(date) "Model – Change Pharmacy Services " Part 2

The very first critical step for changing pharmacist practice in the hospital setting (any setting for that matter) is the development of a list of pharmacist practice activities. Examples: admission drug histories, member of Code team, participate in patient care rounds, etc. This list is to be comprehensive; every practice activity that can and is thought of is included. Ideas for this list come from pharmacy education experiences (I surely hope so), professional literature, seminars, reading, visiting other hospital pharmacy services, talking with nurses and physicians, talking with hospital administration about their views regarding drug use. After the list is compiled, the challenge of prioritizing the list from number one (most important), second, third, to the last (least important) is the next critical step. The prioritization is required because there will not be enough pharmacist staffing, either current or future, to provide all the activities listed. The next critical step is to write up brief descriptions of the "expected benefits" from each listed practice activity; expected benefits for the patient, nurses, physicians, and the hospital / health system, for the pharmacists too. Depending on the scope of patient care provided, there will be other lists compiled that are specific for patient types, such as: pediatrics, NICU, ICU, ob/gyn.

Why are these three steps so critical? To be successful in changing pharmacy services, it is essential for the pharmacy leadership to be capable of clearly articulating what the proposed pharmacist services are and how each will affect nursing, physicians, the patients, and the hospital. It is also essential that the word selection be understandable and not inflammatory to the recipients. While information from the literature or from other hospitals can be useful, there is no substitute for the proposed services being defined and presented that are specific for one's own hospital and health system. I experienced early in my professional career as the visitors came to see the 9th floor pharmacy program at UCSF, they often commented while this is great, UCSF is a university with lots of money. When I was at Long Beach Memorial and visitors came from all over the country and over 30 foreign countries, often times the community hospital visitors would comment, well Memorial is a big community hospital, and has the funds (probably an oil well in the pharmacy basement). These ideas (pharmacy services) will not work in my smaller community hospital meaning cannot afford the perceived costs. Your assessment of your hospital and health system environment is unique, and trying to just use the literature or what some other hospital is doing, will most likely in my experience, not be successful at your facility. You have to know what you are talking about, what you are recommending for your hospital, and what you believe in and are committed to for pharmacy to provide new benefits to patient care and the professional staffs that can come from changing pharmacist practice.

In the early days of clinical pharmacy (late 1960's to early 1970's), a list of pharmacist practice activities included the following. (taken from case study report "Clinical Pharmacy Services in a Community Hospital, 1972) (see publications, documents)

Clinical activities

- Question physician drug orders when applicable
- Suggest laboratory tests, and drug therapy changes to the physician
- Answer questions asked by the physician
- Answer questions asked by nurses

- Participate on the hospital emergency team
- Attend and participate in patient care rounds
- Interview patients – admission drug history, drug therapy evaluation, discharge interview
- Present drug therapy conferences to physicians, nurses, and pharmacists
- Review and monitor drug therapy
- Ask questions of the drug information service concerning patient drug therapy

Drug distribution activities

- Supervise the pharmacy assistant
- Perform pharmacy assistant duties as needed
- Interpret all physician drug orders
- Check pharmacy assistant dose preparations
- Prepare intravenous drug admixtures

The pharmacist's clinical practice by the late 1970's consisted of a set of activities generally accepted as listed here: (see publications, number 27)

1. Interpret all physician original drug orders
2. Clarify illegible and incomplete prescribed drug orders
3. Question inappropriate prescribed orders
4. Answer drug information requests from physicians
5. Answer drug information requests from nurses
6. Provide drug-use education to physicians, nurses, and pharmacists
7. Provide special drug therapy management services via approved guidelines/protocols
8. Monitor drug therapy for safety and efficacy
9. Perform drug-use research
10. Provide patient education for drug use and misuse
11. Conduct a drug utilization review program for appropriate use
12. Supervise and provide safe and efficient drug distribution systems
13. Participate on the hospital emergency team
14. Attend and participate in patient care rounds
15. Interview patients – admission drug histories, drug therapy evaluation, discharge
16. Provide clinical pharmacokinetic services

This list, now 30 plus years old, can serve as a good start for the compilation of your list for your hospital and/or practice setting. For each pharmacist activity, a concise description is needed. In addition, a statement identifying the expected benefits is needed. Some examples to illustrate.

- Question inappropriate prescribed drug order

  A prescription that is not appropriate for the patient would include one for which there is a documented: patient allergic reaction to the prescribed drug(s); incorrect drug, strength, or dosage form based on the patient and medical condition (s); incorrect dosage based on approved information or published standards of professional practice due to patient age, patient weight, laboratory test results; potential drug interactions; and concomitant or duplicate therapy.

The expected benefits from the pharmacist's intervention are patient safety, reduced liability for the prescriber and pharmacy, and pharmacist job satisfaction.

- Monitor drug therapy

The pharmacist will review, analyze, make judgments, and provide recommendations to the prescriber and/or patient for modification(s) in the patient's drug therapy for safety and efficacy. The pharmacist's judgments and recommendations will be made on new, refill prescriptions, and concomitant nonprescription drug use to help achieve the desired drug therapy outcomes for the patients' benefit. Therapeutic drug monitoring using serum drug levels is an important aspect of monitoring drug therapy for the appropriate drugs. Prescription refill reminders are provided to the patient as part of the pharmacist drug therapy monitoring service.

The expected benefits are appropriate drug therapy, prevention of drug interactions, safer drug therapy, reduction in drug related costs associated with inappropriate drug therapy, improved patient compliance, pharmacy business, and pharmacist job satisfaction.

- Dispensing prescriptions accurately and efficiently

Prescriptions need to be dispensed accurately to comply with pharmacy laws and regulations and to help achieve patient safety and drug therapy efficacy. Prescriptions need to be dispensed efficiently for patient satisfaction with pharmacy services. Maintenance of an adequate drug inventory is required for prompt and efficient dispensing. Prescription labeling and auxiliary labeling are included as part of dispensing accuracy.

The expected benefits are drug safety, compliance, decrease in drug-related morbidity, pharmacy business, and pharmacist job satisfaction.

- Provide patient medication counseling

To achieve the safe use of self-administered drugs and drug-related products and to improve patient compliance requires educating the patient to know and understand the drugs and drug-related products being used. Counseling is a form of patient education. Counseling is the process of one person (pharmacist) helping another (patient) to develop understanding and behaviors to implement decisions that enable the patient to best utilize drug products in achieving desired goals. Goals of patient counseling are for the patient to appropriately and safely use drugs and drug-related products, adhere to the medication regimen to achieve the desired outcomes, and to seek professional assistance when patient response is not known or desirable. The pharmacist will counsel the patient on the proper self-administration of drugs, the patient's potential responses to the drugs being taken, and the correct use of drug-related health care products.

The expected benefits are safe use of drugs, compliance, decrease in drug-related morbidity and associated costs, pharmacy business, and pharmacist job satisfaction.

- Management of drug therapy by approved guidelines

The pharmacist will review, analyze, and make judgments about the patient's condition to prescribe the drug(s) of the physician-approved guideline. The pharmacist's judgments will

include the prescribing of the drug(s); initial does, dosage schedule, and route of administration. The patient will be monitored for responses to the drug therapy and modifications prescribed as necessary. Laboratory tests will be ordered and the results used in the managing of the patient's drug therapy to achieve the desired goals and results.

The expected benefits are appropriate and cost-efficient drug therapy, safe drug therapy, prevention of drug-related problems, reduction in the drug-related costs of inappropriate therapy, reduced medical liability, improvements in pharmacy business, pharmacist-physician relationship, and pharmacist-patient relationship, and pharmacist job satisfaction.

Summary

Compile your own comprehensive list of pharmacist practice activities. Prioritize the list from most important to the least important. For each activity, prepare a short description of the activity followed by the expected benefits for the patient, nursing, medical staff, the hospital. Word selection is very important. Stay away from words that are known to be received negatively by nurses and physicians, especially. With this information, the pharmacy leadership can communicate more effectively to the leadership of the hospital, nursing and medical staff, and existing pharmacy staff. This list also sets the stage for the next part of this change model which is the resources needed to implement the defined pharmacist practice.