

Arkansas Association of Health-System Pharmacists

Imagine, Believe, Achieve

49th Annual Fall Seminar

October 7-9, 2015

Marriott Hotel

Little Rock, AR

www.arrx.org/fall-seminar

Clinical Intervention Documentation - Pearls

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Ascension Health/Wolters Kluwer Health

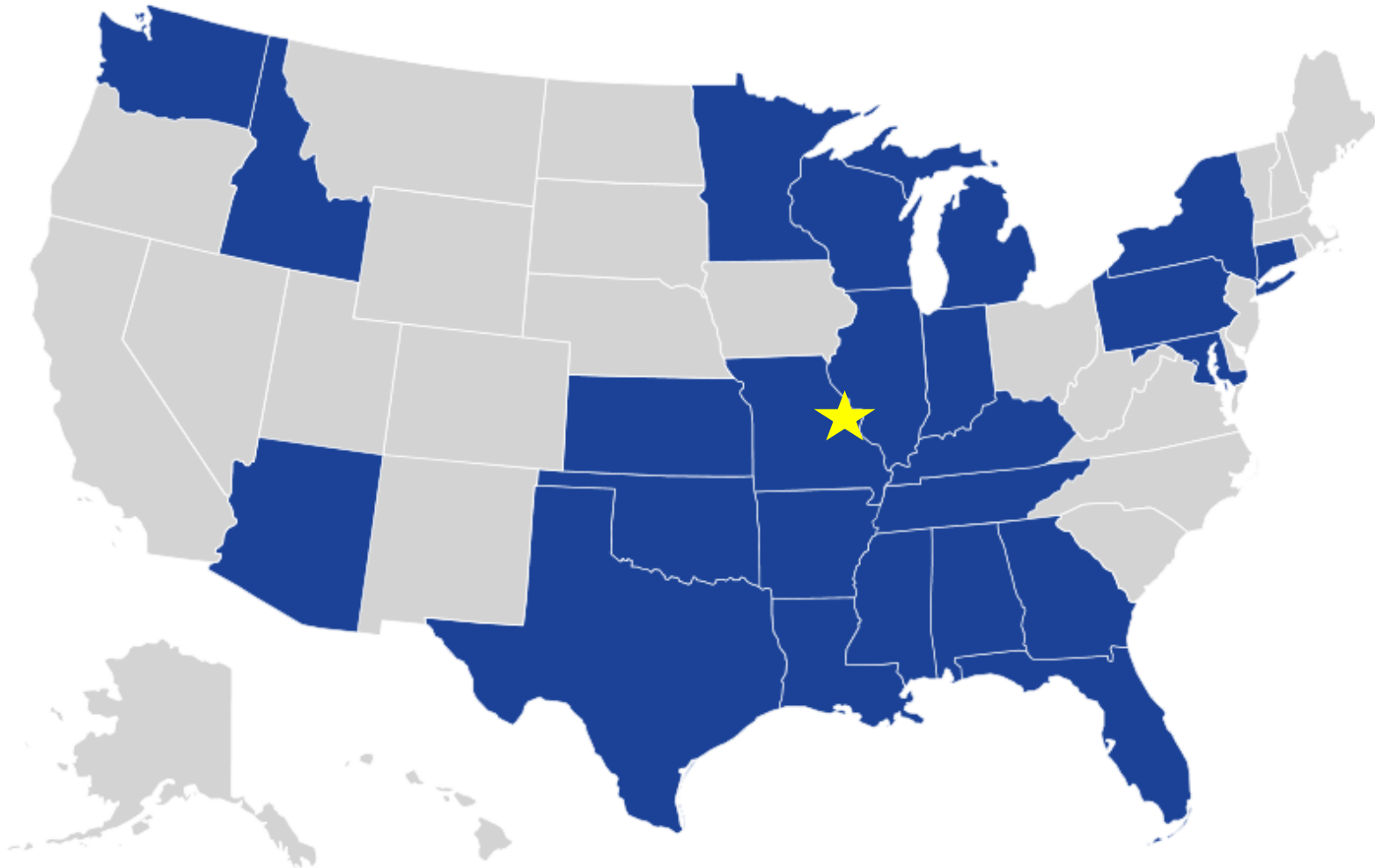
Fellow, Health Information and Clinical Outcomes

Conflict of Interest Disclosure

No vested interest in or affiliation with a corporate organization offering financial support or grant monies for this continuing education activity

Affiliated with Pharmacy OneSource, a subsidiary of Wolters Kluwer Health.

Ascension Health

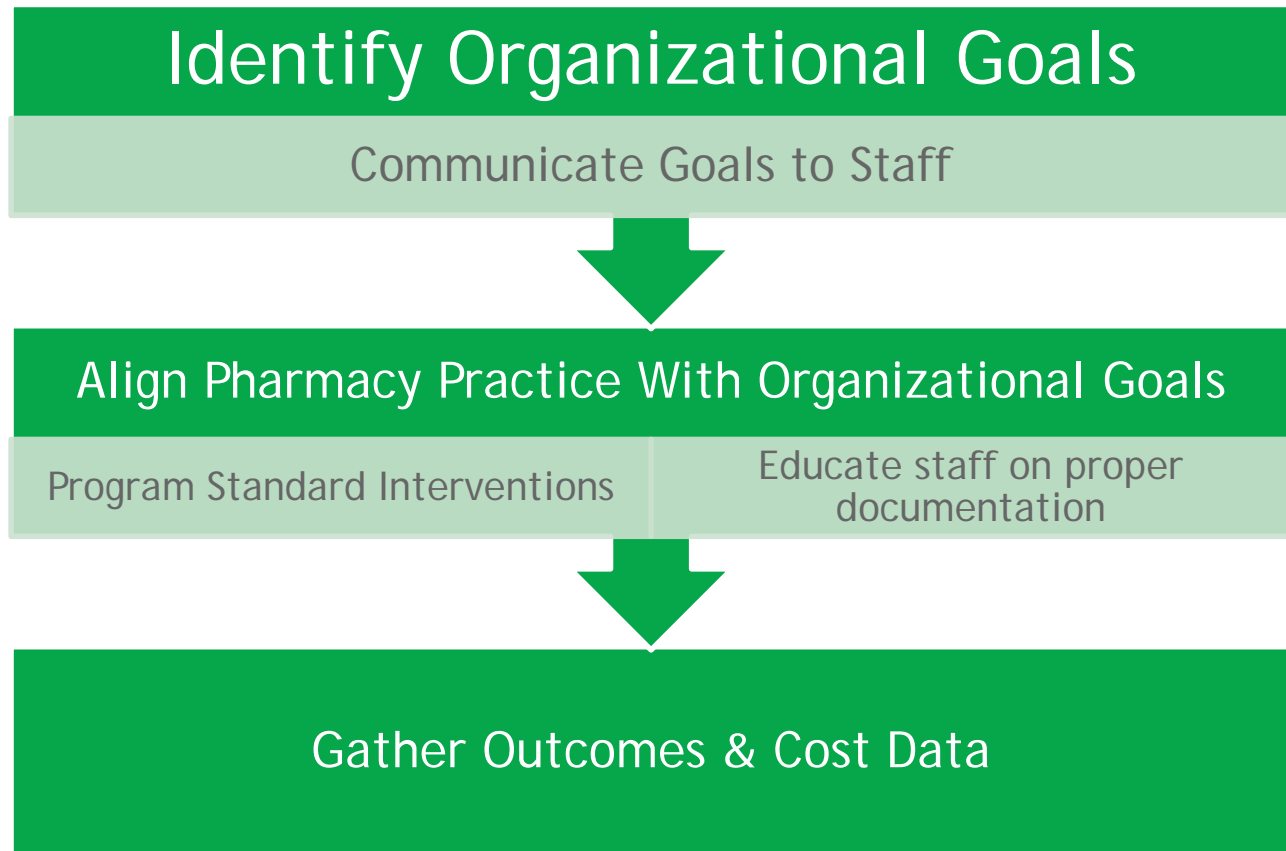


Objectives

- Understand the need for interventions to align with health system goals
- Describe the difference between meaningful documentation and extraneous information
- Understand lessons learned from the implementation in a large health system of a clinical surveillance system
- Apply effective antimicrobial stewardship interventions that positively impact patient outcomes

Understand the need for interventions to align with health system goals

Do you know your health system's goals?



Understand the need for interventions to align with health system goals

Do you know your health system's goals?

Identify Organizational Goals

Communicate Goals to Staff

Understand the need for interventions to align with health system goals

Do you know your health system's goals?



Understand the need for interventions to align with health system goals

Do you know your health system's goals?



Describe the difference between meaningful documentation and extraneous information

What is your current process?

- If you didn't document it, you didn't do it
- Clinical pharmacy starts at the point of order entry

What is important for documentation purposes?

- Notes vs Interventions

Understand lessons learned from the implementation in a large health system of a clinical surveillance system

Do you know your health system's goals?



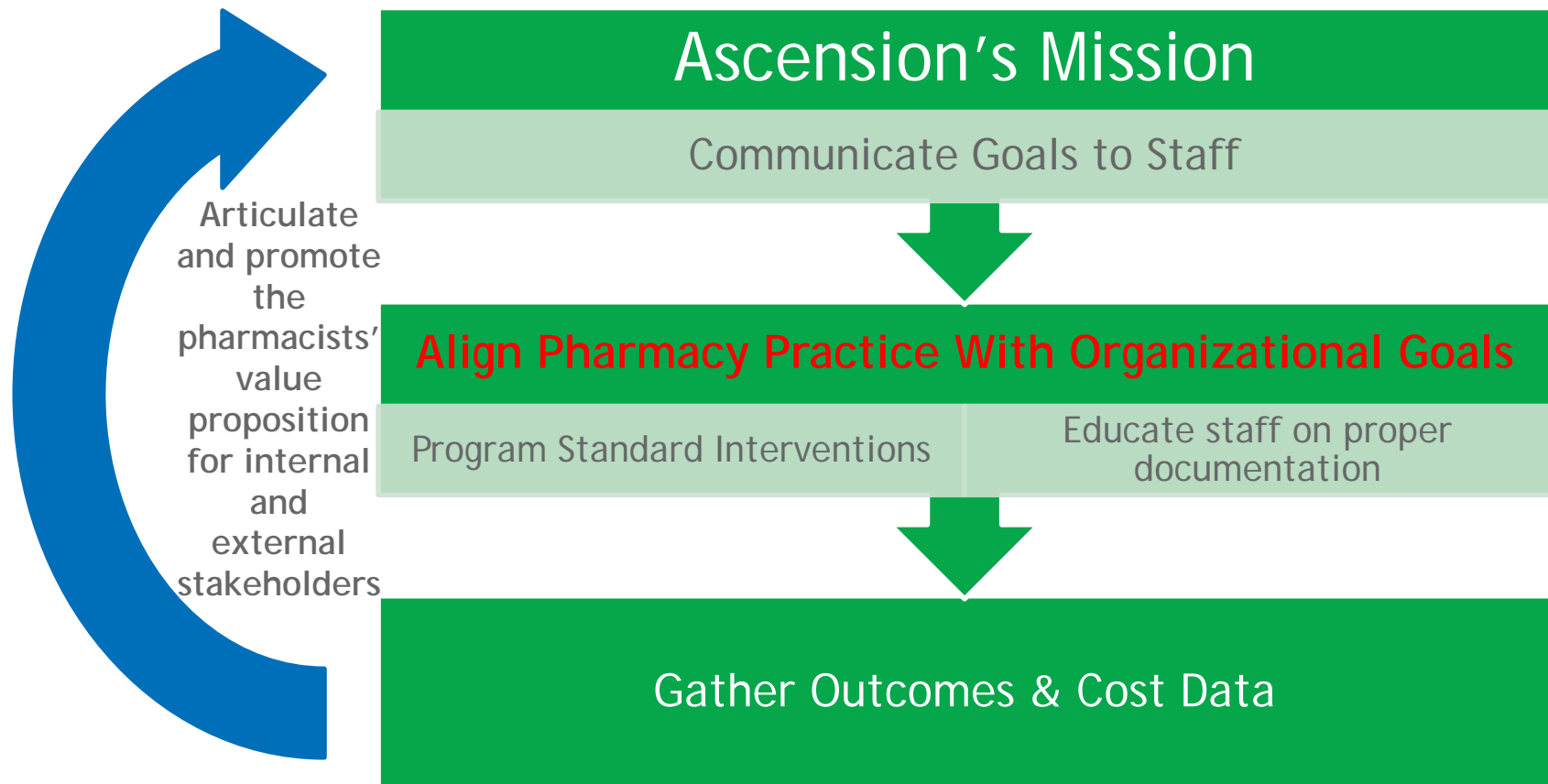
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Do you know your health system's goals?



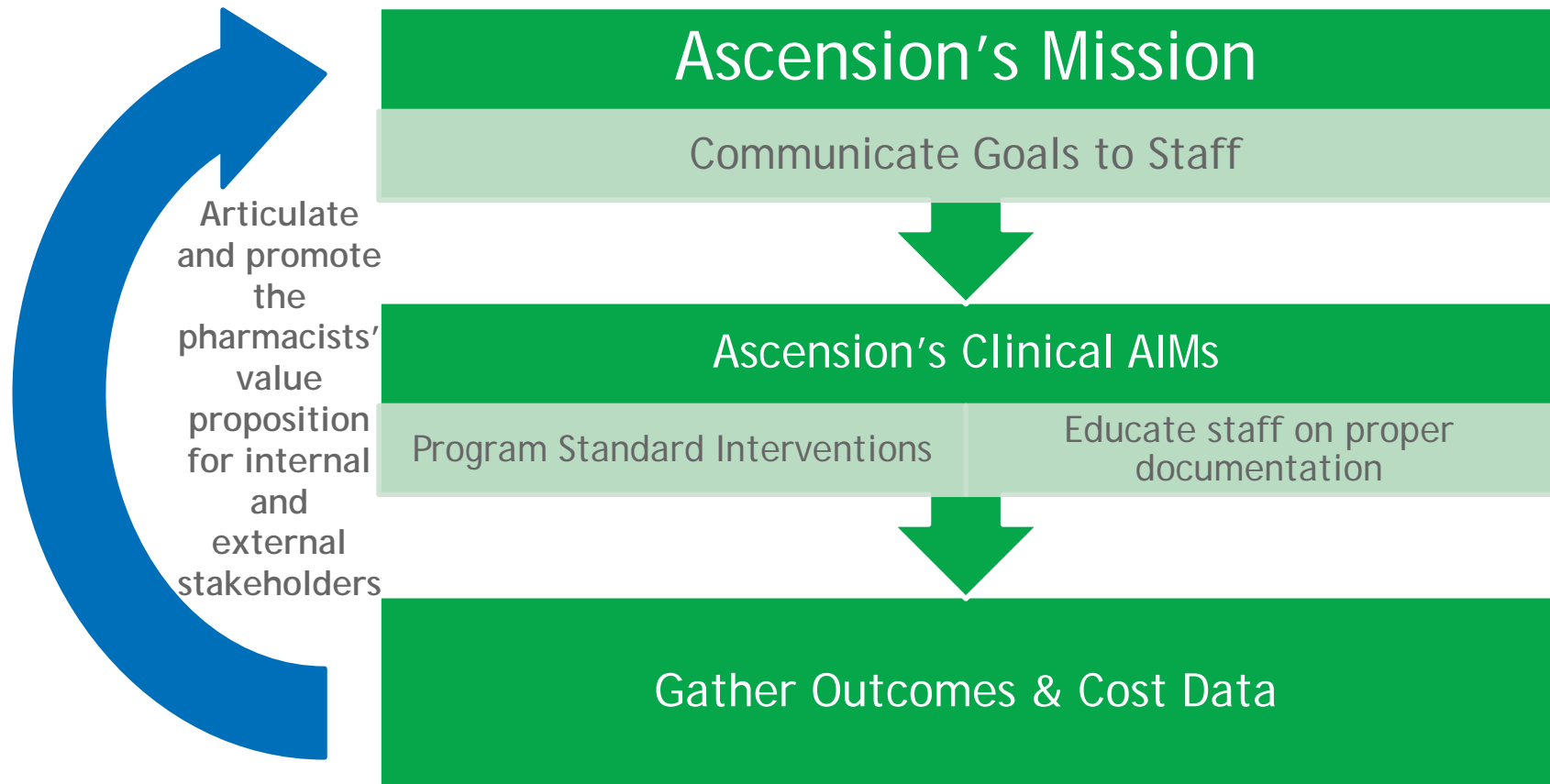
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Ascension's Clinical AIMS

1. Early identification of areas with healthcare associated infections where potential transmission is emerging to help control spread
2. Prompt identification of resistant organisms to facilitate the institution of adequate isolation procedures
3. Improved efficiency of the infection preventionists' and pharmacists' work by helping them focus on improving care and processes at the bedside rather than data collection
4. The ability to monitor and analyze infections, evaluate resistance, rational antimicrobial use data with real-time actionable data locally, and at a system level
5. The support and facilitation of public reporting of infection control measures for each Health Ministry
6. The emphasis for appropriate antibiotic stewardship, de-escalation via antimicrobial stewardship, leading to better patient outcomes, less cost, and less antimicrobial resistance
7. Real time antibiograms for clinician use
8. Early identification of sepsis
9. Drug dosage adjustment in patients with changing or impaired renal function to avoid acute renal failure
10. Evidence based medicine practice, disease management, compliance to therapeutic affinity group approved clinical initiatives, Anticoagulation management, including VTE prophylaxis
11. Real time alert for compliance to the medication management related CMS core measures
12. Ministry and enterprise reporting on compliance of rules
13. Adherence to infectious disease management protocols



Ascension's Clinical AIMS

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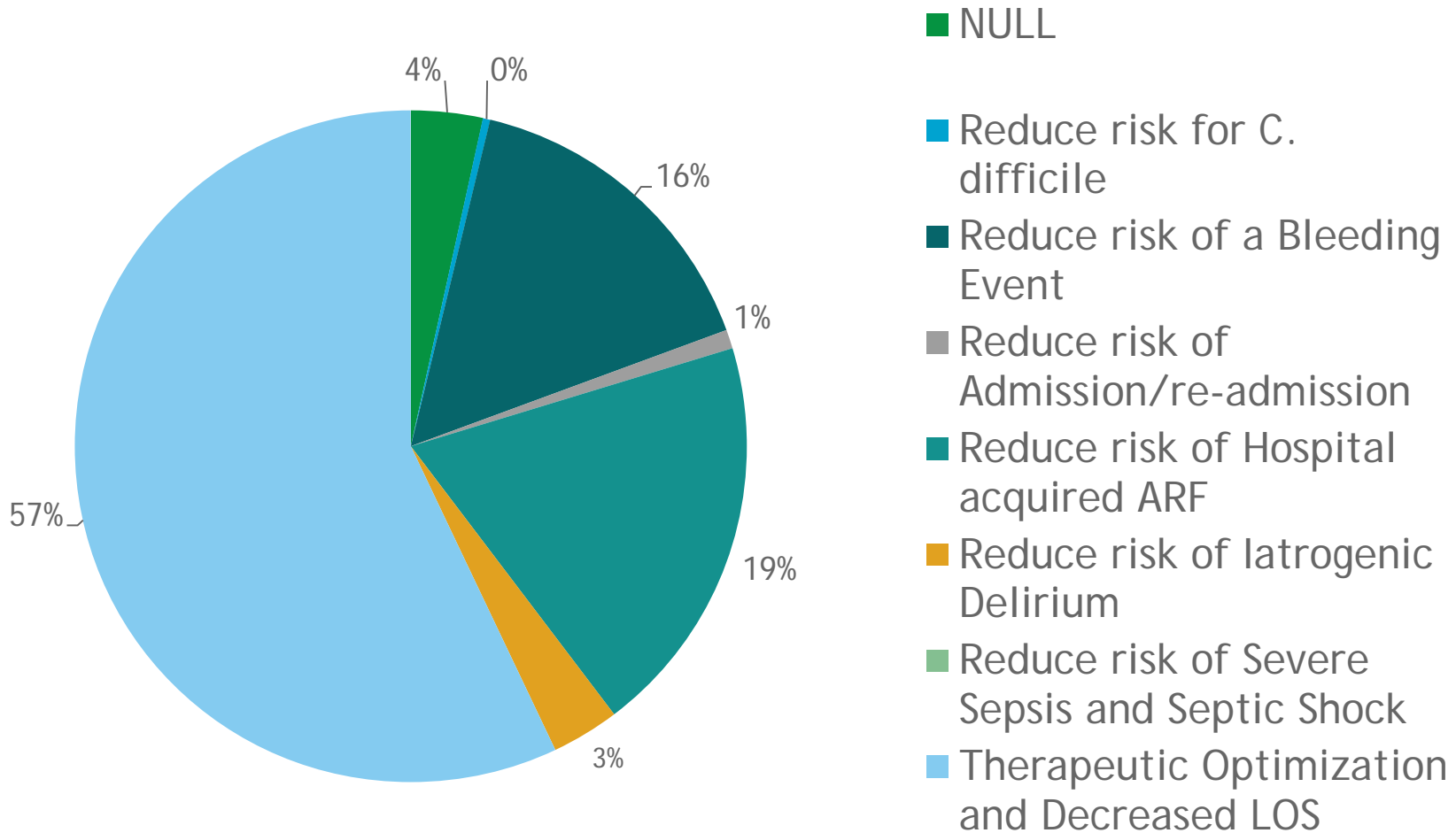
Apply effective antimicrobial stewardship interventions that positively impact patient outcomes

System (AMS) Rule/Intervention Example:

Rule Name	Rule Description	Programmed Intervention	Outcomes
ASC Bug/Drug Mismatch - Targeted Antimicrobials	Rule surveys micro culture results and detects situations in which the organism shows a resistance to the specific antimicrobial - Carbapenem(s), Cefepime, Piperacillin/tazobactam, Quinolones - currently in use. The rule can assist the clinician in identifying patients where a change in antimicrobial agent(s) may be indicated and lead to appropriate investigation.	Antimicrobial Stewardship/ Drug-bug Mismatch/ De-escalation	<ul style="list-style-type: none"> Reduce risk of Severe Sepsis and Septic Shock Reduced risk for C. difficile Reduced risk of Hospital acquired ARF Reduced risk of Iatrogenic Delirium
ASC Targeted Surveillance - Aztreonam with PCN Allergy	Identify all patients with active order for Aztreonam. Include criteria looking for Penicillin allergy (targeting patients on Aztreonam I w/ PCN allergy)	Antimicrobial Stewardship/ Drug-bug Mismatch/ De-escalation: Penicillin Allergy	<ul style="list-style-type: none"> Reduced risk of a Bleeding Event Reduce risk of Admission/ re-admission Therapeutic Optimization and Decreased LOS

Apply effective antimicrobial stewardship interventions that positively impact patient outcomes

Impact of Interventions



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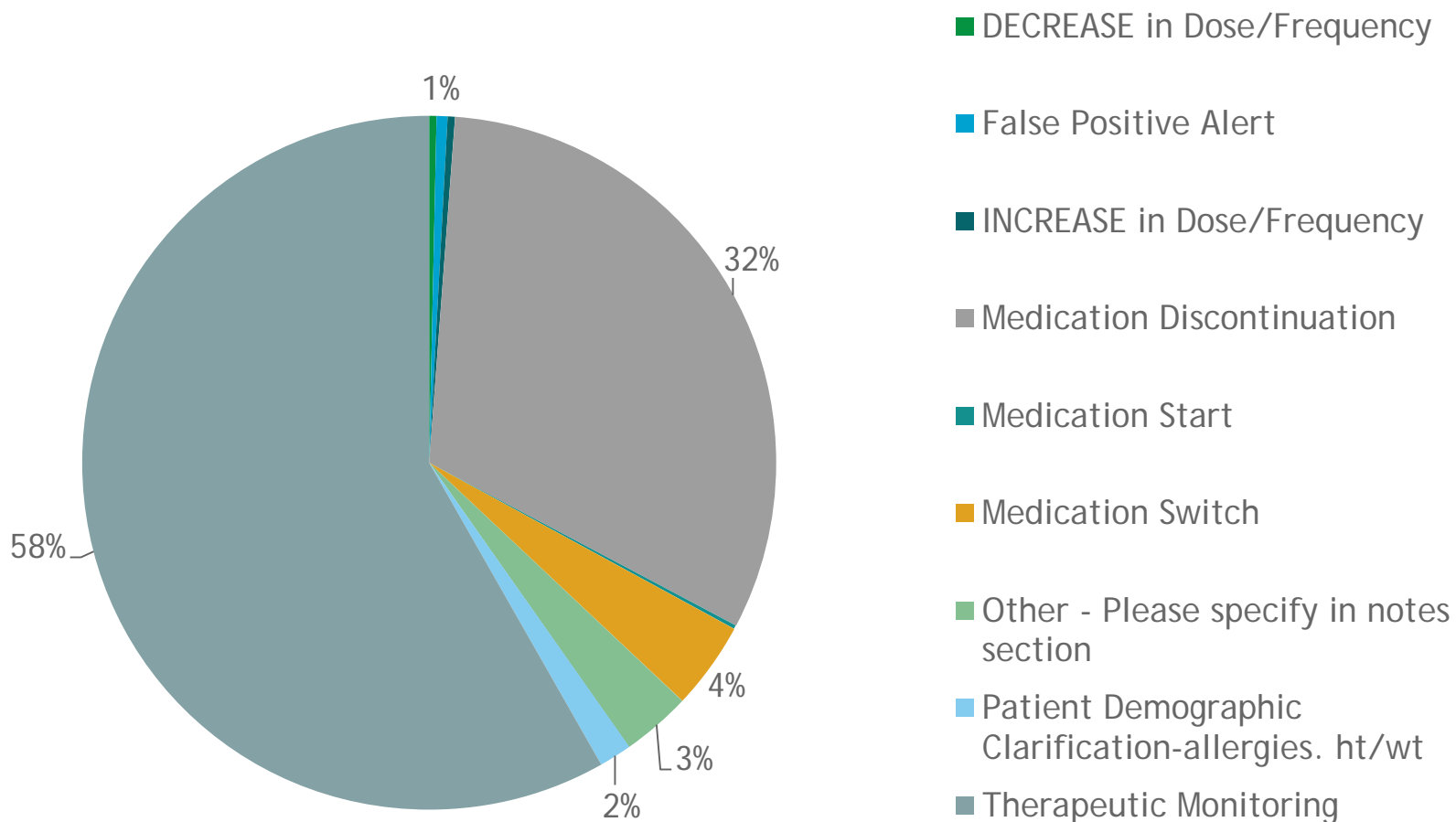
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ASC Targeted Surveillance - Aztreonam with PCN Allergy	Identify all patients with active order for Aztreonam. Include criteria looking for Penicillin allergy (targeting patients on Aztreonam w/ PCN allergy)	Antimicrobial Stewardship/ Drug-bug Mismatch/ De-escalation: Penicillin Allergy	<ul style="list-style-type: none"> • Medication Start • False Positive Alert • Therapeutic Monitoring • Patient Demographic Clarification (Allergies, ht, wt) • Other - Please specify in notes section

Apply effective antimicrobial stewardship interventions that positively impact patient outcomes

Impact of Interventions



Apply effective antimicrobial stewardship interventions that positively impact patient outcomes

Lessons Learned:

- Clinical competency opportunities
- Education of proper documentation
- Setting expectations
- Pharmacy practice variations
- Confusion around placement of documentation
- Utilizing a surveillance tool can not replace hard stops at the point of order entry

Pearls

- Know your health system goals and align your pharmacy practice with those goals
- Standardize documentation in order to save time and allow for impactful reporting
- Document interventions which impact patient outcomes (that prove value added)
- Articulate and promote the pharmacists' value proposition for internal and external stakeholders

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