



HOW WILL MY ROLE CHANGE?

A snapshot into the new day-to-day role of a

PHARMACIST



WHERE WE ARE NOW...



SAFER. BETTER. SMARTER.

Handwritten medication orders by provider:

- scanned/delivered to pharmacy
- transcribed to MAR by nurse
- entered into patient profile by pharmacist

Limited pharmacist order entry hours:

- morning backlog of orders
- higher number of orders being administered before pharmacist verification

Alert fatigue:

- without the ability to customize drug-to-drug and drug-allergy interactions clinicians might experience alert fatigue

Paper process for medication reconciliation

- difficult to interpret when changes are made and new information is provided
- not currently implemented throughout all inpatient locations and for all transitions of care

Paper IV Flowsheet

- pharmacists can only view the status of an IV by viewing the paper chart

No Priority of New Activities

- paper orders printed scanned to pharmacy and printed chronologically

Paper Medical Record

- pharmacists spend a significant amount of time finding charts, reading through paper notes/MAR, admission information, order history

CPOE (Computerized Provider Order Entry) and verification by pharmacist

- while the verification of each medication may take longer, there will be a reduced turnaround time between order entry and administration
- orders will no longer wait to be scanned down, sit in print queue, etc.
- reduce transcription errors and illegible written orders

24/7 Pharmacist Services

- on-site hours combined with remote purchased services to provide 24/7 verification
- mitigate morning backlog of overnight orders
- decreases number of doses given without pharmacist verification

FDB AlertSpace®

- improved customization of drug/drug interactions and drug/allergy interactions helps to reduce alert fatigue

Electronic Medication Reconciliation

- reduce time to collect a best possible medication history (BPMH) using history from our electronic medical record
- complete at all transitions of care for all inpatients
- possibility of ambulatory clinics to maintain/update home medication list which can then be used across all areas

EMR IV Flowsheet

- pharmacists will review the infusion/titration medications
- when nurses initiate the infusions – the status can be tracked on the IV flowsheet (current rate, history, bag volume status)

Prioritized New Activity List

- stat medications, meds administered via unverified status, etc. – can be set as a higher priority than other activities

EMR

- nearly all patient information is accessible from any location at any time