

## Practice Spotlight

### Providence St. Peter Hospital

Olympia, Washington

[www.providence.org](http://www.providence.org)

### Priyesh G. Patel, Pharm.D., M.B.A.

Director of Pharmacy

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

Providence St. Peter Hospital (PSPH) is part of Providence Health & Services, a Catholic faith-based health-system comprised of 29 hospitals located in regions spanning across Alaska, Washington, Montana, Oregon and California.

The pharmacy practice model at PSPH has evolved over a long period of time, but in the past year, we have made a transformational change from a “product- to patient-centered” model. In March 2007, we systematically developed a 3-year strategic plan that focuses on centralizing operational components of pharmacy services (e.g., order review and entry) and decentralizing clinical components (e.g., relocating of some pharmacists to specific patient care units).

In March 2009, our pharmacy resident utilized Institute for Safe Medication Practices’ self-assessment survey to review our entire medication management program. Based on findings from that assessment, and with the assistance of our pharmacy and therapeutics committee, we received unanimous support for a formal medication safety program at PSPH. We were also able to convert one of our vacant pharmacist positions into a medication safety coordinator position, for which we hired an experienced clinical pharmacist, to fill in June 2009.

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

In the central pharmacy, we created a “triage pharmacy technician shift” that allows our pharmacists to place *focused* attention on processing medication orders and checking sterile



and non-sterile compounded preparations. We have also moved pharmacist into a “quiet area” of the central pharmacy, to reduce distractions and interruptions while entering orders into our pharmacy information system.

On the patient care units, our pharmacists now focus on providing advanced clinical pharmacy services to patients. Some of their daily activities include individual medication therapy review, therapeutic drug monitoring, antibiotic stewardship, drug interaction review, patient education and consultation, as well as nursing and physician education.

In the spirit of further enhancing quality assurance, we have also established a quality improvement committee. This committee worked to improve reliability around IV compounding. We used the IHI techniques of improving reliability to incorporate new processes in our sterile preparation area to reduce the risk of medication errors. We were successful in reducing our error rate from 8 defects per 1000 doses compounded to 3 defects per 1000 doses compounded (i.e., errors caught by pharmacists before they left the pharmacy). The best part of this project was that our entire staff was engaged and invested in improving the quality assurance of our sterile product preparation processes.

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

We conducted a systematic review of the medication management needs of each patient care unit to determine the most effective use of our pharmacy resources. This assessment allowed us to place pharmacists in those units where their medication management expertise would have the highest impact on patient outcomes. Units where patient’s medication regimens were deemed “high-risk” or “complex”, such as the critical care unit, were assigned a full-time clinical pharmacist. While in other areas, such as oncology and pediatrics, a clinical pharmacist is responsible for both patient care units. Other patient care units determined to need clinical pharmacist services include the emergency room, medical/renal, general medical/surgical, and progressive care/cardiology.

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

Technology supporting the operational components of our pharmacy department includes a pharmacy information system that receives admission, discharge, and transfer information from our hospital information system. This system is also interfaced with our electronic nursing medication administration system and clinical pharmacy decision support tool. As part of our strategic plan, we also installed automated dispensing cabinets in every patient care unit (at a ratio of 1 cabinet per 12 beds). Our goal is to maintain 85% of medications needed on the patient care unit thereby limiting centralized distribution of first doses to 15% of total dispenses. The addition of automated dispensing cabinets has also allowed us to created a “one

stop shopping” model for nurses on each floor. In addition, we also have 100% barcode administration with our electronic medical records.

With the strong technology focus in health care, we highly recommend having a clinical pharmacist dedicated to information technology. We would not be able to pursue these initiatives without the support of our pharmacist coordinator who is responsible for information technology.

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

At our health system, we have a pharmacy resource council comprised of pharmacy directors and clinical managers that meet on a quarterly basis to share best practices and collectively design strategic plans. We presented our strategic plan, pre- and post-implementation, on several occasions to the Council. This allowed other hospitals in our health system to adopt our approach to transforming pharmacy from a product- to patient-centered model. Our residents are also highly involved, presenting posters at ASHP and Western States Residency Conference on the success of our strategic plan.

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

First, employees must be included in the development a formal strategic plan. Their feedback should be obtained through several “sensing” sessions. Their involvement in the development process is essential for the successful implementation of a strategic plan.

Second, there should be alignment between the pharmacy’s strategic plan and the hospital’s and health system’s overall mission. In a complex, multi-tiered health system, such as Providence Health & Services, the strategic plan had to meet several metrics commonly tracked on the organizational level.

Third, employees must have the clinical training and competency to perform confidently in a patient care environment. This requires clinical coordinators and managers to actively work with pharmacists to build confidence through staff development.

Fourth, pharmacists need to be highly engaged and invested in the outcomes of the strategic plan.

Fifth, celebrating milestones is very important. Congratulating pharmacy staff on the many successes along the way helps to boosts morale and increase buy-in.

Finally, individual- and system-accountability is essential. Hiring and maintaining the “right” people is essential for the successful implementation and adoption of a new practice model. Employees not meeting the expectations set forth should be coached for improvement.