

20th Annual ASHP Conference for Pharmacy Leaders
Implementation Essentials for Pharmacist Credentialing and Privileging

ashp™ LEADERS CONFERENCE

Implementation Essentials for Pharmacist Credentialing and Privileging

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Session Set-Up

- ❖ Introduction – Joel Hennenfent
- ❖ Background – Todd Nesbit
- ❖ Example 1 – Johns Hopkins Health System – Todd Nesbit
- ❖ Example 2 – Truman Medical Centers Kansas City – Joel Hennenfent
- ❖ State Pharmacy Practice Acts and Medical Staff By-Laws – Todd Nesbit
- ❖ Create a One Minute C-Suite Presentation on Why Pharmacists Must Be Privileged as Part of the Medical Staff – Joel Hennenfent

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Session Set-Up

- ❖ Fifteen Minute Break
- ❖ Identify Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) Metrics– Joel Hennenfent
- ❖ Develop a Peer Review Process – Todd Nesbit
- ❖ Create an Action Plan – Joel Hennenfent
- ❖ Question and Answer Session – Todd Nesbit and Joel Hennenfent


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Introduction


- ❖ **Provider Status: Moving Forward, Major Push by Practitioners Still Needed**
- ❖ As of August 13, 2015 there are 185 co-sponsors in the House of Representatives and 28 in the Senate for the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592 and S.314, respectively). Although these numbers are impressive and signal strong support for the bills, we are asking ASHP members to substantially increase their efforts in August to help increase the co-sponsors to at least 218 in the House and 50 in the Senate.

Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP, CEO, ASHP, – From the CEO, August 12, 2015. www.ashp.org.

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Are pharmacists privileged as part of your institutions Medical Staff? 

A. Yes
B. No

Which pharmacists should be privileged as part of the medical staff? 

A. Clinical Specialists
B. Retail Pharmacists
C. College of Pharmacy Faculty
D. Staff Pharmacists
E. All Pharmacists

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Implementation Essentials for Pharmacist Credentialing and Privileging

American Society of Health-System Pharmacists

- ❖ The Consensus of the Pharmacy Practice Model Summit
- ❖ As an essential member of the health care team, pharmacists must have privileges to write medication orders in the health care setting (recommendation B13)
- ❖ Through credentialing and privileging processes, pharmacists should include in their scope of practice prescribing as part of the collaborative practice team (recommendation B14)

Am J Health-Syst Pharm. 2011; 68:1148-52.



American Society of Health-System Pharmacists

- ❖ Characteristics or activities essential to pharmacist provided drug-therapy management in optimal pharmacy practice models:
- ❖ Authority to order serum medication concentrations and other clinically important laboratory analyses (recommendation B23h)
- ❖ Authority to adjust dosage for selected medications (recommendation B23i)

Am J Health-Syst Pharm. 2011; 68:1148-52.



American Society of Health-System Pharmacists

- ❖ Critical components in the implementation of optimal pharmacy practice models:
- ❖ Implementation of collaborative practice agreements (recommendation E4k)

Am J Health-Syst Pharm. 2011; 68:1148-52.



Credentials and Credentialing

- ❖ *Credential* - documented evidence of professional qualifications
 - Examples: academic degrees, state licensure, residency certificates, training certificates, statement of continuing education credit, and board certifications

Am J Health-Syst Pharm. 2014; 71:e109-18.



Credentials and Credentialing

- ❖ *Credentialing* – the process for granting a credential
 - Examples: granting a practitioner the license to practice or granting board certification
- ❖ Or *Credentialing* – the process by which an organization or institution obtains, verifies and assesses an individual's qualifications to provide patient care services. Varies by institution or organization.

Am J Health-Syst Pharm. 2014; 71:e109-18.



Privilege and Privileging

- ❖ *Privilege* – permission or authorization granted by a hospital or other health care institution or facility to a health professional to render specific diagnostic, procedural, or therapeutic services.
 - Examples: pharmacokinetic dosing, ordering laboratory tests, adjusting anticoagulants

Am J Health-Syst Pharm. 2014; 71:e109-18.



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Implementation Essentials for Pharmacist Credentialing and Privileging

Privilege and Privileging

- ❖ *Privileging* – the process by which a health care organization, having reviewed an individual care provider’s credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization. Clinical privileges are both facility specific and individual specific.

Am J Health-Syst Pharm. 2014; 71:e109-18.



Delegation

- ❖ *Delegation* – professional practice responsibilities assigned by one practitioner to another. In this context, initiation, modification, monitoring and/or discontinuation of drug therapy may be delegated to the clinical pharmacist through a collaborative drug therapy management agreement or other formalized management protocol.

Pharmacotherapy. 2014; 34:792-795.



Collaborative Practice

- ❖ *Collaboration* – collaborative and cooperative practice activities performed by the clinical pharmacist as authorized by:
 1. State practice acts and
 2. Formal collaborative drug therapy agreements with other providers and/or conferred by local privileging within the relevant practice, health system, organization, or institution

Pharmacotherapy. 2014; 34:792-795.



Drivers for Johns Hopkins Hospital (JHH)

- ❖ The patient – to ensure the capabilities and competencies of practitioners
- ❖ Affordable Care Act
- ❖ ACGME duty hours
- ❖ Support from medical staff
- ❖ Professional society recommendations
- ❖ IOM reports
- ❖ Pay for performance – efficient, affordable, high quality



Legal Authority: Maryland Pharmacy Practice Act

- ❖ Scope of Pharmacy Practice - Pharmacists may enter into Drug Therapy Agreements (DTMAs) with physicians. Defined by a protocol that is condition or disease specific.
- ❖ Allow for:
 1. modification, continuation, and discontinuation of drug therapy
 2. ordering of laboratory tests
 3. Other pertinent care management measures related to monitoring or improving the outcomes of drug or device therapy



Requirements for Participation

- ❖ Pharm.D. or equivalent, plus
- ❖ Relevant advanced training, plus
 - Residency
 - Specialty certification (relevant to protocols)
 - Board of Pharmacy Specialties
 - ASCP Certified Geriatric Practitioner
 - Other body approved by the Board
- ❖ Experience
 - 1000 hours, or 320 hours in a structured program approved by the Board



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Implementation Essentials for Pharmacist Credentialing and Privileging

Key Documents

- ❖ Physician/Pharmacist Agreement (DTMA)
 - Names/signatures of participating parties
 - Communication mechanisms
 - List of protocols
- ❖ Protocol(s) (defines scope)
 - Disease state or condition specific
 - Lists meds/labs pharmacist can order, monitoring parameters, etc.
- ❖ Therapy Management Contracts
 - Disease-state specific - signed by pharmacist, physician, and patient.
 - Renewed annually



Protocols – Defines scope

- ❖ Condition or diseases-state specific
- ❖ List medications and lab tests that can be used
- ❖ May authorize: modification, continuation, and discontinuation of drug therapy, and ordering of lab tests
- ❖ List circumstances requiring contact with physician(s)
- ❖ List of circumstances where pharmacist may change dose, modify regimen, or switch the agent



**2015 Legislative Session
HB716 / SB347**

- ❖ Expands ability to develop a DTMA with other prescribers (NP, podiatrists)
- ❖ Allows for initiation of drug therapy when agreement is with a physician
- ❖ Therapy management contract not required in institutional facilities
- ❖ Therapy management contract does not need renewal annually



**Institutional Authority:
JHH Medical Staff Bylaws**

1. Medical Department Credentials Committee
2. Chief of Service
3. Credentials Committee of JHH
4. Medical Board of JHH
5. Board of Trustees of JHH



**JHH Medical Staff Bylaws:
Allied Health Staff**

“The Allied Health Staff shall consist of those individuals who provide independent clinical services and who are not physicians or members of the Medical Staff. The Allied Health Staff shall include, but is not limited to, doctoral scientists, clinical psychologists, clinical laboratory directors or practitioners, physician assistants, certified registered nurse anesthetists, certified nurse practitioners, certified nurse midwives, clinical pharmacist practitioners, podiatrists, optometrists, acupuncturists and cardiac surgical assistants.”



**JHH Medical Staff Bylaws:
Allied Health Staff**

“Allied Health Staff may exercise judgment within their licensure, certification, and/or area of competence; participate directly in the management of patients under the supervision or direction of a member of the Medical Staff; record reports and progress notes in patients’ records; and write orders to the extent established by the appropriate Chief of Service and in accordance with applicable law. Allied Health Staff shall be appointed by the Board of Trustees in accordance with the procedures herein and shall agree to be governed by these Bylaws.”



**JHH Medical Staff Bylaws:
Delineation of Clinical Privileges**

“A specific patient care activity, treatment or service or group of closely related patient care activities, treatments or services that may be granted to a member of the Medical or Allied Health Staff by the Board of Trustees. A member of the medical staff may only perform activities/procedures for which the DOP has been granted, except in an emergency situation as defined in the Bylaws.”



**JHH Medical Staff Bylaws:
Delineated Clinical Privileges**

“Privilege determinations shall be based on prior and continuing education, training, experience; demonstrated current competence; judgment; interpersonal and communication skills; and professionalism, as documented and verified in the physician’s (practitioner’s) credentials file including peer evaluations, observed clinical performance and documented results of Hospital and Departmental quality improvement programs. The exercise of privileges within a department is subject to departmental rules and regulations and the authority of the Chief of Service.”



**Department of Pharmacy
Baltimore, Maryland**

- ❖ Created Credentialing, Privileging and Protocols Subcommittee of the Clinical Practice Council
- ❖ Established Pharmacy and Therapeutics Committee as Medical Staff Committee responsible for review and approval of protocols
- ❖ Amended Medication Orders Policy and sought approval by the Medical Board to redefine authorized prescribers to allow privileged clinical pharmacists (Clinical Pharmacist Practitioners) to write orders pursuant to the drug therapy management agreement



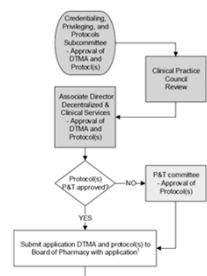
**Johns Hopkins Hospital
Action Steps**

- ❖ Established the nature and language of the delineated clinical privilege to be granted by the Credentials Committee
- ❖ Established criteria for clinical pharmacists who may engage in drug therapy management agreements
- ❖ Created checklist for Clinical Pharmacist Practitioner Credentialing and Privileging Application Process
- ❖ Revised security rights within prescriber order entry system to support pharmacist prescribing



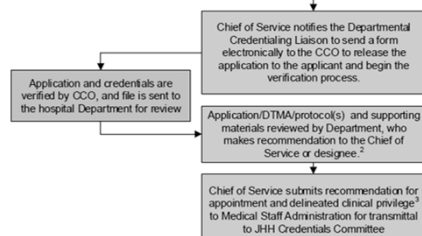
JHH framework

- ❖ Internal departmental process
- ❖ Protocols (Scope) approved by P and T



JHH framework

Medical Department (e.g. surgery, oncology, medicine, etc.)



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JHH framework

- ❖ Hospital credentials committee and Board of Trustees
- ❖ FPPE (and OPPE) conducted by the Department of Pharmacy in collaboration with Medical Department

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graph TD
    A[JHH Credentials Committee submits recommendation to the Medical Board] --> B[Medical Board submits recommendation to JHH Board of Trustees]
    B --> C[COO sends out appointment letter granting privileges]
    C --> D[FPPE]
    
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Truman Medical Centers Kansas City, Missouri

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Truman Medical Centers Kansas City, Missouri

- ❖ Two hospital health system with 600 beds
- ❖ Not-for-profit, safety net hospital
- ❖ Academic - Primary teaching site for University of Missouri Kansas City (UMKC) Schools of Medicine, Nursing, Dentistry, and Pharmacy
- ❖ Level I Trauma center
- ❖ Oncology and Behavioral Health centers
- ❖ Focus on management of chronic diseases

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Missouri Pharmacy Practice History

- ❖ Hospital pharmacy practice based on protocols approved by the P&T committee and MEC of individual hospitals
- ❖ Medication Therapy Services (MTS) legislation required pharmacist and physician collaborative practice agreement
- ❖ Missouri Society of Health System Pharmacists advocated in partnership
 - Missouri Department of Health and Senior Services
 - Missouri Board of Pharmacy
 - Missouri Hospital Association
 - Missouri Pharmacy Association

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Missouri Statute Chapter 338

Section 338.165.1 states that, "All pharmacists providing medication therapy services shall obtain a certificate of medication therapeutic plan authority as provided by rule of the board. Medication therapy services may be provided by a pharmacist for patients of a hospital pursuant to a protocol with a physician as required by section 338.010 or pursuant to a protocol approved by the medical staff committee. However, the medical staff protocol shall include a process whereby an exemption to the protocol for a patient may be granted for clinical efficacy should the patient's physician make such request. The medical staff protocol shall also include an appeals process to request a change in a specific protocol based on medical evidence presented by a physician on staff."

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Pharmacist Credentialing/Privileging Strategy

- ❖ TMC utilized a criteria-based core privilege approach versus a specific list of privileges
- ❖ TMC pharmacists are privileged to:
 - Modify and order medications by hospital protocol approved by the P&T committee and MEC
 - Protocol addition without adjusting the medical staff privileging process
 - Rapid implementation of new pharmacist-driven patient care programs
 - Provide MTS with pharmacist/physician collaborative practice agreement approved by the P&T committee and MEC

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Implementation Essentials for Pharmacist Credentialing and Privileging

**Medical Staff-Privileged
Health Care Professionals**

- ❖ TMC pharmacy team goal to create the pharmacist credentialing/privileging process
 - Compliant with state pharmacy practice statutes
 - Compliant with medical staff by-laws
 - Compliant with TJC
 - Similar to other medical staff-privileged health care professionals in our institution
 - Application and form set up
 - FPPE and OPPE requirements
 - Metrics for FPPE and OPPE



Preparation and Planning

- ❖ Designate a pharmacy team leader to research and understand the medical staff credentialing/privileging process
- ❖ Gain support of the Chief Medical Officer and medical staff office team
- ❖ Develop a consistent credentialing/privileging process for all pharmacists in the organization to meet accreditation and regulatory requirements
- ❖ Work with the medical staff office team to develop the necessary credentialing/privileging tools that are similar to what are used for physicians, advanced practice nurses, and physician assistants throughout the institution
- ❖ Obtain MEC approval



Establish Process for Pharmacy Team

- ❖ Complete application and submit documentation
- ❖ Pharmacy leadership team completed first
 - Provided full understanding and an estimate of time necessary
- ❖ Frequently asked questions (FAQs) document was created to assist the pharmacists with completing the paperwork
- ❖ Pharmacy leadership team held multiple 2-hour help sessions at both campuses for the staff to answer questions
- ❖ Medical staff office team validated application information
 - Time-consuming process



Establish Ongoing Processes

- ❖ Develop OPPE and FPPE tools to assess competence
 - Similar to other privileged health care professionals
- ❖ Identify performance metrics
 - Capture the necessary regulatory elements during first year of implementation
 - As your program becomes more robust, revise the OPPE documents to be similar to other mid-level practitioner requirements in your state
 - Create processes to monitor forward-looking metrics
 - Streamline pharmacist notes and clinical intervention documentation in the electronic medical record



Privileged by the Medical Staff

- ❖ All pharmacists at TMC, regardless of role within the Department of Pharmacy Services, complete the medical staff credentialing/privileging process
- ❖ Pharmacists privileged by the medical staff at TMC
 - 46 employed pharmacists
 - 8 UMKC School of Pharmacy faculty members
 - 5 UMKC School of Medicine faculty
- ❖ The medical staff credentialing/privileging process is necessary for pharmacists to utilize collaborative practice agreements and to implement protocols approved by the Medical Executive Committee



**State Pharmacy Practice Acts and
Medical Staff By-Laws**

- ❖ Discussion Set-Up 4 minutes
- ❖ Learning Strategy – Describe “think, pair, share”
 - State Pharmacy Practice Acts
 - 4 minutes – independent evaluation
 - 4 minutes – paired discussion and comparison
 - 5 minutes – each pair shares information to others
 - Medical Staff By-Laws
 - 4 minutes – independent evaluation
 - 4 minutes – paired discussion and comparison
 - 5 minutes – each pair shares information to others



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Implementation Essentials for Pharmacist Credentialing and Privileging

One Minute C-Suite Presentation

- ❖ Discussion Set-Up – 5 minutes
- ❖ Learning Strategy – Describe “think, roll play, share”
 - 5 minutes – independent evaluation
 - 5 minutes – roll play
 - 5 minutes – work as a group to identify “best one minute C-Suite presentation”
 - 10 minutes – have a representative from each group present to session and submit to staff in writing
 - 5 minutes – facilitate group to identify key elements and frame the message



Elevator Pitch

- ❖ “Elevator Pitch”
 - Concise, carefully planned, and well-practiced marketing message
 - Easily understood in the time it would take to ride up an elevator
 - Include a “theme” or “hook”
 - 60 seconds maximum
 - Request a follow-up meeting



Why Do You Need An Elevator Pitch?

- ❖ To get your foot in the door
- ❖ To start the discussion
- ❖ A polished way to present your rationale
- ❖ Explain pharmacist value in a tactful way
- ❖ Leave a positive impression
- ❖ Gain meeting time with CMO
- ❖ Peak interest in a new opportunity to improve patient care



Elevator Pitch Content

- ❖ Profession and training
 - Professional identity
- ❖ Expertise
 - Competencies and skills to perform your work
- ❖ Unique skill sets, strengths, and certifications
 - What makes you stand out from others who perform similar work
- ❖ Impact on patient care



One Minute C-Suite Presentation

- ❖ Discussion Set-Up – 5 minutes
- ❖ Learning Strategy – Describe “think, roll play, share”
 - 5 minutes – independent evaluation
 - 5 minutes – roll play
 - 5 minutes – work as a group to identify “best one minute C-Suite presentation”
 - 10 minutes – have a representative from each group present to session and submit to staff in writing
 - 5 minutes – facilitate group to identify key elements and frame the message



Fifteen Minute Break



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Identify FPPE and OPPE Metrics

- ❖ Discussion Set-Up – 5 minutes – create group list
- ❖ Learning Strategy – Brainstorm
 - 5 minutes – independent evaluation
 - 10 minutes – brainstorming as a large group
 - 10 minutes – individual area discussions selecting a specific and measurable metric, why the group selected that metric
 - Submit those metrics



Focused Professional Practice Evaluation (FPPE)

- ❖ What is FPPE?
 - Determination of initial competence
 - Focused Professional Practice Evaluation – the process through which the privilege-specific competence of a practitioner is evaluated. Completed when a practitioner is granted a privilege for the first time or for cause

Ongoing professional practice evaluation (OPPE). The Joint Commission website.
http://www.jointcommission.org/standards_information/jcfaodetaills.aspx?StandardsFaqId=470&ProgramId=47. Accessed September 15, 2015.



Ongoing Professional Practice Evaluation (OPPE)

- ❖ What is OPPE?
 - Determination of ongoing competence
 - Peer review
 - Ongoing Professional Practice Evaluation – the process through which the organized medical staff conducts an ongoing evaluation of each practitioners clinical competence and professional behavior in order to determine whether the practitioner’s privileges should be continued, limited or revoked

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



The Joint Commission – Intent of OPPE

- ❖ The intent of the standard is that organizations are looking at data on performance for all practitioners with privileges on an ongoing basis rather than at the two year reappointment process, to allow them to take steps to improve performance on a more timely basis.

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



The Joint Commission – Defined Process

- ❖ Who is responsible for reviewing performance data?
 - Department, Credentials, or Medical Executive Committee
- ❖ How often will data be reviewed?
 - The frequency can be defined by the organization
- ❖ What process is utilized to decide whether to continue, limit or revoke privileges?
 - Department chair, credentials committee chair, or MEC
- ❖ How will data be included in the credentials files?
 - Define a process to review the data and store in the record

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



The Joint Commission – Data Elements

- ❖ Data collected is defined by individual medical staff departments and approved by the medical staff
- ❖ The standards require an evaluation of all practitioners
 - Not just practitioners with performance issues
- ❖ The departments know the best data that reflects both good and problem performance for their practitioners
- ❖ The medical staff will determine the correct type and amount of data to be collected

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



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Implementation Essentials for Pharmacist Credentialing and Privileging

**The Joint Commission –
Continue, Limit or Revoke Privileges**

- ❖ Determining the practitioner is performing well, within desired expectations, and no further action is warranted
- ❖ Determining an issue exists that requires a focused evaluation
- ❖ Suspending the privilege suspends data collection and practitioner is notified that they must request reactivation if they wish to reactivate
- ❖ Revoking the privilege because it is no longer required
- ❖ Determining that zero performance triggers a focused review when the next time the practitioner performs the privilege

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



OPPE Evaluation Methodologies

- ❖ Periodic chart review
- ❖ Direct observation
- ❖ Monitor diagnostic and treatment techniques
- ❖ Discuss with other individuals involved in the care of patients
 - Pharmacists
 - Physicians
 - Nurses
 - Administrators

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



Example Metrics

- ❖ Failure to follow approved clinical practice guidelines
- ❖ Defined # of events occurring
- ❖ Defined # of individual peer reviews with adverse determinations
- ❖ Patient safety events
- ❖ Sentinel events
- ❖ Elevated infection rates
- ❖ Increasing LOS compared to others
- ❖ Increasing # returns to surgery
- ❖ Patterns of unnecessary tests/treatments

Ongoing professional practice evaluation (OPPE). The Joint Commission website.



OPPE and FPPE Interactive Section

- ❖ Brainstorm OPPE Metrics
 - 5 minutes – independent evaluation
 - 10 minutes – brainstorming as a large group
 - 10 minutes – individual area discussions selecting a specific and measurable metric, why the group selected that metric
- Submit that metric



Peer Review

- ❖ *Focused Professional Practice Evaluation* – the process through which the privilege-specific competence of a practitioner is evaluated. Completed when a practitioner is granted a privilege for the first time or for cause
- ❖ *Ongoing Professional Practice Evaluation* – the process through which the organized medical staff conducts an ongoing evaluation of each practitioners clinical competence and professional behavior in order to determine whether the practitioner's privileges should be continued, limited or revoked



**Peer Review Process:
Key Questions**

- ❖ Which metric(s)?
 - Rate-based indicator – a ratio, having the number of a specific event as the numerator and the specific opportunities for the event to occur as the denominator
 - Rule-based indicator – a count of the occurrence of a specific event (e.g., unsigned clinic notes)
- ❖ Who comprises the peer group?
 - Pharmacist specific clinical privilege or provided by other privileged practitioners?
 - Unique to a subset of pharmacists or common to all?
- ❖ Resource requirements?
- ❖ What threshold value triggers practice review?



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Implementation Essentials for Pharmacist Credentialing and Privileging

Develop a Peer Review Process

- ❖ Identify a Delineated Clinical Privilege for peer review
- ❖ Describe the metric used for measurement
- ❖ Identify the peer group that will be used to conduct the review. Describe pros and cons of a pharmacist only vs. multi-professional approach
- ❖ Describe the threshold value that would trigger practice review
- ❖ Describe resources need to support the review process
- ❖ Use examples from current processes, if applicable



Create an Action Plan

- ❖ Discussion Set-Up – 5 minutes
- ❖ Learning Strategy – Brainstorming, listing, prioritizing
 - 5 minutes – independent brainstorming
 - 5 minutes – list and prioritize key tasks
 - 5 minutes – identify barriers
 - 10 minutes – discuss with those in your area how to overcome barriers leading to a detailed action plan
- ❖ Return to your organization with a detailed action plan



Action Plan

- ❖ **What** - actions and changes
- ❖ **Who** - responsible party
- ❖ **When** - timeline and deadlines
- ❖ **Resources** - team, money, time
- ❖ **Communication** - share information



Action Plan Item Example

- ❖ **What** - research medical staff privileging
- ❖ **Who** - Joel Hennenfent
- ❖ **When** - complete by December 1, 2015
- ❖ **Resources** - allocate time, send to ASHP Leadership Conference
- ❖ **Communication** - update pharmacy team, engage medical staff office, and educate C-Suite



Create an Action Plan

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Key Takeaways

- ❖ Elevator Pitch
 - Example: Share your elevator pitch with your team when you return, obtain feedback, and give it to your CMO
- ❖ FPPE and OPPE metrics with Peer Review Process
 - Example: Initiate discussion with your team and IT to determine information to identify potential metrics
- ❖ Action Plan
 - Example: Work with team to create action plan for pharmacist privileging at your organization

