Bridging the Gap: Elevating Your Pharmacists to Meet Increasing Demands and Expanded Roles

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Disclosure

• We 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

Objectives

• Upon completion of this activity, the participant should be able to:
  – Describe the expanding roles for pharmacists in the hospital
  – Discuss how to identify scope of care and need for expanded pharmacist responsibilities
  – Design and implement pharmacist integration into multidisciplinary rounds
  – Review methods for assessing pharmacist needs
  – Develop an education plan based on pharmacist needs
  – Prepare pharmacists for multidisciplinary rounds

Expanding Roles for Pharmacists in the Hospital

WHAT AND WHY?

• Goals of Pharmacy Practice Model Initiative (PPMI)
  ➢ improve patient care
  ➢ increase the amount of time pharmacists spend in the direct patient care roles
  ➢ asks question “how will these changes be put into practice?”

A Modern Fable

Expanding Roles for Pharmacists in the Hospital

WHAT AND WHY?

• Pharmacists desiring more advanced practice
• Lack of team effort leading to redundancies and inefficiencies on patient care units
• Achieve cost reductions, meet safety goals and comply with regulatory requirements

Expanding Roles for Pharmacists in the Hospital

**HOW?**

- Lean thinking provides a place to start
  - Instead providing more services to improve care, first focus on how to fix current system
- Literature shows how lean thinking has been used to reduce error rates, provide faster service, lower costs, engage staff, improve patient satisfaction, and decrease mortality rates


Expanding Roles for Pharmacists in the Hospital

**HOW?**

- Three lean thinking principles –
  1. Identifying waste
  - Classify activities as value added, nonvalue added or supportive
  - Three sources of waste important – medication related errors, processing and unused employee potential


Expanding Roles for Pharmacists in the Hospital

**HOW?**

- Three lean thinking principles (cont.) –
  2. Creating permanent solutions for identified problems 4 tools useful in practice model
  - The five whys
  - Future state diagrams
  - The 5 S’s
  - Plan-do-check-act (PDCA cycles)


Expanding Roles for Pharmacists in the Hospital

**WHO?**

- South Seminole Hospital (SSH) Pharmacists involved in clinical services since opened in late 1980’s
- Acquired by Orlando Health (OH) in mid 1990’s
- One identified clinician
- Select pharmacists given advanced training
- Additional clinician hired in 2010


Expanding Roles for Pharmacists in the Hospital

**WHO?**

- ED/Acute Care/Surgical Services/Outpatient Infusion/Behavioral Health
- 206 beds
  - 8 intensive care unit beds
  - 80 behavioral health beds
- 1 full time (FT), 3 variable full time (VFT), 1 part time (PT) pharmacists

Expanding Roles for Pharmacists in the Hospital

WHAT?
• In 2012 OH moved to a employed hospitalist model
• At South Seminole Hospital (SSH)
  – 5 hospitalists from 7am-7pm; 1 nocturnist 7pm-7am
  – Managing physician requesting pharmacists to round with the 5 hospitalists daily
  – Opportunity to provide the pharmacists with more advanced practice, reduce redundancies/inefficiencies on the units, and focus on cost reduction, safety goals and regulatory requirements

So What’s Next?
• Map out current state pharmacy model
• Research and design new pharmacy model
• Identify initiatives and timeline for roll out

Identifying Scope of Care and Need for Expanded Pharmacist Responsibilities

• Current State (“As Is”)
  – How the process currently operates to allow for identification and investigation process failure modes and operational barriers
  – Additionally, the process of creating the current state process map often leads to identification of opportunities for process optimization and improvement

Identifying Scope of Care and Need for Expanded Pharmacist Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>#</th>
<th>FTE</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days/PM</td>
<td>2</td>
<td>0.8 to 1 position</td>
<td>Order entry, acute care and BH med rec; clinical assignment</td>
</tr>
<tr>
<td>SLPing</td>
<td>1</td>
<td>0.8 to 0.95 position</td>
<td>Order entry, acute care and BH med rec; clinical assignment</td>
</tr>
<tr>
<td>Clinical</td>
<td>2</td>
<td>0.9</td>
<td>Includes preclude from direct patient care and rounds</td>
</tr>
<tr>
<td>Operations</td>
<td>Manager</td>
<td></td>
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</tbody>
</table>

Additional notes: for new service – provide chemotherapy as an arm of MACKO

* CPO verification in one system; order entry/verifying/flagging to another
* 24 hour additional resource of FTE FLP
* Clinical services outside of EM input to PBM/Group consults, IVF/Alerts
* 2 FLPs needed for clinical assignment (2 PCE 2 FLP, 3 FLPs)
Identifying Scope of Care and Need for Expanded Pharmacist Responsibilities

- Apply lean principles discussed –
  - Identifying waste
    - Classify activities as value added, non-value added and supportive
  - Create permanent solutions
  - Ensure continuous improvements

➢ LEAD US TO MEANINGFUL TRANSITION STATE MILESTONES

Identifying Scope of Care and Need for Expanded Pharmacist Responsibilities

<table>
<thead>
<tr>
<th>Current State</th>
<th>Meaningful Transition State Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Slide 17</td>
<td>Convert open PT position to VFT RPh</td>
</tr>
<tr>
<td></td>
<td>Hire med rec techs (4 VFT)</td>
</tr>
<tr>
<td></td>
<td>Integration of Rx system with clinical system</td>
</tr>
<tr>
<td></td>
<td>Hire FT BH clinician</td>
</tr>
<tr>
<td></td>
<td>FT pharmacist position approved for chemo – convert to Ops coordinator</td>
</tr>
</tbody>
</table>

RESULTING CURRENT STATE –

- Total FTE added – 2.38
  - NEW! M-F rounding with 4 out of 5 hospitalists
  - NEW! Rounding in BH
  - NEW! Chemotherapy service added
  - ENHANCED! Medication Reconciliation Service

Integrating Pharmacists into Rounds

1. Identify a physician champion
   - Ideally a director of that service
2. Meet with physician champion to develop expectations
   - Clearly define roles (pharmacist and MD)
3. Identify resources (non-pharmacist)
4. Begin with a “pilot”
5. Review process and make modifications
Integrating Pharmacists into Rounds – Develop Expectations

- Pharmacists
  - Will work up patients prior to rounds and provide recommendations
  - Will use a standardized monitoring form
  - Will not enter orders for physicians
- Physicians
  - Will notify pharmacists of rounding time (if different than scheduled time)
  - Will interact professionally with pharmacists
  - Will ensure their name is updated in "Hospitalist/Resident Assign" column for all patients they’re following

Integrating Pharmacists into Rounds – Develop Expectations

- Pharmacist pre-rounding process (0630-0900)
  - Locate “assigned patients” in computer
  - Fill out monitoring form and evaluate patients
- Pharmacist Rounding process
  - Rounds will begin at 0900 Monday-Friday (except holidays)
  - Find physician on assigned floor and round on patients
- Pharmacist post-rounding process
  - Document interventions, Vigilanz, pharmacy consults

Integrating Pharmacists into Rounds – Identify Resources

- Technology
  - Each pharmacist will need a rounding computer
  - Two rounding pharmacists initially with goal of four rounding pharmacists
  - Identify type of computer (laptop, laptop + cart, etc)
  - Identify software needed on computer
    - Microsoft Word?
    - Pharmacy specific programs
- Real Estate
  - Where will pharmacists go to pre-round?
  - Where will pharmacists go after rounds?
- References – Sanford guide

Integrate Pharmacists into Rounds – Begin Pilot

- Start with 2 pharmacists covering 2 hospitals
  - One pharmacist on Progressive Care Unit (PCU) and one pharmacist on Medical-Surgical (M/S) unit
  - Each pharmacist will cover patients (assigned to their floor) for each of the two hospitals
- Same pharmacist assigned Monday and Tuesday
- All pharmacists will use same monitoring form
- Clinical back-up: clinical coordinator or clinical specialist

Integrate Pharmacists into Rounds – Assess Process

- Pilot identified several challenges
  - Rounding with multiple physicians – changed to have one pharmacist round with one physician
  - Challenging physicians
  - Monitoring form
    - Several minor adjustments to make columns bigger
    - Rounding pharmacists re-designed
  - After “re-design” date set to begin rounding with 4 physicians
  - Re-assess process continuously

Review Methods for Assessing Pharmacist Needs

- To create adaptive department, must first look at 2 fundamental issues –
  - How people learn in the workplace
  - How to create a learning culture in which technology plays an appropriate supporting role
Review Methods for Assessing Pharmacist Needs

• How people learn at work
  1. More likely to learn what they need to learn to do their jobs better
  2. They approach learning with a personal style or set of preferences
  3. They learn at their own pace
  4. Their interest in learning new things varies widely

• How to create a learning culture in which technology plays an appropriate supporting role
  – Utilize pharmacy software to simplify tasks (Vigilanz, Theradoc, etc)
  – Utilize electronic MAR to simplify tasks
  – Keep department-specific documents electronic (intranet, shared drive, etc)

Assessing Pharmacist Needs

• Annual Clinical Assessment (ACA)
  – Goal is to assess pharmacist knowledge on issues that they could encounter routinely
    – May use intranet and drug references
  – 50 multiple-choice questions must be completed in 2 hours and must score 84% or greater to pass
    – If < 84% pharmacist will be remediated one-on-one on the topics/questions they missed
  – Beta-testers assigned at each site (20% staff) to take test first to ensure validity and help determine poor questions

• Questions written by Corporate Education Council
  – Clinical coordinators from each site represented
  – Written by clinicians in those specialty areas
  – Pharmacists at each site write questions

• Corporate questions required – 22 questions
  – Regulatory
  – Core measures
  – Protocols

• Site-specific questions
  – Pediatrics
  – Chemotherapy
  – Infectious disease
Assessing Pharmacist Needs - SSH Needs Assessment Questionnaire

1. Important clinical service-oriented education opportunities
2. Important customer service/CTE education opportunities
3. Preferred learning style (rank 1-worst, 5-best)
   a. Live in-service
   b. Written modules
   c. Computer programs
   d. “Fun days”/fair

Resources for Developing Education Plan

- Corporate intranet
  - Core Measures website / presentations
  - Self-learning packets
  - Corporate guidelines / protocols / order sets
- Disease-state guidelines
- Resident/Student handouts
- Ask! – nurse managers, educators, clinical nurse specialists, etc

SSH Needs Assessment Results

1. Important clinical service-oriented education opportunities
   - Infectious diseases
   - Pain management/bowel regimens
   - Medication-related core measures
   - Cardiovascular pharmacology
   - IV anticoagulants
   - Nutrition support
   - Inpatient management of diabetes

SSH Needs Assessment Results (cont’d)

2. Important customer service/CTE education opportunities
   - Learn how to deal with difficult MD/RN on rounds
   - Self-confidence with rounding
   - Pharmacy technology (Omnicell, Alaris, etc)

SSH Needs Assessment Results (cont’d)

1. Preferred learning style (rank 1-worst, 5-best)
   a. Live in-service – 5
   b. Written modules – 4.33
   c. Computer programs – 3.67
   d. “Fun days”/fair – 2.33

Preparing Pharmacists for Rounds

- Review SSH Needs Assessment Questionnaire
- Develop education plan
  - Identify topics
  - Delivery methods
  - Create Rounding Primer notebook
- Schedule training sessions in groups 3-4
- Ongoing learning opportunities
### Develop Education Plan

- **Choose topics for live in-service**
  - Infectious Diseases
  - Pain Management
  - Inpatient diabetes management

- **Choose topics for written module**
  - Cardiovascular pharmacology
  - Core measures

- **Additional training with Pharmacy Technology Specialist**

### Develop Education Plan – Live Topics

- **Infectious Diseases**
  - ID 101 handout
  - Bugs and Drugs handout
  - Created Sanford Guide How-to

- **Pain Management**
  - Opioid agonist conversion
  - Common myths
  - Tolerance vs dependent
  - Bowel regimens

### Develop Education Plan – Written

- **Cardiovascular pharmacology**
  - Self learning packet
    - Created by OH Education department
    - Pharmacists could earn CE by completing
    - Reviewed packet in a group session
    - Included OH best practices and policies as applicable (digoxin, digoxin immune fab, what floors approved to give, etc)

### Prepare Pharmacists for Rounds

- **Before implementation**
  - Create standardized monitoring form
  - Develop education plan including Rounding Primer Notebook

- **Implementation**
  - Discuss patients every morning before rounds (for first week)

- **After implementation**
  - Patient Case studies sessions
  - Continue to assess knowledge deficits
Where Are We Now?

- June 20, 2013 marked one-year anniversary of rounding
- Re-assessed rounding
  - Some physicians taking 4+ hours to round
  - Identified need for discharge counseling
- Re-designed process
  - Pharmacists to finish rounding at 11:30a
  - Complete other assignments/discharge counseling after lunch

Summary – How SSH Made it Happen

- Identified need – pharmacists on rounds
- Identified resources (staff and other)
- Identified physician champion and created expectations (pharmacist and physician)
- Developed process (pre-rounding and rounding)
- Educated and prepared pharmacists
- Piloted process
- Re-assessed and re-designed process