

Practice Spotlight

Thomas Jefferson University Hospital

Philadelphia, PA

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IN YOUR VIEW, HOW WOULD YOU DEFINE THE IDEAL PHARMACY PRACTICE MODEL?

At Thomas Jefferson University Hospital, we envision the ideal practice model to be progressive in nature and visionary in scope, allowing for our staff to work together as a team to advance the role of pharmacy practice. This responsibility falls within the entire department, including pharmacists, residents, technicians, interns and pharmacy students. Pharmacy personnel must have the creativity and freedom to allow for the innovation required to advance to an optimal practice model. Pharmacists are uniquely equipped to provide an important safety net for patients throughout the continuum of care, both before and after their hospitalization. The knowledge acquired throughout our training and experiences allows us to effectively adapt our systems to provide the best possible care to our patients. Our Pharmacy Practice model allows for direct involvement of the Pharmacist at the patient bedside.

HOW DO PHARMACISTS IN YOUR RE-DESIGNED PHARMACY PRACTICE MODEL PROVIDE CARE TO PATIENTS AND ENSURE SAFE AND EFFECTIVE MEDICATION THERAPY?

Pharmacists at Thomas Jefferson University Hospital are encouraged to lead with their expertise and to collaborate with other members of the healthcare team in an effort to identify timely and appropriate recommendations. Pharmacists are active members of multidisciplinary healthcare teams practicing in various clinical specialties including: critical care, solid organ transplant, emergency medicine, bone marrow transplant, oncology, infectious disease, cardiology, pharmacoeconomics, pediatrics, neuroscience, and investigational drug services.

Coordinating transitions of care is an integral component of providing optimal care to our patients. To this end, we developed and implemented several programs within our department. A pharmacy-driven anticoagulation program is made available to patients after hip and knee arthroplasties. Our pharmacists coordinate their activities with the interdisciplinary team, which also includes nurse practitioners, physician assistants, case managers, and orthopedic surgeons. The team offers formal and comprehensive inpatient education prior to discharge. Warfarin therapy is initiated inpatient, and a pharmacist continues to follow patients as they transition to the outpatient setting. Both the pharmacy department and the Jefferson Vascular Disease Center provide around-the-clock (24/7) coverage to inpatients and outpatients, respectively. [This Transition in Care Initiative](#) was awarded an ASHP Best Practices Award in Health-System Pharmacy in 2010. Similar pharmacy-directed programs have been implemented for other disease states, such as heart failure, pneumonia, and cardiac surgery. These programs ensure the continuity of care for our patients in both inpatient and outpatient environments.

At Thomas Jefferson University Hospital, pharmacists have been transitioned into nontraditional settings. For example, through our Home Infusion program, pharmacists reach out to patients that are outside the confines of the hospital but often need the most guidance and assistance. Many patients need to complete complicated courses of intravenous therapy in their homes, and safety is a serious concern. Our pharmacists serve as the eyes and ears of the multidisciplinary team to assess the safety and efficacy of therapy. Teamwork and collaboration are essential in preventing adverse events, assessing compliance, and ensuring proper follow-up.

WHAT SERVICES HAVE YOU DETERMINED TO BE ESSENTIAL TO SUPPORT YOUR PHARMACY PRACTICE MODEL?

Our pharmacy practice model calls upon our pharmacists to expand beyond their traditional, distributive roles and to provide coordinated clinical pharmacy services. Our Pharmacists are accountable for the patient as a whole and not just for their acute inpatient needs.

Our outpatient pharmacies provide a variety of unique and specialized services to complete the patients' overall hospital experience. One such service is a concierge program adding a personal touch to the discharge process. Engaging patients directly at the bedside decreases precertification and prior authorization issues while improving patient satisfaction and clinical and financial outcomes.

We discovered that delegating certain clinical duties to pharmacy interns is not only rewarding to the interns but also allows pharmacists to concentrate on direct patient care. For example, pharmacy interns are actively involved in our heart failure transition in care program. In order to participate, interns must complete an educational course and meet competencies to prepare them for their tasks. They also spend time shadowing the cardiology pharmacist to develop appropriate interactions with their patients. Once their training is complete, our interns assist

with not only patient discharge counseling but also contacting recently discharged patients to ensure proper medication therapy and provide further education.

In addition to having the motivated staff, adequate resources must be available to continue our progression to an optimal practice model. An agile and forward thinking management team is essential to continue facilitating innovative initiatives. The administrative support needs to understand and recognize the needs of our staff. Overall, a global appreciation for resources we have at our disposal is needed to determine our current and potential capabilities.

WHAT TECHNOLOGIES HAVE YOU IMPLEMENTED WITHIN YOUR PRACTICE SITE TO FACILITATE YOUR PRACTICE MODEL?

The implementation of an institution-wide Computerized Prescriber Order Entry (CPOE) system has facilitated the development of our current practice model. A team of informatics experts, that included our pharmacists, designed the system to guide the prescriber to select the proper medication for our patients by creating order sets and work lists. We utilize the Sentri-7™ (Pharmacy OneSource) pharmacy surveillance and intervention documentation system to facilitate identification of pharmacy intervention opportunities. Additionally, this automation streamlines the documentation and follow-up process. It is integrated with our ADT and CPOE systems and identifies patients in real-time that may need pharmacy interventions. The specific criteria may include: IV to PO conversions, renal dosing adjustments, anticoagulation monitoring, heart failure risk patients, abnormal lab values, and antibiotic use. It also provides the management team with reports that assess the pharmacists' performance. These reports help tie the pharmacists' interventions to cost savings and can be an important resource when sharing outcomes with other hospital administrators.

We also employ standard order sets that are populated for patients receiving anticoagulants or treatment for heart failure. These order sets help create work lists to develop an electronic individualized plan of care for each patient. Once the orders are entered into the system, it alerts all members of the team to provide care to that patient, including assessing medications, providing additional resources, and scheduling appropriate follow-up communication with the patient. These pharmacy interventions are documented in the pharmacy intervention tracking system.

HOW WOULD YOU SHARE THE SUCCESSES OF YOUR PRACTICE MODEL WITH OTHER PHARMACY DIRECTORS AND ADMINISTRATORS?

Thomas Jefferson University Hospital and its staff are very active in professional organizations at the local, state & national levels. Not only does this provide us with valuable information but we are also able to share our programs and experiences with the pharmacy community. Poster presentations are often used to highlight specific programs in our pharmacy model that have been particularly successful. This was the case for our Anticoagulation Clinic, which was [recognized last year by ASHP](#).

Additionally, hospital administration recognizes the strength and value of pharmacy and has sought our involvement in several critical multidisciplinary projects. Our department participates and contributes meaningful input in development of critical pathways, such as those for pneumonia, cardio-thoracic surgery and heart failure. The successful implementation of the Senti-7™ surveillance and documentation program has prompted other departments, such as Infection Control, to seek our assistance in utilizing similar surveillance programs. Finally, several members of our department have been trained to be Change Agents and Lean Leaders and recruited to be Balance Scorecard Leaders throughout the organization.

WHAT ARE SOME KEY CONSIDERATIONS TO GAIN EMPLOYEE ACCEPTANCE AND BUY-IN TO IMPLEMENT A NEW PRACTICE MODEL?

Implementing a new practice model often requires staff to work outside of their comfort zone. Engaging the right people is a key first step to progressing towards an optimal practice model. We value their knowledge and expertise in their work since they are an integral component to the development of the department. We actively listen to their comments and find ways to support their needs. Continuing education also ensures that our staff is well-prepared to continue to move the department toward the goal of optimizing care for our patients.

Throughout the process, it is important to identify champions for our projects that can serve as good role models to other staff members. We have found that communicating successes back to the staff motivates them to continue their great work. We report everything from overall activity of the program to specific outcomes. It is important to celebrate accomplishments and find ways to recognize staff members.

For example, our heart failure program was swiftly initiated and implemented within the span of a few months. A group of pharmacy staff members added enormous duties to their existing responsibilities. Schedules and staff were quickly reorganized to fit within the new model. Managers developed innovative techniques and methods to maintain existing pharmacy programs while efficiently implementing a new service. Pharmacy interns were included in the process to share the workload and establish a greater sense of teamwork. Pharmacy staff members advancing the practice model were given special recognition at our staff meetings.

HOW DID YOU GAIN SUPPORT OF HOSPITAL ADMINISTRATORS, PHYSICIANS, AND NURSING TO IMPLEMENT YOUR NEW PRACTICE MODEL?

Here at Thomas Jefferson University Hospital, we have been fortunate enough to have the full support of our hospital administration in implementing new programs. There is a strong interdisciplinary culture throughout the organization which appreciates and encourages input from the pharmacy at all levels. Administrators recognize our strengths as a department and frequently call upon us to contribute to the development of programs which assure delivery of optimum care to our patients.

WHAT ARE SOME LESSONS LEARNED WHILE IMPLEMENTING YOUR PRACTICE MODEL THAT YOU WOULD LIKE TO SHARE WITH OTHER PHARMACISTS?

We have learned to take risks to achieve optimal practice goals that progress toward a better practice model. The opportunities are endless, and the rewards are rich. An open mind and positive attitude will go a long way. The pharmacy profession is part of a changing healthcare environment, and the time is right for expanding our role in provision of patient care.