Ross Memorial Hospital CSHP 2015 Self-Assessment– August 2013

	2007		2013	
Objective	**Met?**	**Comment**	**Met?**	**Comment**
1.1 RPhs will ensure that medication reconciliation occurs during transitions across the continuum of care	No	Some BPMHs done after admission but less than 50% discrepancies resolved prior to discharge	Partial	Med Rec on admit via ER for over 90% of admits; Pharm supports BPMH education for Preop, OBS & MH Crisis workers. Pharm has developed process for Med Rec on transfer & reviews such; D/C process developing.
1.2 Hospital inpts with complex & high-risk regimens will be monitored by a RPh	No	Pharmacists' role was mainly drug distribution	Partial	RPh participate in ICU rounds; RPh monitor all patients on vanco & AMG. 2 of 4 unit RPh (CDE) monitor insulin-dependent diabetics.
1.3 RPhs manage med therapy for inpts with complex & high-risk med. regimens in collaboration with other members of the healthcare team	No		Yes	Unit RPh work in pt care areas where they are regularly consulted regarding diabetic pts, those with infectious dis., HIT & other complex problems. RPh dose & monitor all patients on vanco & AMG
1.4 Ipts discharged with complex & high-risk med regimens will receive medication counseling by a RPh	No		Partial	Patients going home on insulin are provided with basic teaching by a pharmacist and referred to the Diabetes Education Centre.
1.5 Recently hospitalized pts or their caregivers will recall speaking with a RPh while in hospital	No	Pharmacists working in Pharmacy department not in patient care areas	Partial	Most pts seen by a RPh or pharmacy tech. on admission for a BPMH. Patients admitted through the Preop clinic may be seen by a RPh to clarify allergies or home meds (from Nursing BPMH)
2.1 ... RPhs will manage med therapy for clinic patients with complex & high-risk med regimens in collaboration with other members of the team	No		Yes	Dialysis RPh in liaises with the referring centre to conduct a BPMH on admission then collaborates with Nephrologists, Nurses, Family Doctors and Community RPh to manage their meds. The BPMH is repeated every 4 mos.
2.2 … RPhs will counsel clinic patients with complex & high-risk medication regimens	No		Yes	All Dialysis pts are counseled by a Pharmacist every 4 mos.
2.3 home care services	No		No	
2.4 in long term facilities,	No		Partial	Our RPh assigned to the Assess &

RPhs will manage med therapy for pts with complex and high-risk med regimens, in collaboration with other members of the team				Restore program conducts full med reviews which are well received by MDs & allied staff. Requests for med reviews for continuing care pts as well & is consulted re. behavior management in pts with dementia
3.1 RPhs will be actively involved in providing care to indiv pts based on evidence	No		Partial	Hospital-specific guideline & order sets are used routinely, as well as electronic references & practice guidelines
3.2 RPhs will be actively involved in the development & implementation of EB drug therapy protocols & order sets	No	Order sets developed by programs without RPh input	Yes	All drug therapy protocols and order sets are reviewed by a pharmacist prior to approval.
3.3, 3.5, 3.6 & 3.7 RPhs will participate in ensuring that pts hospitalized for an acute MI will receive ACEIs or ARBs, a beta blocker, ASA & lipid-lowering therapy at D/C	No		Yes	Preprinted order is followed routinely. If these drugs are not indicated MD will indicate why or RPh will follow up.
3.4 RPhs will participate in ensuring that patients hospitalized for CHF will receive ACEIs ARBs at D/C	No		Partial	Currently based on individual order review; RPh representative on CHF working group
3.8 in clinic care, RPhs will participate in ensuring that pts who are receiving meds to decrease blood glucose levels will be assessed at least annually with a HbA1c test	No		No	At one time a part-time pharmacist worked in the Diabetes Education Centre, where this is a standard of practice. Unfortunately this funding has been cut.
3.9 RPhs will be actively involved in med & vaccination-related infect. control programs	No		Partial	RPh representative on Infection Control Cttee; Managing Meds Cittee develops process for annual influenza vaccinations. On COPD order set.
4.1 organizational program with appropriate RPh involvement to achieve significant annual, documented improvement in the safety of all steps in med use	No		Partial	Managing Medications Committee (aka Medication Safety Committee), which is chaired by our Chief Pharmacist, is responsible for this function. Numerous audits have been conducted. Quality monitoring is intermittent (e.g. MAR audits, ISMP heparin audit).
4.2 annual assessment of the	No	All "sterile" meds	Yes	All pharmacy technicians certified

processes used for compounding sterile meds		prepared by RPh in storeroom		annually.
4.3 routine med orders are reviewed for appropriateness by a RPhs before admin. of 1st dose	Partial	Pharmacy open 48 hours per week.	Yes	All orders entered by a pharmacy technician and reviewed by a pharmacist prior to dispensing. Pharmacy open 70 hours per week.
4.4 med orders in the hospital's ER will be reviewed by a hospital RPh within 24 hr	No		No	
4.5 RPh will participate in ensuring that patients receiving antibiotics as prophylaxis for surgical infections will have their prophylactic antibiotics therapy D/C within 24 hr	No		Partial	Postop order sets include antibiotic prophylaxis for only 24 hr.
4.6 pharm techs will be certified by a recognized training program	No		Partial	January 2015 requirement for licensure; 8/11 have achieved this goal. Clear delegation process for BPMH and Tech-check-tech.
4.7 UD drug distribution for 90% or more of their total beds	No	Traditional system	Yes	100% Manual unit-dose with cassette exchange or dispensing cabinets for all areas
4.8 new RPhs will have a CHPRB residency	No		Partial	2 pharmacists out of 6 have a residency; another has a Pharm D
5.1 machine-readable coding to verify meds before dispensing	No		No	Planned for 2013/14
5.2 machine-readable coding to verify meds before med admin to the pt	No		No	To be part of a LHIN-wide initiative
5.3 computerized prescriber OE system	No		No	To be part of a LHIN-wide initiative
5.4 RPhs will use computerized pharmacy OE system that incl. clinical decision support	Partial	Meditech implemented in November 2007	Yes	
5.5 RPhs will use med-relevant portions of pt's electronic medical records	Partial		Partial	Lab results available via Meditech. Admission & discharge summaries electronic. All orders and BPMH are scanned to Pharm.
5.6 RPhs are able to electronically access pertinent pt info across settings of care for continuity	No		No	

of pharm care				
6.1 specific ongoing initiatives that target community health	No		No	
6.2 participate in ensuring high risk pts receive vacc'ns for influenza & pneumococcus	No		Partial	RPh representative on Infection Control Committee; Vaccinations included in COPD order set.
6.3 RPhs will participate in ensuring that hospit'd patients who smoke receive smoking-cessation counseling	No		Partial	RPh created NRT order form; Counseling in a preop education program for patients to have hip/knee replacement. Available on request for inpatients.
6.4 formal up-to-date ER preparedness prog'm integrated with hosp & related healthcare settings & their ER preparedness & response programs	No		Partial	Chief Pharmacist participates in Pandemic and Code Orange Committees. Pharmacy Supervisor participated in mock Code Orange assessment.
Total Objectives Met	0		12 (33%)	
Total Objectives Partially Met	3 (8%)		16 (44%)	
TOTAL	**8%**		**77%**	