



Kings PGY-1 Community Pharmacy Residency Program Policy and Procedures

**An Outline of the Tasks and Responsibilities for the Kings Pharmacy
Community Practice Resident**

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Ongoing Daily Activities

Compounding Medications

- The Resident is responsible for many compounds that must be made
 - All compounds must be logged
 - Suspensions made using tablets/capsules from the downstairs pharmacy inventory can be made in the main pharmacy area
 - These are logged on the computer closest to the sink in the pharmacy
 - The Resident will find a document on the desktop titled “Compounds”
 - Document the Rx number, Pt’s name, the kind of compound The Resident are making, and any other information required
 - Make sure to wash any mortar/pestle/tools that may be used
 - Any compound that is required to be made upstairs in Royal must be logged on the computer in the upstairs Prep Room
 - The Resident will find a folder on the computer desktop titled “Compounded Drugs”, within that folder The Resident will find an Excel spreadsheet to log compounded medications
 - Sheet 1 is for sterile compounds (ex. Sterile ophthalmic preparations)
 - Sheet 3 is where The Resident will document non-sterile preparations
 - Any tools used upstairs do not have to be washed, only put in the sink
 - These should be washed daily by the stock-boys
 - **IMPORTANT** when compounding anything involving **STERIODS**
 - Make sure to wear a mask & gloves while handling the steroid
 - The Resident will find that the scale in the prep room is under a hood; keep the medication under that hood unless it must be taken out
 - Also, make sure to turn the hood’s vent on using the knob at the top of the unit; turn it to the first hash mark
 - This is all in an effort to prevent any excessive ingestion/exposure of the steroid
 - If making batch preparations of suppositories or capsules
 - Each batch is assigned a unique Lot Number and expiration date
 - The Lot Number for suppositories is as follows:
 - S[strength of suppositories][date compounded-mmddyy][lot# of active ingredient]
 - Ex. S40007011176622/A would indicate that 400mg suppositories were made on July 1, 2011 using an active ingredient with a lot # of 76622/A
 - The Lot Number for capsules is as follows:
 - C[strength of capsules][date compounded-mmddyy][lot# of active ingredient]
 - Ex. C40007011176622/A would indicate that 400mg capsules were made on July 1, 2011 using an active ingredient with a lot # of 76622/A

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- The Name of the product, type of product, Lot Number & Beyond Use Date (BUD) should be indicated on any container/bag that the batch product is stored in
- If the batch product is progesterone-based then it must get logged in the Progesterone Compounding Binder (found on the counter to the left of the Prep Room Computer)

Compounding Room Logs

- There is a logbook for recording “Temperature/Pressure/Scale” on the counter to the left of the computer
 - The temperatures & humidities for the refrigerator, incubator, Prep Room, Non-hazardous compounding room & the Hemo room must be recorded daily
 - There are probes set up in the Prep/Non-Haz/Hemo rooms that are set up to record these values every hour and wirelessly transmit them to the computer in the Prep Room
 - To access and download the most recent data set from the Prep Room computer
 - Start Menu → RTR 500 for Windows → select the appropriate unit (1= Prep Room; 2=Non-Haz Compounding; 3= Hemo Room; 4=Stock/Storage Room) → select “Communication” from the tool bar → “Wireless Data” → *selecting the “All Data” option will capture all values logged since the unit was installed, selecting the “1 hour” option will capture the most recent values logged*
 - Room Pressure values for 3 locations throughout Royal must also be recorded
 - Ante-room to Prep Room (manometer is located to the left of the door leading into Ante-room)
 - Should always be positive (needle is to the right of “0”)
 - Non-Haz Compounding Room to Ante-room (manometer is located in the Ante-room to the right of the door leading back out into the Prep Room)
 - Should always be positive
 - Hemo Room to Ante-room (manometer is located in the Ante-room to the right of the door leading into the Hemo Room)
 - Should always be NEGATIVE (needle is to the left of “0”)
 - The scale in the prep room must be checked for calibration each day that compounds are made
 - The Resident will find a red box within the hood with the scale that contains weights of varying sizes
 - Turn the scale on & set the 50gm weight on it
 - Make sure that the scale reads the weight accurately; document the exact weight that the scale read
 - If anything is out of range or incorrect, make sure to notify Gene, Dmitry or Barry ASAP
 - If no compounding is done, that should be noted in the log

Critical Point Training

- Make sure to complete the Critical Points training by registering The Resident for the course (the store should have a blanket subscription for employees)
 - To access the Critical Point training programs click on the following link:
 - <http://www.criticalpoint-lms.com> or <http://www.criticalpoint-lms.com/register.asp?d=%2Fmyaccount>
 - Skip to step 3
 - Under the Password box The Resident will click on the link Register Here
 - Fill in the Resident information
 - In the Registration Code box enter the following text: Kings
 - Accept the End Users License Agreement
 - Click on Save Changes
 - The Resident are now registered for the Critical Point training. Please note that the courses may take up to 15 minutes to appear in The Resident Learning Activities section of The Resident account.
 - If the Resident courses do not show up despite the Resident registering, The Resident can contact Mr. Peter Cantor at 240-238-4352 (Double check with Barry to make sure that the contact person has not changed)

Aseptic Technique Testing

- The Resident will also have to complete & pass 3 rounds of Fingertip testing & High-Risk testing at the start of the residency before being able to compound sterile products
 - These tests are designed to assess The Resident aseptic technique & that The Resident have proper gowning technique
 - Gene, Dmitry or Austin can provide more information regarding this
- High-Risk testing will then have to be completed semi-annually to re-assess aseptic technique

TPNs

- The Resident may be called on to do TPNs on a daily basis
- At the very least, the Resident will be required to prepare, run and shoot TPNs on Fridays
 - This includes creating the labels for the bags
 - Keep in mind that on Fridays, TPNs are made for the entire weekend (Friday-Sunday)
 - Do not add the multi-vitamin component to any bag that is prepared on Friday with the intention of being administered to the patient on Saturday or Sunday
 - That component will be added to the bags just prior to being sent to Methodist Hospital
- If making TPNs on a Friday, keep in mind that TPNs for Saturday & Sunday will have to be made that day as well
 - **NOTE:** If a holiday is going to result in a day(or days) off throughout the course of the week, the TPNs for that day must be accounted for
 - Ex. If a Monday is considered a day off secondary to a holiday then TPNs will be made on the preceding Friday for Friday, Saturday, Sunday as well as Monday

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- Each TPN that is made will also have a corresponding sheet of paper denoting the MACROnutrients (FreeAmine, Dextrose, Sterile Water, Potassium Chloride) that were run into the bag via the Pinnacle Compounder
 - Before shooting any MICRONutrients into the bag, make sure to reconcile the information on that corresponding sheet of paper with the TPN's label to ensure that the appropriate components were run into the bag
- All MICRONutrients should be drawn up and organized in the hood before The Resident begin to "shoot" them into the bags
 - Keep in mind that Calcium and any Phosphate run a risk of binding and forming a precipitate. The two components should not be added into the TPN bags back-to-back, but rather should be separated as much as possible.

Cleaning the Pinnacle machine

- The tubing for the Pinnacle compounder must be taken off after TPNs are run each day
 - Dextrose & Sterile Water bags are put into the sink in the Ante-Room
 - Potassium Chloride & Free Amine bottles are taken out into the Prep Room, and put by the Prep Room sink
 - The Pinnacle compounder itself should be cleaned with Sterile Isopropyl Alcohol after the tubing has been removed
 - **NOTE: Always make sure to clean the entire hood with Isopropyl Alcohol as well, and not just the Pinnacle compounder**

TPN Documentation

- The Pinnacle paperwork for TPNs is filed daily in a binder titled "TPN Compounding Records mmddyy TO mmddyy" (found on the counter to the left of the Prep Room computer)
 - Before filing the papers, The Resident must record the Lot Numbers & expiration dates of the microelements that were used
 - Save one vial of each ingredient, bring them out of the Non-Haz Compounding room with The Resident after The Resident are done and are ready to leave the room, record the information in the Prep Room then file the papers
 - The vials can be disposed of in the sharps container, but make sure that the insulin has been covered with a sterile vial cover (while still in the hood), and store that in the Prep Room's refrigerator
 - If The Resident are the one that cleaned the compounder, make sure to indicate that in the log
 - Found in the "Cleaning Log" binder
 - Initial on the appropriate page, and in the "Compunder" column

Blood Pressure Screenings

- This is a walk-in service provided to patients from 9am-5pm
- This service involves patients coming into the pharmacy to either have an initial BP screening or possibly to follow up on a previous BP screening
- If the Resident is unavailable (due to illness, vacation, etc) BP screenings may be done by Kings Pharmacists or LIU APPE students

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- If a patient comes in regularly, the Resident will find their information filed in a blue binder in the Resident's office.
 - Contains patient information sheets documenting PMH, medications, past readings, etc.
- At the front of the binder the Resident will find blank patient information sheets that can be used for newly recruited patients; the Resident will also find other informational tools and resources
 - Information for patients who have not come since June 2010 may be found filed in the bottom drawer of the Resident's black filing cabinet under "Old BP patients"
- Folders containing patient education handouts (ex. Sodium Intake, Physical Activity, Proper diet, etc.) can be found in the conference room
 - All patients should leave the session knowing what their goal should be for their circumstance. Education handouts should be given to patients to reinforce counseling and information on their goals
- All information related to the BP program will be in a folder on the resident's laptop.
- If a patient has a blood pressure of >180/110 it could be a hypertensive crisis or emergency so referral to the physician's office or emergency room should be made.
- To keep a record of all patients, there will be a sign-in sheet for the patient to print their name, telephone number and the blood pressure reading from that day. If the blood pressure is abnormal for that patient a follow-up phone call will be made to the patient within two weeks to check on the patient.

Hepatitis-C Patients (if applicable)

- The Resident will be responsible for creating and maintaining patient charts for Hepatitis-C patients
- The Resident will also be responsible for the initial education for any Hepatitis-C patient that is referred to the pharmacy
- Make sure to use our "HepC Patient Teach Checklist" document as a guide when offering counseling
- If applicable, the resident will work with the Methodist Hospital GI clinic. The resident will attend the clinic one to two days a week to counsel Kings Pharmacy patients on hepatitis-C medications. The Resident will also be involved in a monthly Hepatitis-C support group program.
- All information related to the Hepatitis-C program will be in a folder on the resident's laptop.
- Patient progress notes
 - These can be noted on the inside cover of the patient's chart.
 - If there is not enough room then we have an "On-going Plan of Care" form that can be utilized as well
 - **IMPORTANT** It is important to document every interaction that The Resident have with insurance companies as well as providers/nurses, etc. The Resident should always document specific phone numbers that The Resident have called, specific fax numbers that The Resident have sent documentation to and specific point people that The Resident have interacted with. This will help ensure continuity of care, and will make it much easier when re-tracing The Resident steps or following up with patients after a period of time has elapsed.

MTM patients

- The Resident will be responsible for the MTM program at Kings Pharmacy.
- If the Resident is unavailable (due to illness, vacation, etc) the Director of Specialty Services (Dr. Rebecca Massachi) will be the contact person for the MTM program.
- The Resident will continue to update or develop MTM brochures/mailers to patients and letters to healthcare providers regarding the services at the pharmacy
- The Resident will attempt to call or schedule an appointment to meet with prospective patients
- The Resident will determine an appropriate time frame for a follow-up appointment with all MTM patients after the initial meeting.
- All phone calls or in-person appointments will take place when the Resident is at the pharmacy.
- The Resident will keep a MTM binder with progress notes, physician approval letters, etc.
- All information related to the MTM program will be in a folder on the resident's laptop.
- The Resident should be familiar with the various ways to obtain MTM patients including Outcomes, Mirixa and Medicare Star Ratings.

Outcomes

- Complete training on the outcomes website in order to become an outcomes pharmacist
 - www.getoutcomes.com
- For Log-In information see Dmitry
- Look to see if there are any patients who need to be contacted for MTM services or if there are any TIPS present for patients that need to be followed up on
 - If there are any patients who qualify for an MTM (termed CMR or Complete Medication Review)
 - ➔ contact the patient to see if they may be interested in the service
 - Introduce The Resident self as “a pharmacist calling on behalf of your Insurance Company”
 - If The Resident find that the patient is interested in the services then do an initial work-up on him/her
 - Ask preliminary questions such as:
 - Indications for their medications (Outcomes will have a list of their medications and when they were filled, so The Resident will have an idea before speaking with the patient)
 - How do they take their medications
 - Has there been any recent change in their medication regimen
 - Do they take any other OTC/herbal meds
 - Do a final work-up using all the information The Resident have compiled
 - Contact the patient to schedule CMR
 - Ideally, the patient would come in to the pharmacy for a face-to-face CMR
 - If done face-to-face, make sure to have a CMR summary sheet to give them
 - If the patient is not open to coming into the pharmacy or is unable to do so
 - First see if there is a caregiver who would be able to come in on his/her behalf

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- If not, see if the patient would be interested in doing a CMR over the phone
- If yes, then approval from Outcomes is needed
- Call the MTM Support Center at 877-237-0050 PRIOR to giving the service
 - Speak with any representative, they can give approval over the phone
 - After completion of the service, while submitting the claim, include something in the “Notes” section delineating that a face-to-face CMR was not feasible & that approval was given for a phone-based CMR instead
- **Our Outcomes Contact Person:** Ashley Grobstich
Client Services Associate – Outcomes Pharmaceutical Health Care®
515.864.7945 (direct)

Mirixa

- This is another avenue for us to provide MTMs
- We are qualified for a program with them where we would receive MTM cases from pharmacies which are unable to provide the appropriate services
- Check the website daily: <http://www.mirixa.com/>
- If a case is sent to us and we do not act on it within a timely fashion then it will be sent to another pharmacy and we lose the opportunity to provide the service

MTM patients (non-Outcomes/Mirixa)

- Utilize the Medicare Star Rating data to further identify patients

Pharmacy Quality Commitment (PQC)

- This is our online system to track medication related errors made in the pharmacy
- It is imperative that we remain considered an “Active Reporter” to comply with ACHC requirements
- It will be The Resident responsibility to educate the pharmacists & pharmacy team on how/where/when/why to report any mistakes that may occur

What is a PSO?

- The establishment of Patient Safety Organizations (PSOs) was called for by The Patient Safety and Quality Improvement Act of 2005. PSOs are recognized by the Secretary of Health and Human Services, to collect and analyze quality-related events (patient safety incidents that reach the patient, near misses or close calls, and unsafe conditions) reported by health care providers.
- Check with Gene/Lenny & the other pharmacy team members for any mistakes that may have been caught that day so that The Resident can report them if they do not have the time to do so
- Go to www.PQC.net

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- Make sure to close out the store each day (usually done at the start of the following day)
 - To do this The Resident must either choose
 - To complete a Quality Related Event (QRE) report
 - To close out the store with nothing to report (no mistakes were found), OR
 - To not report anything at all (ex. if the store was closed)
 - The Resident will also need to input the number of new & refilled Rx's for the day (ask Lenny for the reports)
 - Then The Resident will be able to close out the store for that day
 - Make sure to re-open the store for the following day
 - If the store hasn't been closed out, you can click on "Nothing to Report", close the store out for that day and "advance" the dates (Max of 30 days) at a time

Immunization Administration

- Contact Mr. Hyman Renshowitz prior to the start of flu season (late August)
 - May need to attend an Immunization Orientation hosted by the Department of Health & Mental Hygiene (DOHMH)
 - Obtain, sign and return the DOH Immunization Memorandum of Understanding
 - Obtain Standing Order
 - Fill out Flu locator form and fax to Hyman
 - Refer to past seasons' Immunization Policy and Procedures for guidelines on necessary documentation and recordkeeping .
- Visit the CDC website for the VIS and additional influenza/shingles/pneumonia forms

Obtaining your Immunization License:

- You will need to take the APhA Pharmacy Based Immunization course offered by LIU (or St. John's) as well as complete a CPR or BCLS (basic cardiac life support) course
- Upon receiving your license, you will need to fill out a form for immunization licensure and send in \$100 check. The website for the form is <http://www.op.nysed.gov/prof/pharm/pharmimmuncert.pdf>. You will need to fax over the required form, and a COPY of your APhA certificate and CPR/BCLS form. This will take some time, so be sure to submit the form ASAP.

DOH Immunization Reporting

- For each month that the pharmacy administers the pneumococcal or influenza vaccine the DOH requires the following documentation:
 - A "Flu Locator Spreadsheet" to be completed at the start of each month
 - An "Aggregate Reporting Form" to be completed at the end of each month
 - To be sent to:
 - Mr. Hyman Renshowitz; New York City Department of Health and Mental Hygiene
Bureau of Immunization
Adult Immunization
Phone: 347-396-2466
Email: hrenshow@health.nyc.gov

Getting all of the materials together for Immunization Clinic:

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- Band-aids, alcohol prep pads, 25G 3mL syringes 1” (for IM injections) and 25G 3mL 5/8” (for SubQ injections) , cotton balls, sharps container
- Make sure we have two sets of these supplies—one set in Dr. Chawla/resident office as well as in conference room
- You will need three forms for each patient upon vaccination
 1. Blank prescription where you will write patient name, DOB, address and collect their insurance card for Lenny to process through insurance
 2. Screening Questionnaire that the patient will fill out before vaccinated
 3. Vaccine Information Statement so you can distribute it to the patient after vaccination
- Be sure to train girls at the back register to have a folder of those three documents. They will facilitate the whole process such that you will only have to be paged at the very last step where you’ll bring the patient into the office, go through screening questionnaire and inject them. This saves a lot of time for you and will decrease the burden of waiting around for the paperwork to be processed.

Ongoing Activities

Staffing in the pharmacy

- The Resident will be called on to staff in the pharmacy two nights each week to help fulfill the residency requirement

Kings Pharmacy Healthy News Newsletter

- One newsletter is to be completed every month for publishing on the Kings Pharmacy website
 - Contact person for the newsletter and any Kings Pharmacy publications is Lisa Cangemi: ccgraphics85@aol.com. When sending the final edit to Lisa, be sure to save it as a PDF file.
 - If The Resident feels as if The Resident will not be able to have the newsletter finished on time for the beginning of the month, make sure to communicate that with her
- The style/topic/articles of the newsletter are the responsibility of the Resident
- Newsletter Volume and Issue
 - The volume of the newsletter is determined by the number of years that it has been published
 - For example:
 - 2011 was the 3rd year that the pharmacy had published the newsletter.
Therefore, all 2011 issues of the newsletter would be considered Volume 3.
 - The issue of the newsletter is determined by the month
 - For example:
 - The January issue would be considered Issue 1, the February issue would be considered Issue 2, and so forth.

Events & Info

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- Lisa should be made aware of any special events/news/promotions that are happening at the pharmacy so that she can publish that on our website or send it to patrons via email blasts
- She will be looking for monthly store specials or sales as well.
 - A list of those can be obtained from Charlene, one of our front store managers.
- **DOH Immunization Reporting**
 - For each month that the pharmacy administers the pneumococcal or influenza vaccine the DOH requires the following documentation:
 - A “Flu Locator Spreadsheet” to be completed at the start of each month
 - An “Aggregate Reporting Form” to be completed at the end of each month
 - To be sent to:
 - Mr. Hyman Renshowitz; New York City Department of Health and Mental Hygiene
Bureau of Immunization
Adult Immunization
Phone: 347-396-2466
Email: hrenshow@health.nyc.gov
Fax: 347-396-2557 OR 347-396-2558
 - Any and all documents that are sent to Mr. Renshowitz should be filed into the current season’s Immunization binder along with a transmission confirmation if they were faxed

Ongoing Quarterly Activities

Pharmacademic Evaluations

- Will receive email notifications from Pharmacademic when an evaluation is due
- Make sure to fill everything out completely and in a timely fashion
- Also, make sure to include as many comments as possible, so as to ensure that maximal feedback is given

Dialysis Audits

- Contracted with 3 Dialysis centers
 - Nephrology Foundation South
 - 1845 McDonald Ave Brooklyn, NY
 - 718-336-9700
 - Contact person(s): Aimee; If Aimee is unavailable then Cora or Janine
 - *Contact Aimee about Inservice for nurses/patients- will do that on follow-up confirmation of this quarter’s appt.*
 - We charge them \$80 for an audit
 - Artificial Kidney
 - 2651 East 14th Street, Brooklyn, NY
 - 718-769-4100 ext. 4105
 - Contact Person: Audrey, RN
 - Brooklyn Vascular

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- 621 DeGraw St 3rd Floor Brooklyn, NY
- T: 718-243-9160
- F: 718-522-3083
- Contact Person: Linda Tonetti

Hep C Task Force Meeting (if applicable)

- Coordinated by Ms. Nirah Johnson
 - Njohnso2@health.nyc.gov
- The Resident should get email notifications regarding meeting dates/times/locations

Novartis AE Reporting Audits (if applicable)

- Our contact person at Novartis is William Coll
 - He is the Regional Account Manager for Novartis' Transplant/Immunology/ID department
 - Tel/Fax: 412-788-9277
 - Cell: 412-401-5455
 - Voicemail: 800-656-5660 #12501
 - Email: william.coll@novartis.com

Educational In-Services

- The pharmacy will have scheduled in-services for specific pharmaceutical products, which the resident will coordinate.
- The company will normally provide lunch and give a presentation to the pharmacists
 - Novartis rep is Bill Coll, william.coll@novartis.com
 - Merck rep is Cary Mis, cary.mis@merck.com
 - Vertex rep is Helen Adams
 - Ferring rep is Lisa Maleska 516-456-9471
 - Genetech-Valcyte rep is Eddie Gonzalez gonzalez.edward@gene.com

Diabetes CQI

- A quality assurance program carried out regularly to assess the I.D.E.A. program and its patients
 - Necessary documentation can be found on the Resident computer → My Documents → Diabetes Program → CQI
 - The "Blank CQI" and "CQI helper" forms should be utilized to conduct an assessment of I.D.E.A. patients seen during each quarter
 - CQI helper forms should be completed for each I.D.E.A. patient seen throughout the quarter for which the CQI is being done

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- Information compiled using the CQI helper forms should be used to complete a CQI spreadsheet
- For any information that might not be on file for a particular patient, the Resident should make an effort to contact either the patient or his or her doctor/endocrinologist to obtain it

Midyear

- We will need to sign a RESIDENCY AGREEMENT for positions beginning in the following year
- Be sure to fax the Residency Agreement to the designated number so we can participate in the Match
- Program code is usually 134015, but double check it on the ASHP website
- We are now participating in PhORCAS and below is the link to access the online portal:
<https://portal.phorcas.org>

Ongoing Resident Major Project

- The Resident will be responsible for developing a topic and design for his or her major project
- When preparing to submit the project for IRB approval, a completed “Human Subjects Research” application must also be submitted as well
 - Found on the LIU website
 - www.liu.edu → Academic Affairs (*at the top of the page*) → Office of Sponsored Research (*left toolbar*) → Human Subjects Research (*left toolbar*) → the link for the application can be found on that page
 - Also, keep in mind that the completed IRB application along with all other supplementary documentation must be sent to the Office of Sponsored Research located on the **C.W. Post campus**
 - Must be sent via Inter-campus delivery

Regular Activities

<p>Daily</p> <ol style="list-style-type: none"> 1. Medication Therapy Management 2. Blood pressure screening 3. Immunization Administration 4. Resident Major Project 5. APPE students
<p>Weekly</p> <ol style="list-style-type: none"> 1. Staffing/Compounding (twice weekly) 2. If applicable, Hepatitis-C Disease State Management
<p>Monthly</p> <ol style="list-style-type: none"> 1. DOH Immunization Reporting 2. Kings Pharmacy Healthy News Newsletter 3. Teaching certificate program
<p>Quarterly</p> <ol style="list-style-type: none"> 1. Pharmacademic Evaluations 2. Dialysis Audits 3. If applicable, Hepatitis-C Task Force Meetings, other committee meetings

Important Dates to Remember

Event	Deadline
Licensure	
Deadline for Resident to be granted NYS licensure and certified immunizer	September 1 st (Probation date January 1 st pending results from Part III exam)
Major Project	
Submission of project to LIU Pharmacy IRB	September 1 st
ASHP Abstract and Poster	
Abstract Submission for Resident Poster Presentations	Check ASHP website for specific dates
Send poster for printing	November 1st
Major Project Manuscript	
1 st manuscript draft	April 15 th
Final manuscript draft suitable for publication	June 15 th
NYC Regional Residency Conference	DATES TBD
Dialysis Audits & Diabetes CQI	DATES TBD
Residency Showcases	DATES TBD