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CSHP 2015 Success Story Contest – Clinical Cross Coverage in Practice at CDHA

Goal 1: Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.

Objective 1.2: The medication therapy of 100% of hospital inpatients with complex and high-risk medication regimens will be monitored by a pharmacist.

Pharmacy practice model (PPM) change has become part of daily life and frequently enters conversation at Capital District Health Authority (CDHA) in Nova Scotia. In November 2011, the Pharmacy embarked on a mission to change the way we do business in order to meet escalating needs of patient care with the expectation of no additional resources. Through the creativity of many minds and the effectiveness of many hands, a number of practice initiatives have been developed, implemented and evaluated. These PPM changes have truly enhanced our ability to provide a patient-focused, collaborative pharmacy practice at CDHA.

One PPM initiative, that supports CSHP 2015 (Goal 1), was the creation of a model of Clinical Cross Coverage (CCC). A clinical working group for the CDHA Pharmacy Strategic Plan completed an evaluation of the consistency of pharmacy clinical coverage. The assessment of schedule reports and workload statistics identified gaps in clinical care. These gaps were evident in many services, including, those areas providing care to inpatients with complex and high-risk medication regimens (CSHP 2015 Objective 1.2). Causative factors included central pharmacy distribution commitments (i.e. week-end and evening coverage needs), part-time staff, vacation time, rest days and illness. Overall, the working group concluded that a lack in scheduling flexibility was creating a barrier to achieving optimal patient care.

The PPM Advisory Group postulated that a model of CCC could be developed to address these gaps in care and could be applied across the district. The objectives of CCC were to build capacity, increase mobility and enhance teamwork. Defining principles of CCC included: the provision of direct care to patients on a service other than the clinician's primary service assignment and activation to meet urgent patient care needs or for emergent reasons (i.e. staff illness or vacation). CCC must incorporate appropriate clinical training, is clearly documented, and includes transfer of patient information and/or review of cases and appropriate clinical support.

The PPM Advisory Group, considering intensity of patient care and clinical skill set, created the following groups: **Critical Care** (ICU, ED, CVICU, Vascular & General Surgery); **Oncology** (In/Outpatient Hematology & Medical Oncology, BMT), **Cardiology** (CCU, Cardiac IMCU, Cardiology, Anticoagulation Clinic, Acute Stroke); **Acute Medicine** (Medical Teaching Unit, Medical IMCU, Community Health Unit, Family Medicine) and **Non-Acute Medicine** (Mental Health, Restorative Care, Long Term Care and Veterans). Each service was requested to complete a Clinical Activities Review and Prioritization Tool and to comment on a Clinical Knowledge Self-Assessment Tool. These tools were used to define training, identify resources, prioritize clinical activities and create a "snap-shot" of each service. Starting with Critical Care, a core group of pharmacists was created and CCC was incorporated into scheduling.

The results of this initiative have been very positive with improved clinical consistency for CDHA patients with complex and high risk medication regimens. Additional value added to practice includes increased consistency in clinical activities, new clinical activities (that had previously been unachievable due to gaps in coverage) and team building success. As well, other practice initiatives have developed from this work including: Clinical Liaison On-Call (a process which provides high priority clinical interventions to patients care areas without a dedicated clinical pharmacist); Multi-Site Collaborative Order Entry (a process of sharing centralized order entry workload across remote sites through the use of digital scan fax technology) and Clinical Expansion (a process of reallocating pharmacist time to direct care activities in new areas as a result of transitioning distribution activities, such as order checking, to validated technicians).

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