**PPNO List Serv Query Summary**

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Contact for further information:

Date of Summary: **August 2020**

Abbreviated Question (as it will appear on search results page)

We are looking into our pharmacy model, specifically in regards to the role of the pharmacist.  We have the following questions:

* What is your pharmacy model?
* What are the main roles of the pharmacist in your facility?
* Do they do the following:
  + Verification of patient medication orders
  + Medication reconciliation at admission (or is it the pharmacy tech)
  + Medication reconciliation at discharge (or is it the pharmacy tech)
  + Liaising with community pharmacy / family doctor at discharge
  + Patient education
* Is medication reconciliation at admission and/or discharge a key performance indicator?  If so, what is your completion target rate?

Policy/Procedure  Practice  Program Info  Committee Structure info  Role  Students

Model/Structure Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

Responses:

Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| Responder Info | Responses | Attachment(s)\* |
| --- | --- | --- |
| **Swasti Bhajan Mathur, BScPhm RPh**  Pharmacy Manager, Centenary Hospital  **Scarborough Health Network**  Office: 416-281-7026  Mobile: 647-462-5434  Email: [Sbhajan@shn.ca](mailto:Sbhajan@shn.ca) | 1. What is your pharmacy model?   **Our pharmacy model:  We have a central pharmacy where dispensary pharmacists are present at all times during pharmacy hours for order entry and checking new orders/dispensed meds filled by technicians.  All the unit dose filling, and compounding (sterile & non sterile, hazardous & non hazardous) all take place in the central pharmacy. Oncology pharmacy takes place separately in the oncology clinic.** 2. What are the main roles of the pharmacist in your facility? **We have different pharmacists covering different speciality units (e.g. nephrology, pediatrics, oncology, cardiology, surgery, general medicine, ICU, antibiotic stewartship etc). Main roles include: entering physician's orders - ensuring accuracy of orders, checking for interactions, allergies.. ; doing BPMH on admission and ideally on discharge; ensuring BPMH's are being reconciled in a timely manner upon admission; ensuring appropriate VTE prophylaxis ordered during hospital stay; clinical monitoring of patient's cultures (& assessing for appropriateness of antibiotics), drug levels, and other bloodwork ordered; regular assessments of meds for fall prevention; working with physician to ensure best possible drug therapy for patients; provide counsellings on new meds during hospital stay and counsellings on discharge; provide presentations to patients (e.g. cardiac talk, mental health talk).** 3. Do they do the following:    1. Verification of patient medication orders - **Yes (verifying orders entered by RNs overnight) This will be changed to all orders once EPIC is implemented May 2021**    2. Medication reconciliation at admission (or is it the pharmacy tech) - **Yes (mostly done by pharmacists). Some technicians complete BPMH (Emerg, preadmit clinic)**    3. Medication reconciliation at discharge (or is it the pharmacy tech) - **Yes (usually - depends on the unit and when patients get discharged)**    4. Liaising with community pharmacy / family doctor at discharge - **Sometimes (e.g. methadone patient - pharmacist will call methadone pharmacy on discharge to inform them of the discharge and relay any info re: # of carries left and # of doses received in hospital etc, COPD/CHF patients - pharmacists often contact  pharmacy or even family doctor to inform them of the changes in inhalers and drug therapy while in hospital etc.; Warfarin patients - pharmacists may fax list of INR/warfarin doses of new starts to family doctor for continuing care in warfarin dosing/monitoring)**    5. Patient education - **Yes** 4. Is medication reconciliation at admission and/or discharge a key performance indicator?  If so, what is your completion target rate? Yes, this is a key performance indicator. 90% is the completion target rate for both admission and discharge. |  |
| Anthony Danial, PharmD  Collaborative Practice Leader  Holland Bloorview Kids Rehabilitation Hospital  Phone: 416-425-6220 Ext. 6513  Email: [adanial@hollandbloorview.ca](mailto:adanial@hollandbloorview.ca) | What is your pharmacy model?  o   Clinical pharmacy service  o   Some operational tasks           What are the main roles of the pharmacist in your facility?  o   Order verification  o   Medication Reconciliation  o   Attend intake meetings, family team meetings, rounds  o   Admission planning, support weekend pass education, discharge script/education  o   Consultation for outpatient services and day patient clients  o   Participation in organization committees  o   Medication calendars for client’s/families  o   Available for prescriber and family consultations  o   Recommendations on dosage forms, product availability  o   Consultation with SickKids pharmacists  o   On-call service           Do they do the following:  o   Verification of patient medication orders    Yes  o   Medication reconciliation at admission (or is it the pharmacy tech)    Yes – I have seen this service offered at several facilities. We are exploring technicians supporting this work.  o   Medication reconciliation at discharge (or is it the pharmacy tech)    pharmacist  o   Liaising with community pharmacy / family doctor at discharge    Yes – big part of discharge. Important in pediatrics. Need to find appropriate compound pharmacy.  o   Patient education    Yes           Is medication reconciliation at admission and/or discharge a key performance indicator?  Yes  o   If so, what is your completion target rate?    Above 90% |  |
| Tasha Vandervliet, RN, BScN  Nurse Educator  Huron Perth Healthcare Alliance  46 General Hospital Drive  Stratford, Ontario  N5A 2Y6  519-272-8210 ext. 2327  tasha.vandervliet@hpha.ca |         What is your pharmacy model? All patient units are divided into clinical assignments. Each full time pharmacists is responsible for a particular clinical assignment (ex. Medicine unit, surgical services etc).          What are the main roles of the pharmacist in your facility? Pharmacist are responsible for verifying orders and providing clinical services for their assignment. Pharmacists review home medications and medication orders for their patients and work with physicians to ensure appropriate medication therapy. Pharmacists act as a resource to nurses and physicians, assist with drug dosing and monitoring, and provide drug information.          Do they do the following:  o   Verification of patient medication orders – Yes – all medication orders are entered by technicians and verified by pharmacists  o   Medication reconciliation at admission (or is it the pharmacy tech) – Admission med rec is officially a nursing role in our organization, but pharmacists do lots of work to double check and make corrections while reviewing/working up new patients. We are looking to expand pharmacy involvement in med rec, which will likely be a pharmacy technician or student role.  o   Medication reconciliation at discharge (or is it the pharmacy tech) - There is no formal pharmacist involvement in discharge med rec. Pharmacists get involved time permitting or if a need arises for a particular patient.  o   Liaising with community pharmacy / family doctor at discharge – Situation dependent, pharmacists will follow up with community pharmacy or family physician. This is not a required/routine practice for all patient discharges.  o   Patient education – If the need arises, pharmacists may be involved in patient education. Ex. New medication starts in hospital or complex discharges.          Is medication reconciliation at admission and/or discharge a key performance indicator?  If so, what is your completion target rate? – We do not have targets or track key performance indicators. We do some med rec audits, however, we are looking to develop a med rec program with expanded pharmacy involvement in the future. |  |
| Larry Bertoldo BScPhm, RPh, ACPR Pharmacy Department Thunder Bay Regional Health Sciences Centre 980 Oliver Road Thunder Bay, Ontario P7B 6V4  Ph:  (807) 684-6325 Fax: (807) 684-5882  Pager: (807) 624-4323 email: [bertoldl@tbh.net](mailto:bertoldl@tbh.net) | 1) With respect to Pharmacy Model, not sure how in depth you wish to go. It is partial unit dose drug distribution system, partial automated dispensing cabinets. We are transitioning to the cabinets. We utilize a tech check tech model for medication dispensing. We have Technician based order entry with Pharmacist verification. Pharmacists will also enter prescriptions from the central Pharmacy and also the nursing units. Main role the Pharmacist is review of medication management for patients, involvement in patient care rounds, medication reconciliation, therapeutic drug monitoring. overseeing sterile compounding (Chemo, TPN, etc), Patient education, education of pharmacy students as well as medical students and residents.  2) Medication reconciliation on admission: hybrid model of Nursing, Pharmacy Technician, Pharmacy student (all doing BPMH) and Pharmacists (final reconciliation and BPMH as well)  3) Medication reconciliation at discharge: Pharmacist to be involved but needs a lot of work and buy in from prescribers  4) Liaising with  community Pharmacy: done by Pharmacists when needed - not routine - working on building it into our discharge medication reconciliation process  5) Patient education: Yes - done by Pharmacists - Focus on our Cardiovascular and Stroke patients and Chemotherapy, but will provide this to other patients on a consult basis.  Yes Medication Reconciliation is/was a Key Performance Indicator at one time (not sure if it still is). Target initially was 90% but we never got anywhere close to that. Our working group was meeting to build on our processes but was stalled with COVID. |  |
| **Sandra Parsons**  **DOCUMENT MANAGEMENT SPECIALIST**  **PROFESSIONAL PRACTICE**  596 Davis Drive, Newmarket, ON, L3Y 2P9 **T:** (905) 895-4521 ext. 2435  **Email:** [sparsons@southlakeregional.org](mailto:sparsons@southlakeregional.org) |          What is your pharmacy model? Centralized OE with a clinical pharmacist assigned to every unit           What are the main roles of the pharmacist in your facility? Clinical monitoring/Med Rec/drug info           Do they do the following:  o   Verification of patient medication orders – paper based orders/OE  o   Medication reconciliation at admission (or is it the pharmacy tech)- both, focus most on the techs but the pharmacists cover what has not yet been done  o   Medication reconciliation at discharge (or is it the pharmacy tech)- yes with the prescribers  o   Liaising with community pharmacy / family doctor at discharge- informally  o   Patient education- PRN and usually targeted for the more ‘high alert’ meds or for patients with substantive profile changes at discharge; routine for post cardiac surgery patients           Is medication reconciliation at admission and/or discharge a key performance indicator?  If so, what is your completion target rate? Yes with most focus on discharge currently. 80% for each. |  |
| **Susan Bowser, BSc (Pharm), PharmD** Clinical Pharmacy Specialist T. 905.576.8711 ext.35097  [sbowser@lh.ca](mailto:sbowser@lh.ca) |          What is your pharmacy model?  Pharmacists provide in-patient care within the multidisciplinary model. They work on the clinical care unit directly with the patient and health care team. Our speciality pharmacist teams are Infectious Disease, nephrology and oncology.  Technicians work in the ED doing  Best Possible Med History (BPMH) and help support drug distribution on the units.           What are the main roles of the pharmacist in your facility?  In the ED, the pharmacist does medrec and highlights the key issues for followup by the floor pharmacist.  On the floors, the pharmacist does an assessment and identifies/ resolves drug therapy problems (starting and stopping drugs, dosing changes etc), talks to the patient as required and coordinates the discharge meds with the prescriber and community pharmacy.  They do therapeutic drug monitoring of vancomycin, aminoglycosides, warfarin, phenytoin etc.           Do they do the following:  o   Verification of patient medication orders - Yes  o   Medication reconciliation at admission (or is it the pharmacy tech)- The tech does the BPMH, the pharmacist then takes that information and uses it for Med Rec where they make suggestions to the prescriber.  o   Medication reconciliation at discharge (or is it the pharmacy tech)- Pharmacist makes the suggestion about discharge meds and counsel patients, techs document the discharge Rx in the system  o   Liaising with community pharmacy / family doctor at discharge- Yes.  o   Patient education- yes           Is medication reconciliation at admission and/or discharge a key performance indicator?  Yes If so, what is your completion target rate? Ranges from 88 – 95% depending on the site (we have 5 sites and varying hours of coverage). Our corporate target is 80% but we strive for 90%. |  |
| **Trent Fookes**, RPh, BSP | Director  Pharmacy  **Grey Bruce Health Services** │ Owen Sound  T 519.376.2121 x2101 | F 519.376.8984  C 519.374.5568  [www.gbhs.on.ca](http://www.gbhs.on.ca) | I was forwarded this PPNO request – I might suggest having a look at the CSHP Hospital Pharmacy in Canada survey – it’s a very comprehensive survey covering all areas of hospital pharmacy practice.  It is biased in that it is voluntary, but the response rate is typically very broad, and most, if not all results are broken down into hospital type and size.  You can access the most recent survey (2016/17) at:  <https://cshp.ca/reports> |  |
| Daniel Lai  Clinical Pharmacist  Ross Memorial Hospital | * What is your pharmacy model?   + Pharmacists work on patient floor with nursing (There are 4 pharmacists on weekdays and 2 on weekends) – hours of operation are 730-1730 (10 hour shifts + pharmacist on call every night)   + Pharmacy technicians work in ER/floor (doing admission BPMHs), along with roles such as prepackaging, narcotics, delivering medselects, CIVA, non-sterile compounding, inventory management etc     - We also have a few pharmacy assistants but eventually this role will be phased out * What are the main roles of the pharmacist in your facility?   + Pharmacists at the hospital ensure that medications are safe, indicated, and effective for patients at the hospital   + We used to have 2 technicians entering orders throughout the day, which are subsequently verified by pharmacists. However because we are anticipating that EPIC will cause major changes to how our work is done, we have reduced the role to one technician and eventually will phase that role out until EPIC is live (which will be CPOE)   + Pharmacists attend rounds currently in ER, ICU, Rehab/Chronic care, with eventual goal to add surgical, medical rounds   + Pharmacists review and follow all orders for antimicrobials to ensure they are indicate and duration appropriate (along with following the microbiology)   + Pharmacists file Health Canada mandatory Adverse Drug Reaction Reports   + Pharmacists monitor pharmacokinetics dosing for drugs such as: phenytoin, vancomycin, gentamicin, digoxin, etc   + Pharmacists facilitate access to medications whether it be through exceptional access program or other programs   + Pharmacists currently check all CIVA (sterile compounded products), but will be moving towards a tech-check-tech program in the coming future * Do they do the following:   + Verification of patient medication orders – yes (most also do the order entry too)   + Medication reconciliation at admission (or is it the pharmacy tech) – done by pharmacy tech, sometimes by pharmacists if we are short staffed   + Medication reconciliation at discharge (or is it the pharmacy tech) – NOT yet done, will need funding for it, currently nurses provide education (which I find is woefully inadequate, along with the MDs doing the med rec on discharge)   + Liaising with community pharmacy / family doctor at discharge (only if requested or if there is a complex issue – i.e. patient discharged on   + Patient education (only upon request, as previously stated was done by nursing) * Is medication reconciliation at admission and/or discharge a key performance indicator?  If so, what is your completion target rate?   + >95% completed for admitted patients |  |
| **Tiffany Niro** RPh, BSc, BScPharm  Medication Safety and Quality Improvement Coordinator  **Health Sciences North | Horizon Santé-Nord**  41 Ramsey Lake Road  Sudbury, Ontario P3E 5J1  705.522.2200 ext 6093 [tniro@hsnsudbury.ca](mailto:tniro@hsnsudbury.ca) |          What is your pharmacy model?  Largely a decentralized model, however Monday- Friday we have clinical pharmacists who attend the clinical areas to provide support.           What are the main roles of the pharmacist in your facility?           Do they do the following:  o   Verification of patient medication orders Yes  o   Medication reconciliation at admission (or is it the pharmacy tech) We have an interprofessional collaborative approach which includes pharmacy technicians, nurses and pharmacists available to do the admission BPMH.  o   Medication reconciliation at discharge (or is it the pharmacy tech)This is largely nursing and physicians. Pharmacists are only asked to participate in difficult discharges via a specific referral request.  o   Liaising with community pharmacy / family doctor at discharge Not routinely but definitely something that we are available to do.  o   Patient education We do perform patient education for new warfarin starts and occasionally insulin and puffer education.           Is medication reconciliation at admission and/or discharge a key performance indicator?  If so, what is your completion target rate? Medication reconciliation is an organizational performance indicator, our target completion is 80% for admission and 60% for discharge by end of October 2020. |  |