Pharmacy Practice Model Initiative

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Disclosure

• I do not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.

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• I do have a vested interest in or affiliation with the following company or organization
  • (McLeod Regional Medical Center)

Objective

• Describe the Pharmacy Practice Model at McLeod Regional Medical Center- Florence, SC.

Point of Interest

“We all know that light travels faster than sound. That’s why certain people appear bright until you hear them speak.”
Albert Einstein

MCLEOD HEALTH

• 5 Hospital Health System
• Serving 12 counties with > 1 million people
• Level 2 Trauma Center
• Level 3 NICU
• Large critical care patient population
MRMC Main Campus

PPMI National Dashboard

Five Goals

1. Pharmacist roles, practices and activities will improve medication use and optimize medication related outcomes.
2. Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist’s professional judgment.

PPMI National Dashboard

Five Goals

3. Pharmacists and pharmacy technicians will have appropriate training and credentials for the activities performed within their scope of practice.
4. Pharmacy departments utilize available automation and technology to improve patient safety and efficiency.
5. Pharmacists will demonstrate leadership in exercising their responsibility for medication use systems and will be accountable for medication-related patient outcomes.

Goal one:

• Pharmacist roles, practices, and activities will improve medication use and optimize medication related outcomes.

Goal one cont.

• 1.1 Pharmacists - review all medication orders before the first dose is administered
  Yes
• 1.2 Pharmacists document their recommendations and follow-up in the patients’ permanent medical records.
  Yes

Goal One Cont.

• 1.3 Pharmacists have privileges to write medication orders (modify or initiate therapy) in the health care setting.
  Yes
• 1.4 Pharmacists have the authority to order serum medication concentrations and other clinically important laboratory tests.
  Yes
Goal One Cont.

• 1.5 Pharmacists are routinely assigned to patient care units/specialty services to provide drug therapy management at least 8 hours per day, 5 days a week for a majority of patients
  Yes

• 1.8 Pharmacists routinely provide discharge counseling and/or conduct follow-up with at-risk patients or their pharmacies after discharge
  No

Goal Two

• Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist’s professional judgment.

Goal Two Cont.

• 2.1 Pharmacy technicians exclusively perform all traditional preparation and distribution activities.
  Yes

• 2.2 Hospitals/health systems are utilizing pharmacy technicians in three or more non-traditional/advanced responsibilities/activities.
  Yes

Goal Three

• Pharmacists and pharmacy technicians will have appropriate training and credentials for activities performed within their scope of practice

Goal Three Cont.

• 3.1 Percentage of Hospital pharmacists who are board certified by the Board of Pharmacy Specialties.
  11%

• Percentage of pharmacists that have completed ASHP-accredited residency training
  PGY1 = 35%
  PGY2 = 8%

Goal Three Cont.

• Percentage of pharmacy technicians working in the hospital who are PTCB certified
  PTCB = 72%
  SC State Certified = 57%
Goal Four

- Pharmacy departments utilize available automation and technology to improve patient safety and improve efficiency.

Goal Four Cont.

- 4.1 Using computerized prescriber order entry (CPOE) system with clinical decision support for inpatient medication orders.
  
  Yes

- Routinely use machine readable coding in the inpatient pharmacy to verify doses during dispensing
  
  Yes

GOAL FOUR CONT.

- 4.3 Health Systems that use automated dispensing technologies.
  
  Yes

- 4.4 Health Systems who have smart infusion pumps that are integrated into closed loop medication-use process.
  
  Yes

Goal Five

- Pharmacists will demonstrate leadership in exercising their responsibility for medication use systems and will be accountable for medication-related patient outcomes

Goal Five Cont.

- 5.1 Pharmacists with drug therapy management responsibilities are held accountable through formal evaluation for clinical outcomes of patients under their care.

  No

- 5.2 Pharmacy executive is recognized and positioned in the organization to influence decisions on strategic issues affecting medication use.

  Yes
• 5.3 Strategic planning is regularly conducted to determine the optimal scope and level of pharmacy services, use of automation and technology, assignment of technicians, and readiness of staff to serve the patient population. No

• 5.4 Annual use of PPMI Hospital Self-Assessment Tool - No
• 5.5 Proactive and ongoing assessments and mitigate risk of medication-use systems – Yes
• 5.6 Routinely provide training to pharmacy students and /or residents - Yes

PPMI and MRMC

• Current project: The new CHF post discharge clinic:
  Pharmacy to provide:
  Medication information
  Medication Reconciliation