THE PHARMACIST PRACTICE ULTIMATE ROAD TRIP: IT'S ABOUT THE JOURNEY **AND** THE DESTINATION!

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Disclosures

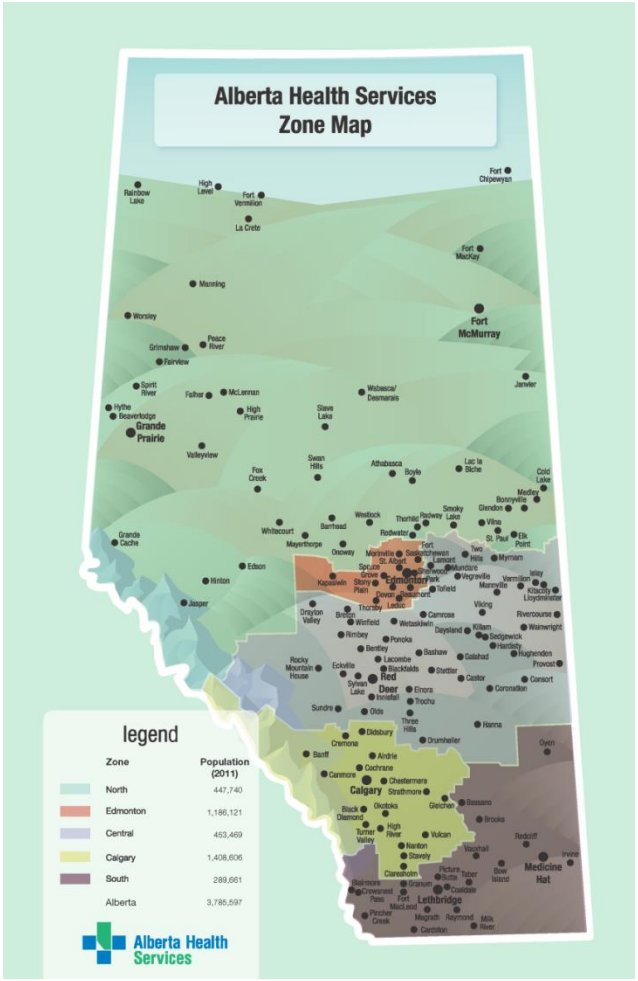
- No conflicts to disclose
- I received no speaking fee for this learning activity

What's This Talk About?

- Practice Change
- Pharmacist Allocation
- Key Performance Indicators (KPI)

- Or...really, all 3!

Alberta Health Services (AHS)



- Canada's first province-wide, fully integrated health system
- Organized geographically into five "zones"
  - Each zone manages facility operations, as well as nursing and physician care
- Several province-wide programs work in conjunction with zone leadership to deliver services to the entire province
  - Pharmacy Services is one of these provincial programs

Alberta Health Services

Perspective

- Alberta Health Services is BIG
  - Pharmacy Services serves 108 sites
  - 1600 pharmacy employees (pharmacists, technicians, assistants, leadership/admin)
- AHS has BIG goals
  - Standardization of care levels, so patients receive the same high quality health care – regardless of their location in the province

THE PHARMACIST PRACTICE ROAD TRIP...

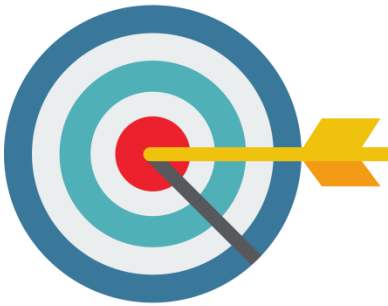
Where Do We Want to Go With Pharmacist Practice?

- Get a sense of “current location”
  - Diverse pharmacist allocation (distribution, clinical, centralized, decentralized, rural)
  - Diverse practice (proactive, reactive, team-based, unit-based, dispensary-based)
  - Diverse priorities (internally vs. externally/funding driven)
  - Few pharmacists practicing to full scope

- Let’s define our “destination”
  - Look to Pharmaceutical Care model
  - Set standard expectation for pharmacist services for patients
    - Opportunity to determine optimal staffing ratios
  - More “proactive” than “reactive” care
    - People didn’t like that wording...changed to *Integrated* and *Consultative*
  - ALL pharmacists (and other pharmacy staff) practicing to full scope

Our Model (Destination)

- Based on the principle that pharmacist resources are costly and limited, and should be allocated to patients of highest need
- Focused on inpatients initially
  - Completion of continuing care and ambulatory models came later
- Selected bed types/patient types receive “integrated” care
- Other bed types/patient types receive “consultative” care
  - No bed type is designated “uncovered”
- Consideration given to AHS Strategic Directions



Integrated

- Integrated **Care**
  - Clinical pharmacists provide all of the appropriate clinical activities directly to a patient, based on assessment of the integrated team pharmacist, in a **collaborative practice team** environment
- Integrated **Inpatient Beds**
  - Inpatient beds for which **integrated care** should be provided to patients to manage **complex and high-risk medication therapy regimens** through consistent service provision in a collaborative practice team environment. A consistent basis is defined as at least 4 days per week
    - E.g. critical care, general medicine, mental health, general surgery
  - Target ratios for integrated coverage: 10-30 beds: pharmacist (dependent on patient level of acuity)

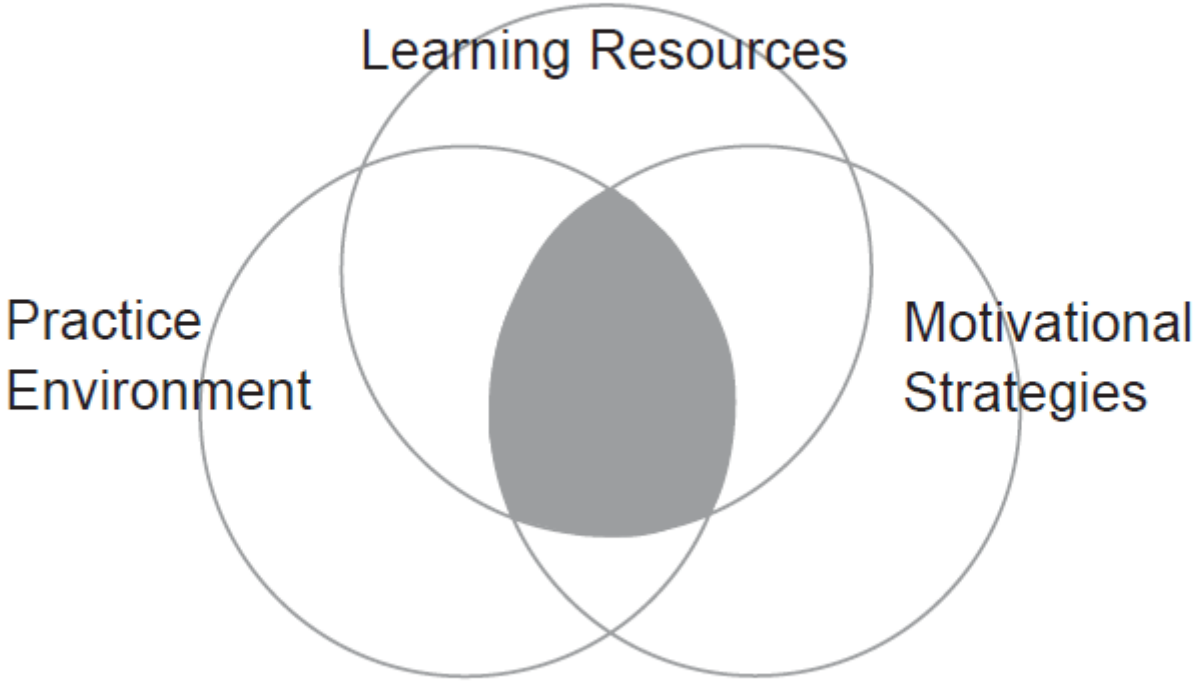
Consultative

- Consultative **Care**
  - Occurs when clinical pharmacists provide only specific, targeted clinical activities **in reaction** to a medication order or a **request** from the dispensary or another health care professional. The pharmacist provides clinical care to the patient on request (e.g., requested by dispensary pharmacy staff, by attending physician, etc.)
- Consultative **Inpatient Beds**
  - Inpatient beds for which **consultative care** should be provided to patients to manage medication therapy in response to a medication order or health care team request, only when required. Generally, patients in consultative beds do not have complex, high risk medication regimens or patients are stable and less acute
    - E.g. rehab, short stay, labour & delivery
    - **No** target ratios for consultative coverage

GREAT...SO HOW DO YOU GET THERE?

Holland-Nimmo Model

Figure 1. Relationship of the three basic components of the Holland–Nimmo practice change model.



Clinical Practice Leaders

An Important Vehicle for Change

- Serve as models for high functioning practitioners in quality practice environments

- Practice Environment
  - Work with pharmacists, their managers, and other relevant staff to shape practice environments
- Learning Resources
  - Support staff in identifying and taking advantage of existing learning resources
- Motivational Strategies
  - Tailor our efforts to staff mix, meet them where they are, shift the culture, change management

Maps are Important Too

- Foundational documents to support pharmacy staff
  - Standardized Orientation and Training
  - Essential Components of Pharmacist Orientation and Training
  - Clinical Expectations
  - Professional Practice Enhancement Plans
  - Site Development Plans
  - Roles & Responsibilities
  - Documentation Framework
  - Pharmacist Prescribing Framework (and policies)
  - Clinically Deployed Technician Framework
  - Checking Standards

HOW DO YOU KNOW THAT YOU ARE ON THE RIGHT PATH?

Key Performance Indicators (KPI)

- Measuring performance is hard
  - Particularly when you aren't counting beans
  - Or when staff don't think you are using the data they are collecting
- Previous Pharmacy KPI
  - Product focused
    - Number of prescriptions filled, amount of laundry generated
  - Our challenge was to find metrics that were
    - Easy to collect
    - Relevant to clinical pharmacy practice
    - Related to patient important outcomes

Canadian National cpKPI Working Group Collaborative

- Developed core set of national clinical pharmacy KPI

TABLE 1: CONSENSUS cpKPIs

cpKPI Topic	What are the 8 Canadian consensus cpKPIs?
Medication reconciliation on admission	Proportion of patients who received documented medication reconciliation on admission (as well as resolution of identified discrepancies), performed by a pharmacist.
Pharmaceutical care plan	Proportion of patients for whom a pharmacist has developed and initiated a pharmaceutical care plan.
Drug therapy problems	Number of drug therapy problems resolved by a pharmacist per admission.
Interprofessional patient care rounds	Proportion of patients for whom a pharmacist participated in interprofessional patient care rounds to improve medication management.
Patient education during hospital stay	Proportion of patients who received education from a pharmacist about their disease(s) and medication(s) during their hospital stay.
Patient education at discharge	Proportion of patients who received medication education from a pharmacist at discharge.
Medication reconciliation at discharge	Proportion of patients who received documented medication reconciliation at discharge (as well as resolution of identified discrepancies), performed by a pharmacist.
Bundled patient care interventions	Proportion of patients who received comprehensive direct patient care from a pharmacist working in collaboration with the healthcare team.

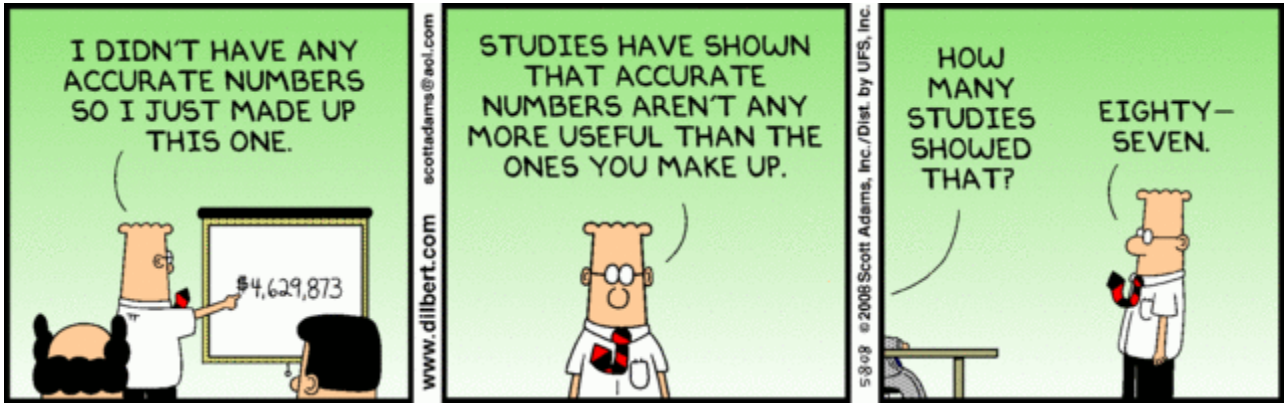
- But this work wasn't done when we started....

AHS Clinical Workload Capture

- Evidence based activities by clinically deployed pharmacy staff
- Based on pharmaceutical care model
- Activities demonstrated in literature to impact patient outcomes
  - Medication History
  - Patient Assessment
  - Formulating or Implementing a Treatment Plan
  - Ongoing Assessment and Monitoring
  - Patient Education
  - Seamless Care & Discharge Planning
- Collected via an in-house developed proprietary web/app based tool (WorkTrax)
- Supported by purposeful program to engage staff in their reports (TraxTalk)

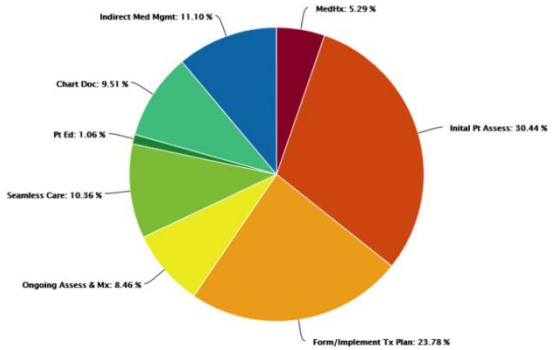
What We Were NOT Capturing

- All time and all activities
  - Rounds, triage
  - Distribution time
  - “Indirect Medication Management”
    - DI requests, drug protocol work, etc.
- Not capturing everything creates other challenges

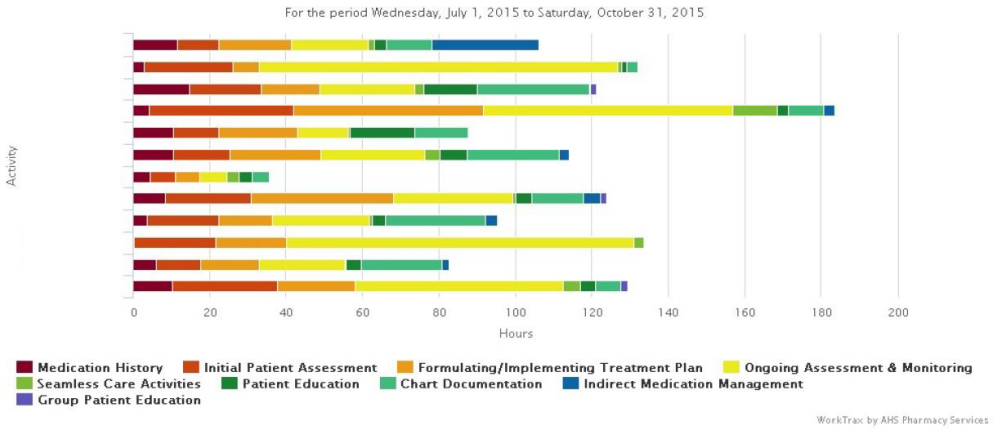


How Does It Map your Progress?

- We can now track
  - Number of patient interactions
  - Time spent on patient interactions
  - % of time patients are being directly engaged
  - Average time/interaction
  - % of time being spent in each activity



Activity	*Average Time/Activity*	*Count*
Medication History	19 minutes	289
Initial Patient Assessment	29 minutes	471
Formulating/Implementing Treatment Plan	24 minutes	652
Ongoing Assessment & Monitoring	18 minutes	1,575
Seamless Care Activities	19 minutes	108
Patient Education	22 minutes	178
Chart Documentation	18 minutes	554
Indirect Medication Management	29 minutes	90
Group Patient Education	50 minutes	6



Travelling Beyond Workload

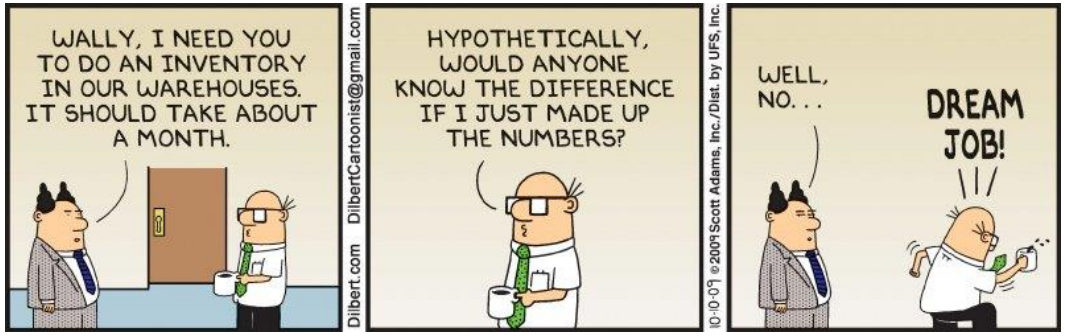
- Are there other objective metrics we can use to measure progress in pharmacist practice?

Clinical KPI (cKPI) and Pharmacy Practice KPI
% of acute care beds with integrated coverage
% of clinically deployed pharmacists with APA
% of pharmacist FTE clinically deployed
% of clinically deployed pharmacists with injection authorization
% of clinically deployed pharmacists who are preceptors
Number of pharmacy staff members contributing to Scholarly Activity
Number of hours provided in structured, academic instruction to students

- Captured in a variety of ways (online tools, interviews, surveys)

Roads Less Frequently Travelled

- Data opens doors to discussions on individual practice
  - Clinical Workload – TraxTalk program
  - Pharmacist Practice KPI – engagement in other important work
- Need to look beyond the numbers
  - Only part of the story!



Taking it a Step Further

- Can move these metrics into Strategic Plan
  - Pull from WorkTrax, Clinical Model, cKPI

Patients are being directly engaged in 80% of reported clinical interactions by March 2019

- Reinforces patient- and family-centred care

75% of clinically deployed pharmacists will have prescribing authority by March 2018

- Surrogate marker for full scope practice

XX% pharmacist FTE is clinically deployed by March 2018

- Moving pharmacists from distribution roles

XX% of acute care beds will have integrated coverage by a pharmacist by March 2018

- Alignment with our model to have pharmacists allocated on needs-based system

Accountability

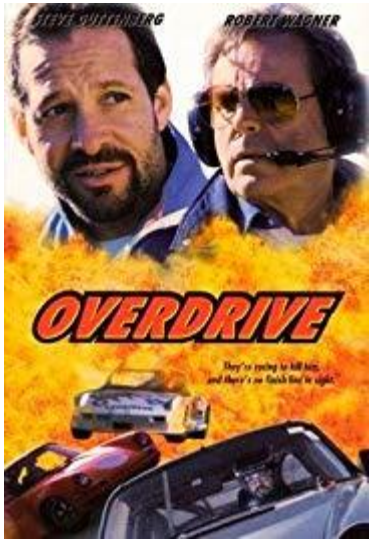
- Need to narrow focus and message
- Each zone of Pharmacy Services commits to concrete actions to achieve targets
- CPLs work with site managers to develop concrete site plans
- WorkTrax data shared at individual, site, zone and provincial levels
- Data shared provincially

Watch Out for Potholes!!

- External forces
  - Impact funding for ambulatory care
  - Set requirements for continuing care
- Data integrity matters
  - Requires constant reinforcement
  - Don’t underestimate the emotional response to hard (shared) data
- Overzealous managers
  - Looking for “numbers” instead of seeing it as a window into practice
- Overzealous staff
  - Reporting to please managers, reaching for imagined targets

- Repeat after me.... “there are no gold stars”....

Engaging Overdrive



- We weren't measuring productivity and some national cpKPI…but could we?

- WorkTrax 2.0 launched spring 2018
  - MIS compliant (measures productivity) – aligns with CIHI standards
  - Better alignment with national cpKPI
  - Additional categories added: triage, rounds
  - Some categories broken down: Med Rec (ADT), Education (AD)
  - New categories: professional consultation, in-service, research, leadership/support, quality health care

Moving From Legislation to Practice

- Policy implementation came with expectations around metrics
  - We tracked and reported number of pharmacists with APA
  - Initially 18% (2012) and set target for at least 75% by 2018
  - Currently at 89%
- Having APA by itself does not denote ideal clinical practice
  - APA application process opens doors for conversations around practice between pharmacists and CPLs
  - How do we encourage APA?
    - Practice Development plans – is your practice ready?
    - Discussion groups – “demystify”, talk through cases
    - Peer pressure – an expectation of the care team
    - Expectations by managers (e.g. in order to be scheduled clinically...)

A New Frontier…

- Starting November 2019, EPIC changes…
  - iVent will replace WorkTrax as the workload documentation tool within AHS
  - Staggered switch (Epic rolling out in waves)
    - Issue with reporting compliance
  - Allows us to have patient specific data and powerful reporting tools
  - Opens opportunities to continue to capture cpKPI and maintain many of the categories from WorkTrax
    - Trying to keep data capture seamless
  - Forces the discussion on “real time” documentation
  - Can “push” iVent documentation to patient record; planned improvement in documentation rates

To Boldly Go.....

- Some of the future possibilities in AHS Pharmacy practice change metrics

- Technician scope of practice
  - Workforce Optimization
- Mapping to patient outcomes
  - With iVent/Epic

WHAT QUESTIONS DO YOU HAVE?

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