

# Winning Submission

BC Branch CSHP 2015 Success Story Contest

## **Pharmacy Practice Model Redesign at a Tertiary Care Teaching Hospital**

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### **Abstract**

**Background:** A growing body of evidence supports the fact that ward-based clinical pharmacy practice improves patient care. The Canadian Society of Hospital Pharmacists 2015 targets have not been reached to help individual hospital inpatients achieve the best use of medications. To achieve this goal a strong clinical pharmacy program needed to be established. Prior to 2008, the pharmacy practice model at the Royal Jubilee Hospital focused on drug distribution with limited clinical functions.

**Objective:** This article outlines the changes made to a drug distribution and clinical-specialist centered pharmacy practice model to a patient-centered integrated pharmacy practice model in a 453 bed tertiary care teaching hospital.

**Methods:** To foster change, a culture of clinical pharmacy excellence was embraced and endorsed by both the pharmacists and the leadership team. This culture of clinical excellence was created through mentoring and education, redistribution of the pharmacists from the dispensary to the ward and involvement in the Care Delivery Model Redesign to integrate pharmacists in the interdisciplinary team. Other changes included: developing a resolved Drug Therapy Problem tracker, pharmacist dedicated dual monitor workstations on the ward, the transition from pagers to smartphones, Vocera Communication system and extensive video conferencing capability.

**Results:** The role of clinical pharmacy has grown impressively over the last four years at Royal Jubilee Hospital. The number of ward areas assigned clinical coverage by Clinical Pharmacists and Clinical Pharmacy Specialists has progressively increased from five out of twenty-five possible ward areas in 2008 to twenty-three out of twenty-three possible ward areas in 2011. Barriers overcome included the pharmacists' skepticism in the plan, clinical practice confidence and gathering support from the health care team and organization. Feedback from the interdisciplinary team demonstrated that the Clinical Pharmacist's impact on the ward was valuable to the team resulting in requests for further expansion of clinical services. The model change has allowed all patients to have access to a Clinical Pharmacist at this large tertiary care teaching hospital.

**Conclusion:** To successfully make a practice model change of this magnitude requires leadership to stay focused on the vision, make necessary revisions to overcome obstacles, align with organizational priorities and engage pharmacists in a culture of clinical pharmacy excellence.

### **Alignment with CSHP 2015 Objectives:**

The Canadian Society of Hospital Pharmacy (CSHP) 2015 Targeting Excellence in Pharmacy Practice initiative aims to "improve patients' medication-related outcomes and safety by advancing pharmacy practice excellence" (1). Nationwide the 2009/2010 Lilly Survey of Hospital Pharmacy in Canada demonstrated that the CSHP target of increasing the extent to which pharmacists help individual hospital inpatients achieve the best use of medications has not been attained (2). In order to achieve the aforementioned goal a strong clinical pharmacy program needed to be established.

This four year project of practice model change aligns with the CSHP 2015 Goal 1 (to increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications) as clinical coverage is now expanded to all ward areas and Clinical Pharmacists are now fully integrated into the interdisciplinary team (2). By deploying Clinical Pharmacists to the ward the process is specifically contributing to Objective 1.4 (for 75% of hospital inpatients discharged with complex and high-risk

medication regimens will receive medication counselling managed by a pharmacist) (2). As pharmacists spend less time in the dispensary there is more patient contact aligning with Objective 1.5 (50% of recently hospitalized patients or their caregivers will recall speaking with a pharmacist while in hospital) (2).

**Impact:**

The pharmacy practice model redesign at RJH helped streamline the operation of the pharmacy department by increasing clinical coverage through improved efficiency in the dispensary. This clinical coverage allows for improved patient care as the pharmacist is now an integrated member of the interdisciplinary team and all patients now have access to a Clinical Pharmacist. The new clinical practice model allows the clinical pharmacists to do more patient teaching, medication reconciliation and resolving more drug therapy problems. These improve the care that patients now receive at RJH. By establishing a clinical pharmacy model on the ward, an environment was created where Clinical Pharmacists have become an essential part of the team and their involvement in patient care is regularly requested by other health care professionals.

In order to objectively document the patient care benefits of Clinical Pharmacists, a resolved Drug Therapy Problem tracker was created to collect and report the DTPs resolved by pharmacists. This database provides pharmacists with the ability to generate a Best Possible Medication History in order to facilitate admission and discharge medication reconciliation. This has had a huge impact on decreasing the impact of medication errors as patients transfer between the inpatient and outpatient setting.

**References**

1. CSHP 2015 Frequently Asked Questions. Ottawa (ON): Canadian Society of Hospital Pharmacists; 2012 [cited 2012 Jun 1]. Available from: [http://www.csHP.ca/programs/csHP2015/faq/index\\_e.asp](http://www.csHP.ca/programs/csHP2015/faq/index_e.asp)
2. Hospital Pharmacy in Canada 2009/2010 Report. Hospital Pharmacy in Canada Editorial Board; 2010 [cited 2012 Jun 1]. Available from: [http://www.lillyhospitalsurvey.ca/hpc2/content/2010\\_report/2009\\_2010\\_full\\_E.pdf](http://www.lillyhospitalsurvey.ca/hpc2/content/2010_report/2009_2010_full_E.pdf)