

## Innovative Practice: Specialty Depth at Saint Luke's Hospital

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The speaker has no conflict to disclose.



## Objectives

- Recognize how optimal patient care can occur when pharmacists are the health-team leaders in all aspects of medication therapy.
- Describe how practice site depth, staff scheduling and work-life balance are interdependent.



## PPMI Summit Recommendations

### B. Optimal Pharmacy Practice Models: Characteristics, Requirements, and Challenges

- B27. *In optimal pharmacy practice models:*
  - B27a. Pharmacists must have oversight and responsibility for medication distribution.
  - B27b. The role of pharmacists in frontline practice should not be limited to drug distribution and reactive order processing.
  - B27c. Individual pharmacists should not be engaged specifically in drug-therapy management without an understanding and responsibility for the medication-use or delivery systems.
  - B27d. Individual pharmacists must accept responsibility for both the clinical and the distributive activities of the pharmacy department.
  - B27e. Clinical specialist positions are necessary to advance practice, education, and research activities.

PPMI Summit Recommendations. [www.ashp.org/DocLibrary/PPMI/Summit-Recommendations.aspx](http://www.ashp.org/DocLibrary/PPMI/Summit-Recommendations.aspx)



## Our Practice Model

- Patient-centered Integrated
  - Interdisciplinary team-based care
  - Specialty depth
  - All pharmacists share clinical and distributive accountability
  - Resident and student training programs incorporated into model
  - Well-trained, high-functioning, certified technicians
  - Staff managed scheduling / staffing
  - Supported by Department leadership



## Interdisciplinary Team-Based Care

- Clinical services available 24 hrs per day
  - Meet the needs of patients
    - Increased visibility and availability to patients
  - Meet the needs of other practitioners
  - Consistent level of care
- Shared knowledge among clinicians
  - Participate on patient rounds
  - Teach physicians, nurses, residents, students, etc



## Interdisciplinary Team-Based Care

- Evidence-based drug therapy management
- Pharmacists as leaders
  - Pharmacist champions on each System Evidence-based Practice Team
  - All physician order sets developed with pharmacist collaboration
  - Willing acceptance for all aspects of the medication-use process
  - Professional organizations



## Specialty Depth

- Key component to our model
  - We are all clinical pharmacists
    - Three levels within career development plan
  - 3/4 of staff residency-trained, 3 with PGY2
  - 2/3 of staff BCPS
- Depth AND breadth of expertise
  - All pharmacists are cross-trained among all practice sites
  - Each specialty area/practice site has 2-3 primary pharmacists who serve as the leaders of drug therapy-related issues in those areas



## Specialty Depth

- All pharmacists rotate through central pharmacy positions
  - Allows development of newer/younger staff on decentralized sites
- All pharmacists work evenings and weekends
  - Scaled based on clinical level and FTE status
- A pool of 11 clinical pharmacists work midnights



## Specialty Depth

- Benefits
  - No drop off in service due to staff absence
    - Continuity of pharmacy care maintained
    - Improved work-life balance
  - Peer colleagues within specialty to collaborate with
  - Time for work on medication-use improvement projects
  - Shared precepting responsibilities
  - Opportunity for more senior pharmacists to mentor newer pharmacists



## Clinical and Distributive Accountability

- Decentralized/practice site pharmacists accountable for knowing and understanding drug distribution processes
  - Coordination with central pharmacy and delivery technicians
  - Fosters relationship with nursing staff
- Decentralized/practice site pharmacists responsible for clinical drug therapy management
  - Fosters relationships with patients and care team
  - Positioned within nursing unit for immediate accessibility



## Clinical and Distributive Accountability

- Rotation through central positions increases familiarity with:
  - Processes
  - Formulary
  - Technician staff
  - Technology
- 'Daily essentials' list maintains workflow consistency on each practice site



## Pharmacy Residents and Students

- Rotations reflect model
- Preceptor team – one may take lead on projects, presentations, evaluations
- Exposure within rotation to different practice styles and perspectives
- More staff allowed to participate in teaching and mentoring



## Pharmacy Residents and Students

- Residents and students provided opportunities to make meaningful contributions to patient care
- Exposure to all facets of medication therapy
  - Decision to treat
  - Medication procurement
  - Medication administration
  - Patient outcome
- Staff recruitment



## Pharmacy Technicians

- Well-trained, high-functioning
- 2/3 technician staff certified, 100% by Jan 2012
- Career ladder in place
- Manage medication preparation / distribution
- Manage medication assistance program
- Manage controlled substances systems

However, more room to develop and grow this important part of our staff.



## Scheduling / Staffing

- Scheduling Committee
  - In place since 1999
  - 3 pharmacists, 1 resident, 1 manager
  - Maintain 6 mo master schedule, weekly schedules, holiday schedule and rotation list
  - Review staffing and scheduling issues and proposals
  - Encourage creative and flexible scheduling



## Scheduling / Staffing

- Goals
  - Optimal patient care
  - Pharmacist availability to patients, colleagues and other members of the interdisciplinary team
  - Time for precepting and mentoring
  - Time for medication-use policy development
  - Work-life balance
  - Fully engaged staff

**Specialty depth critical to achieving these goals!**



## Pharmacy Leadership

- Establishes expectations for performance
- Provides regular coaching and mentoring
- Develops individual practice goals aligned with the hospital's and department's strategic plans
- Promotes peer, resident and student feedback and incorporates it into the annual evaluation process
- Fosters team relationships among colleagues



## Staff Engagement

“Engaged employees feel a connection to their work, organization, managers and coworkers that gives them purpose.”

At St. Luke's, we are:

- Developed as leaders in our specialty areas
- Recognized for both clinical and operational excellence
- Afforded opportunities for additional responsibilities

Woods TM et al. A/JHP. 2011;68:259-63



## Typing it together

- Specialists with generalist roots
  - Enhanced knowledge and practice within specialty
  - Maintenance of general pharmacotherapy knowledge
- Specialty depth allows growth for all
  - Continuity of pharmacy care and precepting maintained among a team
  - Scheduling allows time on and off service, coverage time on all shifts and time off for personal commitments
  - Ongoing involvement and visibility in drug therapy management at the patient level and for policy / protocol development



## Parting thoughts...

Our patient-centered integrated model...

- allows us to provide more consistent care
- is more sustainable than other models
- solidifies our position as leader of the medication-use process
- promotes high levels of engagement and staff satisfaction
- will continue to evolve using the PPMI recommendations for guidance



## References

- ASHP and ASHP Foundation. PPMI Summit Recommendations. Feb 1, 2011. Available at [www.ashp.org/DocLibrary/PPMI/Summit-Recommendations.aspx](http://www.ashp.org/DocLibrary/PPMI/Summit-Recommendations.aspx) (accessed March 16, 2011)
- Woods TM, Lucas AJ, Robke JT. A case for a patient-centered integrated pharmacy practice model. *AJHP*. 2011;68:259-63.



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Post Test Questions:

1. Which of the following practice-model descriptions does the Pharmacy Department utilize at Saint Luke's Hospital of Kansas City?
  - a. drug distribution centered
  - b. clinical pharmacist centered
  - c. patient-centered integrated
  - d. faculty-based
  
2. Which of the following is a benefit of specialty depth within a practice model?
  - a. newer pharmacists are scheduled in central inpatient and drug distribution positions
  - b. pharmacy specialist services are maintained when senior specialists are absent
  - c. one pharmacist is responsible for precepting each student or resident on rotation
  - d. clinical services are only available Mon-Fri dayshift hours