

PHARMACISTS - The Best Medication Reconciler

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Pharmacy Director

Shore Memorial Hospital Located at the South Jersey shore in Somers Point, New Jersey

- Community, non-teaching hospital; licensed for 296 beds - maintain 204 beds.
- Clinical affiliation with the University of Pennsylvania Health System (UPHS). Affiliation provides for expanded medical services and programs in the fields of cardiac, cancer and neurological care for South Jersey residents.
- Clinical CHOP Connection - a joint service of The Children's Hospital of Philadelphia and SMH.
- Member VHA
- TJC Certified Stroke Program
- New Surgical Tower expansion, Medical Office Building - 2010



Dr. Said - "Get Me the Pharmacy Director, NOW!"

- **Scenario**-patient arrives in ED;
- Patient admitted and ED nurse gathers list of patient's "home medications" from patient;
- ED nurse contacts attending physician and reviews list, by phone, taking telephone admission orders with "readback;"
- Pharmacy receives orders, reviews, profiles and dispenses;
- Floor nurse administers medications;
- Attending physician reviews chart and realizes admitting orders incorrect...demands to see pharmacy director and ED Nurse Manager and wants to know why "medication reconciliation" didn't work.

SMH- Medication Reconciliation Assessment

- Interviewed medical staff
- Interviewed nursing
- Reviewed literature
- Reviewed The Joint Commission Standards





Findings

- Incomplete information provided by patient;
- Nursing unclear on many of the medications used outside the hospital and incomplete or inaccurate recorders;
- Access to patient's office chart not readily available to attending physicians;
- Medication reconciliation important and regulatory requirement but time consuming.



SMH-Proposal 3-month Pilot

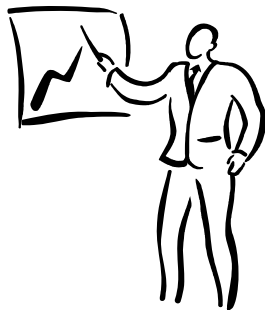


- Pharmacists are the drug experts!
- 60% of hospital admissions through the ED with an average of 22 admission/day.
- Pharmacist already in the ED Mon-Friday processing medication orders 1:30-5:30pm.
- Expand hours to 9:30pm and add admission medication reconciliation to the duties.
- Measure outcomes to determine cost/benefit.
- Anticipated additional pharmacist cost of \$79,000/year with differential and benefits.

ED Pharmacist – Medication Reconciliation Pilot

- Nurse continued to gather “draft” home medication list from patient;
- When identified patient was being admitted “draft” list given to ED pharmacist;
- ED pharmacist reviewed list with patient and/or significant other and if unclear ED pharmacist contacted patient’s pharmacy;
- ED pharmacist entered list into HIS system and identified formulary alternatives or therapeutic substitutions directly into system;
- ED pharmacist printed out as “Admission Medication List” and reviewed with admitting physician who confirmed, cancelled or changed orders;
- Once finalized ED pharmacist finalized orders, doses were dispensed and administered by nurse.

Results of Pilot



- ED pharmacist hours Mon-Friday 1:30pm-8:30pm;
- Hours based on pharmacist availability and peak hours of admission;
- ED pharmacist reconciling an average of 12 patients/day;
- Physician and nursing satisfaction high.
- Projected additional pharmacist cost \$55,000 with differential/year.




Benefits of Pharmacists Completing Medication Reconciliation

- Pharmacists are truly the medication therapy experts;
- Potential for Medicare and other insurance company reimbursement;
- Catching therapeutic and formulary substitutions prior to the "order being written" saves time for the prescriber and pharmacy;
- Accurate and complete medication history increases comfort level of patient's and reduce risk of medication events.



Examples of "Near Misses" and Cost Containment

- Insulin errors avoided- draft list indicated "Regular Insulin" when patient actually prescriber "Lantus®;"
- "White tablet" identified by ED pharmacist contacting patient's retail pharmacy;
- Patient indicated-"Taking prednisone," when therapy had been completed 10-days prior;
- Draft list indicated immediate release drug when patient prescribed extended release;
- ED pharmacist converted home PPI to H2-blocker per hospital protocol prior. Attending physician approved when counter-signing admission orders.
- ED pharmacist held patient's ESA therapy based on latest lab results and hospital protocol.



Questions?

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