



**Title: Family Medicine Inpatient Service – Clinical Pharmacist**

I. Policy Statement

- A. It is the policy of the Community Health Network and Zuckerberg San Francisco General Hospital Medical Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Registered Nurses, Physicians, Pharmacists, Administrators and other Affiliated Staff
- B. A copy of the signed procedures will be kept in an operational manual in Hospital Pharmacy Administration, and on file in the Medical Staff Office

II. Functions to be performed

The Clinical Pharmacist, in accordance to the California Business and Professions Code 4050 to 4052, who has standardized procedures conforming to Title 16, California Code of Regulations, Section 1474, Standardized Procedure Guidelines, may perform the following procedures or functions to provide health care services in a licensed health care facility as part of a multidisciplinary team, including physicians, physician assistants, nurse practitioners, and registered nurses

- A. Perform drug therapy-related patient assessment
- B. Order and interpret drug therapy-related laboratory tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies
- C. Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers
- D. Initiate, adjust, or discontinue drug regimen of a patient in consultation with the Family Medicine provider
- E. Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention

### III. Circumstances under Which a Clinical Pharmacist May Perform Function

#### A. Setting:

The Clinical Pharmacist may perform the following standardized procedure functions in the **inpatient** Family Medicine Service at Zuckerberg San Francisco General Hospital consistent with their experience and credentialing, including but not limited to, ordering and interpreting drug therapy related tests, initiating, adjusting or discontinuing medications after discussion with a provider.

#### B. Scope of Supervision Required

1. Clinical Pharmacists are responsible and accountable to the Chief Pharmacy Officer and under the direct supervision of the Inpatient Family Medicine Medical Director. They are responsible and accountable to the DPH Chief Pharmacy Officer to provide clinical services consistent with the needs and expectations of the DPH and SFHN
2. Overlapping functions are to be performed in areas which allow for a consulting provider to be available to the Clinical Pharmacist by phone, in person or other electronic means at all times
3. Provider consultation is to be obtained under the following circumstances, in addition to when medication orders are being entered:
  - a. Medical conditions requiring prompt medical intervention
  - b. Acute decompensation of a patient
  - c. Medical problems not resolving as anticipated
  - d. Unexplained historical, physical or laboratory findings
  - e. Before ordering invasive laboratory procedures other than venipuncture needed to assess pharmacologic therapy
  - f. Upon request of patient, provider, or other Clinical Pharmacist
  - g. Violent or verbally abusive patient behavior

### IV. Requirements for the Clinical Pharmacist

#### A. Experience and education

1. Active California pharmacist license
2. Possession of a Doctor of Pharmacy degree, and completion of a one year pharmacy residency program; OR

Possession of a Baccalaureate of Pharmacy degree, completion of a one year pharmacy residency program, and one year of verifiable post-graduate work experience performing clinical functions in medication management

(Two years of verifiable post-graduate work experience performing clinical functions in medication management, or certification as Board Certified Pharmacotherapy Specialist may be substituted for the one year residency or fellowship experience requirement.)

3. Relevant experience in Clinical Pharmacy in a hospital setting. Ability to work in an interdisciplinary setting as determined by DPH Chief Pharmacy Officer
  4. Completion of annual pediatric and/or geriatric competency relevant to the pharmacist's professional practice
- B. Evaluation of Clinical Pharmacist competence in performance of standardized procedures:
1. Initial: at the conclusion of the standardized procedure training the Medical Director or physician designee will assess the Clinical Pharmacist's ability to practice. Method of proctoring will be chart review [or medication orders, or the equivalent number of direct observations and documentation review](#) of 10 patients on the inpatient Family Medicine Service, ~~including at least 2 medication starts, 2 medication changes, and 2 medication discontinuations.~~ Assessment of the clinical pharmacist's ability to manage and make recommendations based on evidence-based medication therapy shall be made, including initiation, modification, or discontinuation of therapy based on patient's response, change in condition, or concomitant therapy in order to optimize outcomes.
  2. Reappointment every 2 years will include chart reviews of 5 patients [or the equivalent number of direct observations](#) on the inpatient Family Medicine Service.
  3. Follow-up: areas requiring increased proficiency as determined by the initial or reappointment evaluation will be re-evaluated by the Medical Director or physician designee and Pharmacy Administration at appropriate intervals until acceptable skill level is achieved.

V. Development and Approval of Standardized Procedure

A. Method of Development

Standardized procedures are developed collaboratively by the Clinical Pharmacist, physicians, and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474

## B. Approval

All standardized procedures must be approved by CIDP, Credentials Committee, Medical Executive Committee and the Joint Conference Committee prior to use

## C. Review Schedule

The standardized procedure will be reviewed every three years by the provider and medical director and as practice changes

## D. Revisions

All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet

## VI. Protocol: Clinical Pharmacist with the Inpatient Family Medicine Service

### A. Definitions: Scope of Practice of the Clinical Pharmacist with the Inpatient Family Medicine Service

1. Patient must be admitted to the inpatient Family Medicine Service
2. Standardized Procedure functions will be performed only when a consulting physician is available in person or by phone to the Clinical Pharmacist

### B. Assessment

#### 1. Subjective

- a. Chief complaints
- b. History of present illness including relevant medication history
- c. Signs and symptoms related to patient's medication therapy or underlying illness
- d. Medication reconciliation, adherence, and concordance
- e. History of allergy and medication intolerance

#### 2. Objective

- a. Physical assessment
- b. Drug-therapy related test results
- c. Medication coverage based on insurance or other coverage plan

### C. Evaluation

1. Evaluate the appropriateness of patient's drug therapy, adverse reactions, drug interactions, allergies, and adherence
2. Evaluate the need for physician consultation as outlines under section III,

B

3. Evaluate to ensure that, whenever possible, prescribed or recommended medications are consistent with the patient's insurance or medication plan coverage

D. Management

1. Order laboratory tests for monitoring and managing drug therapy, in coordination with patient's inpatient Family Medicine provider
2. Initiate, adjust, or discontinue medication(s) for conditions discussed with inpatient Family Medicine physicians to enhance medication adherence and efficacy, decrease risk for adverse effects and drug interactions, and/or to meet formulary requirements with respect to the patient's pharmacy benefits, with consideration of the most recent edition of SFDPH-based and/or nationally recognized guidelines
3. Consult with inpatient Family Medicine provider, as outlined under section III, B
4. This protocol does not supersede existing hospital policies regarding medications requiring approval, for example chemotherapy or non-formulary medications.

E. Record keeping

1. Progress notes are completed in the electronic medical record by the Clinical Pharmacist
2. All drug therapy initiations, adjustments and/or discontinuations made by the Clinical Pharmacist will be entered in the electronic medical record
3. Documentation of discussion will be noted in the provider's daily progress note by the notation of "Dr[drug dosing and /labs] as discussed per pharmacy with clinical pharmacist" by the inpatient Family Medicine provider

Summary of changes in 2021:

1. Changed notation of provider documentation in provider's daily progress note (page 5)
- 4.2. Initial proctoring and reappointment language update to standardize with the ambulatory Care Pharmacist SP (see on Page 3)