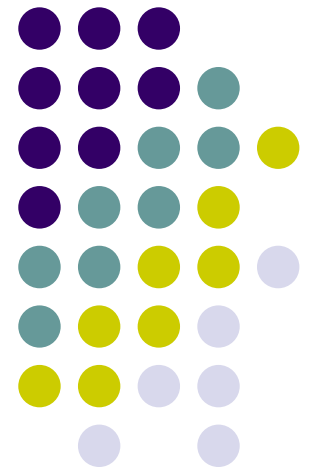
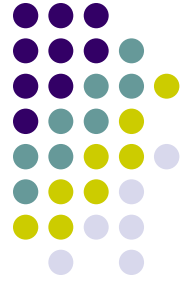


HRSA National Patient Safety and Pharmacy Collaborative

NJ Statewide Quality Improvement
Reunion Meeting
Princeton, New Jersey
May 29, 2009

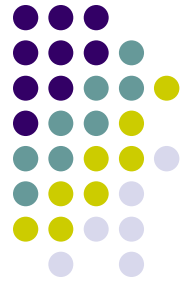




BACKGROUND

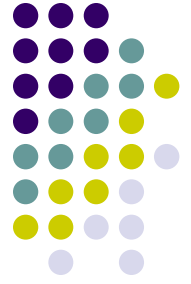
- In July 2008, HRSA introduced the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)
- PSPC Aim: “Committed to saving and enhancing thousands of lives a year by achieving optimal health outcomes and eliminating adverse drug events through increased clinical pharmacy services (CPS) for the patients we serve.”

Benefits from Participating in PSPC



- Enhanced working relationship with community partners
- Developed medication list/order flow sheet for our paper medical records, an identified need
- Learned about Clinical Pharmacy Services
- Applied CPS through a patient-centered approach

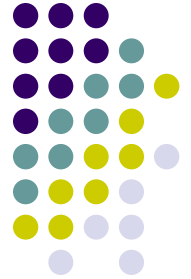
Joining the Patient Safety and Pharmacy Clinical Services Collaborative



- Medication Education Team (MET) – Zufall Health Center, Goodale’s Pharmacy, Saint Clare’s Hospital and NJ Primary Care Association
- Community: Dover and surrounding towns, Morris County, New Jersey
- Primary Health Care Home Organization: Zufall Health Center
- Motto: Be Well! ¡Esté bien!



MET Members



Zufall Health Center

Mayra Soto, Clinical Supervisor, Rina Ramirez, Medical Director, Angela Sanchez, Administrative Supervisor, and Pat Weinstein, Nurse Manager

Saint Clare's Hospital

Cliff Moore, Director Pharmacy, Cardiology, Respiratory, Neurology and Lab Services

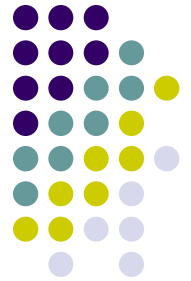
NJ Primary Care Association

Linda Whitfield-Spinner, Clinical Quality Program Director

Goodale's Pharmacy

Robert Pergola, Owner and Pharmacist

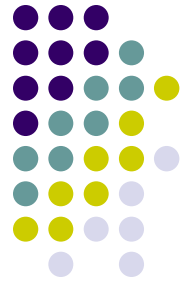
MET Aim Statement



Over the life of the collaborative our aim is:

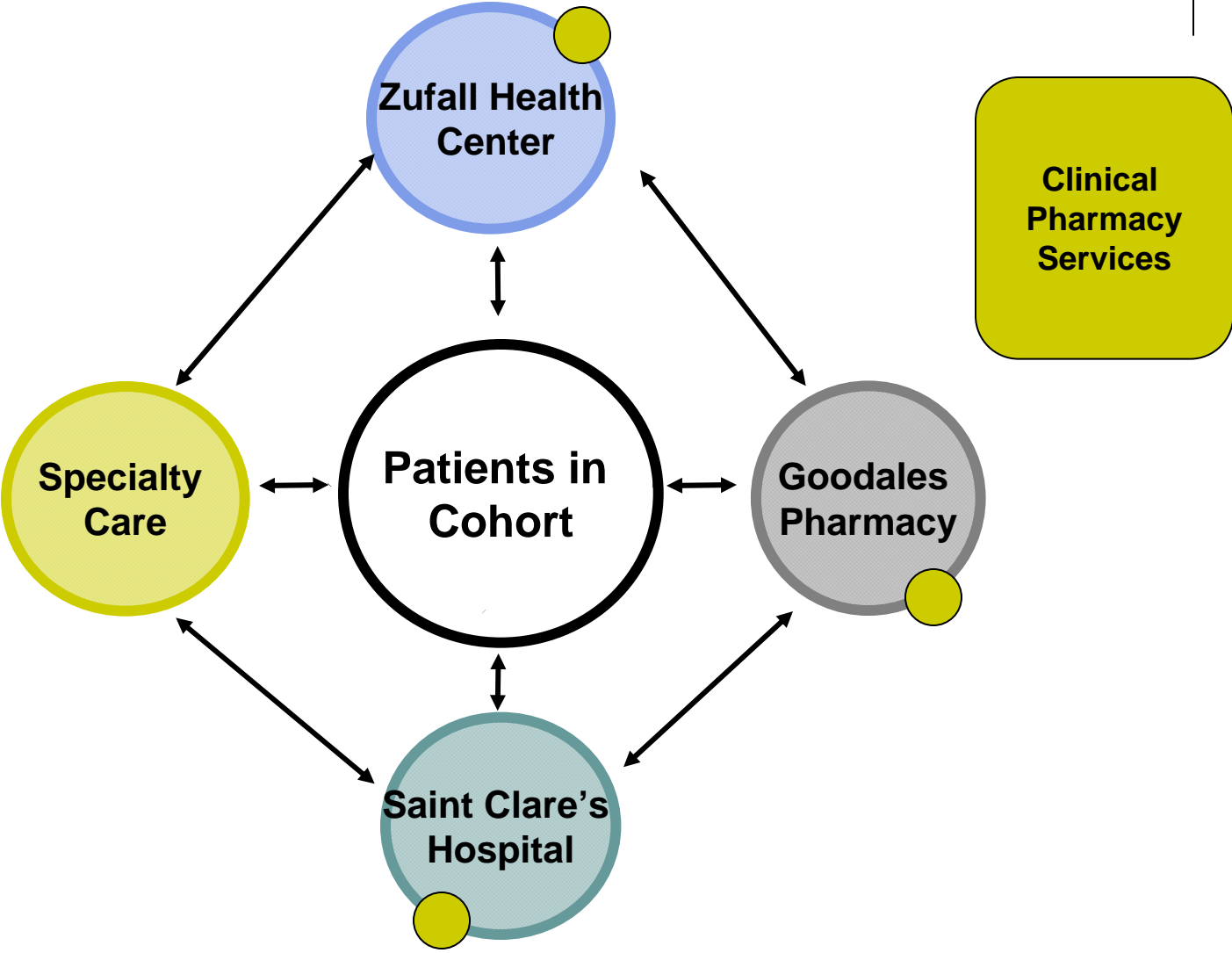
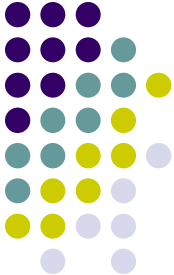
- ✓ To improve the health outcomes and safety of our diabetics and patients on warfarin by providing pharmacy education and medication reconciliation within the Chronic Care Model.
- ✓ Our health outcomes: reaching HbA1c<9% in 100% of diabetics and INR in range in 90% of anticoagulated patients.
- ✓ Our improvements in safety: no hyper or hypoglycemic episodes that result in ED visits in 90% of our diabetics, and no bleeding episodes that result in hospitalizations in 100% of our anticoagulated patients.

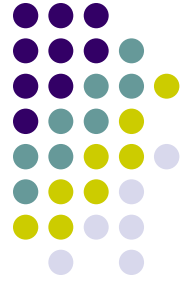
MET Measures for Improvement in Health Status



Cohort	Measure	Goal
Diabetic Patients on multiple medications	Hemoglobin A1C% < 9	100%
Anticoagulated Patients	INR in Range	90%

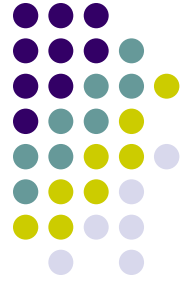
MET Patient Flow Across Providers





MET Action Plan

- Important actions the team took in the first months of work:
 - Obtained buy-in from team organization leadership
 - Developed data collection tools to track our patients on warfarin and modified PECS to track our diabetics
 - Developed a medication form/order flow sheet
 - Identified patient materials for use by all team organizations
 - Built the framework for clinical pharmacy services
- Team worked together to assist patients with medication issues



Team “Wish List”

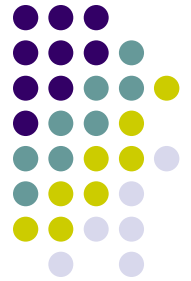
Team Goal: For every patient to have a complete, up-to-date and accurate medication list

Two pronged approach

- Brown Bag PDSA Aim: To get patients to bring in all their medications during their visits
- Medication Listing PDSA Aim: To develop a form to record all medications, dosages, instructions, when the meds last refilled and by whom

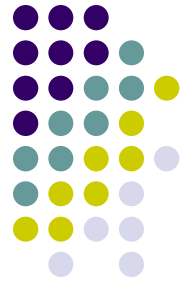
Patient centered program to provide pharmacy services

Definition of CPS at Health Center



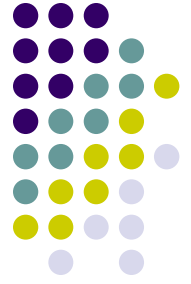
- | | |
|---|---|
| Using 340b formulary | Completing and reconciling medication list |
| Assisting with pharmacy assistance program applications | Encouraging medication self-management (brown bag) |
| Providing patient education on side effects and interactions | Conducting retrospective chart reviews |
| Reinforcing compliance and adherence | |

How did we provide CPS? Created Standing Orders for MAs



- Diabetic standing orders modified to include that Medical Assistants check if the patient brought in his or her medications.
- Benefits:
 - All clinical staff has role in providing clinical pharmacy services
 - Patients realize the importance of bringing in their medications, knowing what their medications are and what they are for

How did we provide CPS? Modified the Progress Note

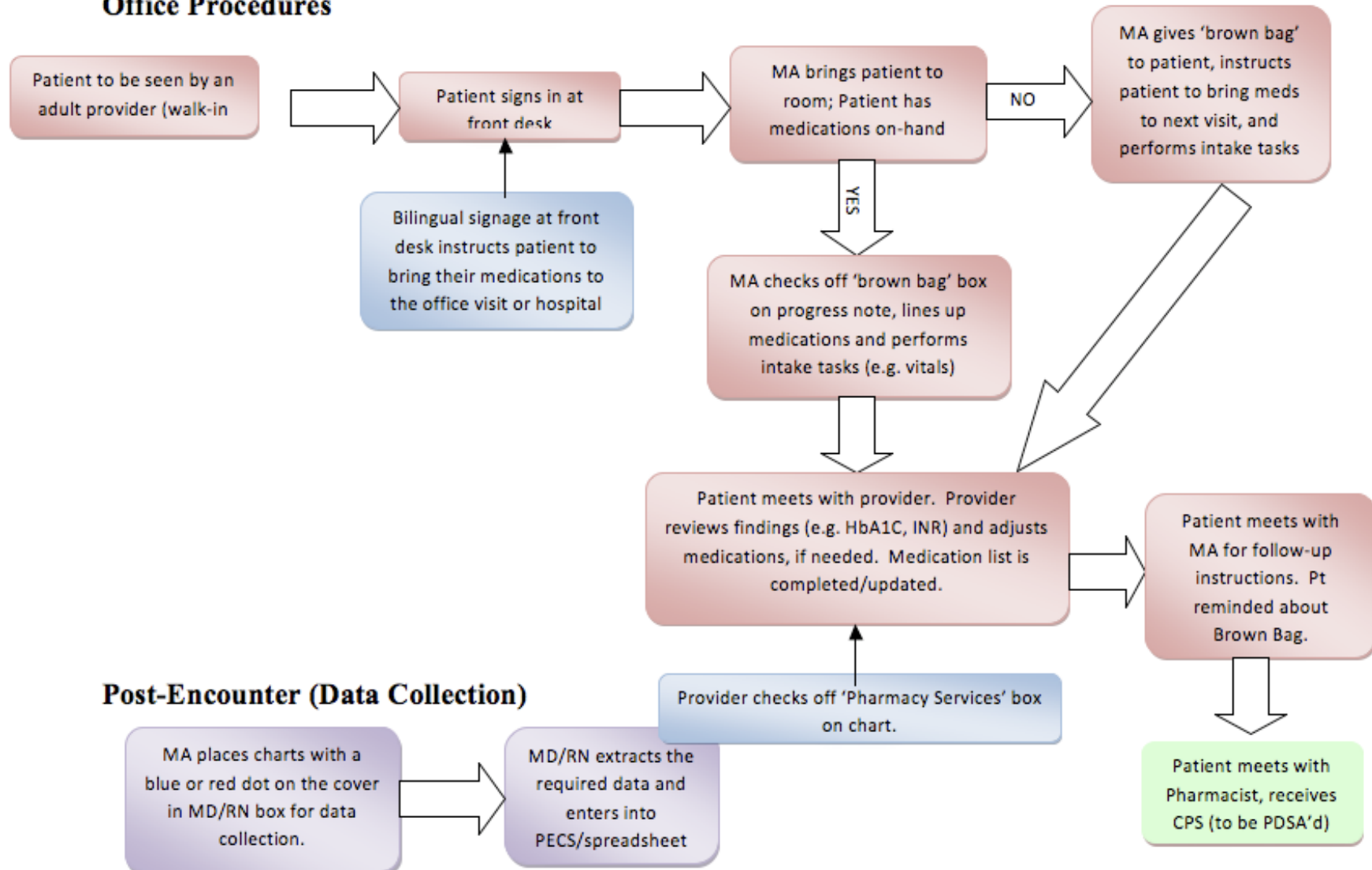


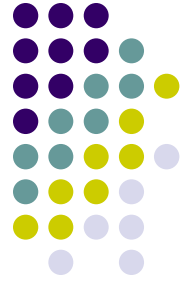
- Progress note has checklists that assist in documentation of patient education or interventions such as discussion of side effects, self-management goals, and referrals to specific consultants
- Added two additional check boxes
 - “Brought in meds”
 - “Pharmacy services”
- Facilitates data gathering and documentation without an additional form



Zufall Health Center - CPS without a Pharmacist

Office Procedures

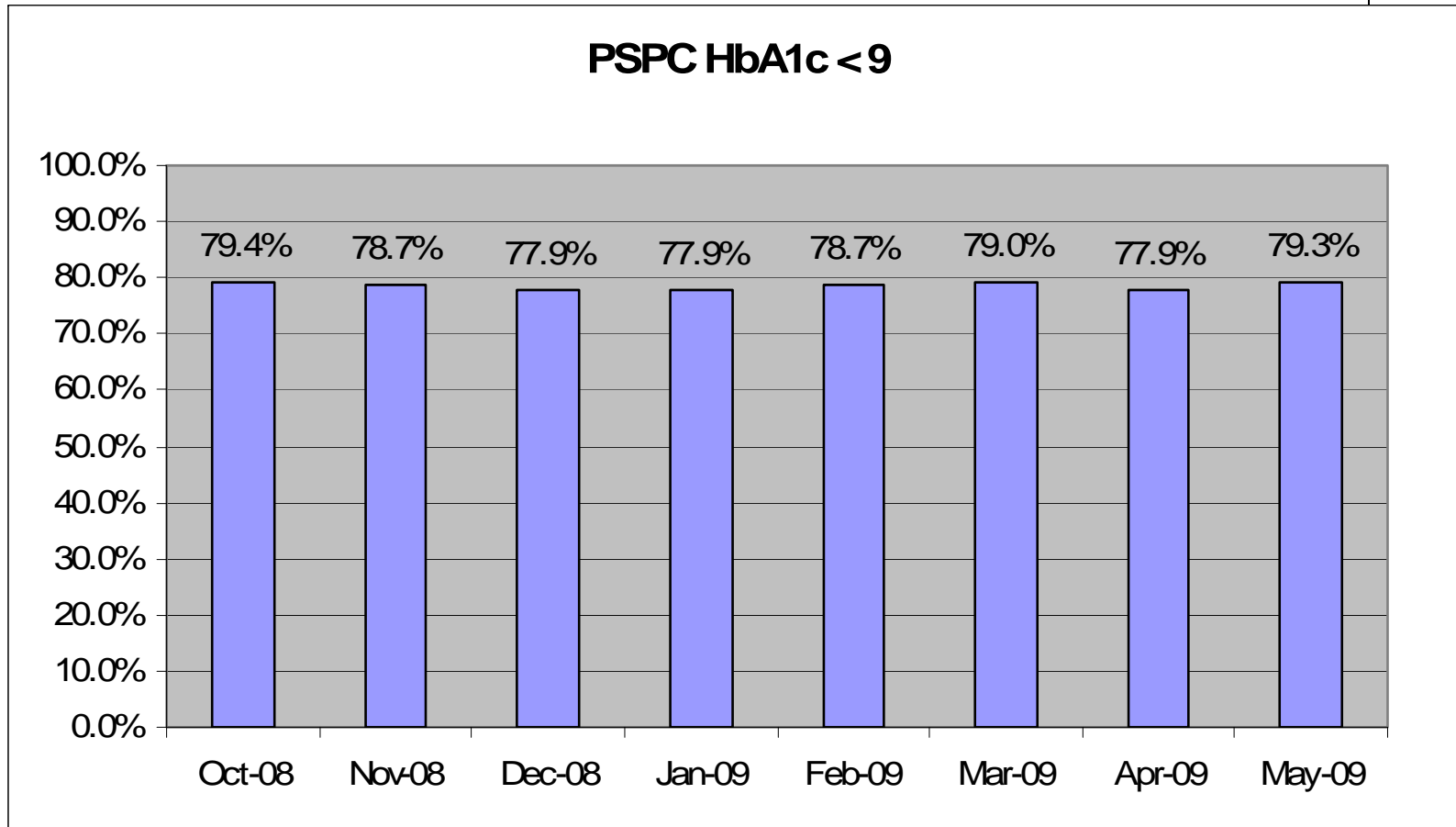
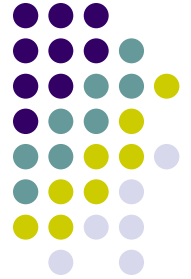




Program Outcomes

- Health Outcomes – HbA1c levels and INR in range
- Safety Outcomes – no ER admissions or hyper- or hypoglycemic episodes
- Adverse Drug Events – helps identify ADEs and potential ADEs
- Provision of Clinical Pharmacy Services within a clinical setting without a pharmacist

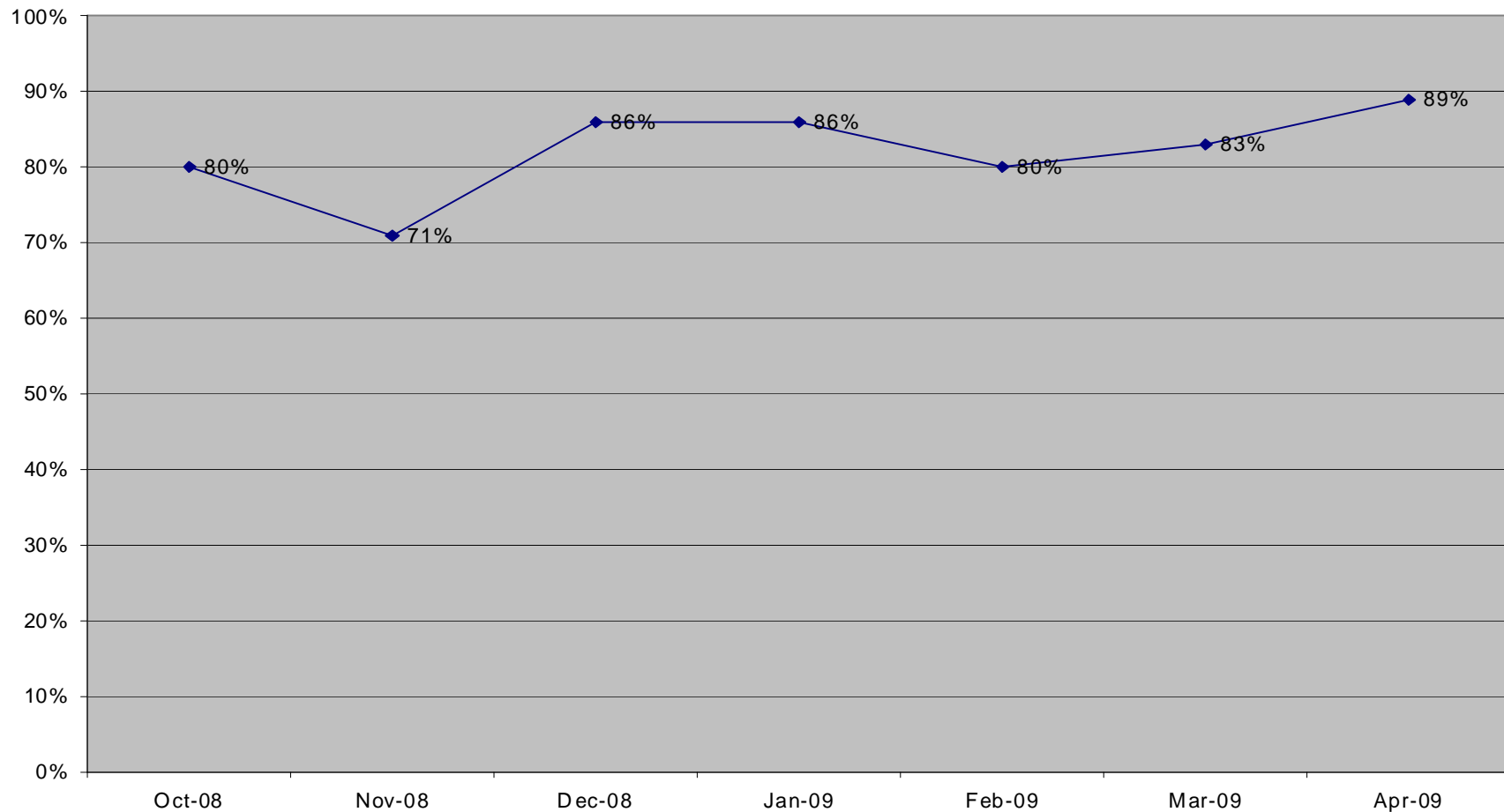
Health Outcomes – HbA1c

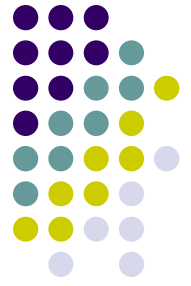


Health Outcomes – INR in Range



PSPC INR in Range





Safety Outcomes

- There has been one hospitalization for hyperglycemia

n= 196

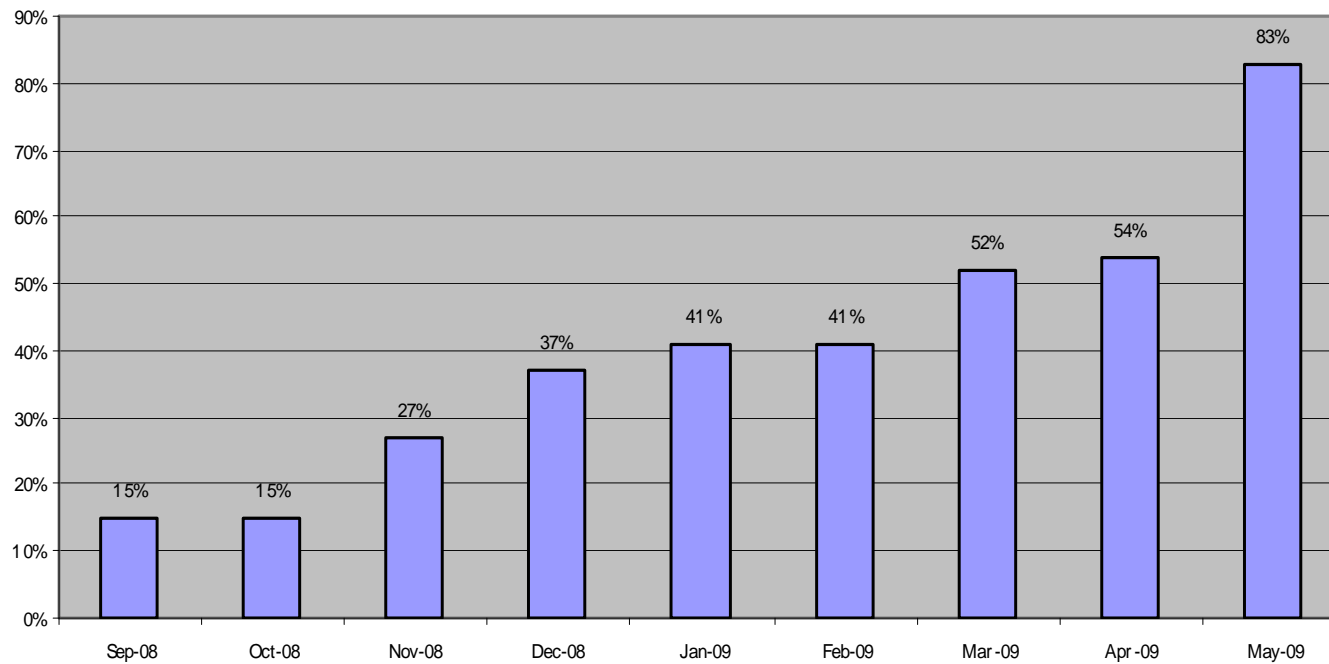
- There have been no bleeding episodes or hospitalizations related to the use of coumadin

n = 12

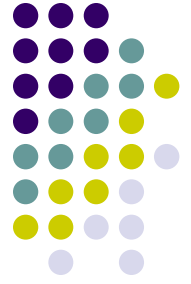
Provision of Clinical Pharmacy Services



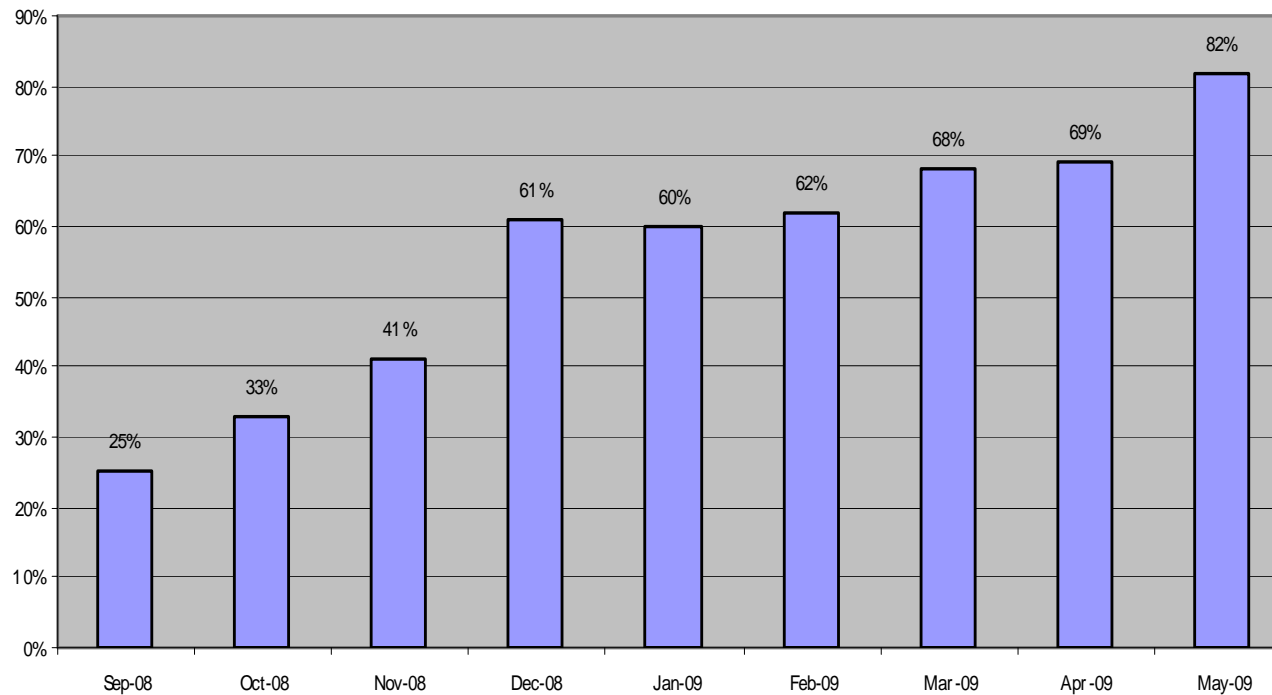
Patients who Brought in Medications



Provision of Clinical Pharmacy Services



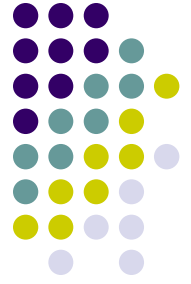
Charts with Completed Medication Lists





What's Next

- Enhancement of CPS with Pharmacist on site
 - To provide targeted CPS
 - To assist in medication management
 - To assist completion of Patient Medication Card
- Use of standard Patient Medication Card
 - Based on design at team hospital
 - Identifies 340B pharmacy
 - Identifies patient as health center patient



What's Next ----

- We are getting closer to our “wish” goal!
- PSpC2 beginning in the fall
- Any questions about process or to join the collaborative, ask us!

Thank you!!!!