

Developing a Clinical Workgroup to Streamline Formulary Management

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Disclosure

Donald R. Jones has nothing to disclose.

The Situation

- Four hospitals becoming a system
 - One tertiary care academic teaching
 - One children's hospital
 - Two community hospitals
- Three with CPOE system
- Three different pharmacy computer systems across the four hospitals
- Three distinct P&T Committees

The Background

- Decision had been made to go to one CIS across all hospitals and practice groups
- Formulary gap analysis had been planned
- CMOs had negligible involvement in formulary management
- New corporate COO viewed CMO
 - As opinion leader
 - As having "hands on" budget accountability
 - As an effective bridge to senior management

The Assessment

- Pharmacists were willing to be accountable for formulary research and recommendation
- CMOs preferred pharmacist in this role, and wanted a voice with P&T
- P&T chairs welcomed CMO voice, but wanted to retain control

The Recommendation

