



CalvertHealth

New Provider Orientation



Calvert Health System Provider Orientation



Module 4: Clinical Preparedness **Section 3 -** Patient Care



Section 3 - Patient Care

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Pharmacy

- The Pharmacy Department is the sole medication fulfillment entity within the hospital, providing services in all inpatient and outpatient settings for all patient ages and for all hospital departments

Ages Supported

- Neonatal
- Pediatric
- Adolescent
- Adult
- Geriatric

Departments Served

- ED, UCC
- MedSurg floors 2 and 3
- ICU
- Surgery
- L&D, FBC
- TCU
- Behavioral Health



Pharmacy Services for Medical Staff

- Procures, labels, stores all medications used at CHMC
- Provides guidance for dose modification based on age, weight
- Provides clinical pharmacokinetic dosing service to the medical staff
- Provides therapeutic drug monitoring programs
- Monitors prescribing and use of all non-formulary drugs, with particular emphasis on antibiotics
 - Reviews chart and laboratory analysis
 - Contacts physician
 - Offers therapeutic alternatives
- Provides drug information to physicians, nurses and other health professionals
- Monitors Food and Drug, Drug and Drug Interaction.
- Ensures medication safety



Pharmacy Services (con't)

- Supplies floor stock and patient medications in Automated Dispensing Machine (ADM)
- Ensure all IV fluids are made under Aseptic 797 regulations
- Distributes all pharmacy items to appropriate departments
- Manages unit dose distribution program
- Monitors TPN therapy
- Providing consulting services for patients receiving home IV therapy
- Providing pharmacy department representation for various hospital committees
- Providing drug information service to professionals practicing in Calvert Health System.
 - Written and verbal communication pertaining to specific information requested



Additional Clinical Pharmacy Functions

- Provides Clinical Pharmacy consultation service to all hospitalists
- Oversees outpatient anticoagulation clinic
- Supplies floor stock and patient medications in automated dispensing Machine (ADM)
duplicate on previous slide
- Performs Medication Utilization Evaluation (MUE) to assure appropriate and effective use of drugs.
- Oversees Antimicrobial Stewardship Program



Working With the Pharmacy

- Pharmacy Hours: 24/7
 - Clinical staff generally available 8-5 with some evening hours
 - Clinical Pharmacist on call 24 hours a day
- Pharmacy extension: 8305.
 - Director of Pharmacy; Kara Harrer ext. 4678
 - Clinical Coordinator; Merideth Moody ext. 8309
 - Clinical Pharmacists extensions: 4624, 4886, 2776



Formulary

- Hospital formulary determined by our Medication Usage and Safety Team (MUST)
 - All new requests must be made through this committee
 - Will be evaluated for efficacy, safety, and pharmacoeconomic impact
- Patients on non-formulary agents may use their own medications
 - Order must be written
 - Medication will be verified in pharmacy and labeled with a CMH label for safe administration by nursing
- MUST has approved therapeutic interchanges for medications in the same class
 - List is available on the Intranet page under pharmacy resources
 - Substitutions will be made automatically in pharmacy unless the provider includes “DO NOT SUBSTITUTE” on the order



Additional Pharmacy Duties

- Order review: All orders for inpatients must be prospectively reviewed by pharmacy prior to administration by nursing with the exception of emergency treatments
 - This occurs electronically as orders are entered
 - Calls will be made to providers for clarification as needed
- Renal dose adjustments can be made automatically in pharmacy as needed
- Pharmacy will review patients at high risk for falls and make recommendations as needed



Clinical Pharmacy Services

- Oncology/Infusion staffed by pharmacist M-F 8-4
- Outpatient Anticoagulation clinic – Pharmacist managed patients seen M-F 8-4, requires referral
- Discharge Pharmacy – Pharmacist participates in discharge clinic, homes visits and other transition of care activities
- CHMC pharmacy is responsible for consultant work on TCU. They will review patients within 7 days of admission and every 30 days to provide clinical recommendations as needed.



Inpatient Consults

- FOR ALL CONSULTS: pharmacy has 24 hours to see patient, therefore initial orders must be placed
- Communication about the goals for each patient is helpful in successful management
- For observation patients, generally a consult is not needed unless the patient is expected to become an inpatient



Types of Consult

- Warfarin management – Pharmacist will order labs and adjust doses and clinically appropriate
 - Provider must manage bridge therapy as needed
- Vancomycin/Aminoglycoside pharmacokinetic dosing – pharmacist will order labs and doses as clinically appropriate
- TPN management – Pharmacist will work with clinical dietitian to order and manage parenteral nutrition
 - Orders for consult must be entered by 11am for TPN to start that day
- Pain management – Pharmacy will help manage acute pain while patient is admitted, including PCAs, oral analgesics, and palliative and comfort care orders
 - Initial orders must be written by provider



Bedside Rounding

- Bedside rounding is performed by hospitalists for the purpose of:
 - Assessing and reassessing patient condition
 - Efficacy of treatment plan
 - Identifying need for additional testing or treatment
 - Assessing effectiveness of medication
 - Assessing patient's viability for discharge
- On-duty hospitalists round on patients regularly, but at a minimum at start of shift and at end of shift
 - Appropriate hand off protocols are to be adhered to during shift change



ICU Admissions

- CHMC ICU has 6 staffed beds plus additional e-care monitored beds
 - E-Care monitoring is available 24/7
- Decision to accept patients into ICU is at the discretion of the Director of ICU, Intensivist and admitting hospitalist
 - Availability of bed
 - Ability of staff to provide appropriate care
- Stabilized patients will be moved to MedSurg bed as soon as medically advisable



STAT Team

- Purpose: to prevent Code Blue situations outside the ICU
 - Recognize potentially life threatening conditions early
 - Uses a proactive systems approach to obtain clinical data, communicate with attending physician and provide appropriate treatment
- Team consists of:
 - Hospitalist
 - Respiratory therapist
 - Clinical coordinator
 - Primary care nurse



STAT Situations

- May include but NOT be limited to:
 - Acute respiratory distress
 - Chest pain
 - Altered mental status
 - Stroke symptoms
 - Seizure activity
 - Symptomatic change in blood pressure or heart rate
 - Sepsis indicators



STAT Process

- Patient's primary care nurse (PCN) recognizes a potential problem
- PCN calls x8222 to request STAT Team mobilization
- PCN calls attending physician and gives summary of situation
 - Additional treatment orders may be taken then
- PCN provides STAT team with situation overview, any extenuating circumstances and medication list
- STAT Team performs assessment, initiates appropriate CHMC STAT Team Protocol/Standing Order Sets (in absence of Hospitalist)
- Hospitalist STAT Team responder orders treatment/intervention
- Entire STAT Team documents events in 'STAT Team Record'



STAT Team Protocols

- STAT Team protocols are documented for:
 - Acute Respiratory Distress
 - Emergency Pre-arrest Protocol For Acute Allergic Reaction
 - Emergency Pre-arrest Protocol, Symptomatic Drop In PB, Adult
 - Emergency Pre-arrest, Loss Of Consciousness
 - Emergency Pre-arrest, Hematemesis Adult
 - Emergency Pre-arrest Protocol For Seizures
 - Emergency Pre-arrest Symptomatic Bradycardia, Adult
 - Emergency Pre-arrest, Symptomatic Tachycardia Adult
 - Stroke
 - Sepsis



Biohazardous Waste

- Protective Equipment is to be worn by all personnel, including LIPs, when in the presence of any biohazardous materials and waste
 - Regulated medical waste
 - Anatomical waste
 - Blood and other biomedical fluids
 - Infectious agents
 - Microbiological waste
 - Sharps
- Dispose Biohazardous waste into appropriate vehicles using appropriate handling procedures
- Waste will be disposed of by properly trained and qualified personnel



Personal Protective Equipment

- Standard Personal Protective Equipment (PPE) includes:
 - Gloves, gowns, goggles, face masks, face guards
 - Part of Standard Precautions procedures
 - Contact Precautions
 - Droplet Precautions
- Specialized PPE includes:
 - Impervious gowns, face mask/glasses, sterile gloves, N-95 Respirator Masks, Powered Air-Purifying Respirator (PAPR)
 - Used during invasive surgical procedures
 - Airborne Precautions, i.e. Suspected TB



Airborne Agents Require Special Care

- Airborne infections pose significant risk to staff and other patients and are managed under Respiratory Protection Program
- Special respiratory masks
 - N-95 Respirator masks must be personally fitted and refitted annually
 - See Employee Health for fit testing
 - PAPR for those who are unable to fit test on N-95



Wear the Right Mask for the Situation

Hazard	Job Task	Respiratory Protection
Diseases requiring airborne precautions: <ul style="list-style-type: none"> • TB Suspected or confirmed • MERS-CoV, Ebola, SARS • Novel pathogenic/pandemic influenza; Measles; herpes zoster 	Routine patient care and support operations, including aerosol-generating procedures	N95 Mask (minimum requirement) PAPR Airborne Infection Isolation (All) patient rooms
Diseases requiring droplet precautions: <ul style="list-style-type: none"> • Seasonal Influenza, meningitis, pertussis 	Routine patient care and support Operations, including aerosol-generating procedures	Surgical Mask
Bronchoscopy, Deep Suctioning, Intubation and Extubation	Aerosol-generating procedures	Surgical Mask (minimum requirement) N95 Mask
Novel Pathogens/pandemic influenza	Routine patient care and support operations, including aerosol-generating procedures	Follow current public health guidance.

