



CalvertHealth

New Provider Orientation



Outline

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 - Clinical Pharmacy Services
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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 patients of all ages and for all hospital departments
- 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; Merideth Moody, ext. 4678
 - Clinical Coordinator; Kimberly Couch, ext. 8309
 - Clinical Pharmacists extensions: 4624, 4886, 2776



Pharmacy Services

- Guidance for dose modification based on age and weight
- Clinical pharmacokinetic dosing service to the medical staff
- Therapeutic drug monitoring programs
- Clinical pharmacy consultations and drug information to members of the medical staff, nurses and other health professionals
- Monitoring of Food and Drug, Drug and Drug Interactions
- Ensures medication safety
- Consulting services for patients receiving home IV therapy
- Pharmacy department representation for various hospital committees
- Medication Utilization Evaluation (MUE) to assure appropriate and effective use of drugs.



Additional Pharmacy Services

- 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



Formulary

- Hospital formulary is 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



Clinical Pharmacy Services

- **Oncology/Infusion:** staffed by a 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



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



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 the ICU is at the discretion of the Director of ICU, Intensivist and admitting hospitalist and dependent on the:
 - Availability of beds
 - Ability of staff to provide appropriate care
- Stabilized patients will be moved to a 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 at that time
- 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

