Reorganization of Pharmacist Competencies across a Ten-Hospital System

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Learning Objectives

• Pharmacists will be able to:
  — Discuss process utilized to reorganize pharmacist competencies across a ten-hospital system
  — Determine topics of relevance by weighing high risk, low use, high use, or new procedures

• Technicians will be able to:
  — List priority areas for pharmacist competencies.
  — Describe the importance of ensuring employees are competent.

WHAT IS COMPETENCE?

Definition

• Competence is defined as the condition or quality of being well-qualified, fit or capable
• According to The Joint Commission, a competent individual is one who has the “essential knowledge and skills necessary to perform a job and actually perform the job according to defined expectations”
• Let’s review some pertinent standards

TJC Standards around Competency

• HR.2.10: The hospital provides initial orientation
• HR.2.30: Ongoing education, including in-services, training, and other activities, maintains and improves competence
  — EP 1 Staff training occurs when job responsibilities or duties change
  — EP 3 “…appropriate to the needs of the population served”
  — EP 8 “…documented”

TJC Standards around Competency

• HR.3.10: Staff competency to perform job responsibilities is assessed, demonstrated, and maintained
  — EP 1 Based on population served
  — EP 4 Based on defined competencies that need to be assessed and reassessed on an ongoing basis, based on techniques, procedures, technology, equipment, or skills needed to provide care, treatment and services
  — EP 5 Based on a defined time frame for how often competence assessments are performed...minimally once in three year accreditation cycle and in accordance with law and regulation
Audience Participation

Duties change?

New Technology?

What’s the bottom line

- Competency assessment, if done well, is very time-consuming
  - If individuals are found not to be competent, must have a process in place to address
- Every time you add/change/modify a process you should be assessing & re-assessing competency
- Should be based on demonstrated on-the-job observation (preferred), but can also use written, verbal tests or simulations
- Should be done at orientation & periodically thereafter

Types of Competencies that most places have…

- Renal dosing
- Pediatric dosing
- Geriatric dosing
- Anticoagulants
- Other high-risk medications
- Medication safety

What are the essential knowledge and skills for pharmacy?

- Pharmacists
  - Verify medication orders accurately and timely
  - Adjust for patient-specific disease state factors
  - Demonstrate knowledge of drug/drug interactions
  - Administering medications for healthcare providers and patients
  - Perform patient education & counseling
  - Optimize medication therapy regimens and plans
  - Utilize and optimize a medication therapy management system
  - Ensure drug products are procured & safety stored
  - Coordinate discharge for patients
  - Provide alternatives for drug shortages

- Technicians
  - Prepare medications according to label instructions
  - Refill automated dispensing cabinet with correct medications
  - Deliver medications to the patient
  - Manage medication inventory
  - Utilize technology to bar-code medications
  - Provide customer service to nurses, physicians
  - Maintain clean rooms according to USP 797

TJC Standards around Competency

- HR.3.10 (cont): Staff competency to perform job responsibilities is assessed, demonstrated, and maintained
  - EP 6 Competence assessment process is based on assessment method (appropriate to determine the skill)
    - Media fill/Glove-tip testing for clean room staff
  - EP 7 Competence assessment is based on the use of qualified individuals to assess competency
  - How do you define this?
  - EP 8 Hospital assesses staff's ability to carry out responsibilities safely, competently and in a timely manner upon completion of orientation
  - EP 10: When improvement activities lead to a determination that a person is unable or unwilling to improve, hospital takes appropriate action
Competencies pre 2009 Main Campus

• Utilized an internal learning management system (COMET®)
  – Static text with pictures
  – Post-assessment
  – Difficult to obtain reports—manual process

• Sum Total®, a commercially available learning management system was also being trialed
  – Allowed for employee HR data feed
  – Simpler reporting/dashboard option for managers
  – Supported SCORM and Flash

Technology trials

Software
• Purchased Adobe Presenter License (~$450)
• Purchased audio-recording equipment (~$200)
• Purchased several serial upgrades (~$300)

Hardware
• Needed computers with better audio capability
• Needed to store finished product on server (large size files)

Training
• Tested equipment/Implemented/Re-Tested
• Trained end-users

Demo

• Short demo of Adobe Presenter finished product
• www.learning.ccf.org

Each competency is built like an online course

• SumTotal is similar to Angel® or Blackboard® in how it allows you to upload content and navigate as the “learner”

• Competency course layout
  – Pre-reading (review article, book chapter, pertinent evidence-based information)
  – PowerPoint slide set (for printing)
  – Adobe Presenter audio over slides (lecture)
  – Post-assessment (10 questions per 1 hour)
  – Continuing education certificate if applicable
  – Other links (to FDA, ISMP, handouts, internal protocols)

How to choose competencies

<table>
<thead>
<tr>
<th>High risk</th>
<th>Errors</th>
<th>Low use</th>
<th>TJ/Other regulatory</th>
<th>New process</th>
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Insert Competency schedule CCHS table

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<th>2013</th>
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<td>Heart failure counseling</td>
<td>Psychiatric medications</td>
<td>Geriatric considerations</td>
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<td>Product formulations</td>
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<td>Renal dosing</td>
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<td>Hazardous drug waste</td>
<td>Insulin</td>
<td>Neonatal/Peds</td>
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<td>Hypertonic saline</td>
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<td>AMI &amp; Pneumonia Counseling</td>
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CCHS Competencies 1 May 2013 2
Qualified content experts

Education Manager
Clinical Integration Team
Representatives from all hospitals

Competency Team
1 Clinical Specialist Lead
7-9 other specialists and pharmacists

Quality Assurance Committee
1 Drug Information Specialist Lead
6-8 other specialists, pharmacists, and drug information personnel

Timeline of competencies

Q1: Jan-March
- Competency teams meet (3-4/year)

Q2: April-June
- Final version to QA
- Send to E-Education Team

Q3: July-Sept
- Course testing
- Release to pharmacists

Challenges

- Incorporating checklists with didactic material
  - IV room personnel still complete live checklists
  - Patient counseling has a checklist
- Moving into electronic or live assessments in the computer system
- What to do if someone doesn't pass
  - Did they not pass due to a technology glitch?
  - Knowledge deficit?
  - Going too fast?
- Do these courses actually assess competency?

The continuum of competency

IDP = individual development plan

Mentor
Application real-time
Clinical baseline