Practice Spotlight

Avera Behavioral Health Center
Sioux Falls, South Dakota

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IN YOUR VIEW, HOW WOULD YOU DEFINE THE IDEAL PHARMACY PRACTICE MODEL?

The ideal practice model is one where the pharmacists and other healthcare providers work collaboratively in the daily treatment of patients—a treatment team where everyone involved in the patient’s care is an equal participant in all treatment decisions and the patient serves as the center of this treatment team.

HOW DO PHARMACISTS IN YOUR RE-DESIGNED PHARMACY PRACTICE MODEL PROVIDE CARE TO PATIENTS AND ENSURE SAFE AND EFFECTIVE MEDICATION THERAPY?

Our pharmacists are vital elements of the patient care team. Physicians request that every patient and their medications are seen and reviewed daily by pharmacists. This approach has helped our pharmacists transition their focus from order entries and drug reviews to clinical services and patient-specific care. Our physicians do not consider pharmacist involvement as impeding their efforts or encroaching on their “turf.” Instead, they believe that the pharmacist is an important member of the care team. Pharmacists provide specific, individualized medication therapy for each patient, which promotes a high standard for medication safety and efficacy.
Some examples of areas where pharmacists have led the development of enhanced outcomes and safety of medication use include:

1). Developing and continuously evaluating our medication reconciliation process;
2). Developing patient-specific education groups;
3). Developing medication information sheets specific for our institution;
4). Developing treatment protocols for pain management;
5). Monitoring for various drug-induced side effects;
6). Continuously providing education on medication related issues to providers and other members of the patient care team.

**WHAT SERVICES HAVE YOU DETERMINED TO BE ESSENTIAL TO SUPPORT YOUR PHARMACY PRACTICE MODEL?**

Our pharmacists would have little success providing direct clinical care without the support of our pharmacy technicians. Our technicians help us efficiently manage the drug distribution process, which saves our institution costs and allows our pharmacists to work directly with patients as part of the care team.

We have developed a specific P&T committee for psychiatry that helps us perform psychiatry-specific formulary reviews, develop protocols, and manage outcomes. Our psychiatric pharmacy specialists work directly with resident physicians to build their knowledge in psychopharmacology. This team-based learning technique has developed lifelong collaborative relationships outside of our institution.

When our new hospital was built four years ago, concerns were raised about the remote proximity to the main hospital of pharmacy and other ancillary services. When creating plans for the new building, our psychiatrists requested that the pharmacy be located on the floor to increase the ease of access for providers and nurses. Our pharmacy was not built in the basement; rather it was built next to our fellow members of the patient care team.

We are considering the addition of an onsite ambulatory care pharmacy specifically focused on the care of patients with psychiatric illnesses. We would like this pharmacy to accomplish many goals, including the improvement of medication adherence of our patients. Our initial services would focus on clozapine monitoring, long-acting antipsychotic injections, and patient assistance program management.

**WHAT TECHNOLOGIES HAVE YOU IMPLEMENTED WITHIN YOUR PRACTICE SITE TO FACILITATE YOUR PRACTICE MODEL?**

Our health-system strives to be the leaders in health care technology. We have won several awards for our investment in technologies that enhance patient care. All pharmacists are provided PDA’s with drug information and patient management applications to enhance productivity and access to clinical information. At the Behavioral Health Center, we have replaced all pharmacist pagers with wireless phones so nurses and providers have direct
contact to our practitioners. We also supply our pharmacists with laptop computers to enable work at the patient care units. Our entire health-system has now moved to an electronic Medication Administration Record (MAR), in which our pharmacists have electronic access to. The Behavioral Health Center was the first site in our system to adopt these changes. We also use an automated dispensing system with remote order entry functionality, allowing our pharmacists to review orders from almost anywhere in the facility. In spring 2011, we will implement computerized provider order entry (CPOE) and bedside barcode scanning.

**HOW WOULD YOU SHARE THE SUCCESSES OF YOUR PRACTICE MODEL WITH OTHER PHARMACY DIRECTORS AND ADMINISTRATORS?**

Our success is measured by our patient satisfaction reports. Our administrators recognize the importance of pharmacy services and have awarded the pharmacy department with a variety of recognition and awards. We are also actively involved in several management committees. A unique example is the financial stewardship committee, which looks at ways to avoid waste and save money at our institution.

Our pharmacists are actively involved in the education of pharmacy residents, PharmD candidate students, and pharmacy technicians. We have presented material at state and national meetings and have been published in a variety of medical journals, such as AJHP and Pharmacotherapy. Additionally, we have participated in the development of a genomics research laboratory specific to behavioral health. These activities are well known by hospital administration and have helped highlight the important role pharmacists play in the care of our patients.

**WHAT ARE SOME KEY CONSIDERATIONS TO GAIN EMPLOYEE ACCEPTANCE AND BUY-IN TO IMPLEMENT A NEW PRACTICE MODEL?**

Fortunately, we have a group of enthusiastic staff willing to accept innovative ideas to improve patient care. Some things to consider are:

1). Work to build a unified mission and vision;
2). Provide opportunities for continuous education and improvement to staff;
3). Be open to the ideas and interests of other staff members;
4). Evaluate your workload on a continuous basis.

**HOW DID YOU GAIN SUPPORT OF HOSPITAL ADMINISTRATORS, PHYSICIANS, AND NURSING TO IMPLEMENT YOUR NEW PRACTICE MODEL?**

Physician buy-in and support has been vital to our success. From the very start, physicians have requested pharmacy services for every patient. Valuing the quality of work our pharmacists provide, physicians have requested more services be provided by the pharmacy department. The physicians have been instrumental in educating hospital administrators and staff of the
pharmacist’s role in patient care. Four years ago we opened a new Behavioral Health Hospital with 1 FTE pharmacist. Today, we have 4 FTE pharmacists and a PGY2 psychiatry resident at the same facility.

Much of our success is due to the support of our physicians and director of pharmacy, among other leaders. We hold weekly meetings with our medical director and inpatient physicians to discuss concerns or the need to improve our services. This support has also lead to pharmacist involvement on decision-making committees at our hospital. Increasing our overall participation and visibility within the institution has provided us with opportunities to grow. Our Vice President and Medical Director has stated the following, “Pharmacy is an integral and probably the most important part of our treatment team, they need to be at the table and in agreement with any changes we plan to make.”

WHAT ARE SOME LESSONS LEARNED WHILE IMPLEMENTING YOUR PRACTICE MODEL THAT YOU WOULD LIKE TO SHARE WITH OTHER PHARMACISTS?

1). Being able to think beyond the traditional pharmacy model is essential, especially with issues that involve staff workload and efficient time management.
2). Focus on improving the quality of services, instead of the quantity. At times, our staff has been overambitious with the amount of work we attempt to accomplish. When we have scaled our efforts back in the past, it was met with disappointment and frustration from physicians and nurses.
3). Because of limited resources, starting a new program usually means ending another. Consider managing requests for new pharmacy services through feasibility or pilot studies.
4). Get health-care providers on your side. Once providers realize the impact pharmacists make on patient care outcomes, the opportunities to expand are limitless!