

Practice Models and Efficiencies in Clinical Pharmacy Documentation

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Objectives

- Describe the benefits and limitations of the current pharmacy documentation platforms
- Discuss the key elements to implementing a pharmacy documentation tool
- Describe the integration of a documentation and surveillance program into a pharmacy practice model

Interventions vs. Activities

- Do we only document things when they are wrong?
- Do we document activities that provide a safety umbrella?
- Is the act of checking valuable?

Assessment Questions

- How many of you have a formal documentation process?

- Do you document?
 - Interventions only or
 - All Activities

Methods of Documenting Pharmacy Activities

- Manual (paper-based)
- Spreadsheet databases
- Personal digital assistantants (PDAs)
- Tablet platform (iPAD)
- Pharmacy computer systems
- Intranet and internet commercial products

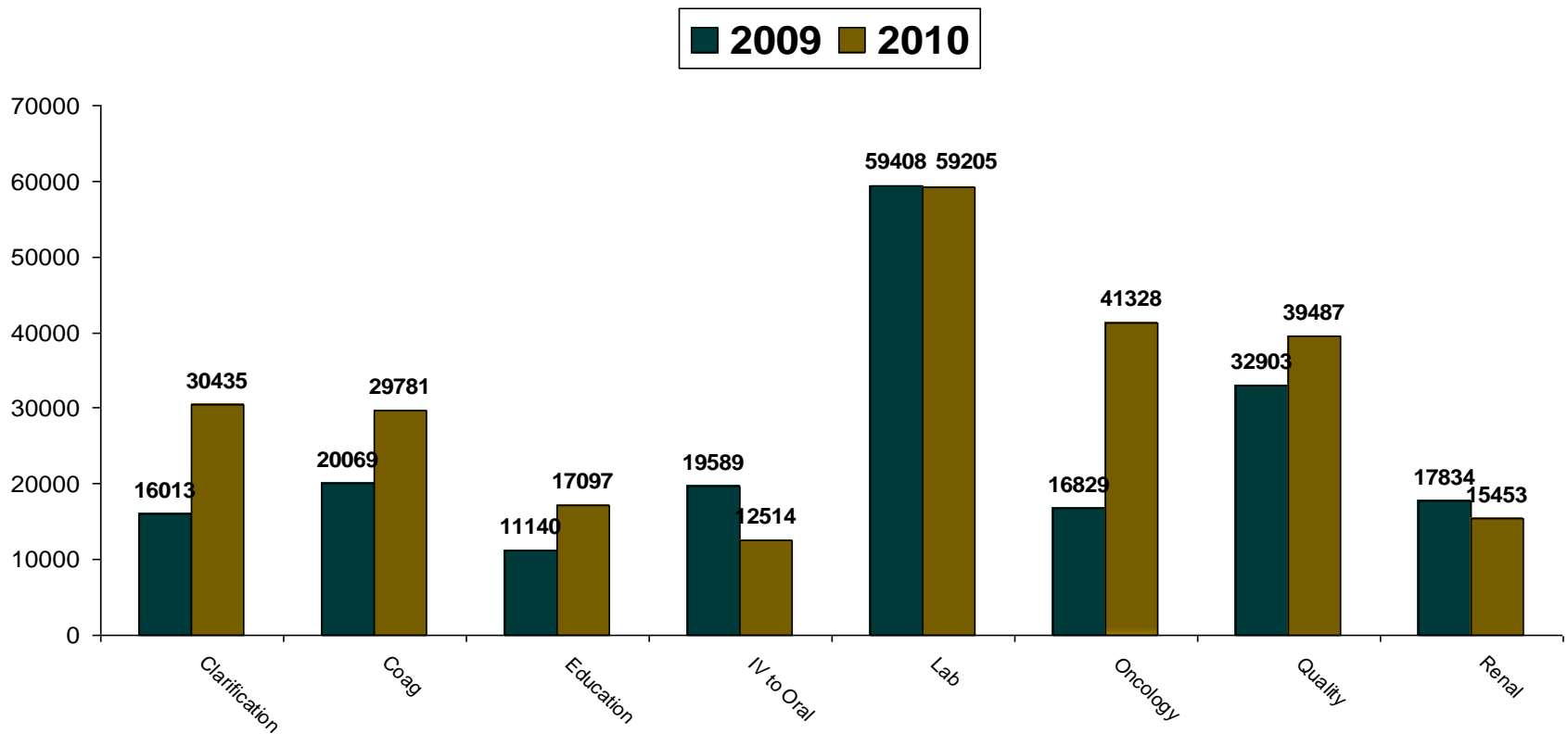
Implementation

- Select documentation tool through consensus of Directors of Pharmacy and Clinical Pharmacists within the enterprise
- Develop education plan for all users
- Create standardized categories for tracking, trending, feedback and advocacy
- Adoption of one-on-one training to ensure the value to each pharmacist

Class of Activities

- Antibiotic Stewardship
- Ambulatory Care
- ATS
- Clarification
- Coagulation
- Committee
- Education
- IV to Oral
- Lab
- Med Reconciliation
- Oncology
- Publication
- Quality
- Recycle IV
- Reimbursement
- Renal
- Revenue
- Therapeutic

Class of Activities



Top Ten Activity 2nd Qrt 2011

System Rank 2011	Activity	Total Number
1	Coag – INR Evaluated	8736
2	Lab – CBC Evaluated	6813
3	Lab – SMA-12 Evaluated	6221
4	Quality - Chart Review for Appropriateness of Therapy	3888
5	Lab – Creatnine Clearance Evaluated	2796
6	Education – Drug Information	2389
7	IV-PO – Evaluated	2307
8	Oncology - Admixture Preparation by RPH	2303
9	Clarification - Allergy Info Clarified	2175
10	Sentry 7 Intervention	2015

Antibiotic Stewardship IV to PO Activities 2nd Qrt 2011

2011	Activity	Total Number
1	IV-PO – Levaquin	374
2	IV-PO – Zithromax	175
3	IV-PO – Flagyl	135
4	IV-PO – Erythromycin	79
5	IV-PO – Diflucan	64
6	IV-PO – Zyvox	63
7	IV-PO – Cipro	39
8	IV-PO – Rocephin	4

SAINT BARNABAS HEALTH CARE SYSTEM
Class of Pharmacy, College of Nursing
Site: St. Barnabas Medical Center
User: Adamson, Robert
Last login: Mon, Mar 14, '11

Timeout in 239:35 min
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Release Notes | Passwords | Logout

Quantifi

- Data Setup
- System Setup
- Management Reports
- User View
- Clinical Information
- Documentation
 - ADR
 - Medication Incidents
 - Intervention
 - Intervention Quick
- Active Patients
- Follow Up
- Tools
- My Reports

UnitStock

- Data Setup
- System Setup
- Management Reports
- User View

Links

- My Links

Clinical Intervention Documentation

Required fields are indicated by the presence of an asterisk (*)

■ Patient

Event

Event Date	<input type="text" value="03/14/11"/>	
Event Service	<input type="text"/>	
Event Location	<input type="text"/>	
Primary Drug	<input type="text"/>	
Other Drug	<input type="text"/>	
1° Intervention	<input type="text"/>	
2° Interventions	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Significance	*Not specified <input type="text"/>	
Notes	<input type="text"/>	
Time Taken	<input type="text" value="0"/> minutes	
Attach file	<input type="text"/> <input type="button" value="Browse..."/>	
User Name *	Adamson, Robert <input type="text"/>	

■ Follow Up

Outcome

Was the primary intervention accepted?
 Yes No Other

Primary Physician *	<input type="text"/>	<input type="text"/>
Outcome	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	

Additional Submit Options

[Print this form](#)

Staff Feedback Mechanism

Affiliate	Pharmacist	Activities per 1000 Patient Days	Total Number of Activities YTD	Dollars Saved YTD
KMC	Pharmacist One	536.70	36,823	\$332,219
KMC	Pharmacist Two	467.57	32,080	\$306,641
MMC	Pharmacist Three	2.56	432	\$259,226
CMMC	Pharmacist Four	240.95	21,861	\$222,666
NBI	Pharmacist Five	22.83	3,394	\$95,290
MMC	Pharmacist Six	106.43	10,300	\$73,752
SBBH	Pharmacist Seven	131.31	4,173	\$61,983
NBI	Pharmacist Eight	46.39	6,895	\$44,916
SBBH	Pharmacist Nine	238.04	7,565	\$41,048
MMC	Pharmacist Ten	129.48	12,531	\$40,513

What are the Barriers to Development of the Optimal Practice Model?

- Resistance to change from current pharmacy staff
- Insufficient recognition – by C suite, Medical and Nursing staff
- Lack of hospital or health system leadership support
- Integration and prioritization with the information technology group

Integration of a Documentation and Surveillance Program into a Pharmacy Practice Model

- Take guidance from the Pharmacy Practice Model Initiative
- Solution is documentation of pharmacist activities

Essential Activities in Optimal Pharmacy Practice Models

- Accountability for development and documentation of the medication-related components of the patient care plan.
- Monitoring of patient response to medication therapy.
- Monitoring of critically important medication serum concentrations and other clinically important laboratory analyses.
- Authority to order medication serum concentrations and other clinically important laboratory analyses.
- Authority to adjust dosage for selected medications.
- Participation in antimicrobial stewardship.

Every Pharmacy Department Should:

- Identify drug-therapy management services that should be provided consistently by its pharmacists.
- Develop a plan to reallocate its resources to devote significantly more pharmacist time to drug-therapy management services.
- Play a critical role in ensuring that the hospital or health system adheres to medication-related national quality indicators and evidence-based practice guidelines.
- Track and trend pharmacist activities.

Historically: What Screens Were Open

- Pharmacy medication system
- Automated dispensing cabinet queue and scanner
- Laboratory system

Advancing the Application of Information Technology in the Medication Use Process

- Real-time monitoring systems that provide a work queue of patients needing review and possible intervention.
- User interfaces that are optimized for drug-therapy management services.
- A work queue that provides documentation and management tools for drug-therapy management services.
- Automated systems to notify pharmacists when medication serum concentrations or other clinically important laboratory
- Values fall outside of a therapeutic or normal range.

What Screens are Currently Open

- Pharmacy medication system
- ADC queue and scanner
- Pharmacy Surveillance tool
- Pharmacy Documentation Software

The Future Pharmacy Activities

- Should our IV to Oral program include Heparin to warfarin?
- Should we measure the difference in acquisition cost of quinolone's or the difference in length of stay?
- Should we initiate white blood cell growth factors in the outpatient oncology center to prevent admission for febrile neutropenia?
- Should a transplant pharmacist focus only on tacrolimus levels or a telephonic compliance program and measure the reduction in organ rejection?