



The Strength of Silence: Standardizing a Pharmacy Practice Model

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LEARNING OBJECTIVES

- Describe the alignment of standard work and EMR tools that maximize efficiency and create a framework for clinical pharmacist metrics.
- Discuss the broader impact of data that demonstrates the clinical efforts and work of inpatient pharmacists in improving patient care.

INTRODUCTION

PROBLEM: Clinical pharmacists play an important role in adding value in the inpatient setting, however, most productivity metrics for pharmacist staffing models are based solely on drug distribution metrics

GOAL: Standardize inpatient pharmacy practice model using an electronic medical record (EMR) dashboard and standard work to decrease practice variability, improve safety and efficiency, and capture meaningful metrics around clinical work of the pharmacist

METHOD OF CHANGE:

- Pharmacy leaders worked to standardize the pharmacy practice model, which included using a rule-based clinical monitoring dashboard within the electronic medical record (EMR).
- The group also standardized documentation to maximize workflow efficiency.
- The dashboard prioritizes patients based on specific clinical criteria and discretely captures pharmacist interventions via silent documented interventions (iVents).

INTERVENTION

Method of Change: Placing medication therapy management in buckets of priority supporting highest need of pharmacist time and clinical energy

BUCKETS	DEFINED AS	PRIORITY PER STANDARD WORK
INTERVENE	STAT, NOW	High Priority Review & support prior to other clinical activities
CONSULTS	Per Pharmacy Orders	High Priority Review after intervenes
ASSESS	Review within shift	Moderate Priority Review & support with consults first, then prioritize assess
MONITOR	Review within stay	Low Priority for everyday medication management Review & support with consults first, then prioritize assess, then monitor

Tool: Provides guidance on the basic workflow for the pharmacist around each clinical activity bucket

INTERVENE STAT, NOW (Concern for patient safety)

Main Rule Buckets:

- Anticoagulation:** Anticoagulation therapy AND abnormal lab result
- Abnormal labs:** Drug therapy (excludes anticoagulation and antibiotics) AND abnormal lab result
- Antimicrobial:** Antibiotic therapy AND/OR abnormal lab result
- Blood glucose management:** Antidiabetic therapy AND blood glucose less than 75 twice in 24 hours
- Electrolytes:** Critically abnormal electrolyte

Rarely Utilized: Radial deferral buttons (aka - quick deferral button under rule) as intervenes are STAT, NOW rules

Step 1: Review
Rule pushes based on real-time results; action/order change has yet to occur.
Before calling a provider, make sure to review notes around topic and potential orders waiting to be verified.

Step 2: Action taken
Did you reach out to the provider? If yes, then utilize provider response buttons.
1. Awaiting response
2. Contacted Provider: Accept (OR Reject)

Step 3: Documentation
If follow up needed, utilize handoff for quick follow up by the next pharmacist. Otherwise, utilize current encounter.

Tool: Standard template used to define standard work addressing the clinical activity for the rule pushing to the clinical monitoring dashboard

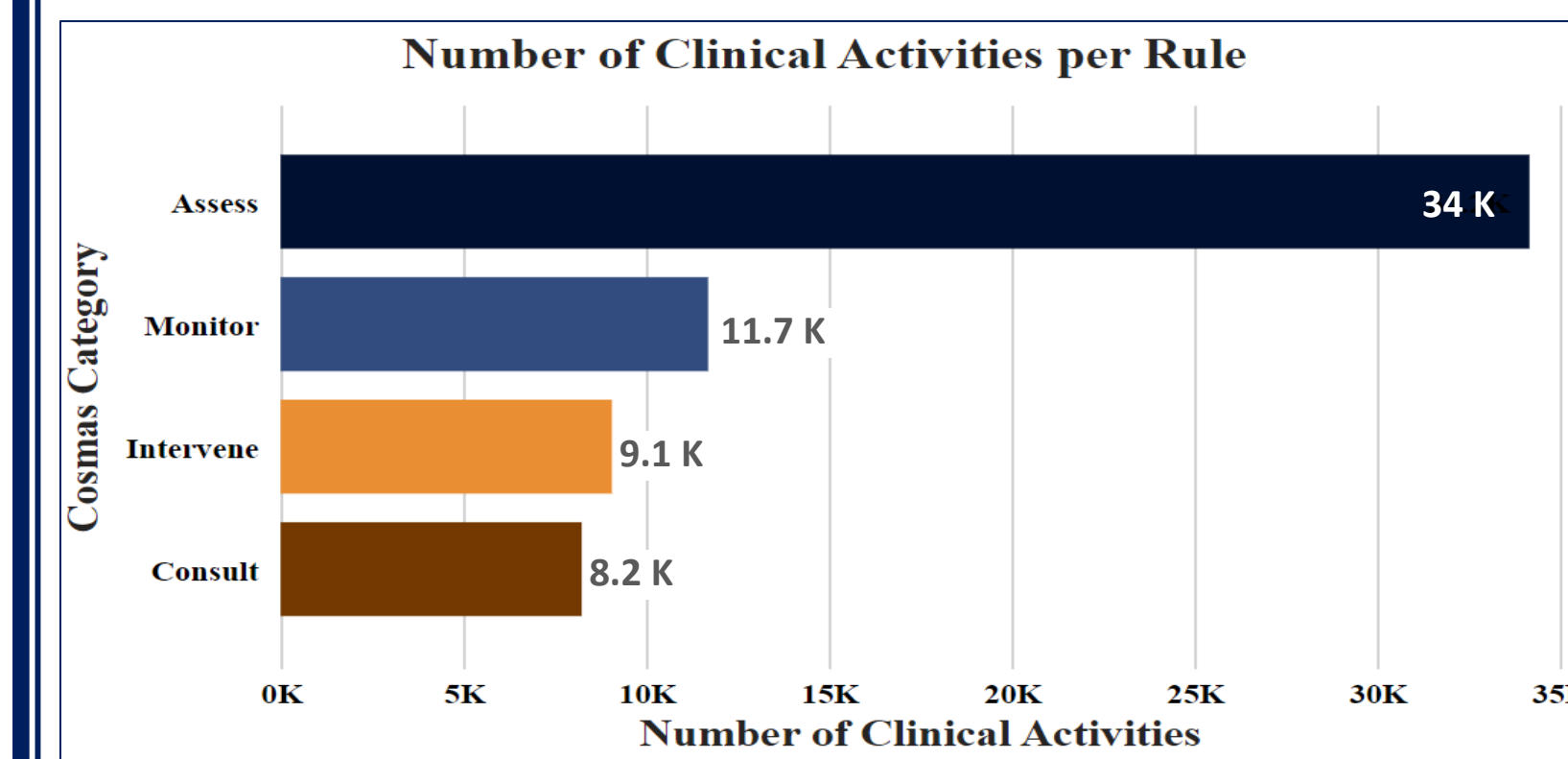


Resource: Easily accessible Rx Clinical Scoring link within clinical monitoring dashboard displays ALL standard work PDFs along with Tip Sheets, Weekly Updates, Project Working Plans, etc.

Anticoagulation	Description	Assessment
What you see on the dashboard	What is driving the rule	Minimum clinical review expectations
Intervene: Warfarin and INR greater than 4	This rule returns a score of 1 if a patient received an anticoagulant within last 72 hours and has an INR greater than 4.	Are labs drawn correctly? Consider frequency of lab draws. Are they a new start? Are they eating or are they NPO? Was the INR previously high and trending down? - If yes, did they receive vitamin K? Are their risk factors for acute liver injury (i.e., post-surgery, DCHF, infection)? Is the patient receiving argatroban or bivalirudin infusion bridge? Is the patient bleeding due to inappropriate antithrombotic therapy?
Radial Buttons		
Other: Hyperlink - Action Taken		
Use	True deferral	Action taken on rule
Select	6 hours 12 hours	Awaiting Provider Response Contacted Provider: Accept (OR Reject) RPh Follow Up RPh Complete
Action	Follow up for next shift Follow up for next day	Waiting for response to a recommendation given Received resolution to recommendation (accept/reject) Follow up is needed by next pharmacist Task completed
Defer	Auto deferral Auto deferral	0-2 hours 0-12 hours 0-12 hours Current encounter
Repeat INR within shift	Repeat INR for 2nd/3rd shift	If provider managing: Recommend one of the follow interventions - HOLD, decrease dose (+/-) need for reversal AND/OR alternative therapy
		Per pharmacy: Follow up needed on one of the follow interventions - HOLD, decrease dose (+/-) reversal agent AND/OR alternative therapy
		Per pharmacy: One of the follow interventions - HOLD, decrease dose (+/-) reversal agent AND/OR alternative therapy

OUTCOMES & IMPACT

June 2023 Clinical Activity Total: 63,175



RULE	COMMENT	PHARMACIST IMPACT
<i>Clinical monitoring completed on a representative patient for one day</i>		
Intervene: Statin and elevated CK	Messaged MD to ensure safe to initiate statin given CK level (3090)	Medication safety to initiate & monitor
Intervene: SCr increase of 50% or more in last 7 days		Based on renal dosing protocol, notified to review all medications
Assess: Renal Dosing apixaban	CrCl dropped, dose adjusted	Notified of drug specific renal dose adjustment
Assess: Blood Glucose > 210	BG consistently above 210. Contacted MD to add lantus 30 units daily and continue low dose sliding scale insulin	Medication management supporting gap in care

FUTURE DIRECTION

- Use the silent documented interventions (iVent) data to develop a new productivity metric that captures both drug distribution and clinical activities of the pharmacy department
- Engaging frontline staff in continued development of the EMR dashboard and standard work by the creation of the pharmacy practice councils

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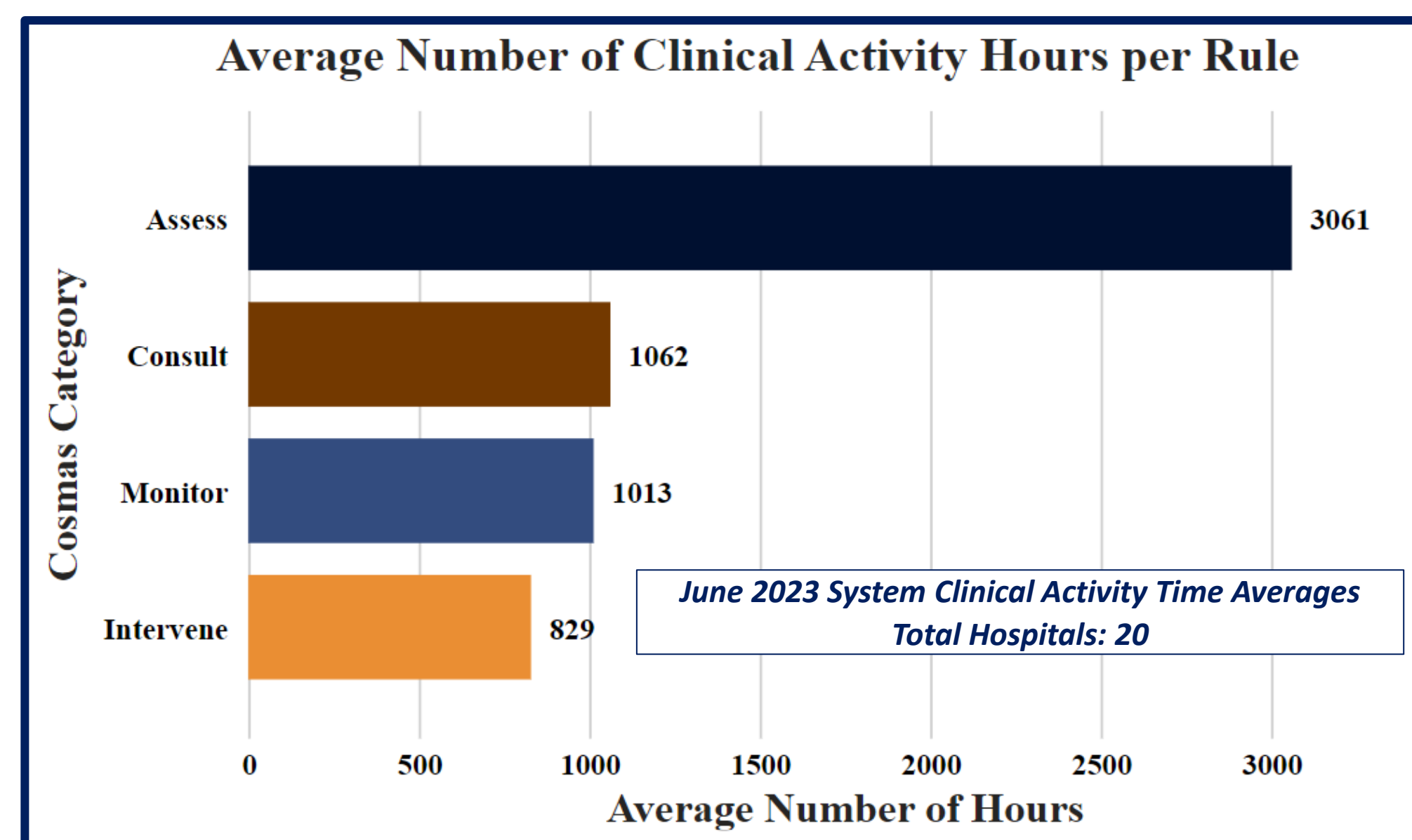
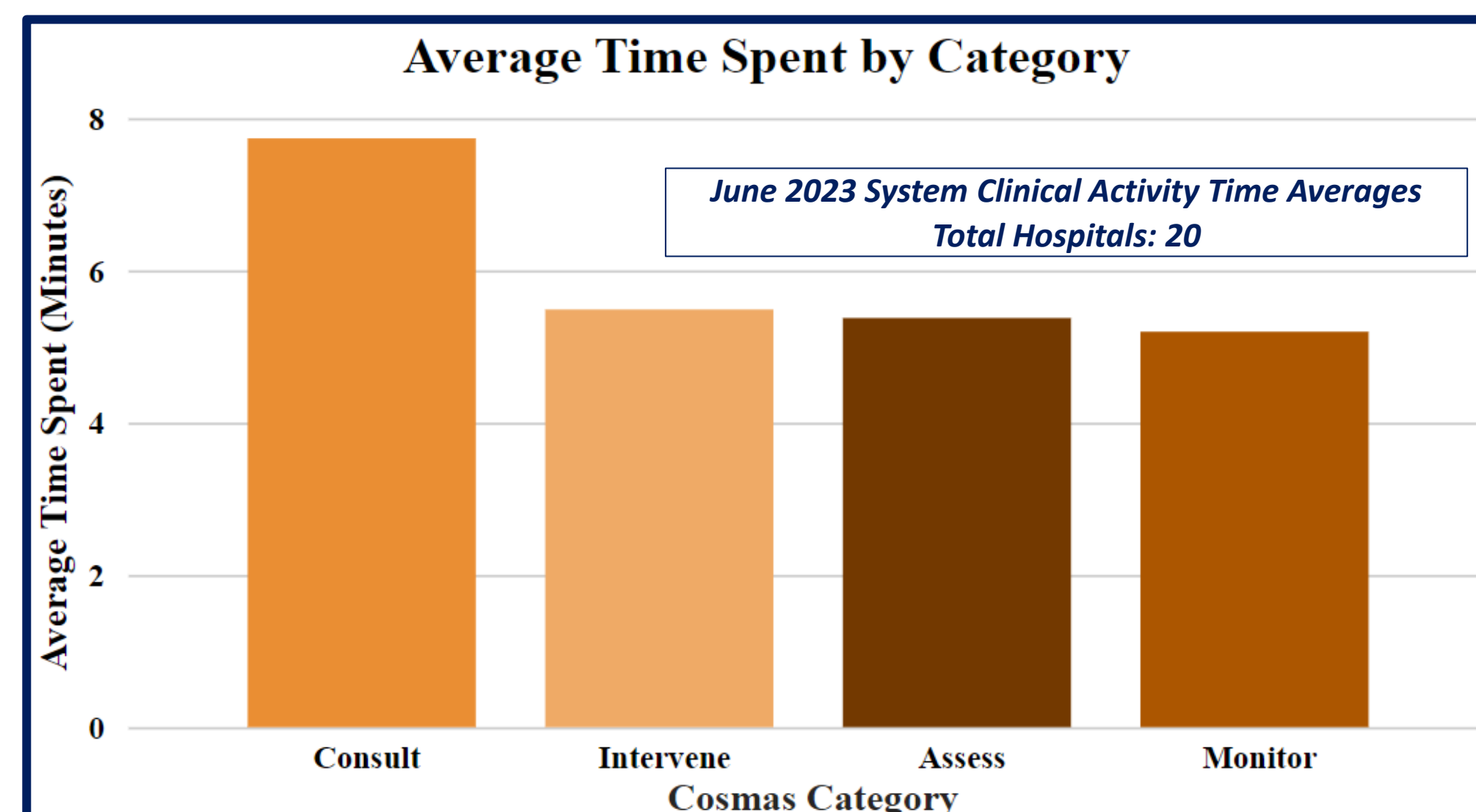
TRAINING & ROLL OUT

Method of Change:

1. Roll out: 4 Phases starting with small pilot and then rolling
2. Training: Superusers started 5 weeks prior to go live; Endusers started 4 weeks prior to go live
3. At the elbow support provided at Go Live



OUTCOMES & IMPACT CONTINUED



A DAY IN THE LIFE OF A PHARMACIST

Patient Ratio	Total Rules Addressed Per Shift	Total Patient Rules Addressed	Time Spent (Min)	Time to Rule Ratio
1:50	64	32	170	3 min per rule
1:45	49	29	300	6 min per rule
1:40	61	28	270	5 min per rule
1:40	64	30	305	5 min per rule
1:35	84	29	455	5 min per rule
1:20	35	14	175	5 min per rule

CHALLENGES & BARRIERS

- Inconsistent staffing models – challenging for some sites to do all the clinical work supported by the rules
- Adherence to the standard work and hardwiring is still in progress & still being optimized
- Not all clinical activities lead to an intervention on the part of the pharmacist but does not mean it is less valuable for us to support the team similar to how a physician reviews and assess the patient daily especially around specialty consults but that does not always lead to further change in therapy

KEY TAKEAWAYS

- Adoption of an EMR dashboard and standard work supports patient safety and enhances the efficiency of the pharmacist workflow
- Data supports pharmacist on average supporting 2-3 hours of clinical activity each day (not currently captured in productivity metrics for SSM Health)
- Helping providers understand how pharmacists can be a helpful extension of patient care



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