Documenting Pharmacy Interventions in a Busy Dispensary

Welcome
We will begin shortly.

Please ensure your computer speakers are turned on.

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Before we begin...

- Welcome!
- Housekeeping Notes
- Polls
- Speaker Introductions

Documentation

in a busy pharmacy

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Learning Objectives

- Discuss the reasons for and benefits of documentation
- Assess what information should be documented (or not documented)
- Identify and work through commonly encountered documentation challenges
- Discuss a variety of note formats

Presentation Outline

- Why document?
- Benefits of documentation
- What to document
- Working through challenges
- Note formats and other valuable information
- Examples
- Call to Action – encourage you to take the next step in your own practice
- Time for questions

Why should pharmacists document?

WHY?

Reasons for Documentation

- Create a permanent record of medication/drug therapy rationale
- Communicate with other health care providers
- Demonstrate the level of care provided
- Communicate care plans
- Facilitate transitions between care providers
- Measure workload
- Improve quality of care
- Provide data for research activities
- Meet professional and accreditation standards
- Serve as legal documents
- +++Benefits

Benefits of Pharmacist Documentation

- 1) Accurate and timely communication of medication therapy recommendations
  - Provide recommendations to improve medication therapy
  - To ensure the desired outcome is achieved (by monitoring and evaluating the response to the medication)
  - An efficient and clear method to disseminate information to all members of the health care team

  - Goal: Through routine, consistent efforts, the pharmacist's documentation is expected by other members of the team
    - Ie, "supplying creates demand"

Benefits of Pharmacist Documentation

- 2) Helps to ensure continuity of care
  - Describes team members' roles in the selection and monitoring of patient drug therapy
  - Communication should not be limited to verbal interaction
    - Subsequent team members are often not aware of the discussion
    - Documenting it creates a permanent record that can serve into perpetuity
- 3) Illustrates the role of the pharmacist in patient care
  - The "Unsung hero"
  - Pharmacists contribute to patient care; if no record of the pharmacist's participation is present…

Benefits of Pharmacist Documentation

…“if it wasn’t documented, it wasn’t done”

Benefits of Pharmacist Documentation

- 4) Helps to ensures accountability
  - Necessary for medico-legal reasons
  - Take responsibility for the pharmacist's role in direct patient care
  - "Promises must be kept" – ie, if we said we would follow up with the patient, we will follow up with the patient
- 5) Permits peer review
  - Not limited to evaluation of performance
  - Excellent opportunity to teach and learn
- 6) Conducive to practice change initiatives
  - Documentation of pharmacist interventions holds more weight than hearsay and anecdotes

Poll

What should pharmacists be documenting?

WHAT?

What to Document

- One approach → "Everything and anything"
  - Think big
  - Think small
- Examples of things to be documented
  - Drug therapy problems
    - Potential drug-related concerns such (eg, toxicities)
    - Optimal dosing (eg, suggestions for a decrease in dose)
    - Potential for drug interactions
    - Therapeutic duplications
    - Lack of drug therapy for a specific indication
    - Etc
  - Interactions with patients
  - Interactions with other health care providers (eg, physician)

What to Document

- What should NOT be documented
  - Irrelevant information and extraneous details
  - Redundant information
  - Simple clarifications
  - Accusations

- NOTE: Documentation should not replace verbal communication

What to Document

- Written vs Verbal Communication
  - Written documentation should not be used as an alternative to direct verbal communication
  - Follow up verbal communications with written documentation is recommended
    - Ensures clarity of the information and availability of the information to any and all healthcare providers

How should pharmacists document?

HOW?

“By failing to prepare, you are preparing to fail.”

Benjamin Franklin

“Give me six hours to chop down a tree and I will spend the first four sharpening the axe.”

Abraham Lincoln

Working Through Challenges

Challenge

- Time

Possible Solutions

- ✓ Documentation should occur asap
- ✓ Evaluate workflow
  - Delegate non-pharmacist tasks
- ✓ Build systems for efficiency
- ✓ Access to forms & templates
- ✓ Should be easily retrievable

Working Through Challenges

Challenge

- Forms and templates

Possible Solutions

- ✓ Does your software provider offer templates that are easily populated and accessible?
- ✓ Create your own
- ✓ Professionalism is a must!

Working Through Challenges

Challenge

- Support

Possible solutions

- ✓An initial investment may be needed
- ✓Software enhancements
- ✓Technology
- ✓Transcription – empower your team!
- ✓Think BIG!

Working Through Challenges

Challenge

- Where does it all go?

Possible solutions

- ✓Documentation should be easy to retrieve
- ✓Ideally would be an EMR integrated with pharmacy software
- ✓Paper charts
- ✓Scanned and saved in files

Working Through Challenges

Challenge

- Credibility

Possible solutions

- ✓ Reference your rationale and recommendations
- ✓ State where documentation was gathered from
  - ✓ Eg, “patient states” or
  - ✓ “2013 CDA Guidelines”

Working Through Challenges

Challenge	Possible solutions
• Confidence	✓Pick an area you are confident with ✓Get your systems and templates ready ✓Just Do It! ✓Evaluate your work ✧Self-evaluation ✧Peer review ✧Talk to your colleagues

Note Formats

- Should be compatible with
  - The setting
  - The writer
  - Legislative framework
- Using a standardized format eases:
  - The writer's efforts
    - Less time spent drafting, deciding how to organize the information
  - The reader's efforts
    - Less time trying to find the information most relevant to him/her

Note Formats

- Many different formats available
  - SOAP – Subjective, objective, assessment, plan
  - FARM – Findings, assessment, recommendations, monitoring
  - DRP – Drug-related problem (DRP), rationale, plan
  - DAP – Data, assessment, plan
  - DDAP – DRP, data, assessment, plan
- Choose one that works best for you, for your readers, and for the patient

Note Formats

- "I" Issue
  - State the drug therapy problem
- "R" Rationale
  - Give pertinent background (patient- and situation-specific)
- "S" Suggestion
  - Give a patient-specific recommendation
    - This includes a monitoring plan, roles, and timelines

Being Mindful

- Professionalism
  - Patients have the right to access and read their medical records
  - At *best*, accusations, cursing, negative tone will detract from and discredit communication; …at worst?
- Diplomacy
  - Avoid inflammatory words
  - Eg, Use "consider" instead of "must"

Being Mindful

- Clarity
  - Is jargon being used?
  - Are abbreviations necessary? Consider the Institute of Safe Medication Practice Canada's lists of DO NOT USE abbreviations: http://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf
    - Exceptions?
- Data Integrity
  - Documentation should be non-erasable/non-editable; therefore, take care when writing, consider preparing a draft… at least at first
  - If it is technically editable electronic documentation, include a policy to forbid adjustment/alterations

Being Mindful

- Confidentiality and privacy
  - Relevant legislative framework (eg, PIPEDA, and other provincial health records protection acts)

Documentation Checklist

- ❑ Date
- ❑ Patient name and identifying information (DOB, Health care number)
- ❑ Why patient was seen (chief complaint, medication review, adaptation, new rx)
- ❑ Background information / data collected / drug therapy problems
- ❑ Assessment of drug therapy problems
- ❑ Plan including goals
- ❑ Follow-up (responsible HCP, reasonable timelines)
- ❑ Identification (signature, printed name, designation, contact information)

Notes for improvement:

Summary:
The Why, What, and How

- Why document?

  → To improve patient care

  - through the provision of medication/drug therapy
- What has to occur in order for documentation to make a difference in patient care?

  → Your note has to be read
- Why document in a *certain way*?

  → To increase the likelihood that your note is read and understood!

  - and thereby makes a contribution to that patient's care

EXAMPLE

Example

- Rx#6024498 metformin 500 mg: 1 tab tid started 1 month ago; Patient hx: female, 52 yo, type 2 diabetes x 3 months, no other medical conditions

15/11/2013 - Rx#6024498

D: pt reports FBG 5.2-6.7 mmol/L over past 2 weeks, no low (less than 4) blood sugar, no GI upset/diarrhea, referral to dietitian pending, going to gym 3x/week

A: treatment appropriate, pt. tolerating well, target FBG 4-7mmol/L

P: pt to monitor A1C, renal function at next GP visit in 3 months, follow-up on continued activity and dietitian visit – *Jill Pharmacist*

ACP Chat, Check, and Chart toolcard:
https://pharmacists.ab.ca/Content_Files/Files/ccctoolscard_web.pdf

DISCUSSION

Call to Action

- Share one example of how you are going to make a change tomorrow/immediately
  - ✓ Keep it simple and achievable
  - ✓ Plan to spend some time reviewing your current workflow
  - ✓ Get the team on board – watch the recording, check out the references

Interesting Reads

- Jorgenson D. Fulfilling our professional duty through documentation. CPJ March/April 2008 141:2; 76.
  - http://www.pharmacists.ca/content/cpjpdfs/mar_apr08/FulfillingProfessinalDuty.pdf

- Natalie Kennie, Barbara Farrell, and Lisa Dolovich. *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada, March/April 2008; vol. 141, 2: pp. 114-119.*
  - http://cph.sagepub.com/content/141/2/114.short

- Barbara Farrell, Natalie Kennie, and Lisa Dolovich. *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada, May/June 2008; vol. 141, 3: pp. 182-188.*
  - http://cph.sagepub.com/content/141/3/182.short?rss=1&ssource=mfc

More Interesting Reads

- Beaudin JC. How to Write a Patient Consult Report. Drugstore Canada. October 2010. Available at: http://www.canadianhealthcarenetwork.ca/pharmacists/your-business/manage-your-drugstore/how-to-write-a-patient-consult-report-7750/1(free access, login required)

- ACP – Chat, check, chart. Available at: https://pharmacists.ab.ca/Content_Files/Files/ccctoolscard_web.pdf
  - Great tips on how to quickly and easily solicit information from patients during routine encounters and quickly document findings

- The Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT). Clinical Documentation Guidelines. Available at: http://www.impactteam.info/resourceDownloads.php (free access, login required)

QUESTIONS?

References

1. Kennie N, Farrell B, Dolovich L. Demonstrating value, documenting care — lessons learned about writing comprehensive patient medication assessments in the IMPACT project, Part I. Can Pharm J 2008;141:114-9.
2. Farrell B, Kennie N, Dolovich L. Demonstrating value, documenting care — lessons learned about writing comprehensive patient medication assessments in the IMPACT project, Part II. Can Pharm J 2008;141(3): in press.
3. Canadian Society of Hospital Pharmacists. Documentation of pharmacists' activities in the health record: guidelines. Ottawa (ON): The Society; 2013.
4. Regina Qu'Appelle Health Region. Documentation in Chart – Pharmacists Certification.
5. The Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT). Clinical Documentation Guidelines.
6. Jorgenson D. Fulfilling our professional duty through documentation. CPJ March/April 2008 141:2; 76.
7. Beaudin JC. How to Write a Patient Consult Report. Drugstore Canada. October 2010.

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Questions

- **Please type your questions into the Q&A pod on the right-side of your screen.**
- **Further questions may be sent to: Kristina Allsopp at cpd@pharmacists.ca**

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- **Successful Integration of Pharmacy Technicians**

Presented by: Peter Adams

Date: Wednesday, January 29, 2014

Time: 11am and 7pm ET

- **Minor Ailments**

Presenter & Date: TBD

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