



CLINICAL ADMINISTRATION PRN

Roundtable 2020

Nominations

- It's time to elect new officers for 2021! On behalf of the Nominations Committee, please consider nominating yourself or another member of the CADM PRN for the following positions:

Chair Elect

The responsibilities of the Chair-Elect include:

- Chairing the Focus Session Committee, which determines programming for the 2021 ACCP Annual Meeting in Phoenix, AZ
- Assisting the Chair in developing and achieving goals for the PRN. This position is a three year commitment as the 2020-2021 Chair-Elect will then serve as PRN Chair for 2021-2022 and Immediate Past Chair in 2022-2023.

Secretary/Treasurer

The responsibilities of the Secretary/Treasurer include:

- Chairing one of the PRN sub-committees
- Record minutes of PRN business meeting and Leadership Conference Calls
- Provide regular updates on the financial status of the PRN. This position has a one year term from 2020-2021.

Clinical Administration Achievement Award

◦ **Criteria for the award:**

- Member of ACCP
- Preferred membership with the Clinical Administration PRN (will accept those that are not PRN members)
- High level of leadership within the scope of pharmacy administration
 - Outstanding personal characteristics of a pharmacy leader
 - Demonstrated leadership in pharmacy administration
 - Sustained contribution related to pharmacy through leadership, practice, education, research, service, and/or advocacy activities
 - Service to the Clinical Administration PRN (strongly preferred) and/or ACCP
- Not a current member of the ACCP Board of Regents, member of this PRN Nominations Committee or elected officer of this PRN

◦ **In order to apply, please address the following:**

- All nominations must include:
 - The nominee's current curriculum vitae;
 - A letter of nomination from self, or an ACCP member, detailing the nominee's qualifications related to the award, including but not limited to:
- - ACCP active participation, specifically participation within the Clinical Administration PRN
- - Impact on pharmacy practice, innovative research or scholarly activities
- - Participation in other professional organizations
- - Community engagement
 - Optional:
- - Additional letters of support
- - PDF of research, publication, or presentation related to award criteria
- Self-nomination is permitted and encouraged. Current PRN Officers, the current CADM PRN Awards/Nominations Committee, and ACCP Staff are ineligible.
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- Winner will be honored at the CADM PRN Business Meeting at the Annual Meeting in October 2020. Please submit nominations for this award directly to me (tmalm@usj.edu) by June 3, 2020.

Travel Awards

- Students and residents can apply for travel awards
- For the CADM PRN awards, we are looking for a project completed that has administrative connections: MUEs, Process Improvement, Data Analysis to Change Practices
- <https://www.accp.com/stunet/award.aspx>
- <https://www.accp.com/membership/resfelAward.aspx>



ROUNDTABLE

Impact of COVID-related Changes on Clinical Pharmacy Services

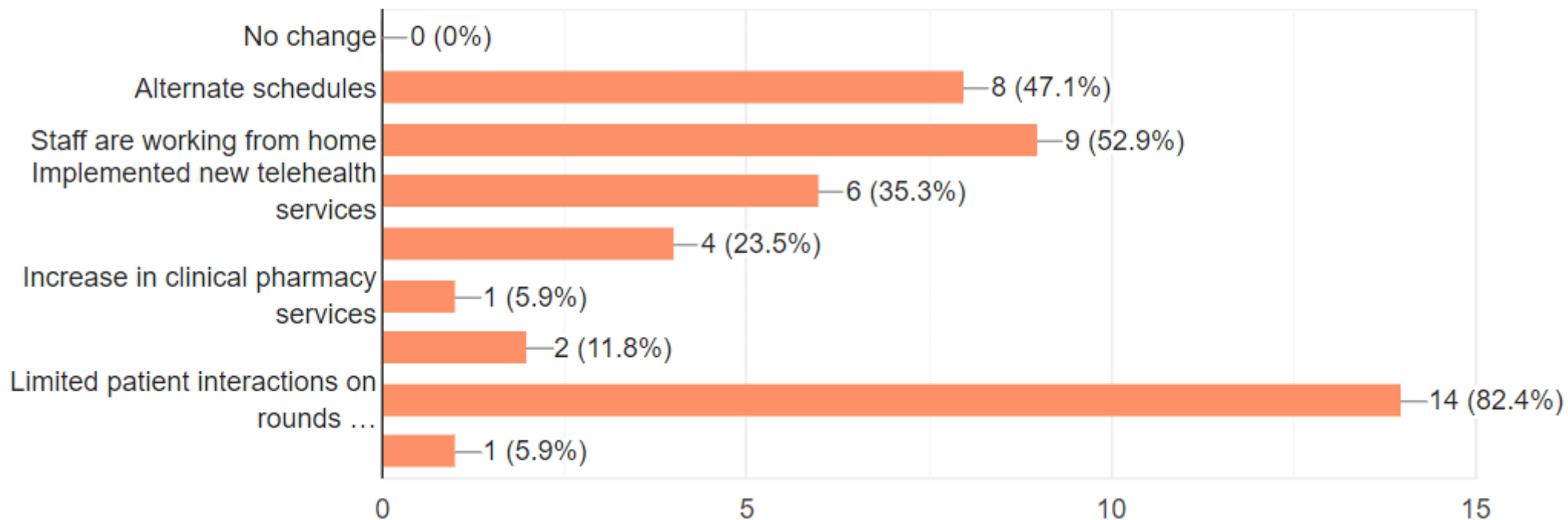
Roundtable Rules

- Mute yourself
- Speak up if you have something to share!
- Use the chat box for questions

Describe how your clinical pharmacy services have changed in response to COVID related issues/changes.

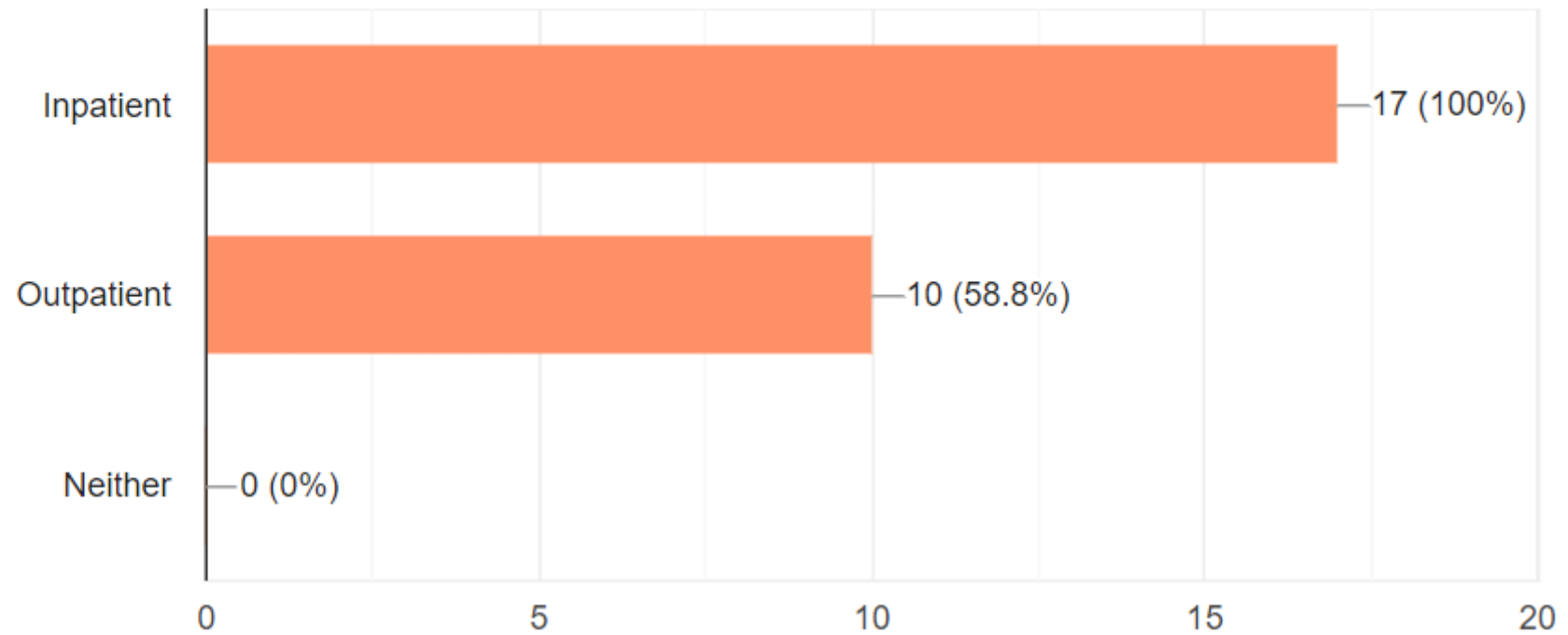


17 responses



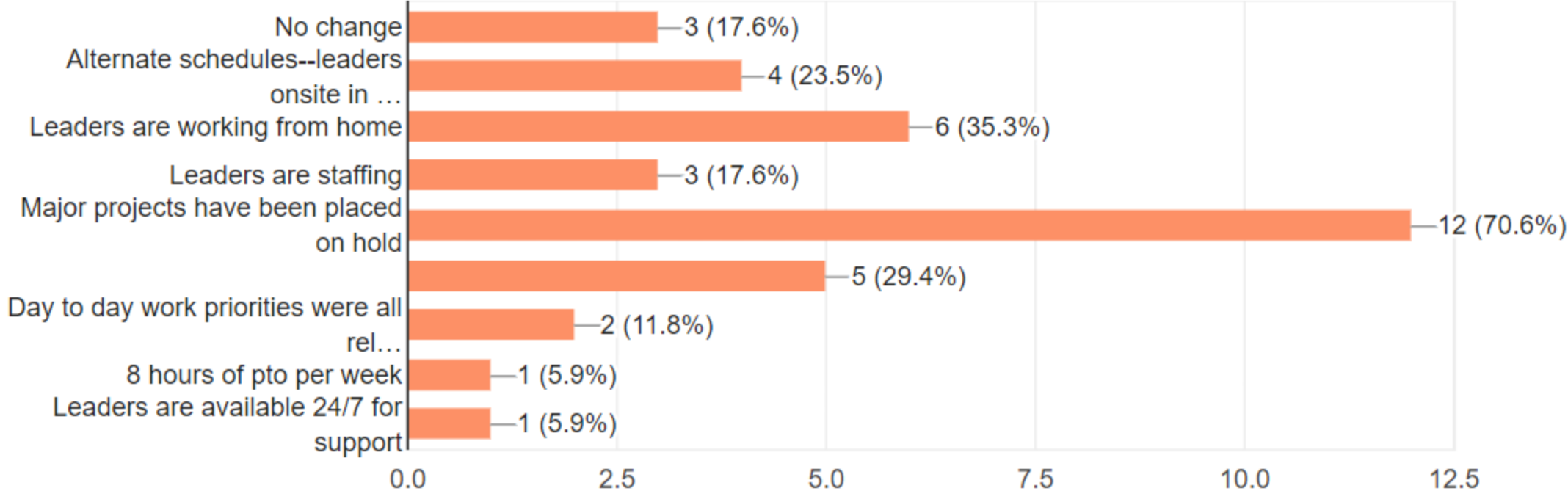
Which area of clinical services have you seen changes?

17 responses



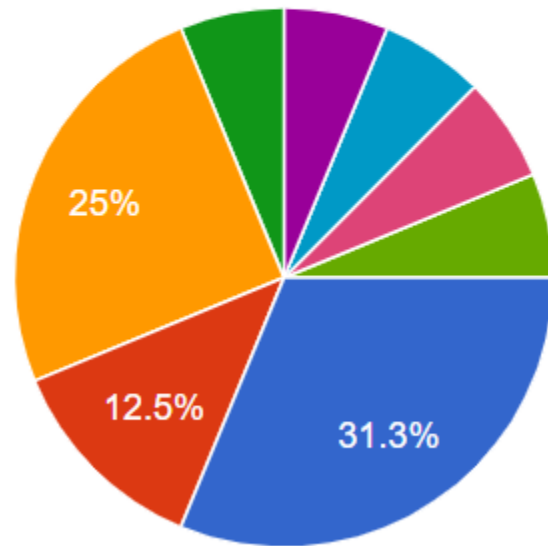
Describe how your leadership team structure has changed in response to COVID related issues/changes.

17 responses



How has the pharmacist method of providing clinical services changed?

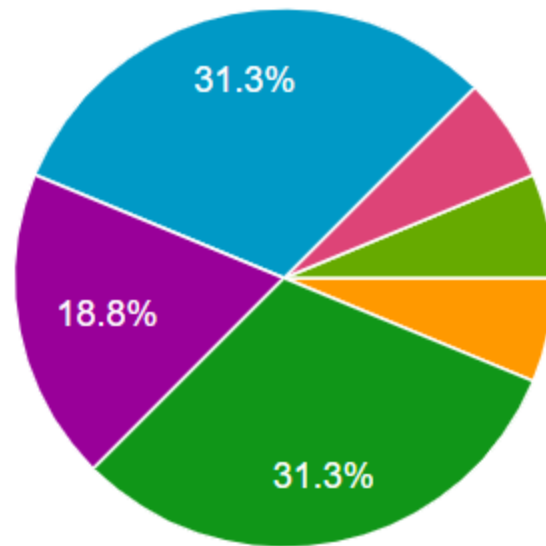
16 responses



- No change to existing method
- Now provided via phone
- Now provided via a tablet or computer
- A mixture of phone/video rounds
- less team/patient interaction; more report/computer-based
- Halted most counseling
- Reduction of number of clinical pharmacist on the floor. The impacted...
- All of the above - some rounding, pho...

If you have changed your clinical services, how do you think the quality has been impacted?

16 responses



- N/A
- Increased quality
- Increased quantity of patients "touched" and increased quality
- No change
- Decreased quality
- Decreased quality due to increased quantity of patients "touched"
- A mix.. Due to increased ICU bed #, s...
- Minimal changes to our services other...

How has new social distancing and/or PPE requirements affected communication between clinical pharmacists and patients or other healthcare team members?

14 responses

Less face to face communication.

Reduced face to face interactions

We are not actively participating during intubations or code blues in COVID patients

I don't think it has. We talk to patients and providers over the phone

I don't think so

Decreased interactions with patients (we are not allowed in rooms or to do med rec/education) so has to be done over tablet or phone many of which cannot hear or is not practical for them to do. Between healthcare providers, it is more distant and difficult to communicate through masks/PPE and over phone or text rather than in person conversations

Increased phone and text communications

Pharmacists are distanced since many are working remotely and rounds have also gotten virtual. Nurses in the ED are performing most med histories since we are trying to decrease exposure for pharmacists.

Pharmacists need to communicate via phone

Additional contacts via phone

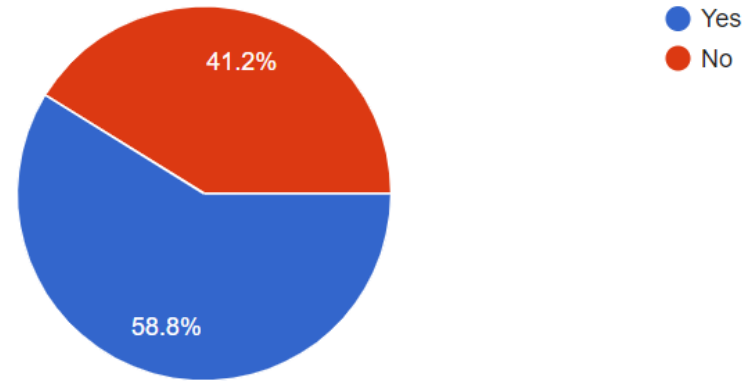
Less decentralized presence. Shift to phone interactions has made interventions more difficult and less impactful.

Forced other methods (IM, Telephone, Skype, Zoom) to increase.

Pharmacists not going into rooms, not going on rounds

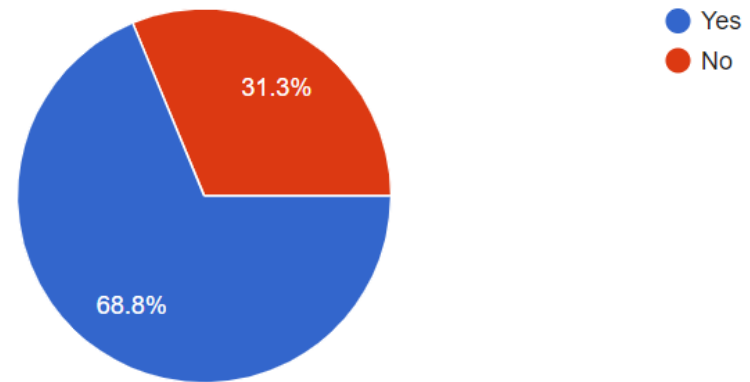
Has your facility implemented NEW telehealth services?

17 responses



Has your facility expanded EXISTING telehealth services?

16 responses



What telehealth services are you providing?

13 responses

Ambulatory care pharmacy visits (ex. Geriatrics and a Palliative Care)

Virtual rounds

Phone calls for medication histories prior to ambulatory physician visits. All pharmacist-conducted education on new oral anticancer medications done by telephone. Meds-to-beds for discharge prescriptions with telephone medication counseling.

none

Office visits, consults, etc.

patient education, med rec,

None

None in pharmacy, but facility is providing family medicine consults via telemedicine

Education to patients for discharge counseling

N/A

Ambulatory service

Telepharmacy, Remote ASP, telehealth visits

What technology systems are you using for telehealth?

12 responses

n/a

unclear

Unknown

Skype, Zoom or facetime/video chat

N/A

Epic MyChart

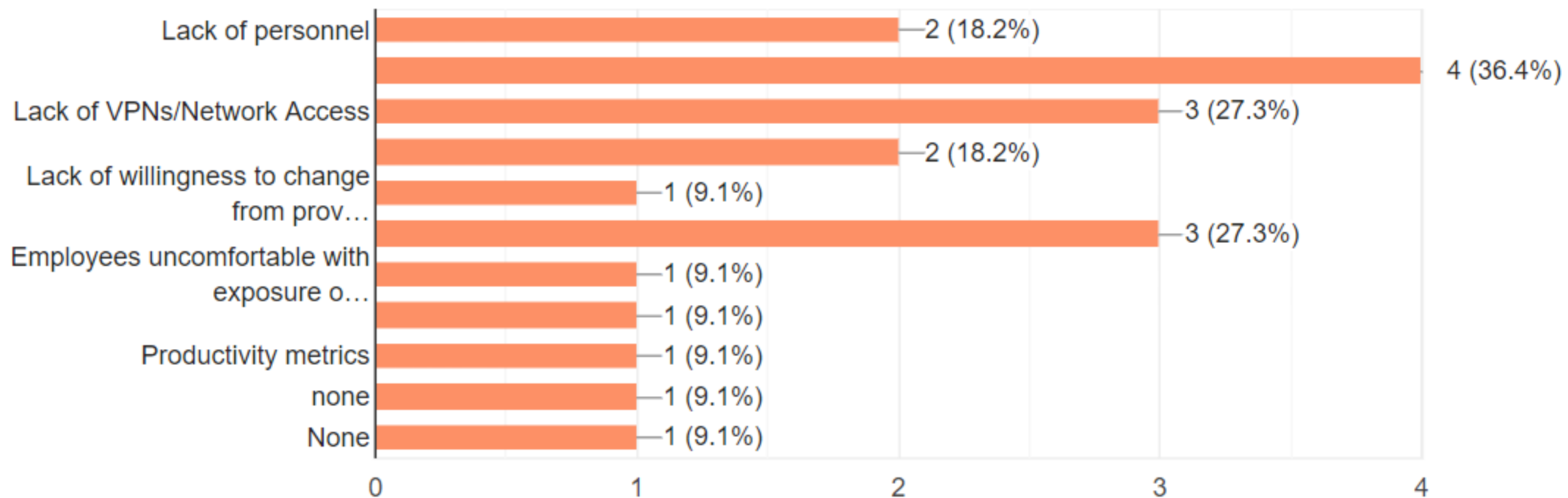
Zoom

Land lines for the most part. Trialing Skype technology.

Zoom, Skype, EHR Portal messages

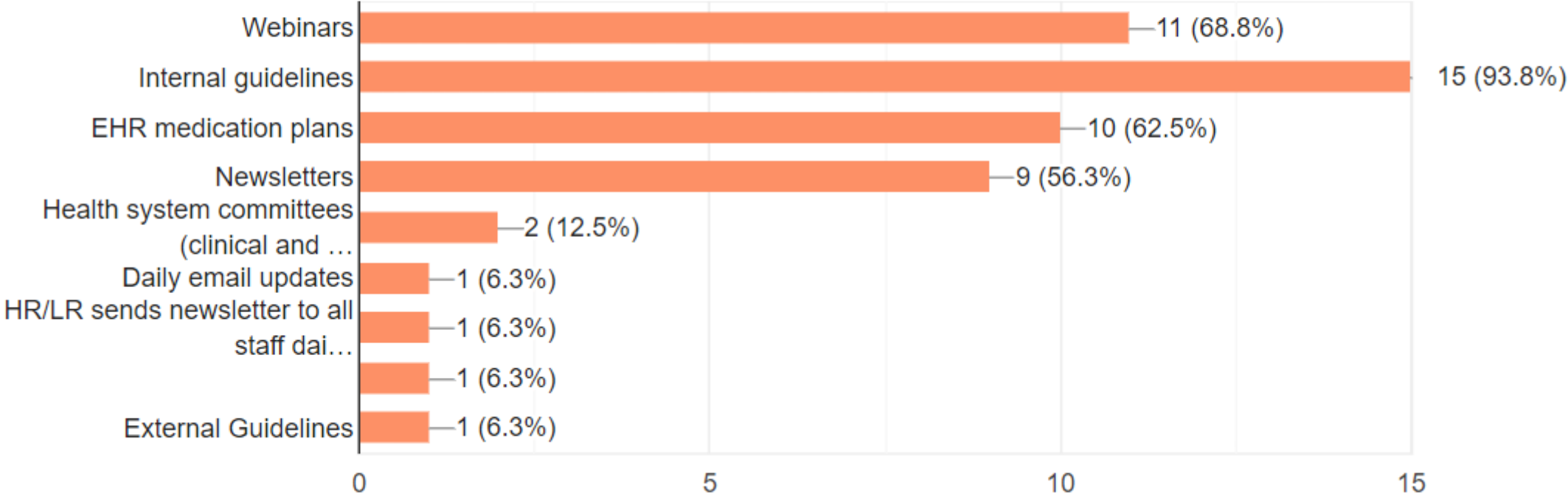
What limitations have you experienced in meeting the needs for clinical services?

11 responses



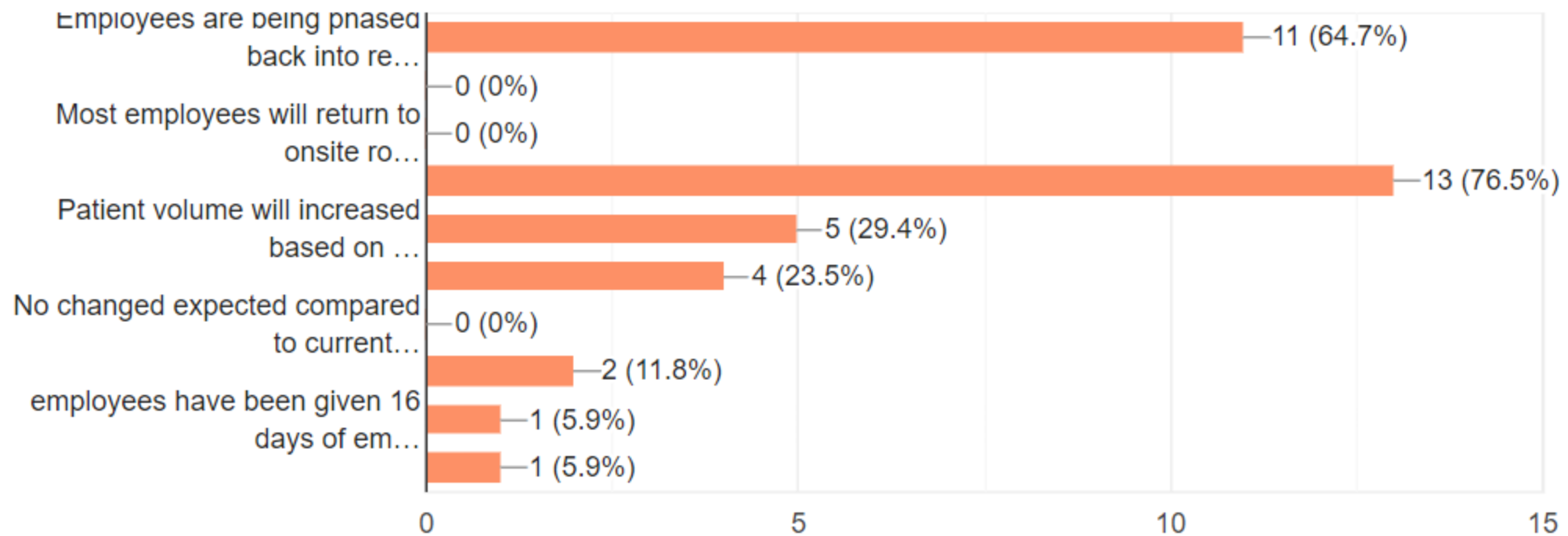
As a clinical services leader, how have you supported your staff in staying knowledgeable of COVID-related therapy updates?

16 responses



As restrictions are changing, how is your facility managing the transition?

17 responses



As a clinical services leader, what other questions would you like to hear how other sites are managing?

4 responses

Clinical Staff cross-training plans to address ICU surge.

What specific changes have you made that has demonstrated improvement in staff satisfaction and resulted in better quality of care?

Students at site, patient counseling, unique/new services offered 2/2 COVID

With decreasing volumes for elective procedures/OR time or hospital volumes, adjusting productivity metrics to account for higher pharmacy need in certain areas with lower revenue for the hospital.

Title Lorem Ipsum



LOREM IPSUM DOLOR SIT AMET,
CONSECTETUER ADIPISCING ELIT.



NUNC VIVERRA IMPERDIET ENIM.
FUSCE EST. VIVAMUS A TELLUS.



PELLENTESQUE HABITANT MORBI
TRISTIQUE SENECTUS ET NETUS.