

**University of Utah Hospitals & Clinics
Health System Pharmacy Administration Residency**

University Hospital Inpatient Services

Rotation Preceptors: Carolyn Kowalchik, MS, Shantel Mullin, PharmD, BCPS, Jennifer Grover, PharmD, MS

Site Description: University Hospital is a 438 bed acute care academic medical center with many critical care units (surgery, medicine, neurosurgery, newborn, burn), a regional trauma center, and receives many patients from referring healthcare providers in the intermountain area. The inpatient division also cares for patients in the Emergency Department and Infusion Center. The pharmacy is highly automated with bar code dispensing, automated dispensing cabinets, and the hospital has computerized prescriber order entry and electronic medical records and medication administration records. Pharmacists are highly integrated into unit based care of the patients and have an integrated model of practice that fosters an exceptional patient experience.

Rotation Description: During this 8 week required rotation, the resident will become familiar with the issues in managing in an inpatient hospital in an academic medical center with a regional trauma center. An emphasis will be placed on operations, planning for services, Joint Commission, IV Center and 797 issues, and HR issues including supervising intern and technician staff and collaborating with pharmacists on projects and schedules.

RLS Goals:

- Goal R1.3: Manage a pharmacy's direct patient care services.
- Goal R2.3: Assure the health system's compliance with medication-related external quality standards.
- Goal R2.4: Understand how to assure pharmacy compliance with legal, regulatory, safety, and accreditation requirements.
- Goal R2.6: Apply methods for measuring and improving internal and external customer satisfaction with pharmacy services.
- Goal R3.1: Develop an overall plan for the organization and staffing of the pharmacy.
- Goal R6.6: Assume responsibility for the management of the pharmacy.

Rotation Activities	RLS Goal	Teaching Methods
Identify needed pharmacy services for patients at University Hospital. Complete and improvement project to better care for patients.	R1.3	M,C,F
Review Quality and Safety website for standards, reports, and compliance. Attend interdisciplinary meetings and learn how pharmacy affects standards and medication use system. Read Joint Commission Medication Management Standards. Perform gap analysis on selected standards and design a process improvement project. Review ISMP Newsletters, present any concerns to Medication Safety Committee. Perform vaccination and reconciliation audits.	R2.3	I, M, C, F
Train in IVC and understand USP <797> requirements Complete testing in IVC- sterile processing, aseptic technique Participate in and design improvement projects to better meet regulatory requirements related to medication management. . Meet with Quality Office staff to understand how data is collected and submitted to accrediting and regulatory bodies.	R2.4	I, M, C, F
Help design and administer a survey related to an aspect of medication management. Summarize survey findings for management team and staff. Design and complete project to address any concerns identified. Understand PressGaney and HCAHPS surveys and results. Identify how pharmacy can work to improve results. Review employee satisfaction survey and determine plan to collect any additional	R2.6	C, F

information from staff and work to improve one area of concern. Understand resources from UHC including PSN reports and plan how to address issues identified by hospital staff.		
Understand services and staffing requirements for inpatient division. (technician and pharmacists) Become familiar with technology and operations in pharmacy and find opportunity for improvement. Understand the budget and operating statement and how personnel use and service requirements and changes affects both. Understand payroll process and audit records to assure accuracy of payroll and flex time records.	R3.1	I, M, C
Attend inpatient and departmental management meetings. Facilitate staff meeting and prepare and distribute minutes. Carry "sick" pager to respond to needs of division during "off" hours. Learn resources for resolving problems and operational issues that arise.	R6.6	I, M, C,F

Teaching methods : I = Direct Instruction, M= Modeling, C= Coaching, F= Facilitation

Reading/ Resources:

ASHP Best Practices <http://www.ashp.org/bestpractices>

Leadership Resource Center Learning Modules at www.ahspfoundation.org/lrc

High Performance Pharmacy

<http://www.ashpfoundation.org/MainMenuCategories/CenterforPharmacyLeadership/LeadershipResources/LeadershipSkills.aspx>

Joint Commission Standards - available in print or on Quality and Safety Intercomm link.

Pharmacy Help Book (online)

Review reading list at: http://www.ashp.org/s_ashp/docs/files/RTP_ResidencyLeadTrain.pdf and select several for inpatient management group discussion.

Project or Presentation Description: Various projects will arise that are important to achievement of the mission and fit within the strategic plan of the pharmacy department.

Themes of possible projects based on Strategic Plan:

Quality- Using data, optimize technology, improve patient safety and patient outcomes

Exceptional patient and customer experience- multidisciplinary teams

Finance- DRG analysis, supply chain, efficiency in operations (LEAN processes)

People- satisfaction, HR processes

Typical Daily/ Weekly/ Monthly Activities:

Typical work schedule is 0800 – 1630 but workload and meetings may require different hours. (Flexibility is key!)

Inpatient management meetings are Mondays at 0930. One agenda item will be assuring resident is aware and planning to attend meetings of interest that week with any of the management team. Resident will update team on rotation project progress and weekly schedule at during this meeting.

Department Management meetings are the 2nd and 4th Monday each month at 2:00..

Resident is expected to attend Pharmacy Grand Rounds, Resident Weekly conferences and Medication Safety Meeting.

Monthly Staff Meetings will be facilitated by resident while on rotation.

Evaluation Process: The preceptor will conduct a midpoint evaluation. At the end of the rotation, the resident will conduct a self-evaluation. The preceptor will conduct an end of rotation evaluation with the resident. The resident will complete the preceptor and learning experience evaluations.