Practice Models and Efficiencies in Clinical Pharmacy Documentation

Robert T. Adamson PharmD
Corporate Vice President of Clinical Pharmacy Services
Saint Barnabas Health Care System
West Orange, New Jersey
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

<table>
<thead>
<tr>
<th>Class</th>
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<tbody>
<tr>
<td>Clarification</td>
<td>16013</td>
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<td>Coag</td>
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<td>Lab</td>
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<td>59205</td>
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## Top Ten Activity 2nd Qrt 2011

<table>
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<tr>
<th>System Rank 2011</th>
<th>Activity</th>
<th>Total Number</th>
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<tbody>
<tr>
<td>1</td>
<td>Coag – INR Evaluated</td>
<td>8736</td>
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<td>2</td>
<td>Lab – CBC Evaluated</td>
<td>6813</td>
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<td>3</td>
<td>Lab – SMA-12 Evaluated</td>
<td>6221</td>
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<td>4</td>
<td>Quality - Chart Review for Appropriateness of Therapy</td>
<td>3888</td>
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<td>5</td>
<td>Lab – Creatinine Clearance Evaluated</td>
<td>2796</td>
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<td>6</td>
<td>Education – Drug Information</td>
<td>2389</td>
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<td>7</td>
<td>IV-PO – Evaluated</td>
<td>2307</td>
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<td>8</td>
<td>Oncology - Admixture Preparation by RPH</td>
<td>2303</td>
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<tr>
<td>9</td>
<td>Clarification - Allergy Info Clarified</td>
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<td>10</td>
<td>Sentry 7 Intervention</td>
<td>2015</td>
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# Antibiotic Stewardship IV to PO Activities 2\textsuperscript{nd} Qrt 2011

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<tr>
<th>2011</th>
<th>Activity</th>
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<tr>
<td>1</td>
<td>IV-PO – Levaquin</td>
<td>374</td>
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<td>2</td>
<td>IV-PO – Zithromax</td>
<td>175</td>
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<td>3</td>
<td>IV-PO – Flagyl</td>
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<td>4</td>
<td>IV-PO – Erythromycin</td>
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<td>5</td>
<td>IV-PO – Diflucan</td>
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<td>6</td>
<td>IV-PO – Zyvox</td>
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<td>7</td>
<td>IV-PO – Cipro</td>
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<td>8</td>
<td>IV-PO – Rocephin</td>
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Clinical Intervention Documentation

Patient

Event

- Event Date: 03/14/11
- Event Service
- Event Location
- Primary Drug
- Other Drug
- 1st Intervention
- 2nd Interventions
- Significance: Not searched
- Notes
- Time Taken: 0 minutes
- Attach file: Browse...

Follow Up

Outcome

- Was the primary intervention accepted?
  - Yes
  - No
  - Other
- Primary Physician:
- Outcome
- Notes

Submit
## Staff Feedback Mechanism

<table>
<thead>
<tr>
<th>Affiliate</th>
<th>Pharmacist</th>
<th>Activities per 1000 Patient Days</th>
<th>Total Number of Activities YTD</th>
<th>Dollars Saved YTD</th>
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<tr>
<td>KMC</td>
<td>Pharmacist One</td>
<td>536.70</td>
<td>36,823</td>
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<td>CMMC</td>
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<td>SBBH</td>
<td>Pharmacist Seven</td>
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<td>NBI</td>
<td>Pharmacist Eight</td>
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<td>SBBH</td>
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<td>MMC</td>
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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?