Developing and Implementing a Standard Process to Identify Clinical Outcomes Measures in the Acute Care Setting

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**Background:** Significant shifts in the United States healthcare reimbursement model coupled with the continual expansion of pharmacy practice necessitates a formalized assessment of pharmacist impact on clinical outcomes. Influenced by these changes, several national organizations requested that pharmacy leaders evaluate and determine the profession’s impact on patient outcomes. Though several pharmacy practice areas have begun exploring pharmacist contribution to clinical outcomes, literature in this area is notably absent in the acute care space.

**Objectives:** To address this gap, the study will aim to 1) identify relevant clinical outcomes measures across several acute care service lines within the pharmacy department at the University of North Carolina (UNC) Medical Center (UNCMC) and to 2) develop a valid, standardized process identifying clinical outcomes measures that exemplify the value and contribution of clinical pharmacists in the acute care setting.

**Methods:** Three consecutive Plan-Do-Study-Act (PDSA) cycles will be performed with three different acute care service lines (emergency medicine, critical care, and transplant) to develop a standardized process for identifying relevant clinical outcomes in the acute care setting. Assessments will be conducted to identify areas of improvement during and at the end of each cycle. Appropriate changes will be subsequently implemented in the following cycles. A modified Delphi methodology will be used to determine the appropriate clinical outcomes measures for the respective service lines. Panels consisting of service pharmacists, physicians, nurses, and leadership will provide expert opinion on the importance and feasibility of potential clinical measures that are identified through a preliminary environmental scan for each service line.

**Preliminary Results:** The iterative process provided by the Delphi methodology combined with the diverse input from various expert stakeholders yields a high probability that the PDSA framework will produce a standardized process to identify relevant clinical outcomes measures independent of the acute care service line being assessed. Relevant clinical outcomes measures for the emergency medicine, critical care, and transplant service lines is yet to be determined. However, continuous data collection throughout the cycles will provide the avenue to determine a formalized list of relevant clinical outcomes measures for each service line.

**Conclusions:** Developing a standardized process to identify clinical outcomes measures that demonstrate the value and contribution of clinical pharmacists in the acute care space is advantageous to internal and external stakeholders. An understanding of relevant clinical outcomes measures can lead to better allocation of resources, including that of pharmacy analytics, and targeted strategies to improve documentation and tracking. Longitudinally, the information gathered can be used to provide targeted metrics data to regulatory bodies and can better reflect alignment with value-based care focusing on improved patient outcomes.