Cutting-edge practice model: Experience in a community hospital system  
STEVEN G. PICKETTE
Am J Health-Syst Pharm. 2011; 68:1114

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.1

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

Cutting-edge practice model: A mixed integrated and clinical specialist model in a large health system  
NANNETTE M. BERENSEN
Am J Health-Syst Pharm. 2011; 68:1114-5

A systematic process was used to transform the culture of the department of pharmacy services at Intermountain Medical Center. Before we began this process, we had few residency-trained or board-certified practitioners, few student rotations, and a lack of scholarship among our pharmacists.

In our fully integrated practice model, pharmacists have dedicated service assignments. Practitioners participate in interdisciplinary teaching rounds, serve as a preceptor for learners, perform order entry and medication reconciliation, and participate in quality-improvement initiatives and scholarly activities. Work functions are viewed as a shared responsibility not differentiated by job title, role, or funding source.

Copyright © 2011, American Society of Health-System Pharmacists, Inc. All rights reserved. 1079-2082/11/0602-1114$06.00. DOI 10.2146/ajhp110063
We developed an advanced clinical pharmacist track to provide incentives for board certification, preceptorship of learners, leadership of project improvement initiatives, participation in health-system initiatives, contributions to professional organizations, and the development of leadership recognition.

Our staff recruitment strategy has shifted from a local to a national focus. This has resulted in a more-diverse practice base and has improved decision-making quality. We have increased the number of residency-trained practitioners in the department (Table 1). This is important because Intermountain Healthcare has a residency program, and we want our hiring practices to reflect the value we place on residency training.

Our professional development program is based on a commitment to the staff’s continued growth and development and is a key part of our recruitment and retention strategy. Pharmacists who practice in our pharmacy department understand that lifelong learning is an expectation and that the pharmacy leadership team is invested in their success. We now train our pharmacists to be student preceptors, which builds their confidence in this role. The number of student rotations has increased substantially (Table 1). Our rewards and recognition programs showcase the effect that pharmacy employees have on patient care and stimulate staff members to be innovative.

Pharmacy practice evolution is a journey, not a destination. Engaged and empowered employees are necessary to maintain practice gains and to innovate and redefine our profession. We believe that our staff members are actively engaged in improving patient care because they now recognize their own value and feel a sense of professional satisfaction and obligation.

Table 1.
Cultural Improvements in the Pharmacy Department at Intermountain Medical Center

<table>
<thead>
<tr>
<th>Variable</th>
<th>No. in 2006</th>
<th>No. in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board-certified pharmacotherapy specialists</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Residency-trained pharmacists</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Student and resident rotations</td>
<td>42</td>
<td>215</td>
</tr>
</tbody>
</table>