in practicing state.</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• Minimum one year of experience.</li> </ul>
<p><b>Competencies:</b></p> <p>The VP of Retail Pharmacy Operations will demonstrate:</p> <ul style="list-style-type: none"> <li>• Safe, effective, and cost-effective use of drugs through the application of specialized knowledge, skills, and professional judgment.</li> <li>• Demonstrates comprehensive knowledge of the practice of pharmacy and medication safety practices.</li> <li>• Demonstrates the ability to plan, provide, and monitor the delivery of pharmaceutical services.</li> <li>• Recognizes the needs and concerns of people and maintains constructive relationships in dealing with them.</li> <li>• Communicates effectively orally and in writing.</li> <li>• Recognizes personal responsibility in striving for innovative healthcare delivery which meets contemporary needs and assumes leadership in negotiating for changes in healthcare.</li> <li>• Maintains knowledge of federal, state, and local laws and established standards concerning the practice of Pharmacy.</li> <li>• Acts in a consulting and advisory capacity to physicians, nursing, and various departments.</li> <li>• Works with automated systems. Granted Automated Dispensing System/Meditech access and privileges.</li> <li>• Accurate patient information review and evaluation             <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before filling an order</li> <li>○ Verifies that the requested order correlates with the patient's clinical history, presentation and physician order</li> <li>○ Accesses the patient's medical record appropriately</li> <li>○ Documents in the medical record according to the facility standard/policy</li> </ul> </li> <li>• Infection Prevention             <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE) when required</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> <li>○ Maintains sterile field</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>Florida Department of Health: <a href="https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders">https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders</a>            Georgia Department of Community Health: <a href="https://gadch.mylicense.com/verification/Search.aspx?facility=N">https://gadch.mylicense.com/verification/Search.aspx?facility=N</a>            South Carolina Board of Pharmacy:  <a href="https://verify.llronline.com/LicLookup/LookupMain.aspx?AspxAutoDetectCookieSupport=1">https://verify.llronline.com/LicLookup/LookupMain.aspx?AspxAutoDetectCookieSupport=1</a></p>
<p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>• Created 8/28/2023</li> <li>• Cosmetic update 10/16/2023</li> </ul>

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**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_