Agenda

1. Introduction
   - About New York Methodist Hospital
   - Mission Statement & Quality
   - Vision, Values and Awards
   - Quality Awards and Recognitions

2. NYM Pharmacy
   - Our Leadership Team
   - Pharmacy Services at NYM
   - EHR and Automation

3. Post Graduate Year Two (PGY2) Pharmacy Informatics
   - NYM ASHP accredited PGY2 Residency program

4. Pharmacy Informatics Role in Quality
   - Anticoagulation Safeguards
   - Treatment Plans for specific indications
   - Safety Alerts Dashboard
   - Medication Management in Care Transitions

5. Thank You
About New York Methodist Hospital

New York Methodist Hospital is a member of the New York Presbyterian Healthcare System and is also affiliated with Weill Cornell Medical College.

Admission Statistics

- Beds: 651
- Admissions: 38,872
- Emergency Department (ED) Visits: 100,604
- Surgical Cases: 24,193

Outpatient Statistics

- Outpatient Visits: 198,056
- Outpatient Facilities: 42

Employee Statistics

- Physicians: 926
- Residents: 400+
- Full Time Equivalents (FTE’s): 3,175
- Pharmacy (FTE’s): 119

General

- Births: 5,600+
- Radiology Exams: 211,000
NYM Mission Statement

The mission of New York Methodist Hospital, a member of the New York-Presbyterian Healthcare System, is to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas. The Hospital is a non-sectarian, voluntary institution, which includes an acute care general facility and an extensive array of ambulatory and outpatient sites and services. New York Methodist Hospital has an historic relationship with the United Methodist Church.

NYM Pharmacy Mission

The mission of the Pharmacy Department shall be to provide optimum quality, comprehensive compassionate, pharmaceutical services to the patient, the patient’s family, the institution wide staff and neighboring community. The Pharmacy Department services shall include all aspects of dispensing, patient consultation, medication storage and management of all drugs and chemicals throughout the institution and the promotion of rational drug therapy, patient and medication safety practices. The department complies with all pharmacy practice standards and all state and federal regulatory requirements set forth under all auspices governing overall pharmacy operations. The department shall direct all resources and pivot initiatives to realize goals in the advancement of patient care and customer service.

Quality at New York Methodist

New York Methodist Hospital is committed to ensuring quality patient care. Public reporting, awards and recognition, and quality initiatives are all important resources. We constantly strive to excel in developing, achieving and adhering to best practices that result in quality outcomes. We monitor and measure these results ourselves and we also submit data to numerous agencies and organizations that rate and rank various aspects of hospital care.
New York Methodist Vision & Values

Assess
To assess periodically the healthcare needs of the community and to respond to these needs with healthcare services, including health education for patients and community residents.

Services
To make services accessible to patients and physicians without regard to age, sex, race, creed, national origin or disability.

Better Together
To work with members of the New York-Presbyterian Healthcare System and other healthcare institutions, physicians and community groups in jointly pursuing the delivery of quality healthcare services, medical education and clinical research.

To provide an active ecumenical program of pastoral care and to conduct a clinical pastoral education program.

Safety
To provide patients with an environment that assures the continuous enhancement of patient safety.

To offer an environment that is responsive to new and changing technologies and management principles that will stimulate creative solutions for our patients, physicians and employees.
Joint Commission
Joint Commission Gold Seal of approval, with a 96.9 percent accountability composite score.

HIMSS Analytics
HIMSS Analytics Stage 6

Gold Plus Performance
Gold Plus Performance Achievement Award for Stroke Care

100 SafeCare Hospitals
New York Methodist Hospital was listed for the second consecutive year as one of the "100 SafeCare Hospitals" by the SafeCare Group.

Best Doctors
For the past three years, no other hospital in Brooklyn has had more New York Magazine "Best Doctors" choosing it as their primary affiliation than New York Methodist Hospital.
Dr. Eric Balmir
CHIEF OF PHARMACY

Dr. Teena Abraham
DIRECTOR: CLINICAL & RESIDENCY PROGRAM

Dr. Fabienne Vastey
DIRECTOR: PHARMACY OPERATIONS

Righard van Niekerk
DIRECTOR: PHARMACY INFORMATICS

Dr. Stephanie Amirana
MANAGER: TRANSITIONAL CARE & OUTPATIENT SERVICES
Pharmacy Services at New York Methodist Hospital

Centralized Dispensing
- Main Pharmacy
- IV Room
- Controlled Substances

Decentralized Dispensing
- Satellite Pharmacy
- Outpatient Infusion Center

Education & Research
- Lectures, Tools & Newsletters
- Investigational Drug Research
- Diabetes Education

Special Services
- Antimicrobial Stewardship
- Anticoagulation Clinic
- Clinical Rounds
- PEDS / NICU Services
- Drug Information Center

Other Programs
- Meds-To-Bed Program (Medication Management in Care Transitions)
- Residency Program
- Teaching Affiliations
NYM Pharmacy Diversity

- Total Ethnic Backgrounds: 31
- 78 Employees speak 20 different languages
- 44% Male, 56% Female
- 34% Asian
- 30% African American
- 23% Caucasian
- 12% South American
- 1% Latin American

2016 Revenue: $7.3 Billion

Fortune 600 List
EHR and Automation
In 1995, NYM becomes a Cerner Client, implementing its Classic Laboratory, Radiology and Pharmacy Solutions.

**First Adopters**

- Inpatient Physician Documentation
- Medical Dispensing Cabinets – Integrated to Millennium Phase II, Cloud Technology, Device Integration with Vitals, ITWorks Transition, Continued Cerner Ambulatory Rollout, Clinical Reporting XR Migration
- Bridge Breast Milk, Bridge Blood Transfusion, Optum CAC/CDI, Anesthesia, Work Queue Manager, Downtime Viewer Level 2, ICD-10, Camera Capture

**Decade of Success**

- Inpatient Physician Documentation, Medical Dispensing Cabinets – Integrated to Millennium Phase II, Cloud Technology, Device Integration with Vitals, ITWorks Transition, Continued Cerner Ambulatory Rollout, Clinical Reporting XR Migration
- HIM, Patient Portal, Medical Dispensing Cabinets – Integrated to Millennium Phase I, Core Measures (VTE, Stroke & ED Throughput), Lab Medical Necessity Checking, Meaningful Use (MU) Stage 1
- P2 Sentinel Security Auditor, Cerner Direct/Summary of Care Patient, Cerner Barcode Medication Administration, Cerner Syndromic Surveillance, Cerner PowerInsight – Explorer, Cerner Mammography, HIMSS Stage 6

**Continuing Excellence**

- CPOE with Nursing Documentation, Document Imaging PACS
- Clinical Adoption Project Nursing Documentation, Emergency Department, Nursing Plans of Care
- Appointment Reminders, Bed Tracking and VR/Radiology

**Staying Current**

- Millennium Laboratory, Pharmacy, Radiology and Scheduling
- Cerner Powerchart Ambulatory – Surgery
- ITWorks
# Automating the Medication Process with Technology

## Clinical Orders & Documentation (Electronic Health Record)
- Cerner Millennium®
  - Computerized Provider Order Entry (CPOE)
  - Medication Administration Record (MAR)
  - Barcode Medication Administration (BCMA)
  - Medication Reconciliation
  - SA Anesthesia for intra-operative procedures
  - Complete Physician and Nursing Documentation
  - Including notes, results, imaging, and scanned documents

## Pharmacy Automation and Medication Management Systems
### Automated Picking and Dispensing
- Cerner Millennium PharmNet® Pharmacy Management & Dispensing System - Electronic verification of CPOE medication orders
- Cerner RxStation® Automated Dispense Cabinets in 15 Patient Care Areas
- Cerner RxStation® Automated Controlled Substance Vault (CSV) in Main Pharmacy
- McKesson® Dispensing Robot, Pre-packer and Over wrapper (retiring 2016)
- Daily filling and dispensing of patient medication cassettes
- Total Parenteral Nutrition (TPN) – Baxa® TPN Compounder

## Pharmacy Automation and Medication Management Systems
### Workflow Automation
- Aethon® – MedEx Medication Tracking integrated with Cerner Millennium
- Centrak® – Refrigerator Monitoring & Remote Alerts
- KitCheck® – Kit and Tray Restocking Automation and Medication Tracking Software
- Codonics® – Safe Label System
- Pharmacy OneSource – Simplifi® 797 (Sterile compounding quality management system)
- Pharmacy OneSource – VeriForm® (Hospital checklist management system)
- Sentinel Rounding® - Safety and Compliance (from NYP)

## Clinical Supply Chain & Pharmacy Surveillance
### Quality use of Data
- Clinical Supply Chain with EDI to 2 major vendor – McKesson® and Cardinal®
- Clinical Supply Chain Accounts Payable & General Ledger Interface Lawson Materials Management®
- eAuditSolutions® - 340B Program – Integrated with Cerner Supply Chain®
- Pharmacy Clinical Systems, Optimization and Reporting
  - Pharmacy OneSource – Sentri7® (Pharmacy Real Time Clinical Surveillance)
  - DiscernAnalytics® Reporting – Cerner Millennium®
All 3 Pharmacy Residency Programs at NYM were accredited by ASHP for 6 years in 2013

The first resident graduated in 2013 and stayed on as an Informatics Pharmacist. The current resident will graduate in 2017 and will be the third the program has produced.

PHARMACY INFORMATICS

The curriculum keeps evolving with each residency year. Initially, the Informatics Residency was modeled around other existing residencies, but we soon found that because of the ever-expanding nature of Informatics, we had to keep updating the structure to allow for a lot of flexibility.

- Automation
- Clinical and Pharmacy Systems
- Clinical Decision Support
- Data Management
Over the years, safety concerns of using anticoagulants have attracted significant attention due to numerous sentinel events relating to the use of these agents. Due to the complexity of finding a balance between efficacy and safety of anticoagulant therapy, careful monitoring and medication management process is warranted. Studies have addressed integrating safety features with computerized physician order entry (CPOE) systems to reduce the occurrence of medication errors.

Anticoagulants with a narrow therapeutic index, such as warfarin, have a low threshold between risk of developing thrombotic events or bleeding. Agents which require weight-based dosing or dose adjustment based on specific monitoring parameter, such as heparin and enoxaparin, have also been shown to cause unwanted outcomes. Improper usage or inadequate monitoring of anticoagulants can cause detrimental outcomes to the patients.

Our goal is to comply with the recommendations of promoting safe practice in utilizing anticoagulants to reduce the risk of patient harm by incorporating safety features in the CPOE system.
Anticoagulant Action Plan

01. Anticoagulation flowsheet for easy review of medications

02. Documentation of subtle signs of bleeding during medication charting on the MAR

03. Once a day ordering of warfarin with review of lab orders

04. High Alert warnings added to all anticoagulants

05. Prescriber forced to document last INR on the order & Pharmacy validates during order verification

Approved order sets and guidelines built into the ordering working
<table>
<thead>
<tr>
<th>Component</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Alert heparin (heparin 5,000 units SQ)</strong></td>
<td>5,000 units, Form: Injection, Route: SC, Q8H (Every 8 Hours), Indication: D.V.T. Prophylaxis</td>
</tr>
<tr>
<td><strong>High Alert enoxaparin (Lovenox)</strong></td>
<td>30 MG, Form: Injection, Route: SC, Q12H ATC (1st now, then every 12hr after), Indication: D.V.T. Prophylaxis</td>
</tr>
<tr>
<td><strong>High Alert fondaparinux (Arixtra)</strong></td>
<td>2.5 MG, Form: Injection, Route: SC, Q24H, Indication: D.V.T. Prophylaxis, For heparin contraindications e.g.</td>
</tr>
<tr>
<td><strong>Sequential Compression Device</strong></td>
<td>T;N, Frequency: ONCE, Special Instructions: Apply to B/L Lower Ext</td>
</tr>
</tbody>
</table>

If NONE of the above were ordered, A REASON below MUST be selected:

- **Patient is LOW RISK; VTE Prophylaxis is NOT indicated**
  - Low Risk is defined as: Age < 40 years, without additional VTE risk factors, ambulating in the hallways and expected LOS < 48 hours
- **DVT prophylaxis (mechanical AND pharmacological) i...**
  - Use the above for patients being anticoagulated already
- **BOTH pharmacologic and mechanical prophylaxis are...**

**High Alert**

- **heparin (heparin 5,000 units SQ)** High Alert Medication
  - RISK: Bleeding
  - SAFEGUARDS: Floor stock availability is limited. Monitor aPTT. signs and symptoms of bleeding
Treatment Plans for Specific Indications

**PRN Pain Response**
- 15 Plans
- Plans address specific areas
- Opioid Sparing vs Opioid
- Renal Insufficiency/Elderly
- Major Surgeries incl Hip/Knee
- Covering Pain Response
- Improved Compliance
- Better Patient Experience

**Antibiotic in the ICU**
- 25 Plans
- Plans address specific infection
- Default options
- Weight based ordering
- Related Lab results
- Preapproved duration of Tx
- Adherence to Quality Measures
- Infection Control

**Diabetes Management**
- 1 Plan
- Assists with complex dosing
- Provides option for Bolus dose
- Supplemental Sliding Scale
- Consultation for Education
- Link to Outpatient Supplies
- Embedded in Admission Plans
- Improved Dose Calculations

**Chemotherapy Plans**
- 20 Plans
- Standard Plans with Cycles
- Hydration and Premed Order
- Lab and Extravasation Orders
- From Paper to CPOE
- Review of Orders Required
- Triple checked Orders
- Safety
### General Medicine Admission PowerPlan, General Medicine Admission, Pain Opioid-Sparing PRN Pain Orders (Initiated Pending), Ordered as: Admission PowerPlan, General Medicine

#### PRN MEDICATIONS - Select ONE from EACH Pain Score Range

<table>
<thead>
<tr>
<th>Pain Score 1-3</th>
<th>Medication</th>
<th>Dose</th>
<th>Form</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>acetaminophen (Tylenol Oral)</td>
<td>650 MG</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (1-3), PRN for Pain</td>
</tr>
<tr>
<td></td>
<td>ibuprofen (Motrin)</td>
<td>400 MG</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (1-3), PRN for Pain, If GI u...</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Pain Score 4-6</th>
<th>Medication</th>
<th>Dose</th>
<th>Form</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ibuprofen (Motrin)</td>
<td>600 MG</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (4-6), PRN for Pain, If GI u...</td>
</tr>
<tr>
<td></td>
<td>ketorolac (Toradol)</td>
<td>15 MG</td>
<td>Injection</td>
<td>IVPush</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (4-6), PRN for Pain, for ...</td>
</tr>
<tr>
<td></td>
<td>tramadol</td>
<td>50 MG</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (4-6), PRN for Pain, for ...</td>
</tr>
<tr>
<td></td>
<td>acetaminophen-tramadol (Ultracet 325 mg-37.5 mg o...</td>
<td>1 TAB(S)</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q8H (Every 8 Hours)</td>
<td>Pain Score (4-6), PRN for Pain, for ...</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Pain Score 7-10</th>
<th>Medication</th>
<th>Dose</th>
<th>Form</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ibuprofen (Motrin)</td>
<td>800 MG</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (7-10)</td>
</tr>
<tr>
<td></td>
<td>ketorolac (Toradol)</td>
<td>30 MG</td>
<td>Injection</td>
<td>IVPush</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (7-10)</td>
</tr>
<tr>
<td></td>
<td>tramadol</td>
<td>100 MG</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q8H (Every 8 Hours)</td>
<td>Pain Score (7-10)</td>
</tr>
<tr>
<td></td>
<td>acetaminophen-tramadol (Ultracet 325 mg-37.5 mg o...</td>
<td>2 TAB(S)</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q8H (Every 8 Hours)</td>
<td>Pain Score (7-10)</td>
</tr>
<tr>
<td></td>
<td>High Alert oxyCODONE-acetaminophen (Percocet ...</td>
<td>2 TAB(S)</td>
<td>Tablet</td>
<td>ORAL</td>
<td>Q8H (Every 8 Hours)</td>
<td>Pain Score (7-10)</td>
</tr>
<tr>
<td></td>
<td>High Alert morphine</td>
<td>2.5 MG</td>
<td>Injection</td>
<td>SC</td>
<td>Q6H (Every 6 Hours)</td>
<td>Pain Score (7-10)</td>
</tr>
</tbody>
</table>

#### ADDITIONAL MEDICATIONS:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Form</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>naloxone (Narcan)</td>
<td>0.04 MG</td>
<td>Injection</td>
<td>IVPush</td>
</tr>
</tbody>
</table>

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**The prescriber selected the following PAIN SCORE RANGE for this medication:**

Pain Score: 7 - 10

**Please document the patient's pain score:**

Pain Score Must correspond with the order.
### Chemo Bortezomib (Velcade) Induction Q3 Weeks PowerPlan, Cycle 1 (Future Pending)

#### Medications

<table>
<thead>
<tr>
<th>Day 1:</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Pre Medications:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ondansetron</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>palonosetron</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medications/Regimen:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bortezomib</td>
<td>1.3 mg/m², Injection, IV, 10 hrs, Dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.9%</td>
<td>250 mL, Route: IV, Inj</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.45%</td>
<td>15 mL, IV, Hydration, Duration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextrose 5% in Water</td>
<td>15 mL, IV, Hydration, Duration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextrose 5% with 0.9% NaCl</td>
<td>15 mL, IV, Hydration, Duration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lactated Ringers Injection</td>
<td>15 mL, IV, Hydration, Duration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Day 4:

<table>
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<td></td>
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<tr>
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<td></td>
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</table>

#### Day 8:

<table>
<thead>
<tr>
<th>Day 8:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre Medications:</strong></td>
<td></td>
<td></td>
<td></td>
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<td>ondansetron</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Confirm Phase Action

- **Phase:**
  - Standard PRN Protocols
  - Laboratory
  - Cycle 1
  - Cycle 2
  - Cycle 3
  - Cycle 4
  - Cycle 5
  - Cycle 6
  - Cycle 7
  - Cycle 8

- **Start Date/Time:**
  - Est. 9/20/2016 10:17 AM EDT
  - Order for future visit

- **Action:**
  - Order for future visit

---

**Additional Review Settings**

- **Review Provider:**
  - NYMHTEST, AMBINF - 00007047327

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**New York Presbyterian Regional Hospital Network**

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**CONGRESO NACIONAL DE FARMACIA HOSPITALIZADA**

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Titratable Medication Orders

Background

To ensure that titration orders are clear and safe for patients, specific parameters for titration must be defined. In order to achieve this, new order entry formats and PowerPlans with sub phases based on diluents and final concentrations were created, while ensuring that everything could be easily understood when ordering and charting on the interactive flowsheet.

The following user defined fields are provided as a reference during the ordering process:

- **Titrate by** – used to indicate the value the nurse can titrate up or down
- **With an UP Frequency of** – the time in minutes/hours the nurse can up titrate
- **With a DOWN Frequency of** – the time in minutes/hours the nurse can down titrate
- **With a Goal of** – titration parameter used by the nurse to titrate the medication
- **Titration Goal Reference** – reference for titration goal
- **Final Concentration**
- **Maximum Rate** – maximum rate for the medication order
Titratable Medication Orders

The prescriber’s selects the titrate order which is part of a PowerPlan which restricts the IV sets to the predefined concentrations. Titratable orders can only be ordered using the pre-designed PowerPlans.
Titratable Medication Orders

The system automatically calculates the dose, rate and infuse over fields on the order. The required fields are indicated on the “Details” tab.

<table>
<thead>
<tr>
<th>Base Solution</th>
<th>Bag Volume</th>
<th>Rate</th>
<th>Infuse Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premix Base</td>
<td>500 mL</td>
<td>36.9 mL/hr</td>
<td>13.6 HR</td>
</tr>
<tr>
<td>Additive Dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPamine</td>
<td>800 MG</td>
<td>10 mcg/kg/min</td>
<td>984.1 MCG/MIN</td>
</tr>
<tr>
<td>Total Bag Volume</td>
<td>500 mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Weight: 98.41 KG | Weight Type: Clinical Weight | Result at/bmi: 9/28/2016 10:30:00 AM EDT |

Infusion instructions:
Initial rate = Normalized rate
The prescriber’s only required field is to provide the goal of the titration parameter. Goal references are also provided to assist with completion of the orders.
The Pharmacy Verification screen shows the details of the order so that the pharmacist can review.

The titration parameters are displayed in the User defined details section.

The pharmacist is forced to the product selection window first to ensure they review the order details of each order.
Barcode Medication Administration (BCMA)

- **Closed Loop Medication Administration**
  - Criteria for HIMSS Stage 7 (Acute Care)
    - The HIMSS Analytics Electronic Medical Record Adoption Model (EMRAM)℠ was created to track healthcare organizations' progress towards achieving a paperless patient record environment
    - Hospitals and ambulatory care facilities are scored based on their level of EMR adoption from Stage 0 through Stage 7
    - Threshold is ≥ 95% scanning rate of patient wrist band and medication before delivery for over 4 months
      - Excludes ED, but barcoding must be in use

NYM Average (for Included Units):
- 97% Scanning Compliance in 2015
- 98% compliance January to June 2016
Zooming out to the overall chart picture, the Safety Alerts Dashboard is one of the most phenomenal custom developments that Pharmacy Informatics played a big part in. The Dashboard combines into a unit view all of the most important components of patient care, including the vaccination status, falls risk, central line indicator, Foley justification, DNR/DNI status, and limited transport status (one of the determinants of which are medications).
<table>
<thead>
<tr>
<th>Safety Alerts Dashboard – Patient List</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccines</strong></td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><img src="image" alt="Task Due" /></td>
</tr>
</tbody>
</table>
Safety Alerts Dashboard – Patient Specific Alerts

Vaccines  Foley  Central Line  Restraints  Falls  Uncharted Meds  Expired Meds  DNR/DNI  Limited Transport  Pressure Ulcer  IV Lines Tubes and Drains

Acute Care Workflow

Safety Alerts

Consolidated Problems
Histories
Allergies (3)
Vital Signs  Medications

Patient Safety Alerts

Fall Risk Score: 45, Documented Date: 04/20/2016 15:07

- Patient has uncharted Meds
- Patient has Expiring Meds
- Patient is Limited Transport
Medication Management in Care Transitions

**High Risk Patient Identified**
Clinical Pharmacist Works list used to identify patients on anticoagulant therapy for medication review by Pharmacist

**Meds To Bed**
Patient enrolled in Meds To Bed program which provides a technician and pharmacist who reviews medication list

**Patient Admitted**
Medication Reconciliation performed by Prescriber. Home Medication List often not validated

**ADP Order Placed**
Order for Anticipated Discharge is placed in Cerner – Patient tracked on Tracking Board

**Patient Discharged**
Patient Discharged with medications to take home and counseled by pharmacist
### Clinical Pharmacist Worklist

#### Patient Information

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>meds to Bed Anticoags</th>
</tr>
</thead>
</table>
| [+] 70 years F | Hemoglobin: ↓ 9.3 g/dl 09/28/2016 07:05  
Xarelto: 10 MG, 1 TAB(S), ORAL, QPM (Every Evening) |
| [+] 85 years F | Hemoglobin: ↓ 10.2 g/dl 09/28/2016 06:13  
INR: 1.69 09/28/2016 06:13  
Coumadin: 2 MG, 1 TAB(S), ORAL AT BEDTIME  
aspirin: 81 MG, 1 TAB(S), ORAL, DAILY  
warfarin 1 mg oral tablet: 1 MG, 1 TAB, ORAL, DAILY, 30 TAB, 0 Refill(s)  
warfarin 2.5 mg oral tablet: 2.5 MG, 1 TAB, ORAL, DAILY, 30 TAB, 0 Refill(s) |
| [+] 25 years F | Hemoglobin: ↓ 8.3 g/dl 09/27/2016 21:48  
Eliquis 5 mg oral tablet: 5 MG, 1 TAB(S), ORAL, Q12H (10 AM and 10 PM) |
| [+] 66 years M | Hemoglobin: ↓ 11.8 g/dl 09/28/2016 09:57  
Xarelto: 10 MG, 1 TAB(S), ORAL, Q24H  
aspirin: 81 MG, 1 TAB(S), ORAL, DAILY |
| [+] 73 years F | Hemoglobin: ↓ 10.6 g/dl 09/28/2016 09:57  
Xarelto: 10 MG, 1 TAB(S), ORAL, QPM (Every Evening) |
| [+] 68 years F | Hemoglobin: ↓ 9 g/dl 09/28/2016 09:58  
INR: 1.98 09/28/2016 09:58  
Coumadin 4 mg oral tablet: 4 MG, 1 TAB, ORAL AT BEDTIME, 30 TAB, 0 Refill(s) |
Pharmacy Discharge Planning – Tracking Shell
High Risk Patient Identified

Clinical Pharmacist Works list used to identify patients on anticoagulant therapy for medication review by Pharmacist

Meds To Bed

Patient enrolled in Meds To Bed program which provides a technician and pharmacist who reviews medication list

Patient Admitted

Patient Discharged

Patient Discharged with medications to take home and counselled by pharmacist

ADP Order Placed

Order for Anticipated Discharge is placed in Cerner – Patient tracked on Tracking Board

Transitions of Care Pharmacist Interventions

NOTE: This form was recently updated to allow for the ability to document and report on additional Intervention Types for AMS. Please take a moment to ensure you select the correct Intervention Type.
THANK YOU