

Inspection Preparation and Response

What to Expect in a Joint Commission

Inspection of a Hospital/Health-System Pharmacy

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Montefiore Nyack Hospital

Disclosure

I do not have any conflicts of interest to disclose related to the content of this presentation.



Objectives

- Review how USP <797> and <800> are being incorporated into Joint Commission standards
- Discuss how surveyors are beginning to evaluate standards
- Develop an inspection checklist
- Review best practices for inspection preparation, engagement, and response



**Good luck is when
opportunity meets
preparation...**

Getting to know the USP Chapters

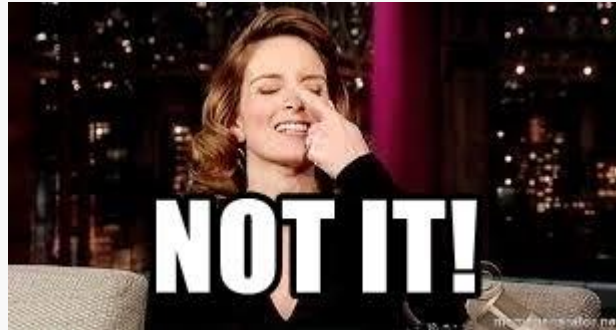
- USP<795> Nonsterile compounding
- USP<797> Sterile compounding
- USP<800> Hazardous drugs and occupational safety
- USP<825> Radiopharmaceutical preparation

- USP <71> Sterility testing

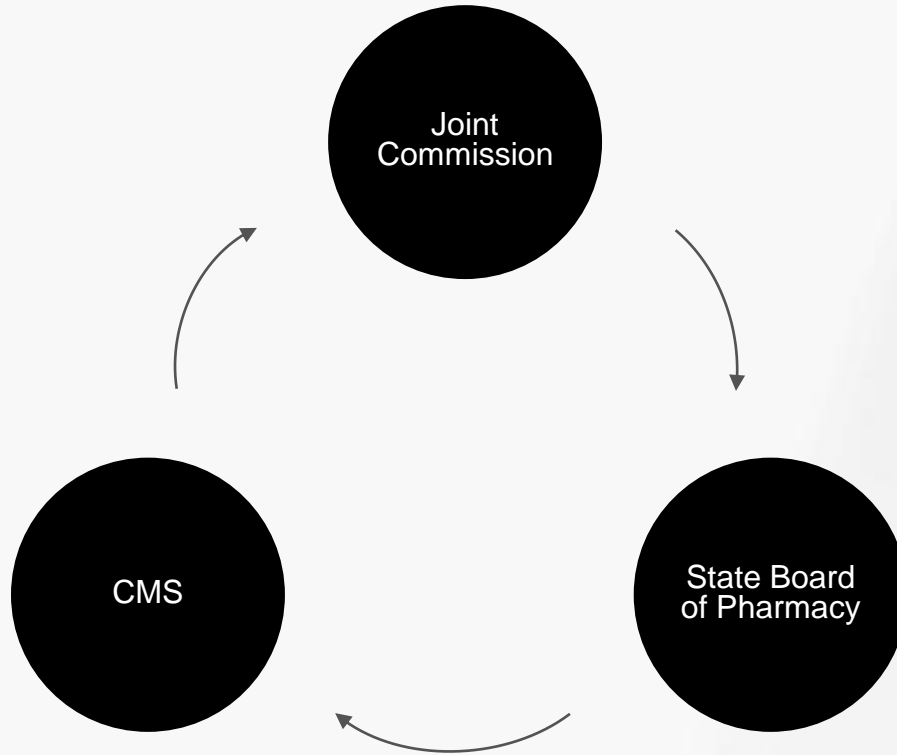
Sterile Compounding Enforcement

United States Pharmacopeia (USP)

- Recognized by federal Food, Drug & Cosmetic (FD&C) Act
- Enforced through FDA and state agencies
- Sterile compounding enforcement?



Enforcement of USP 797

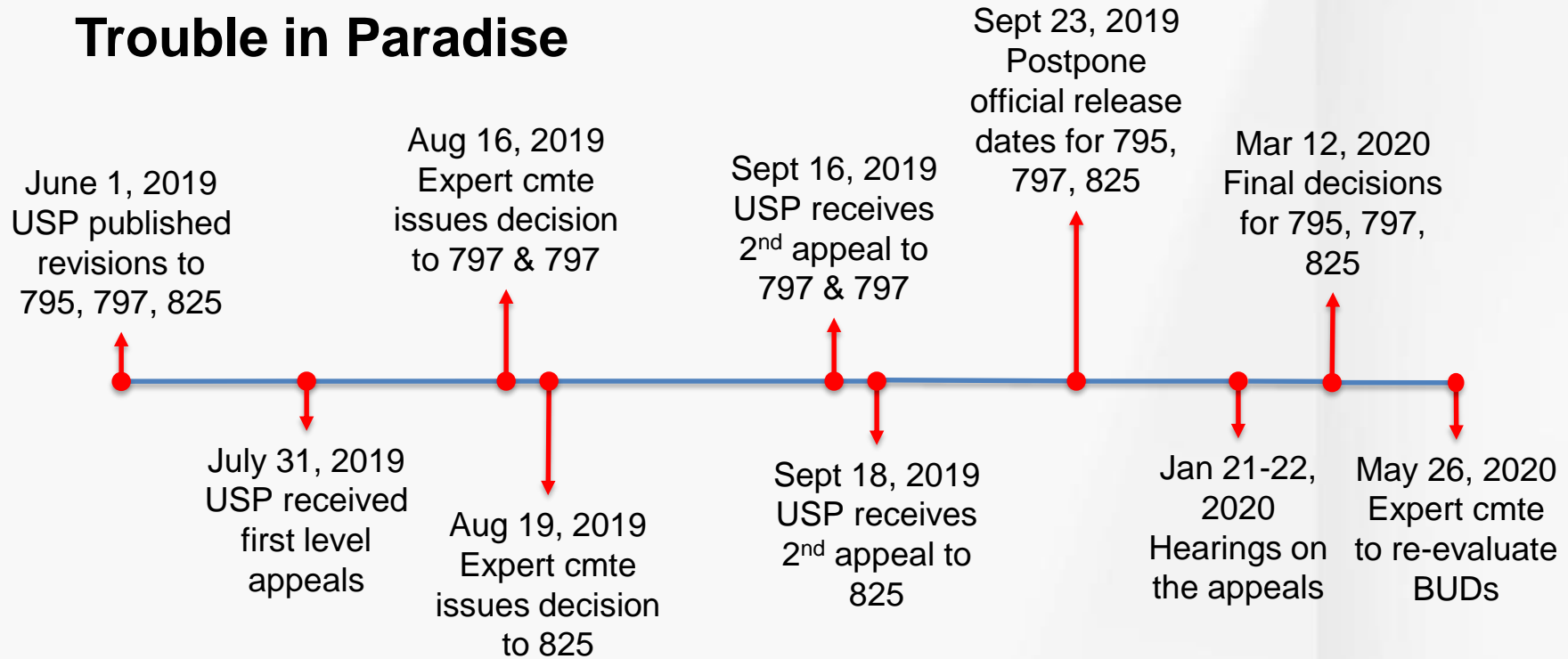


Where Does That Leave Us?

- January 1, 2018 – Joint Commission
 - Medication Compounding chapter in Home Care standards
 - Enforceable in hospitals through various standards chapters



Trouble in Paradise

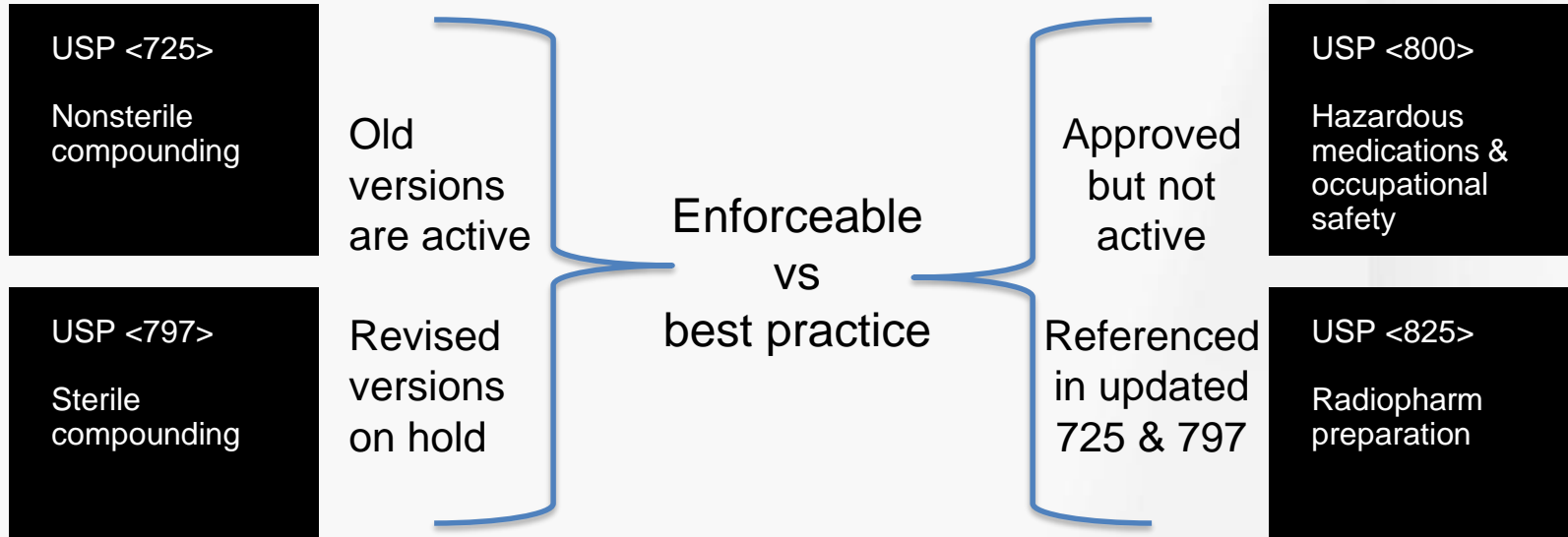


Key topics for the USP appeals

- Beyond-Use Date (BUD) provisions in <795> and <797>
- Removal of Alternative Technology provision from <797>
- Applicability of <795> and <797> to veterinary practitioners

<https://www.pharmacyonesource.com/usp-chapter-postponed-what-you-need-to-know/> Accessed 7/21/2020.

What does this all mean?



Joint Commission's Opinion



USP 797: 2008 → 2019 crosswalk highlights

- Risk levels

High	}	Category 1
Medium		Category 2
Low		
- Immediate use: 1 hr → 4 hrs
- Competencies: 12 months → 6 months
- BUDs: various changes
- Surface sampling: every 6 months → monthly
- Record keeping: Master formulation now required



Joint Commission Surveys

Surveyor Expectations



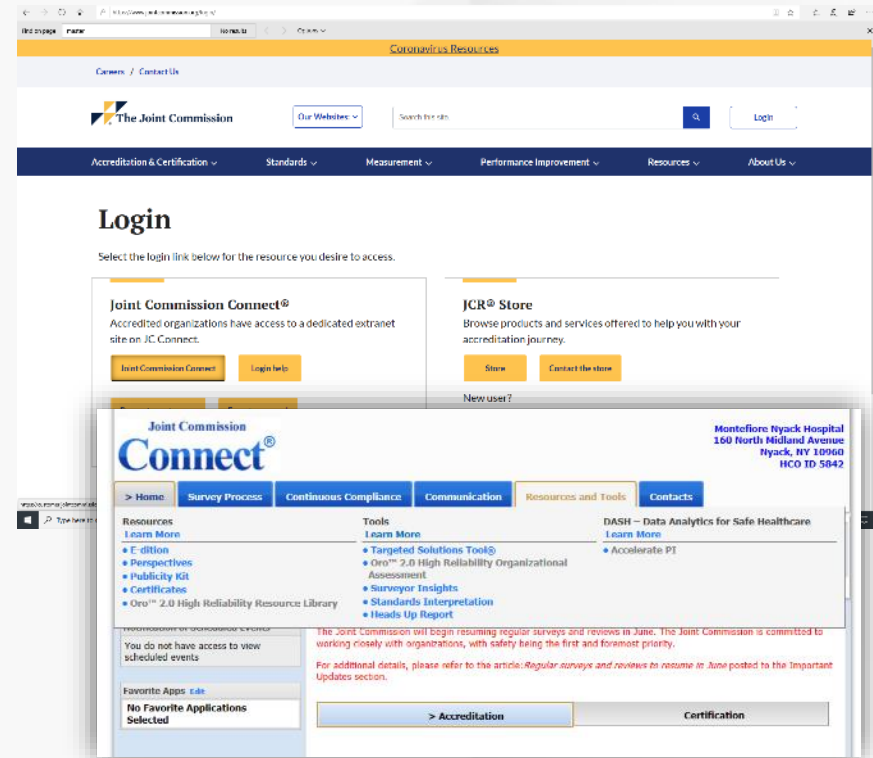
- Person
- Product
- Environment



Surveyor checklist tool

- Joint Commission Connect®
 - “Resources and Tools”
 - “Tools-Learn More”
- Survey to the principles of the USP chapter → entire chapter contents may not be reflected in the tool

<https://www.jointcommission.org/resources/news-and-multimedia/blogs/leading-hospital-improvement/2020/01/29/sterile-medication-compounding-update-for-hospital-accreditation-program/> Accessed 7/21/2020.



Inspector Checklist

- Certification/Testing report evaluation

Assessment Item	2008 USP 797 Chapter	Revised USP 797/800 Chapters	JC Standard	CMS CoP x-walk
PEC – ISO level	Must be ISO 5 or less	For non-hazardous (USP797) • Must be ISO 5 or less For hazardous (USP800) • Must be externally vented • C-PEC must operate continuously		2.23(c)

MM.05.01.07 EP 4

Assessment Item	2008 USP 797 Chapter	Revised USP 797/800 Chapters	JC Standard	CMS CoP x-walk
PEC – Air Exchanges per Hour	30/hr, hood can contribute up to 15	For non-hazardous (USP797) • ISO7: 30 ACPH (15 can come from PEC but room & PEC reported separately) • ISO8: 20 ACPH		4.2

EC.02.05.01 EP 15

Evaluating a certification report

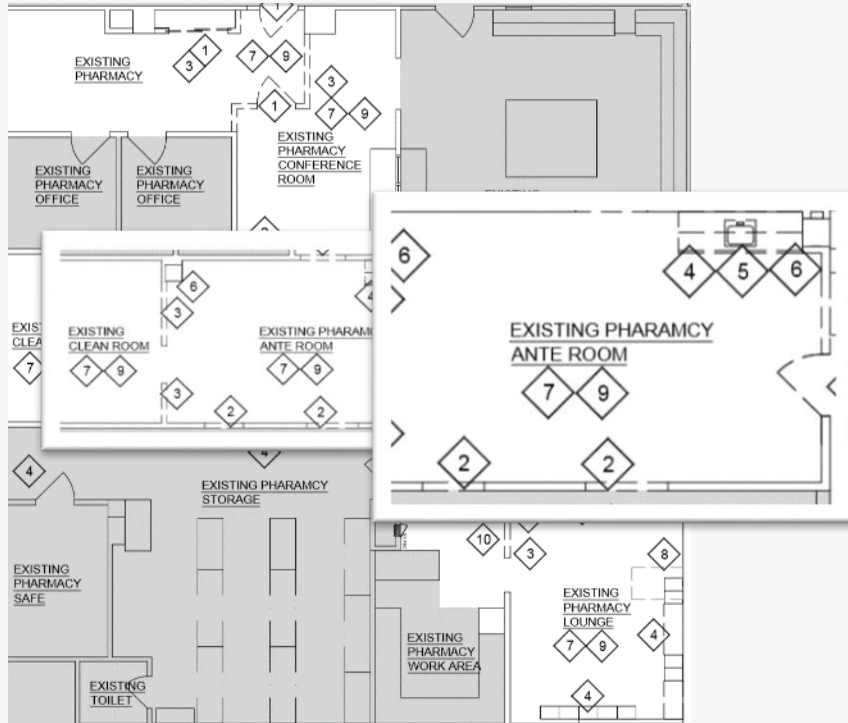
Not just whether it is a passing or failing evaluation

Certification Reports

	Anteroom	Buffer room	Hood
Nonviable particles	< 3.5M (ISO 8)	< 352,00 (ISO 7)	< 3,520 (ISO 5)
Viable particles	<100 CFU	<10 CFU	<1 CFU
Air exchanges	20+ ACPH	30+ ACPH	30+ ACPH

Nonviable particles can attract and carry variable particles

Tour of the Sterile Preparation Area



Physical structure:

- Ducts/vents
 - Wall to floor
 - Sink
 - Garbing area
 - Computer/printer
 - Fridge
- } Particle generators

Interpreting a certification report

Anteroom

Proj. ID: NY-NYH202305E-1 Technician: John Daito Report ID: JMD204219824

Airborne Nonviable Particle Count Test Report

Clean Zone: Ante Room Status: Operational/Dynamic Cust ID: NA Duration: 1.0 Min(s).
Report Date: 4/21/2020 9:08:30 AM Class: ISO-8 Area: 200.00 ft² Flow Rate: 50.0 LPM
Retest Date: 10/21/2020 Occupants: 2 Total Sample Vol.: 50.0 L

Testing is performed to satisfy ISO 14644-1:2015

Pass

PPCM (um) ≥ 0.5

Loc	Count 1	Count 2	Count 3	Average	Result	T. C°	% RH
1)	33040	NA	NA	33040	Pass	21.0	44
2)	55040	NA	NA	55040	Pass	21.0	44
3)	25160	NA	NA	25160	Pass	21.0	44
4)	14300	NA	NA	14300	Pass	21.0	44
5)	8080	NA	NA	8080	Pass	21.0	44
6)	6220	NA	NA	6220	Pass	21.0	44
Class Limit: 3,520,000						21.0	44

Sample Volume Test: Pass

Class Limit Location Test: Pass

Interpreting a certification report

Anteroom

Proj. ID: NY-NYH202305E-1

Airborne Nonviable Particles

Client: NYH05 | Nyack Hospital

Test Date(s): 04/21/2020 - 04/21/2020

Room: NON HAZ Ante room

Proj. ID: NY-NYH202305E-1

Technician: John Dalto

Report ID: JMD204219824

Building: Main Hospital Pharmacy

Room: NON HAZ Ante room

Room Size:

Area (ft²): 200.00

Volume (ft³): 2,044

Area (m²): 18.58

Volume (m³): 58

Room Class:

ISO-8

Results

Inspected	Min	Max	Results
Airflows (CFM)	NA	NA	811
%RSD	NA	NA	NA
Average Velocity (FPM)	NA	NA	NA
Leak Test	NA	NA	Pass
Patch	NA	NA	Pass
Room Air Exchange Rate (AC/H)	NA	NA	24
Airborne Nonviable Particle Count	NA	ISO-8	Pass

Loc	Count 1	Count 2	Average Result	Class Limit	Pass/Fail
1)	33040	NA	33040	Pass	21
2)	83040	NA	83040	Pass	21
3)	25100	NA	25100	Pass	21
4)	14300	NA	14300	Pass	21
5)	8080	NA	8080	Pass	21
6)	6220	NA	6220	Pass	21

Class Limit: 3,520,000

Sample Volume Test: Pass

Class Limit Location Test: Pass

Interpreting a certification report Anteroom

Proj. ID: NY-NYH202305E-1 Technician: John Dalto

Airborne Nonviable Particle Count Test

Clean Zone: Ante Room Station: Operational/Dynamic Cust ID: 1
Report Date: 4/21/2020 9:00:30 AM Class: ISO-8 Area: 1
Report Date: 10/21/2020 Occupancy: 2

Testing is performed to satisfy ISO 14644-1

Pass

Loc	Count 1	Count 2	Average Result	T. C2	Std
1)	33040	NA	NA	33040	Pass
2)	33040	NA	NA	33040	Pass
3)	23160	NA	NA	23160	Pass
4)	14300	NA	NA	14300	Pass
5)	8080	NA	NA	8080	Pass
6)	6220	NA	NA	6220	Pass

Class Limit: 3,520,000 21.0 44

Sample Volume Test: Pass
Class Limit Location Test: Pass

Client: NYH05 | Nyack Hospital Test Date(s): 04/21/2020 - 04/21/2020
Proj. ID: NY-NYH202305E-1 Technician: John Dalto

Room Description:

Building: Main Hospital Pharmacy
Room: NON HAZ Ante room

Room Size:
Area (R2): 200.00 Volume (R2): 2,044
Area (m²): 18.58 Volume (m³): 58

Room Class:
ISO-8

Results

Inspected	Min	Max
Airflows (CFM)	NA	NA
%RSD	NA	NA
Average Velocity (fpm)	NA	NA
Leak Test	NA	NA
Patih	NA	NA
Room Air Exchange Rate (ACH)	NA	NA
Airborne Nonviable Particle Count	NA	ISO-8

Client: NYH05 | Nyack Hospital Test Date(s): 04/21/2020 - 04/21/2020 Room: NON HAZ Ante room
Proj. ID: NY-NYH202305E-1 Technician: John Dalto Report ID: JMD204219824

TAF AIRFLOW MEASUREMENTS: NON HAZ Ante room

Filter ID	Individual Measurements	Lower Limit	Upper Limit	Avg Vel (fpm)	Area (ft²)	Kv Factor	Avg Vol (cfm)	RSD	ΔP	Result
Cert. ID: 879E9960-256F-4F9E-9055-ABA400D88E1A										
TAF-01	(CFM) 370	1	1,000	140	2.64	1.00	370	NA	NA	Pass
comments: N/A										
Cert. ID: E0987F94-9975-4CD3-B096-ABA400D88E28										

Client: NYH05 | Nyack Hospital Test Date(s): 04/21/2020 - 04/21/2020 Room: NON HAZ Ante room
Proj. ID: NY-NYH202305E-1 Technician: John Dalto Report ID: JMD204219824

TAF INSTALLATION LEAK TEST RESULTS: NON HAZ Ante room

Filter ID	Leakage Diagram (Magnitude, Location, and Dimension)	% Patched Area			PAO (µg/l)		% Leak Conc.			% Patched PAO (µg/l) %Leak
		Initial	Final	Max	Conc.	Min	Initial	Final	Max	
TAF-01	No Diagram	0.00	0.00	3.00	54	10	0.000	NA	0.010	Pass
comments: N/A										
										Pass

Client: NYH05 | Nyack Hospital Test Date(s): 04/21/2020 - 04/21/2020 Room: NON HAZ Ante room
Proj. ID: NY-NYH202305E-1 Technician: John Dalto Report ID: JMD204219824

Pressurization Data

Zone (+)	Zone (-)	Actual ΔP ("wc)	Min ΔP ("wc)	Max ΔP ("wc)	Meets Criteria	Comments
NON HAZ Ante room	Ambient Room	0.111	NA	NA	NA	Ante to Ambient
NON-Hazardous Sterile Buffer room	NON HAZ Ante room	0.145	0.020	NA	Yes	NA

Interpreting a certification report Anteroom

Technical Safety Services LLC
620 Hearst Avenue
Berkeley, California 94710
Attn: TSS Reporting
Project: **NY-NYH202305E-1/NY1232653**
Condition of Sample(s) Upon Receipt: Acceptable

APPROVED
By Kaila Stevenson at 3:50 pm, May 01, 2020

Date Collected: 04/21/2020
Date Received: 04/22/2020
Date Analyzed: 04/30/2020
Date Reported: 04/30/2020
Project ID: 20015322
Page 1 of 9

AeroMetric 797™ Results Summary Sheet

Proj. ID: NY-NYH202305E-1

Airborne Nonviable F

Clean Zone: Ante Room Status: Operation
Report Date: 4/21/2020 9:08:10 AM Class: ISO-8
Relevant Dates: 10/21/2020 Outspetro: 2

Testing is performed

Loc	Count 1	Count 2	Count 3	Average Result	Pass
1)	33040	NA	NA	33040	Pass
2)	85040	NA	NA	85040	Pass
3)	25100	NA	NA	25100	Pass
4)	14300	NA	NA	14300	Pass
5)	8080	NA	NA	8080	Pass
6)	6220	NA	NA	6220	Pass

Class Limit: 3,520,000
Sample Volume Test: Pass
Class Limit Location Test: Pass

Client: NYHCS | Nyack Hospital Test Date(s): 04/21/2020
Proj. ID: NY-NYH202305E-1 Technician: tsh

Room Description:
Building: Main Hospital Pharmacy
Room: NON HAZ Ante room
Room Size:
Area (ft²): 200.00 Volume (ft³):
Area (m²): 18.58 Volume (m³):

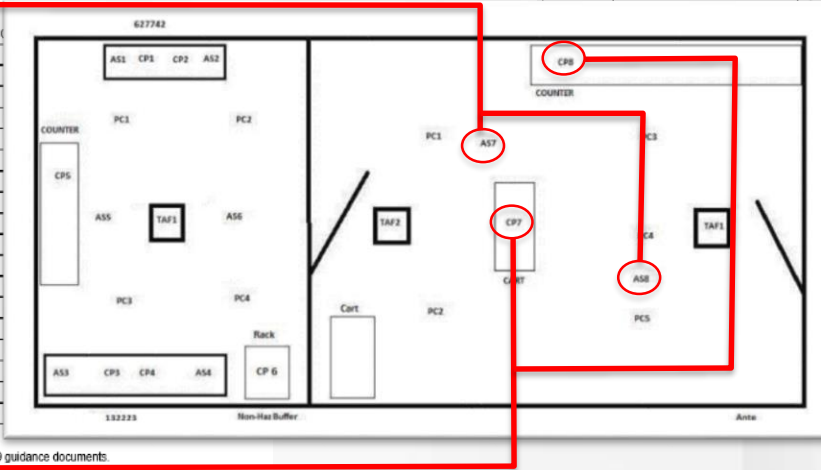
Room Class:
ISO-8

Result

Inspected	Mir
Airflows (CFM)	NA
%RSD	NA
Average Velocity (fPM)	NA
Leak Test	NA
PatCh	NA
Room Air Exchange Rate (ACH)	NA
Airborne Nonviable Particle Count	NA

Sample Location	Class	Matrix	Pass	Acpt	O.O.C.
1 AS1	5	A	Pass		
2 AS2	5	A	Pass		
3 AS3	5	A	Pass		
4 AS4	5	A	Pass		
5 AS5	7	A	Pass		
6 AS6	7	A	Pass		
7 AS7	8	A	Pass		
8 AS8	8	A	Pass		
9 Control	N/A	A			
10 Control	N/A	S			
11 CP1	5	S	Pass		
12 CP2	5	S	Pass		
13 CP3	5	S	Pass		
14 CP4	5	S	Pass		
15 CP5	7	S	Pass		
16 CP6	7	S	Pass		
17 CP7	8	S	Pass		
18 CP8	8	S	Pass		

- No growth of microorganisms. Sample in compliance with USP 797 and CAG-009 guidance documents.
- Growth of microorganisms. Sample in compliance with USP 797 and CAG-009 guidance documents.
- O.O.C. - Out of Compliance. Unacceptable concentrations or presence of actionable microorganisms. Sample not in compliance with USP 797 and CAG-009 guidance documents.



Client: NYHCS | Nyack Hospital Test Date(s): 04/21/2020 - 04/21/2020 Rooms: NON HAZ Ante room
Proj. ID: NY-NYH202305E-1 Technician: John Datto Report ID: JHD2024219824

TAF AIRFLOW MEASUREMENTS: NON HAZ Ante room

Filter ID	Individual Measurements	Lower Limit	Upper Limit	Avg Vol (fpm)	Area (ft²)	Flow Factor (cfm)	Avg Vol (fpm)	RSD (%)	QP	Result
Cell. ID: 67767500 200F 470E 7039 AGA402080ELA		CFM		140	2.84	1.00	2.70	NA	NA	Pass

00 - 04/21/2020 Rooms: NON HAZ Ante room
Report ID: JHD2024219824

IS: NON HAZ Ante room

Area	PAO (µg/l)	% Leak Conc.	% Patched				
Max	Conc.	Min	Initial	Final	Max	PAO (µg/l)	Subst.
3.00	14	10	0.000	NA	0.010	Pass	Pass

00 - 04/21/2020 Rooms: NON HAZ Ante room
Report ID: JHD2024219824

QP	Heate	Comments
0	California	NA
	Ante to Antibiotic	
Yes	NA	

Tour of the Sterile Preparation Area

Buffer room



Interpreting a certification report

Buffer room

Room Description:

Building: Main Hospital Pharmacy

Room: NON-Hazardous Sterile Buffer room

Room Size:

Area (ft²): 119.00

Volume (ft³): 968

Area (m²): 11.06

Volume (m³): 27

Room Class:

ISO-7

Results

Inspected	Min	Max	Results
Airflows (CFM)	NA	NA	411
%RSD	NA	NA	NA
Average Velocity (FPM)	NA	NA	NA
Leak Test	NA	NA	Pass
Patch	NA	NA	Pass
Room Air Exchange Rate (AC/H)	15	NA	25
Room Air Exchange Rate + PEC (AC/H)	30	NA	133
Airborne Nonviable Particle Count	NA	ISO-7	Pass

Tour of the Sterile Preparation Area

IV Compounding Hood



Interpreting a certification report

Unidirectional Flow Device Certification Report

Cert. #: JMD20421101040 Facility: Nyack Hospital ID: 627742 Cust ID: NA
 SO: NY-NYH202305E-1 Addr: 160 North Midland Avenue Make: Baker
 Contact: Daryl Schiller Nyack, NY 10960 Model: EG 4252
 Phone: (845) 348-2604 Bld: Nyack Hospital SN: 112413
 Email: schillerd@Montefiorenyack.org Rm: Non Hazardous Sterile Buffer Class: NA Type: Clean Bench

Test Standard(s): MANUFACTURER, IEST-RP-CC002.4

Results

Inspected	Min	Max	Measured	Results
Outflow Velocity (FPM)	90	110	99	Pass
%RSD	NA	15	4	Pass
At-Rest Unidirectional Airflow Visualization Test	NA	NA	Pass	Pass
Operational/Dynamic Unidirectional Airflow Visualization Test	NA	NA	Pass	Pass
Supply Delta Pressure ("W.C.)	NA	NA	NA	FTO
Duct Pressure ("W.C.)	NA	NA	NA	FTO
Backstreaming Test	NA	NA	NA	NA
Fluorescent Lighting (FC)	NA	NA	NA	NA
Ultraviolet Lighting ($\mu\text{W}/\text{cm}^2$)	NA	NA	NA	NA
Noise Level	NA	NA	NA	NA
Vibration	NA	NA	NA	NA
Electrical Current Leakage	NA	NA	NA	NA
Electrical Ground Resistance	NA	NA	NA	NA
Electrical Polarity	NA	NA	NA	NA
Electrical GCFI	NA	NA	NA	NA
Supply	Min	Max	Measured	Results
HEPA As Found Max Point Leak (%)	0.000	0.010	0.000	Pass
HEPA As Left Max Point Leak (%)	0.000	0.010	NA	NA
Patch (%)	0	3	Pre:0.00/New:0.00/Tot:0.00	Pass
Aerosol Concentration ($\mu\text{g}/\text{f}$)	10	100	22	FTD

Comments:

**** Unit Certified ****

Cert. No.: JMD20421103225 Svc. Order: NY-NYH202305E-1 Make: Baker
 Facility: Nyack Hospital Building: Nyack Hospital Model: EG 4252
 Address: 160 North Midland Avenue Room: Non Hazardous Sterile Buffer Unit Type: Clean Bench
 Nyack, NY 10960 Contact: NA SN: 112413

Airborne Nonviable Particle Count Test Report

Clean Zone: 112413 Status: Operational/Dynamic Cust ID: NA Duration: 1.0 Min(s)
 Report Date: 4/21/2020 10:02:25 AM Class: USP<797>- ISO-5 Area: 7.33 Ft² Flow Rate: 50.0 LPM
 Release Date: 10/01/2020 Occupancy: 1 Total Sample Vol.: 50.0 L

Testing is performed to satisfy USP<797>- ISO 5.

Pass

PPCM (μm) ≥ 0.5

Loc	Count.1	Count.2	Count.3	Average Result	T. C ²	%RH
1)	20	NA	NA	20 Pass	21.0	44
2)	0	NA	NA	0 Pass	21.0	44
3)	0	NA	NA	0 Pass	21.0	44

Class Limit: 3,520 21.0 44

Sample Volume Test: Pass

Class Limit Location Test: Pass

Comments: Data was imported from the Particle Counter with no manual transcription.



What is the appropriate particle count for the buffer room?

- A. ISO 8 (less than 3.5 million)
- B. ISO 7 (less than 352,000)
- C. ISO 5 (less than 3,520)

Checklist Topics – *compounding evaluation*

- Room structure - Floor/ceiling/walls
- Handwashing/PPE garbing
 - Handwashing time
 - Restricted items, ie. cosmetics, etc
 - Order of PPE donning
- Sterile compounding observation
 - Item placement in PEC
 - Dating of single dose vials, large volume bags
- PEC/SEC cleaning/disinfecting frequency, products used



Checklist Topics – *other paperwork*

- Leadership policy requirements
- Compounding staff competency evaluation
 - Didactic
 - Media fill, glove fingertip (initial AND ongoing)
 - Observation/aseptic technique



Checklist Topics – USP 800

- Hazardous specific compounding additional items USP 800
 - Annual evaluation of HDs, assessment of risk
 - HD receipt
 - HD storage
 - HD PPE

Montefiore Nyack Hospital
Hazardous Drug Assessment of Risk (AoR) Template

Drug Name: Abacavir _____ Date AoR Initially Performed: _12/26/19_ Date AoR Reviewed or Revised: _____

HD Drug Category: Antineoplastic Non-antineoplastic Reproductive Risk Only

Dosage form (select one): Sterile dosage form manufactured or compounded by an approved vendor and not requiring additional manipulation
 Dosage form of conventionally manufactured antineoplastic product that requires only packaging or counting
 Dosage form of conventionally manufactured *non-antineoplastic or reproductive hazard* product that requires only packaging or counting
 Other (explain): _____

Describe Packaging: _bulk bottle from purchaser, unit-dosed from SafeCor_____

Rationale for not requiring all <800> containment strategies	Specific Alternative Administrative, Engineering and Work Practice Control Strategies
Minimal exposure risk – preference for unit-dosed product from SafeCor PPE required per policy Higher risk of contamination by storing with Table 1 medications than under general storage conditions	<ul style="list-style-type: none"> • The following strategies are documented in SOPs attached to HD policy • Training in the following strategies was provided and documented
	Document specific alternative strategies below or <input type="checkbox"/> N/A (see below)
	<ul style="list-style-type: none"> • Preference for unit-dosed product • Do not use prepacking machine to prepack if unit-dosed unavailable • Decontaminate prepacking area with PeridoxRTU after prepacking • PPE for administration and prepacking • Nursing to decontaminate prep area after administration • No product manipulation allowed for administration • Dispense product with HD sticker • If product in ADC – dispense message alert

Based on Assessment of Risk will proceed as follow: Follow alternative strategies documented above Follow all USP <800> requirements

AND NOW THIS...

A stockbroker was filling out a job application when he came to the question: "Have you ever been arrested?"

He answered no to the question.

The next question, intended for those who answered the preceding question with a yes, was "Why?"

Nevertheless, the stockbroker answered it "Never got caught."



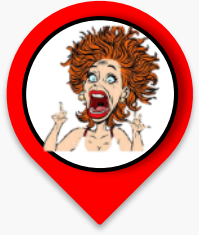
Real Life Experience

No Brown M&Ms



- Attention to details
- Multidisciplinary involvement

Our Path to a Successful IV Room

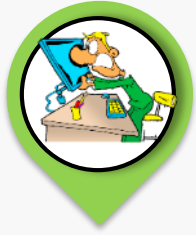


April 2018

Fail
Positive
fungal
cultures



Clean, reduce
inventory,
reduce BUDs

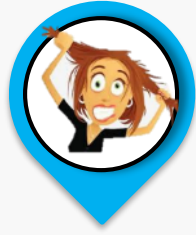


June 2018

Fail
Positive
fungal
cultures



Clean, educate
staff, contact
architect



Sept 2018

Fail
High CFUs,
Hood issues



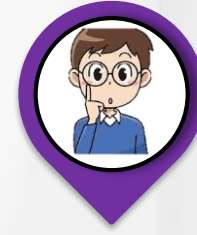
Clean, redesign
garbing process,
replace HEPA
filter



Oct 2018
Construction



Install door
between ante &
buffer rooms



Nov 2018

Fail
High CFUs
anteroom
only



Clean, update
ceiling ductwork
and vent filters



Jan 2019
Pass

What Do These Have In Common?



Dust from everyday activities



Bacteria



Environmental contaminants



HVAC air exchanges

Lessons Learned

- Understand the results of a failed certification
 - Personnel- vs environmentally-introduced particles
 - Non-viable particles
 - Gram-positive/negative/fungal organisms
 - Role of air exchanges
- Enlist the right people to help
 - Infection Prevention
 - Facilities
 - Environmental Services



When does an IV room become a segregated compounding area?



- Define beyond use dating for products
 - Immediate use vs low-SCA vs low risk, etc

Experience with 12-hour BUDs

- Eliminate batch preparations
- Coordinate with anesthesiologists
 - Epidurals during the day
 - IV push narcotics at night
- Increase 503B outsourcing

Joint Commission Experience

- Direct observation
 - Depth of observations vary by surveyor
 - Garbing procedure received most attention
 - Random Q&A with staff
- Review of competencies
 - Written competency needs to define passing score
 - Reviewed during unscheduled session and during HR session
- Review of certification reports and corrective action plans

Corrective Action Plans

- Primary interest of JC surveyor
 - Separate, private session to review CAP, others
 - Provide executive summary with the data
- Identify source of failure → Viable vs nonviable particles
 - Nonviable particles → Environmental modifications
 - Viable particles → Gram-positive vs –negative vs fungi
- Beyond Use Dating → 12 hour expiration
- Re-educate
- RETEST

How to Prepare

- Paperwork
 - Completed competencies
 - Up to date room and hood certifications
 - Corrective action plans and retesting results if necessary
- People
 - Garbing procedure
 - Knowledge of policies
- Products
 - Expired products
 - Proper BUDs

Sterile Compounding Certification

- 2 year certification
- Does not need to be a JC-certified organization
- Based on Medication Compounding chapter from Home Care manual



“Joint Commission certification is a **hallmark of excellence**. We found that preparing for certification **unified our entire staff**. They rallied as a team to work toward the goal of meeting the certification requirements. Our hospital wanted to be a center of excellence and certification helped us achieve this goal.”

*Shannon M. Jackson, M.S.W., L.I.S.W. - Director, Continuum of Services
Carolinas Medical Center*

What should be done after failing a certification inspection?

- A. Shut the IV room and outsource all compounded medications
- B. Require nurses to make all parenteral medications
- C. Hire a consultant
- D. Understand the cause of the failure and work with the corresponding department in the hospital to fix it

Inspection Preparation and Response

What to Expect in a Joint Commission

Inspection of a Hospital/Health-System Pharmacy

*Daryl Schiller, PharmD, FASHP, BCPS-AQ ID
Director of Pharmacy Services
Montefiore Nyack Hospital*



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schillerd@montefiorenyack.org



845-348-2604