VANDERBILT HEALTH | Specialty Pharmacy

Advancing Specialty Pharmacy Intervention Documentation: A Quality Improvement Initiative

Kristen Whelchel[1], Taylor Kissel[1,2], Miranda Murray[1], Dustin Donald[1], Jennifer Gobbell[1], Matt Bowles[1], Autumn Zuckerman[1]
[1]Vanderbilt Specialty Pharmacy, Vanderbilt Health; [2]Deaconess Specialty Pharmacy, Deaconess Health System

Purpose

To redesign the pharmacist intervention (PI) assessment documentation at a Health System Specialty Pharmacy (HSSP) for improved accuracy, efficiency, and reporting capabilities.

Methods

Study Design
Single-center quality improvement (QI) project

Study Setting
Health System Specialty Pharmacy

Surveys
Pre-implementation: 7 months before implementation
Post-implementation: 45 days after implementation

Improve current reporting capabilities and create new reporting capabilities — **Aim 1**

Improve pharmacists' satisfaction with documentation accuracy and efficiency — **Aim 2**

Figure 1. Study Process: Plan, Do, Study, Act (PDSA) Framework

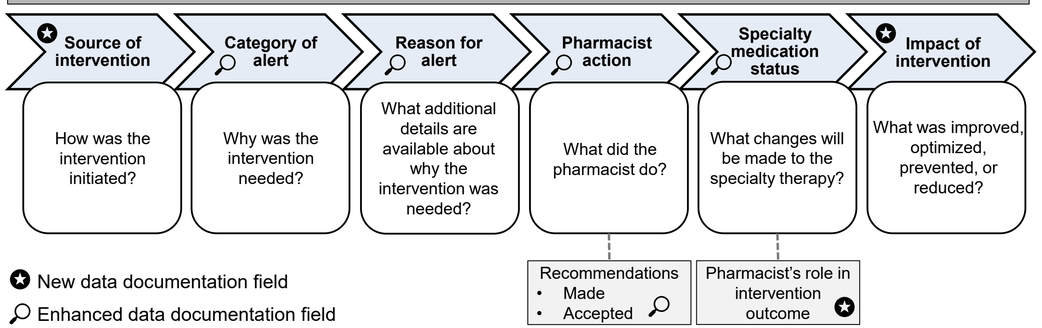
Plan
- Identify resources and stakeholders
  - Resident lead and focus group (leadership, compliance, operations, clinical)
- Gather information
  - Literature, pharmacy organization frameworks, current assessment data, reporting requirements, and pharmacist surveys

Do
- Build and test
  - IT resources, software training, small group testing, feedback, and revision
- Train and implement
  - Training materials/guides, training sessions, frequent check-ins

Study
- Evaluate reporting from the updated assessment
- Conduct monthly and quarterly data reviews to audit documentation practices
- Evaluate pharmacist survey responses
- Review recommended revisions

Act
- Implement recommended revisions
- Conduct ongoing training and communication
- Communicate the "why" behind changes
- Share data with the pharmacists- "PI spotlights"

Figure 2. Final Assessment Design



CONCLUSION

Redesigning the pharmacist intervention documentation assessment created new and expanded reporting capabilities and improved the efficiency of intervention documentation.

Results

Figure 3. Reporting Capabilities

New reporting capabilities

"Source of intervention" How was the intervention initiated?		"Impact of intervention" What impact did the intervention have on patient care?		"Pharmacist's Role" How likely is it that the pharmacist caused this intervention outcome?
• Chart review • Clinical contact • Initial assessment • Patient entered questionnaire • Pharmacist outreach	• Reassessment • Report/dashboard • Refill questionnaire • Survey call • Third party	• Confirmed current therapy appropriateness • Improved access to healthcare • Improved access/adherence to medication or therapy plan • Improved patient affordability • Improved patient knowledge • Reduced drug or financial waste	• Improved quality of life • Improved side effect management • Optimized patient monitoring • Prevention of clinic visit • Prevention of ED visit or hospitalization • Prevented significant patient harm	• 0-Not at all likely due to the pharmacist • 1-Unlikely due to the pharmacist (0.25) • 2-Potentially due to the pharmacist (0.5) • 3-Likely due to the pharmacist (0.75) • 4-Very likely due to the pharmacist (1)

Enhanced reporting capabilities

	Pre-implementation	Post-implementation	Reporting capabilities gained
"Category of alert" Why was the intervention needed?	• Broad list of categories with a free text field for details	• Refined the category of alert list and added definitions • Added a branched **"reason for alert"** question for each category option to document details discretely (e.g., if the category of alert is adherence, reason for alert options would include patient forgetfulness, administration barrier, common side effect, etc.)	• Better categorization of why the intervention was completed • Ability to report details about the patient experience without needing manual review of free text fields
"Pharmacist action" What did the pharmacist do?	• Broad list of actions with a free text field for details	• Refined list of pharmacist actions and added definitions • Added branched questions for patient education, recommendations made, and referrals made for discrete detail documentation	• Better categorization of pharmacist action • Ability to report details about pharmacist actions without manual review • Ability to report recommendation and referral type in addition to acceptance rate
"Specialty medication status" Are any changes to the patient's specialty medication occurring?	Yes/no questions • Is the patient going to continue to take the specialty medication? • Is the current issue resolved?	• Added a categorical question about any changes made to the specialty medication (e.g., discontinuation, dose change, hold, new therapy started, supportive OTC therapy started) • Added branched questions for more information about the type of new therapy started	• Ability to report types of changes to specialty medication documented in PIs beyond discontinuation without manual review

Enhanced adverse event documentation workflow

Category of alert	Type of adverse event	Reason for alert "adverse event"		Adverse event brief description
Adverse event	• Unrelated to specialty medication • Common side effect • Adverse drug reaction • Serious or unexpected adverse drug reaction	• Allergic reaction • Dose increase/decrease too fast • Incorrect administration (incorrect route, incorrect dose/frequency, incorrect loading dose, incorrect dosage form, etc.) • Injection site reaction	• Medication interaction • Medication quality issue • Switched medication formulations • Therapeutic safety monitoring • Undesirable effect	(Free text)

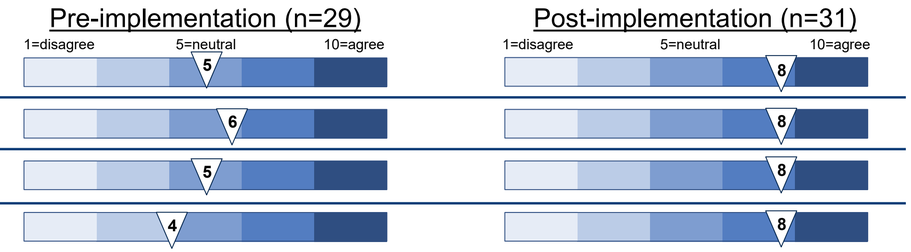



Figure 4. Pharmacist Survey Results (median)