In 2006, Providence Health and Services developed a common vision for clinical pharmacy practice throughout its 27-hospital system. Soon thereafter, we began using a clinical intervention documentation tool that allowed us to compare outcomes among hospitals according to the presence or absence of clinical pharmacy. We then obtained approval of a return-on-investment proposal to implement the clinical practice model systemwide.

Our model includes

- Unit- or service-based clinical pharmacy staff,
- The systematic review of medication therapy,
- Centralized order processing and distribution,
- The maximum use of technicians and automation,
- Documentation of interventions,
- Standards of care and protocols,
- Competency standards, and
- Encouragement of scholarly and association engagement.

Patient outcomes at five facilities with clinical pharmacy services (compared with outcomes at five similar facilities without those services) included lower readmission rates, shorter lengths of stay, greater cost avoidance (including lower medication-related malpractice claims paid), and reduced pharmaceutical supply expenses.

The model has been fully implemented at eight hospitals and partially at six.

Based on our experience, administrators can be influenced to allocate resources to a clinical pharmacy practice model based on favorable return-on-investment evidence.

Reference