REPS Abstract

Title:
Post-implementation evaluation of a comprehensive, medical service-based pharmacy practice model

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Purpose/Background:
In 2010, the pharmacy practice model at the University of North Carolina Medical Center received an American Society of Health-System Pharmacists Best Practice Award. Prior to 2008, the pharmacy practice model utilized by the academic medical center was a central pharmacist/clinical specialist model. The department implemented a unique and innovative pharmacy practice model in 2008 organized around medical services that changed the infrastructure to contain 3 distinct workgroups of pharmacists: central pharmacists, a new decentralized pharmacy group, and clinical specialists. Through the service-based model, all patients are covered by a pharmacist and the physician has one point of contact for all patient care issues. An evaluation of the new practice model was performed in 2011, 3 years after its implementation. The new practice model was associated with a decrease in pharmacist turnover, an increase in employee satisfaction, a consistent clinical presence on nursing units, and continued support of UNC’s educational mission. It also allowed the department to assist with improving the institution’s Surgical Care Improvement Project (SCIP) compliance, a CMS Core Measure, which increased from less than 70% to greater than 90%. The department has consequently taken a larger role in aiding with other National Patient Safety Goals and CMS Core Measures, such as discharge anticoagulation counseling.

Objective:
The objectives of this study are to evaluate the sustainability of the improvements associated with the medical service-based pharmacy practice model, which include contributions to National Patient Safety Goals and Centers for Medicare and Medicaid Services (CMS) Core Measures, pharmacist turnover, employee satisfaction and engagement, resident and student involvement, and drug costs.

Methods:
This was achieved by analyzing data from the Electronic Health Record (EHR), and internal data reporting sources. This retrospective analysis focused on data from January 2011 to July 2016. However, additive data spanning 2004-2011 from the original best practice award were included.
Results:
Results included sustained improvements in Surgical Care Improvement Project (SCIP) Compliance, anticoagulation discharge counseling and transitions of care, employee satisfaction and engagement, and pharmacist turnover rate. Results also included continued improvements in expansion of pharmacy residents and residencies, and expansion of pharmacy students and pharmacy student rotations.

Conclusion:
The University of North Carolina Medical Center Department of Pharmacy’s practice model has had a continued sustained positive impact on employee engagement and patient care. The practice model continues to be organized around pharmacist responsibilities that support the continued growth of pharmacy learners.