Transitional Care Pharmacist (TCP)

Training Manual
Department of Pharmacy

UCONN HEALTH

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Appendix

Overview

Part of UConn Health's mission is to help patients achieve and maintain healthy lives and restore wellness and health to a maximum attainable level. In order for the hospital to maximize reimbursement, the hospital must adequately practice a variety of evidence-based, scientifically researched standards of care. These practices are reported and tracked by The Centers of Medicare and Medicaid (CMS), and are commonly known as *core measures.*

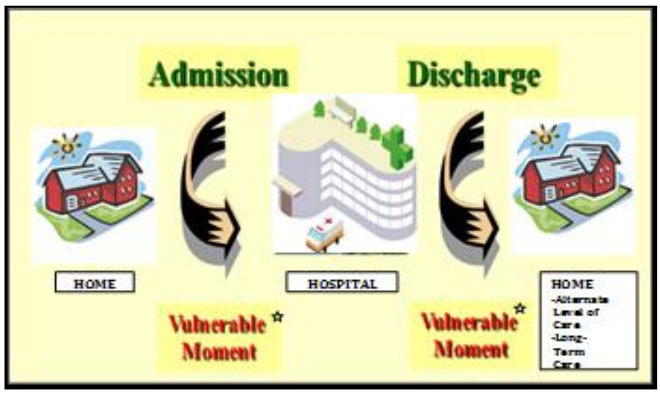
Diagnosis or Indicator	Core Measure
Myocardial Infarction	• Discharge on Aspirin, Beta Blocker, Statin • An ACE or ARB should be included in discharge meds if EF<40% or clear documentation of contraindication.
Heart Failure	• If patient has an EF of <40%, an ACE or ARB should be prescribed at discharge or clear documentation of contraindication. • Make sure an evidence-based beta-blocker has been ordered (Bisoprolol, Carvedilol, Metoprolol CR/XL) • Make sure an aldosterone antagonist is prescribed at discharge for patients with left ventricular systolic dysfunction (LVSD) or that contraindication or intolerance is noted • Patient will have their left ventricular function assessed before, during, or after admission • Patient will be scheduled a follow-up visit within 7 days of discharge by the covering hospital team. • Percent of heart failure patients who were referred to heart failure disease management, received 60 minutes of patient education by a qualified educator, or received an AHA heart failure interactive workbook.
Stroke	• Patient must be on antithrombotic therapy (UFH, LMWH, or fondaparinux) by the end of hospital day two. Aspirin alone is insufficient. • Antithrombotic therapy is indicated for secondary prevention: warfarin if cardioembolic or other medication at doses greater than VTE prevention. • If patient has A Fib/flutter, they must be discharged on anticoagulation therapy • Use of thrombolytic agents in selected patients. • Discharge on Statin and Antithrombotic therapy. If not, clear documentation must be written by provider.
Warfarin	• Confirmed DVT or PE Diagnosis: Discharge instructions should include compliance, dietary advice, follow-up monitoring and information about

	potential adverse drug reactions/interactions. • Confirmed DVT or PE Diagnosis: If patients have < 5 days of overlap therapy with an INR <2, they should be discharged on both SC therapy and warfarin therapy, or a reason for discontinuation of parenteral therapy must be documented by a physician.

Reimbursement on 30 day readmissions can have huge financial consequences. Fiscal year 2015 is up to a 3% penalty. CMS has the following diagnoses that are part of the 30 day readmission penalty: COPD, THA/TKA, AMI, PNA and CHF.

Definitions

Medication reconciliation: The process of identifying the most accurate list of all medications that the patient is taking by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider and identifying and bringing discrepancies to the attention of the medical team.



Best possible medication history (BPMH): Comprehensive list, collected using a systematic process and a number of sources, of all prescription and non-prescription medications a patient is currently taking

Medication history: Preliminary list of current or recently discontinued medications

Meaningful use: Incentive payments are granted to eligible hospitals or professionals by Centers for Medicare & Medicaid Services (CMS), who can demonstrate they have engaged in efforts to adopt, implement or upgrade certified electronic health record (EHR) technology.

Education Available for Pharmacists

Heart Talk Video

http://www.qualidigm.org/index.php/current-initiatives/heart-talk-videos/

Series 1 Heart Talk: **Teaching Your Patients to Live with Heart Failure**
Evidence-based Education for Health Care Professionals

- Review the science and evidence regarding heart failure and its treatment

- Understand how to evaluate the clinical status of a patient with heart failure
- Provide six key recommendations to help patients with heart failure live well
- Demonstrate tips for clinicians to educate patients
- Discuss palliative and end of life care

Lung Talk Video

http://www.qualidigm.org/index.php/qio-program/beneficiary/lung-talk-videos/video/

Series 3 LungTalk: Teaching Your Patients to Live with COPD
Evidence-based education for licensed healthcare staff

- Review the science and evidence regarding COPD and its treatment
- Understand how to evaluate the clinical status of a patient with COPD
- Understand the clinical criteria for patient participation in a pulmonary rehab program and how to get patients enrolled
- Provide six key recommendations to help patients with COPD live well and self-manage
- Demonstrate tips for clinicians to educate and motivate patients
- Discuss palliative and end of life care
- Understand the implications of health reform and readmissions to the hospital

Teach Back Video

- Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect. One of the easiest ways to close the gap of communication between clinician and patient is to employ the "teach-back" method, also known as the "show-me" method or "closing the loop." Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. (http://www.nchealthliteracy.org/toolkit/tool5.pdf)
  http://nchealthliteracy.org/teachingaids.html

How-to Prepare to Identify Eligible Patients

Below table designates in order the priority of the patients for counseling. Note that some patients may meet multiple criteria and will require teaching for each diagnosis. Those with a primary diagnosis are more critical than those with a history. You may not be able to counsel everyone so be sure to prioritize.

Diagnosis or identifier	Admission and Discharge Med Rec	Verify Core Measures Met	Discharge Counseling	How Identify	Comments
COPD Primary	M	NM	M[1]	Email	
COPD History	M	NM	M[1]	Email	
PNA	M	NM	M[1]	Email	
Stroke	M	M	M[1] ~	Email	
Warfarin	NM	M (counseling)	M[1] ~	Email	Document history in notes if not already done
CHF Primary	M	M	M[1] ~	Email	
CHF History	M	M	M[1] ~	Email	
MI	M	M	M[1]	Email	
HAART	M	NM	M[1] ~	Email	Should be primarily done by floor PUP
M = Mandatory, NM = Not Mandatory (Secondary as time allots), [1] = Patients going to home or short-term STR, exclude facility patients that are TTL for medications, ~ = These patients will still be done by pharmacists or students on days that the TCP assignment is not available.					

Chronic Obstructive Pulmonary Disorder (COPD Primary or History)/Pneumonia (PNA)

- Sample Email:

Active COPD patients 8/11/15	**Needs teaching and 7 day follow-up**		
Med 4	**Pulmonary, David**	[redacted]	**purple**
Med 4	**Pulmonary, Sallly**		**tan**
History of COPD			
cs2	History, Allen	[redacted]	hx of copd in ED record.
Pneumonia patients	Name	Admit#	**Comment/Payer**
surgery	Pneumonia, Eddie	[redacted]	green

Congestive Heart Failure (CHF Primary or History)/Myocardial Infarction

- Sample Email:

	Primary Diagnosis HEART FAILURE				
Active Heart Failure patients Need a 7day follow-up and Teaching					
Unit	**Name**	**Admit No.**	**Comments**	**TEAM**	**Case MGMT/ SW/Comments**
CSDU	**Doe, Jane**	[redacted]	**readmit from 7/12/15**	**Yellow**	
CSDU	**Doe, John**			**CARDS**	
ICU	**Doe, Jane Arc**		**NSTEMI**	**CARDS**	
MED 4	**Doe, John Arc**			**Purple**	
Hx of HF	**History of HF in the Past**		**Needs HF education no 7 day f/u appt**		
MED 4	Doe, Jane Powers	[redacted]		Purple	
ONC	Doe, John Powers		readmit from 6/1/15	Blue	
SURG	Doe, Jane Health			Surgery	

Stroke

- Sample Email:

FLOOR TEAM	NAME	ADMIT #	DATE/ TIME OF GREET	D/C DATE DISPO	DX	NIHSS	Last known well	CT interpr. Time	TPA- if no document why not given	ASA/antithrombotic- by day 2	STROKE teaching ORDER	REHAB EVAL	DVT prevent	SMOKER	Dyphagia screen OR swallow eval	Afib-? if YES anticoag ordered	LABS- INR, creat, lipids, A1C
CSDU	John Stroke	[redacted]	7/4 @ 12:03	7/16 – Home w/ No Services	Acute Ischemic Stroke	not in ED record	evening before admission	7/4 @ 13:11	no - on anticoagulation	ASA 7/4	Ordered 7/4	Ordered 7/4	PAS 7/5	no	Failed in ED , speech	no	complete

Warfarin

- Sample Email is generated daily detailing those with an order for "warfarin daily dose call H.O.". Below is a sample of what the print out looks like.

NRS STATION (patient location)	PT NAME	PAT NUM	PTMEDREC	GENERIC NAME
HT2S (INT)	Patient AM	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT2N	Patient AC	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT1S (ICU)	Patient ET	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT3S	Patient HZ	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT3N	Patient NM	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT3N	Patient CL	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
MS	Patient TV	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT6S	Patient MM	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*
HT5S	Patient RM	XXXX6	XXXX0	WARFARIN DAILY DOSE CALL H.O.*

How-to Prepare to Counsel

- We do not typically counsel patients in the ICU as it may be difficult for them to effectively communicate however, these patients may still be evaluated as they may be a border from a non-ICU service. Patients on MS or from CMHC and should not require counseling. Patients that reside at a SNF (Skilled nursing facility) or TTL (Totally Dependent) for meds as designated in Admission PCD should not require counseling.

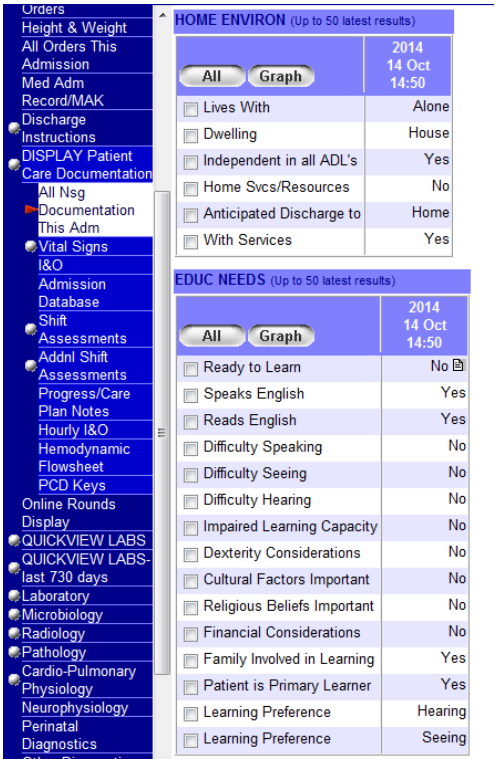
- You may not be able to counsel everyone and need to prioritize those you see first.

- You want to target those patients whom you suspect will be ready for discharge within the upcoming day as opposed to those who may have a lengthy stay ahead of them; those can be counseled another day.

- Review patient care documentation in LCR as described below. You want to gain insight about the patient's social history, i.e. what is the patient's living situation? Are they at a nursing home, senior housing facility or living at home with a caregiver such as a spouse, son or daughter? This information is useful to know beforehand. You will also want to know the sensory and cognitive function of the patient to determine how receptive they

will be to counseling. You may also encounter a patient that primarily communicates in a language other than English. For these patients, interpreter services are available.

- Go to “DISPLAY Patient Care Documentation”
    - Then go to “All Nsg Documentation This Adm”
    - Look at where the patient is from and if they can perform ADLs to gain an understanding of the patient’s home environment
    - Look to see if the patient speaks English and if they are ready to learn to evaluate the patient’s education needs



    - Then go to “Addnl Shift Assessments”
        - Then go to “patient/family”
        - Read patient history to better understand the patient’s willingness to receive counseling
- Go to “Notes”
    - Check if there are any notes from neuro, case management, or dietary
        - use these notes to gain more information about the patient’s cognitive status, their ability to understand counseling, where they will be going once they are discharged (home, STR, SNF), and if they have been seen by dietary for warfarin counseling.
    - Review ambulatory care notes and discharge summaries to assess patient history
- Go to write orders/current orders

- Look at PMH to find patient's diagnosis/indication for warfarin therapy

Interacting with Patients

Below are two mnemonics to improve patient interactions and how patients perceive their experiences with healthcare colleagues.

You will be expected to use this general framework when you are performing the patient interview for the admission home medication list.

5 Things to do with Every Patient

P	Privacy • Treat all interactions with patients as confidential • "May I come in? I am closing the door/pulling the curtain closed for your privacy" • "Are you comfortable discussing your medications while others are in the room with us?"
H	Hand hygiene • Use antibacterial gel to clean hands for patients protection before and after entering a patient's room 
A	AIDET (Acknowledge, introduce, duration, explain, thank) • Framework on how to communicate with patients and families to ease nervousness and anxiousness
R	Right patient: Use two identifiers to ensure correct patient information • Patient name and date of birth
M	Medication questions and manage up • "Do you have any questions for me?" • "You will receive excellent care while you are here- the staff is great."

AIDET

By using AIDET when we communicate with a patient, the patient is being told who you are, why you are in their room, and what will be happening. This decreases patient anxiety and increases patient satisfaction.

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

- Acknowledge
  - Greet the patient with their name and a smile. This provides a personal connection with the patient.
    - "Good morning/afternoon Ms. Patient."

- Introduce
  - Tell the patient who you are and how you are going to help them.
    - "My name is _____, and I am a pharmacist here at UConn and I would like to discuss your medications."
- Duration
  - Give the patient an estimate of the time it will take to complete the discussion. This is part of setting expectations for the patient so that they are aware at all times why you are in the room and what will happen.
    - "I would like to discuss the medications you will take at discharge. This will take approximately 15 minutes of your time. Is now a good time to discuss this?"
- Explanation
  - Explain what you are going to do for the patient. Ask if they have any questions or concerns.
    - "We want to be sure you have all the information you need to safely take your medications at home and answer any questions you may have. "
- Thank you
  - Thank the patient for choosing out hospital to receive their care. Ask the patient if there is anything else you can do for them before you leave. Take time to "manage up" the current area, colleagues, and physician to reinforce the team atmosphere to the patient and increase the patient's confidence level in the care they are receiving here at our hospital.
    - "Thank you Ms. Patient for your time and for selecting our hospital. Is there anything I can do for you? You are in excellent hands here on the [Medical Floor]. Have a good day."

Interpreter Services

Providing language assistance to limited English proficiency (LEP) and deaf and hard of hearing patients is MANDATED by multiple state and federal statutes. These governances consistently reaffirm that accurate, effective communication between patients and clinicians is the most essential component of the healthcare encounter.

Joint Commission Requirements:

- Effective communication with patients in a language the patient understands;
- Consideration of patients' cultural and spiritual values within their treatment;
- Provision of patient education materials in a language the patient understands;
- A written statement of patient rights in a manner they understand;
- Collection and documentation of each patients' preferred language.
- Qualification of interpreters through proficiency assessment, training, education and experience.

The Joint Commission defines a qualified interpreter as one who (students are not qualified interpreters):

- Has been assessed for their fluency in both languages
- Is proficient in the skills and ethics of interpreting
- Is knowledgeable about specialized medical terms and concepts

Bilingual staff is **prohibited** from interpreting for patients unless they have been deemed qualified by the Interpreter Services Office. Family or friends are not permitted to interpret for patients except when requested by the patient, after signing a waiver. The use of minors to interpret is strictly prohibited, under any circumstances.

LEP patients MUST be offered language assistance at no cost for services provided. Staff should never say to patients: "An interpreter is not available."

The following policies have been adapted to comply with federal, state and Joint Commission regulations and must be read prior to counseling is done at UConn Health (click on the links):

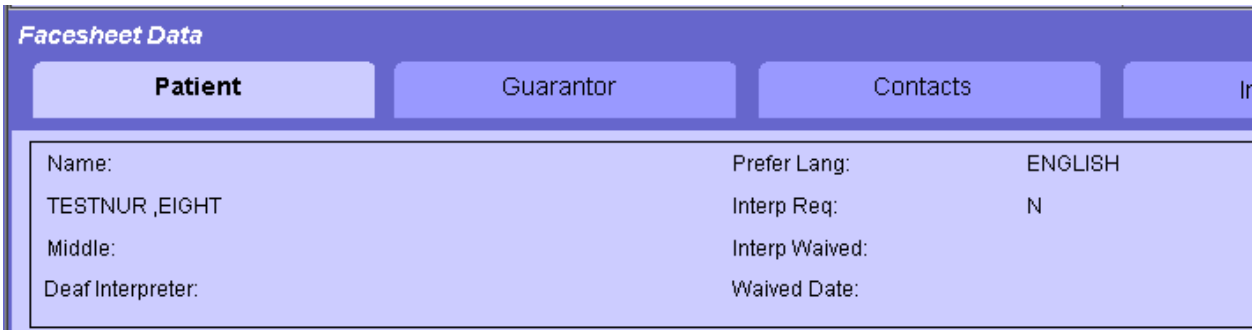
Interpreters/Linguistic Access for Persons with Limited English Proficiency (HAM #08-007)

Effective Communication with Deaf and Hard of Hearing Patients (Policy 2016-04)

Patients' Facesheets (front of chart) are printed with:

1. Preferred Language
2. Interpreter Required
3. Interpreter Waived
4. Date Waived

These fields are also in CPOE/LCR in the Facesheet Data and within Nursing Admission Database (PCD).



Over the phone interpreting for those with LEP can be accessed 24hrs/day through any standard phone or by a direct connection with the dual handset phones, located within each patient care area. Note that any standard phone can be used to access interpreters if needed.

Speak, at a regular pace and volume, directly to the patient- not to the interpreter. The interpreter will convey the speaker's tone and anything else that they hear. Interpreters are bound by a Code of Ethics which includes strict confidentiality of all interpreted communications.

Deaf and hard of hearing patients

- Maintain eye contact with the patient.
- Be aware that Deaf people pick up on very subtle facial and body movements. The "tone of your voice" is determined by your facial expressions.
- Many Deaf people do not read lips at all. This is not a reliable method of communicating as only about 30% of spoken English is visible on the lips. The remainder being guesswork and "fill in the blanks". Consider trying to lip-read the phrases "car accident" or "heart attack" or other undistinguishable words (e.g. shoes, choose, juice).
- American Sign Language has a different syntax and grammar than written or spoken English. Please be advised that how "well" Deaf patients may read and write English is not necessarily an indication of their intelligence.
- VRI-Video Remote Interpreting can be used for deaf patients

The clinician administering medical care is responsible for documenting the presence of a qualified interpreter within the patient record. If a patient has waived services and is using their own interpreter, document person's name and relationship to the patient. When using the VRI or the Voiance telephone interpreters for LEP patients, document the telephone interpreter's ID# in the patient record.

General Counseling Tips and Tricks

- Be sure to verify the patient's date of birth before each counseling session. This is also a good way to gauge a patient's cognitive function and their ability to understand any information you present. It also is a safety absolute here at UConn Health.

- Prior to meeting with the patient attempt to reconcile which pre-admission medications will and will not be continued and any other changes in the patient's regimen with the patient and caregiver(s). All changes to medication regimen prior to hospitalization should be emphasized with both the patient and caregiver(s). Another source of information is the Med-History Technicians.

- "My Medication List" can be filled out with the patient. Ask if they already have an up-to-date medication list before completing. Meducation® can also be used to compile a medication list for the patient (if program is available).
- Think KISS. Keep it super simple. Explain in simple language and avoid medical terminology.

- Go over "Tips from Your Pharmacist" and stress the importance of each recommendation as well as how to properly destroy any unused or discontinued medications.

- Mention that pillboxes may help facilitate compliance with medication post-discharge. They should be filled with the assistance of a caregiver, pharmacist or home-health aid to ensure accuracy.

- Additional education handouts that describe medication indications & side effects may also be beneficial for patients that want more detailed information. Examples include Lexicomp® and Meducation® (if available).

- If the need is to speak with a patient who is not physically here (i.e. an outgoing telephone call), our UConn operators can assist you in making that connection- to do a 3-way conference call with the Language Line interpreters to the patient's home/residence. If the Language Line is being used for interpretation with a patient in-house, there are instructions directly on the dual handset phone. And our operators can also assist with connecting to Language Line using any standard phone if needed.
  Feel free to contact Mandy for additional questions or explanations.
  Mandy Reynolds
  Coordinator of Interpreting Services
  Ext. 2289
- Use open ended questions (teachback method)
  - What is this medication for?

- How have you been told to take this medication? Take with food or empty stomach? Separate from other medications?
- What have you been told to expect from this medication?
- What questions do you have about your medication or condition?

- Review (at least) the following:
  - Brand and generic names
  - Dose, dosage form, route of administration, and duration of effect
  - Common adverse effects
  - What to do in case of a missed dose
  - What follow-up or lab work will be needed

COPD Counseling Tips

- The patient/caregiver should be able to:
  - Demonstrate or describe proper inhaler technique. A video could be used to supplement instruction such as those available on Meducation®.

Gold 2015 Guidelines for COPD				
Patient	**Recommended First choice**	**Alternative choice**		**Other Possible Treatments**
A	SAMA prn *or* SABA prn	LAMA *or* LABA *or* SABA and SAMA		Theophylline
B	LAMA *or* LABA	LAMA and LABA		SABA *and/or* SAMA Theophylline
C	ICS + LABA *or* LAMA	LAMA and LABA *or* LAMA and PDE4-inh. *or* LABA and PDE4-inh.		SABA *and/or* SAMA Theophylline
D	ICS + LABA *and/or* LAMA	ICS + LABA and LAMA *or* ICS+LABA and PDE4-inh. *or* LAMA and LABA *or* LAMA and PDE4-inh.		Carbocysteine N-acetylcysteine *SABA and/or* SAMA Theophylline

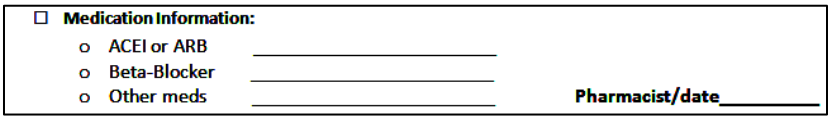
HAART Counseling Tips

- This patient/caregiver should be able to understand/verbalize the following:

    - The importance of compliance with HAART therapy
    - Any new medications that could interfere with HAART therapy.

Heart Failure Counseling Tips

- The patient/caregiver should be able to understand/verbalize the following including brand/generic name, dose, dosage form, route of administration, duration of effect, common adverse effects, what to do in case of a missed dose and what follow-up or lab work will be needed:



MI Counseling Tips

- The patient/caregiver should be able to understand/verbalize the following including brand/generic name, dose, dosage form, route of administration, duration of effect, common adverse effects, what to do in case of a missed dose and what follow-up or lab work will be needed:

    - Aspirin, Beta-Blocker, Statin
    - An ACEI or ARB if applicable

Pneumonia Counseling Tips

- The patient should be able to answer the following questions:

    - What is the name of the antibiotic you are taking for pneumonia?
        - Answer: Name of Medication

    - What antibiotic medication side effects would cause you to call your doctor?
        - Response: rash, diarrhea, nausea, vomiting

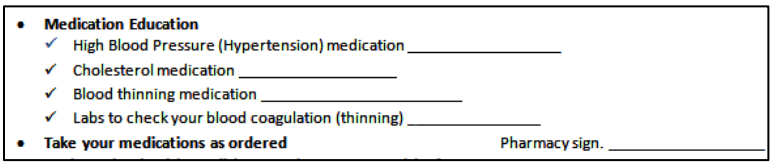
    - When should you stop taking your antibiotic as the doctor orders?
        - Response: when the prescription is finished

    - After completing your antibiotic treatment, what symptoms should you report to your doctor?

        - Response: chills, fever, shortness of breath, change in sputum/mucous, increased weakness, prolonged cough

Stroke Counseling Tips

- The patient/caregiver should be able to understand/verbalize the following including brand/generic name, dose, dosage form, route of administration, duration of effect, common adverse effects, what to do in case of a missed dose and what follow-up or lab work will be needed:



- **Medication Education**
  - ✓ High Blood Pressure (Hypertension) medication _____
  - ✓ Cholesterol medication _____
  - ✓ Blood thinning medication _____
  - ✓ Labs to check your blood coagulation (thinning) _____
- **Take your medications as ordered** Pharmacy sign. _____

Warfarin Counseling Tips

- Some patients refer to warfarin as warfarin, others as Coumadin®. Keep this in mind and use both names in the beginning of your session to ensure the patient knows what medication you are talking about.

- Our nutrition staff at the hospital also provides some dietary education to patients on warfarin. If the patient mentions someone came by to speak to them about their warfarin it may have been the nutrition staff.

- If a patient is close to being discharged, check to see if their discharge medications still includes warfarin. Some patient may have only been on warfarin for their hospital stay and therefore do not require counseling. This information can be obtained in LCR or the patient's chart.

- The patient **must** be given "A Patient's Guide to Warfarin (Coumadin)." These are the handouts you will be reviewing with patients. http://pharmacy.uchc.edu/references/docs/coumadin_warfarin_patient_education_pharmacy_handout.pdf

- Here are a few points to make sure you review:
  - What warfarin does
  - Reason for taking warfarin
  - Blood test for checking warfarin is called an INR
  - Target INR is…(insert patient's INR)
  - How to take warfarin

- Possible side effects of warfarin (i.e. bleeding)
- Review of possible drug interaction with warfarin (both prescription and OTC)
- Who should the patient call if any questions

Documentation of Counseling

Diagnosis or identifier	Chart Progress Note	CHF Education Sheet	LCR/PCD Progress Note	Stroke Education Sheet	Siemens Pharmacy
COPD Primary	✓				✓
COPD History	✓				✓
PNA	✓				✓
Stroke				✓	✓
Warfarin			✓		✓
CHF Primary		✓			✓
CHF History		✓			✓
MI	✓				✓
HAART					✓

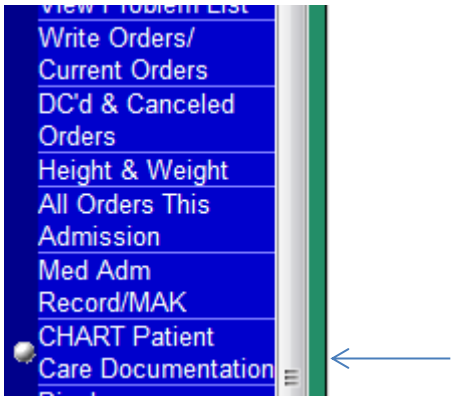
Documenting Warfarin Education in LCR and Siemens Pharmacy

Log-in to LCR/POE

Select Unit from “In-Patient Census”

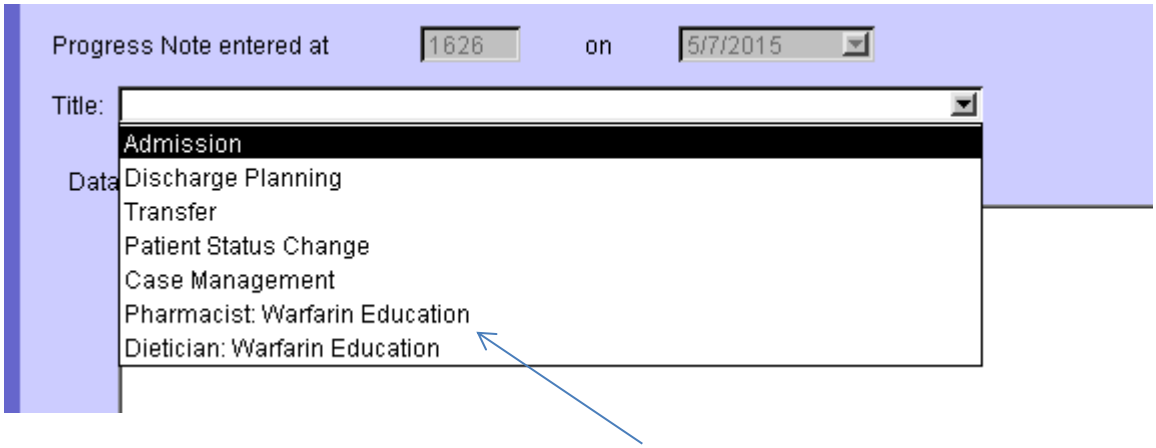
Select patient’s name

Select “Chart Patient Care Documentation”



This will open to Chart Progress notes

Select the title of the note, modify the date and time if you are “back” charting



Complete the 3 sections of the note

Select OK, you are all done. Log-out of LCR/POE.

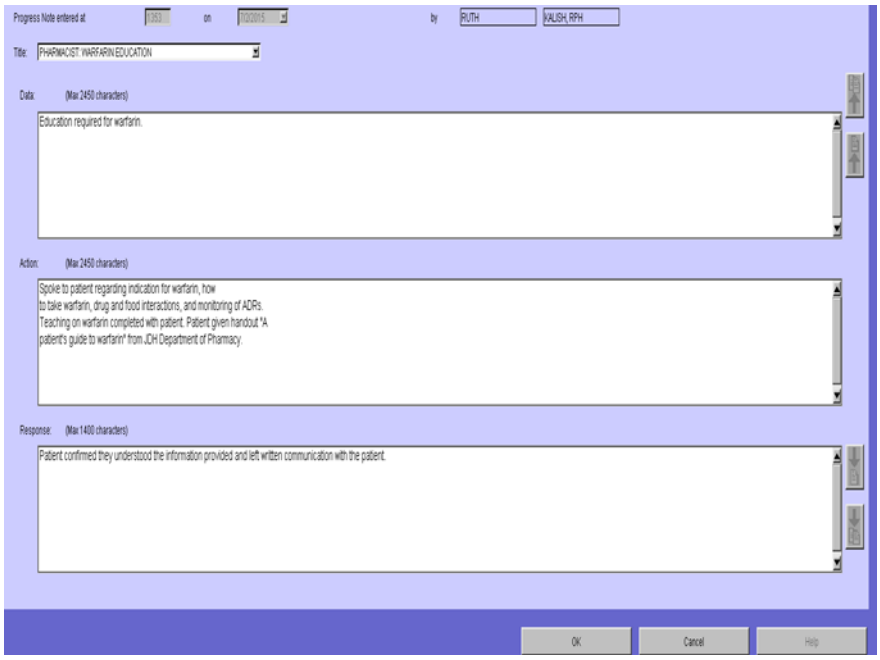
Below is an example of what is recorded as part of the patient’s profile:

D: Education required for warfarin.

A: Spoke to patient regarding indication for warfarin, how to take Warfarin, drug and food interactions, and monitoring of ADRs. Teaching on warfarin completed with patient. Patient given handout “A Patient’s Guide to Warfarin’ from JDH Department of pharmacy.

R: Patient confirmed they understood the information provided and left written communication with patient.

The note is in “DAR” form and is documented in the patient care flowchart section in LCR. The “DAR” provides a model for documenting patient care actions. The D stands for data, which contains subjective and/or objective information that supports the stated focus or describes the patient status at the time of an intervention. The A stands for action and contains a description of interventions made to address the patient’s status. The R stands for response and describes the patient’s response to the intervention.



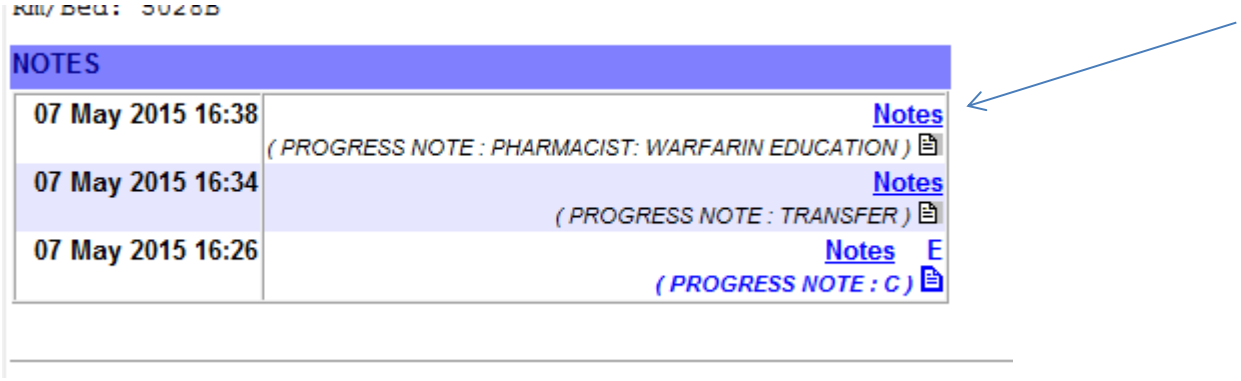
To revise or delete a note select Revise Progress/Care Plan Notes

Select Append text, you will not be able to change the original note only add a clarification to the existing note. Once completed select “Chart”

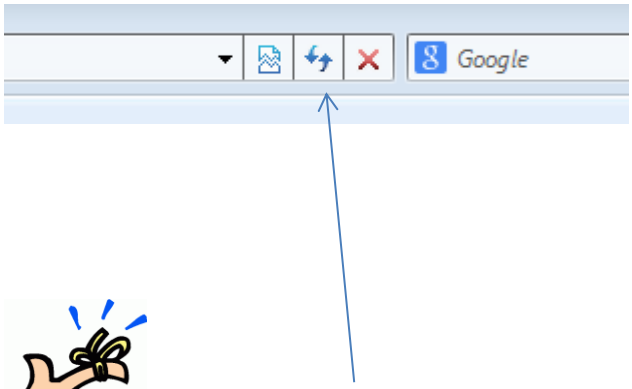
To delete a note select append text providing reason for deleting note. Select chart. Select the note you want to delete and Revise and then delete note finally select chart. The note will be marked as erroneous and will remain in the chart.

To review the documentation select Display Patient Care Documentation:

Select progress/Care Plan Notes/select the blue NOTES and the note will display



If you are reviewing the note in the same entry session you must hit refresh to the note to apply to the chart.



The clinician administering medical care is responsible for documenting the presence of a qualified interpreter within the patient record. If a patient has waived services and is using their own interpreter, document person's name and relationship to the patient. When using the VRI or the Voiance telephone interpreters for LEP patients, document the telephone interpreter's ID# in the patient record

Notes Section

Appendix Ia: Direct Observation Quality Assurance

TRANSITIONAL CARE PHARMACIST (TCP) OBSERVATION QUALITY ASSURANCE			
Employee Name:			
Answer the following questions:	**Date**	**Facilitator Initials**	**Yes (1) No (0) NA (NA)**
1. Hand Wash In/Hand Wash Out (Hand hygiene)			
2. Used 2 Patient Identifiers upon entry to patient's room? (Right Patient)			
3. Greet the patient appropriately? (Acknowledge)			
4. Identified himself/herself to patient and/or family/caregiver? (Introduce)			
5. Gave the patient an estimate of the time it will take to complete the discussion? (Duration)			
6. Explained what going to do for the patient? (Explanation)			
7. Asked the patient if it would be OK to discuss home medications in front of others? (Privacy)			
8. Used interpreter as necessary?			
9. Asked open-ended questions?			
10. Asked adequate follow-up questions?			
11. Counseled efficiently? Time _____(min)			
12. General counseling reviewed Reviewed: o "Tips from Your Pharmacists" o Proper disposal of medications o Proper storage of medications o Questions can ask your pharmacist or doctor o Brand and generic names o Dose, dosage form, route of administration, and duration of effect o Common adverse effects o What to do in case of a missed dose o What follow-up or lab work will be needed			
13. COPD counseling (if applicable) Reviewed (Ask the patient): o To demonstrate or describe proper inhaler technique?			
14. PNA counseling (if applicable) Reviewed (Ask the patient): o What is the name of the antibiotic you are taking for pneumonia? o What antibiotic medication side effects would cause you to call your doctor? o When should you stop taking your antibiotic as the doctor orders? o After completing your antibiotic treatment, what symptoms should you report to your doctor?			

15. Stroke counseling (if applicable) Reviewed: o High blood pressure medication o Cholesterol medication o Blood Thinning medication o Labs to check your blood coagulation (thinning)			
16. Warfarin counseling (if applicable) Reviewed: o What warfarin does o Reason for taking warfarin o Blood test for checking warfarin is called an INR o Target INR is…(insert patient's INR) o How to take warfarin o Possible side effects of warfarin (i.e. bleeding) o Review of possible drug interaction with warfarin (both prescription and OTC) o Who should the patient call if any questions			
17. CHF counseling (if applicable) Reviewed: o ACEI or ARB o Beta-Blocker o Any other additional meds for CHF			
18. MI counseling (if applicable) Reviewed: o Aspirin o Beta-Blocker o Statin o ACEI or ARB if applicable			
19. HAART counseling (if applicable) Reviewed: o Compliance o Any new medications/drug interactions			
20. Thanked the patient for their time? Asked patient if he/she had any questions or concerns before exiting room? (Thank you)			
Completeness % Rate (Goal >90%) • Number of Yes or NA divided by 20			

Appendix Ib: TCP Orientation Check Off

Transitional Care Pharmacist (TCP) Staffing Assignment

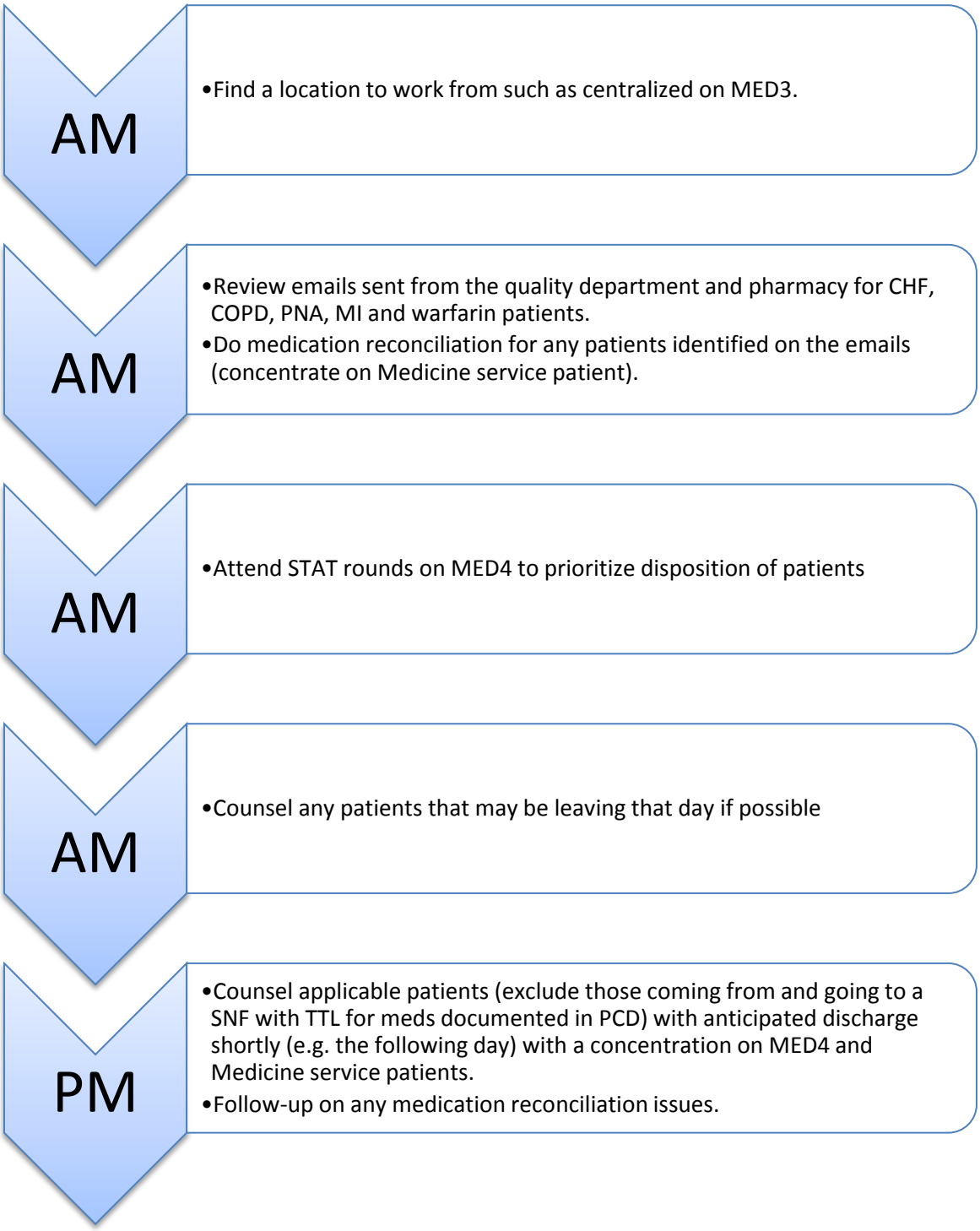
EMPLOYEE: *Pharmacist*
Employee Name: _____
Training Date(s): _____

	Date	Facilitator Initials	Employee Initials
I. Medication Safety and Medication Reconciliation			
General Medication Safety and Medication Reconciliation Overview • Definitions of Adverse Event, Home Medication Collection and Medication Reconciliation • Importance of proper Medication Reconciliation • Role of Pharmacy in Medication Reconciliation • 30 day readmissions			
II. Identify Patients for Transitions of Care Evaluation			
Diagnosis/certain criteria to identify patients for review • Why this have been chosen • How to find patients with certain diagnosis or criteria via email communication • How to find information on preferred language, ability to learn and where patient was admitted from. • How to prioritize			
Core Measures • Myocardial Infarction, Stroke, Warfarin • Heart Failure (Ejection Fraction and how found in EHR)			
III. Documentation and Communication			
Siemens Pharmacy Notes: Warfarin: Indication, INR Goal, Dose Prior to Admission and if attends our Anticoagulation Clinic and Documentation of counseling			
Heart Failure: Multidisciplinary Heart Failure Prevention Education, HCH-1413			
Stroke: Interdisciplinary Stroke Prevention Patient Education, HCH-2431			
Chart progress note for medication counseling			
EHR progress note for warfarin counseling			
Location of necessary forms			
Updating home medication list in EHR			
Communication to Provider per HAM policy for med rec errors			
IV: Workflow			
Suggested workflow ideas/tips			
V. Counseling/Patient Education			
Language line			
Patient education materials (e.g. folder)			
AIDET			
Teach-back method (watch video)			
Completed five observed counseling sessions with 90% or greater			

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Appendix II: Simplified Workflow*

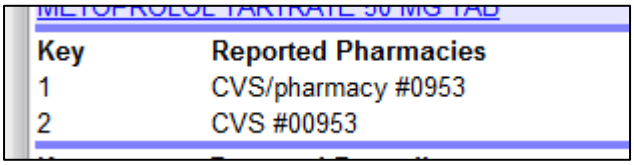


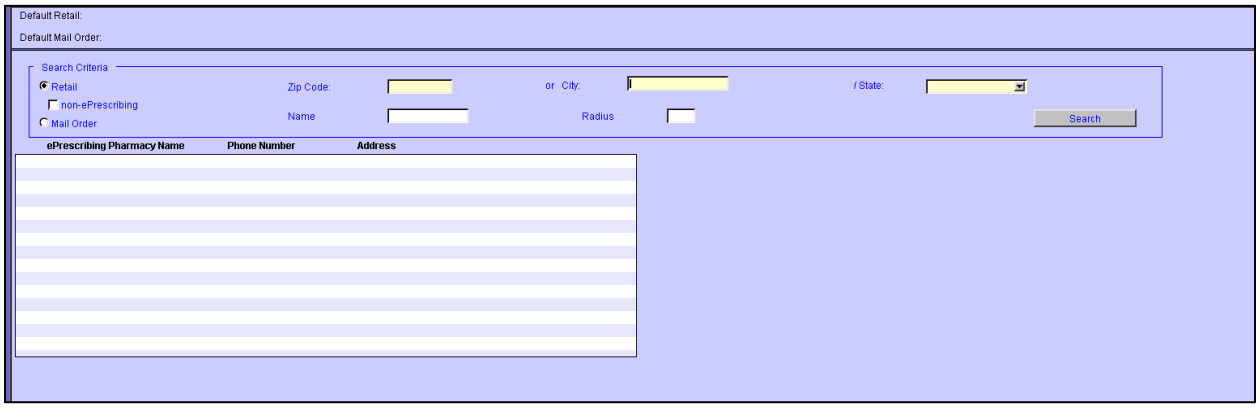
*This is entirely dependent upon patient volume and pharmacist preference.

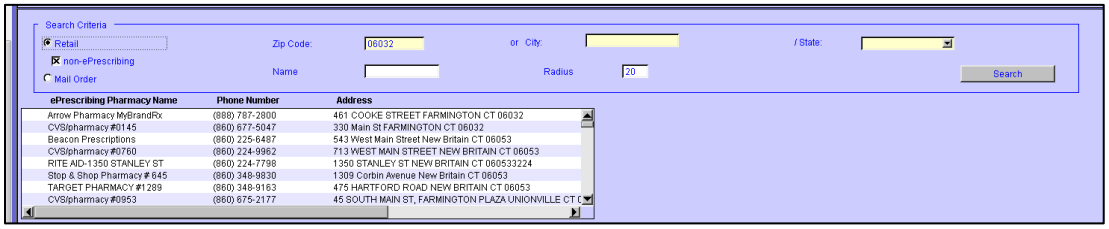
Appendix III: LCR/EHR Training Tips for Pharmacy and Medication Collection

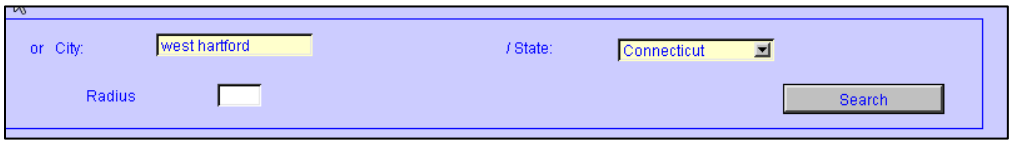
Pharmacy Information

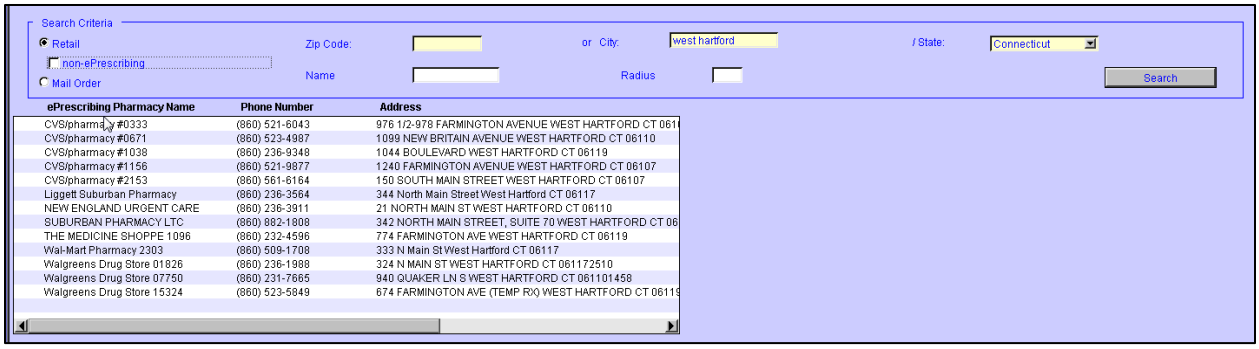
- 06032 is the Farmington Zip Code. Could enter in this and put in a 20 mile radius. Also, could enter in the town and state in which the patient resides.
- When you click the circle for Mail order, it will bring up every one of them listed.
- Don't forget that their pharmacy may be listed under prescription history (one year of information).

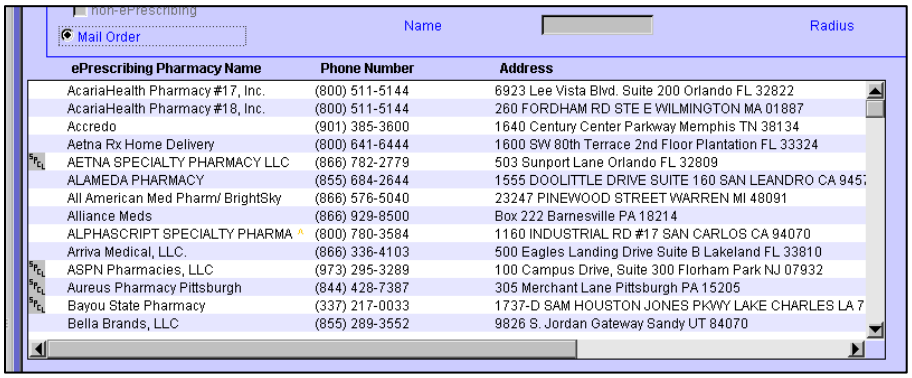




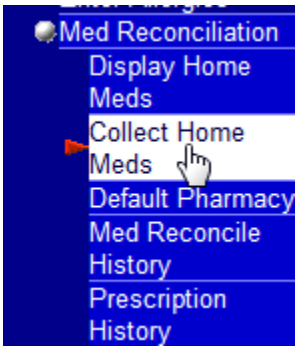


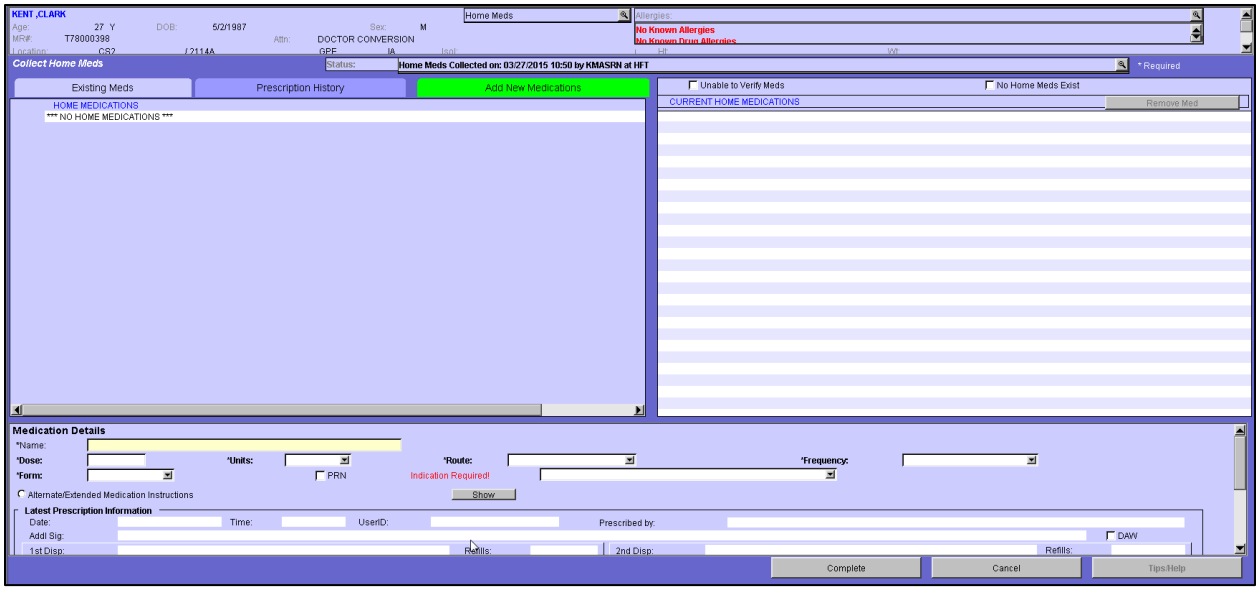




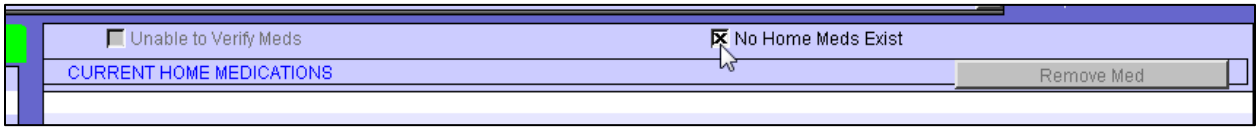


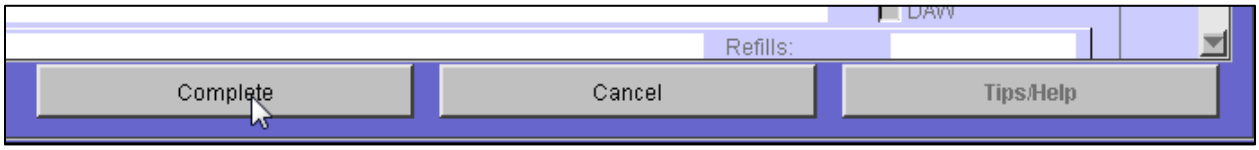
Medication Collection



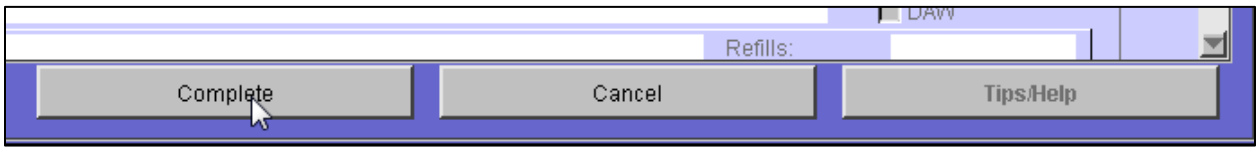


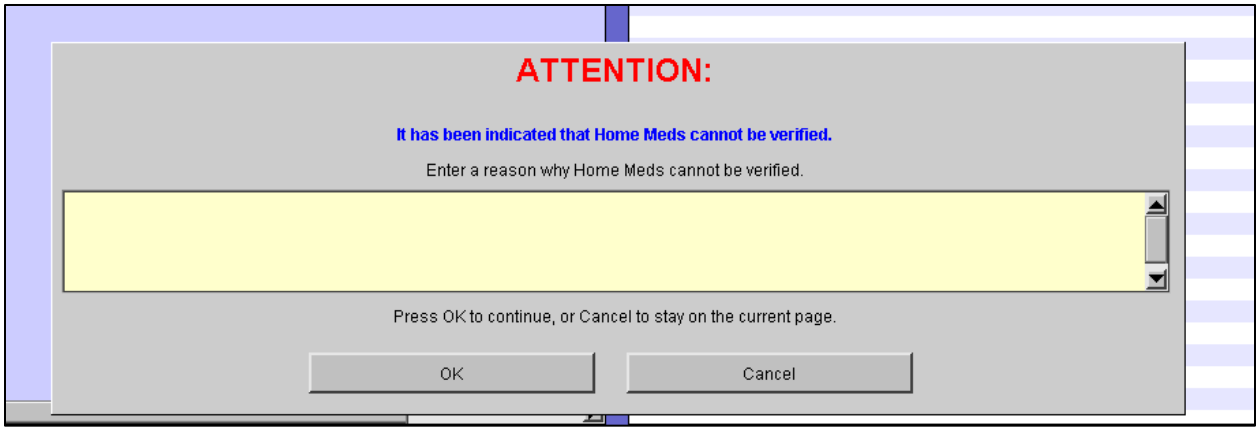
- If patient, does not take any medications. Click “No Home Meds Exist” and hit complete.

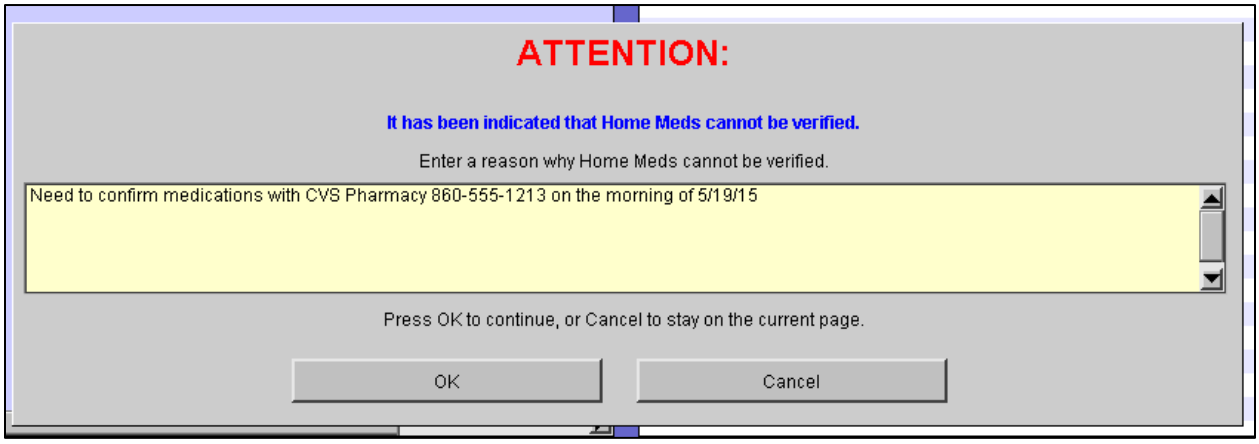




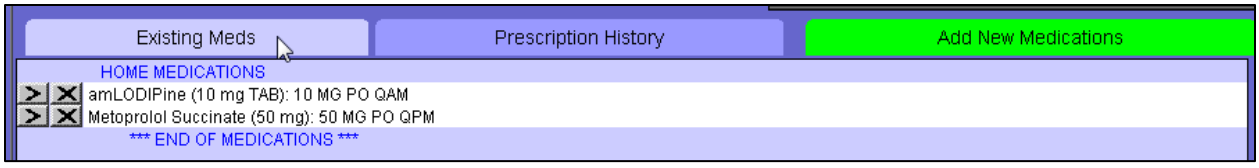
- If unable to confirm medications, a note can be generated to notify the provider that further follow-up is required. Click “unable to verify meds” and hit complete.
- An attention box will pop-up so be sure to put as much information as possible as to why the home med list cannot be completed.

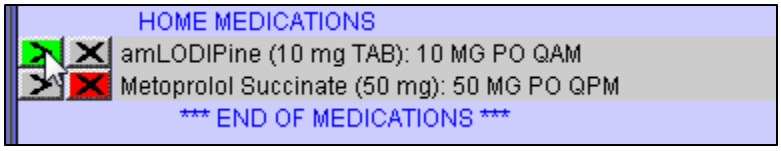


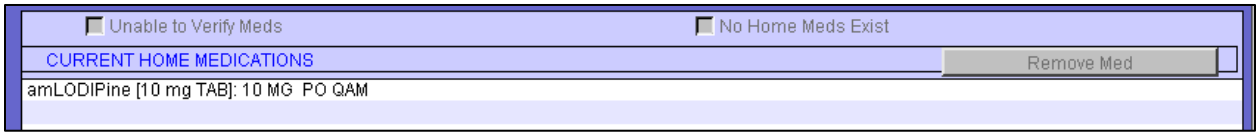




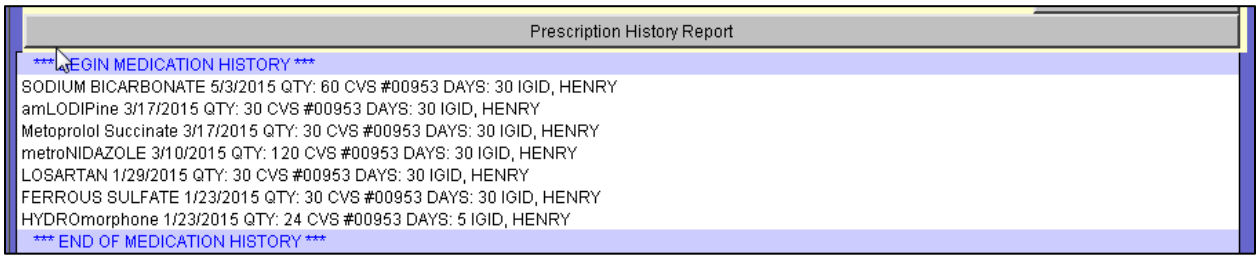
- Collect via **Existing Meds**. These are medications recorded on a prior visit. They must be acknowledged in order to complete home medication collection.
- Click the > button which will turn green and add that the home medication list.
- Click the X button which will turn red and that med will not be added to the home medication list.
- Make sure doses match and no meds are free-texted. If they are there, they should be created via either prescription history or add new medications.

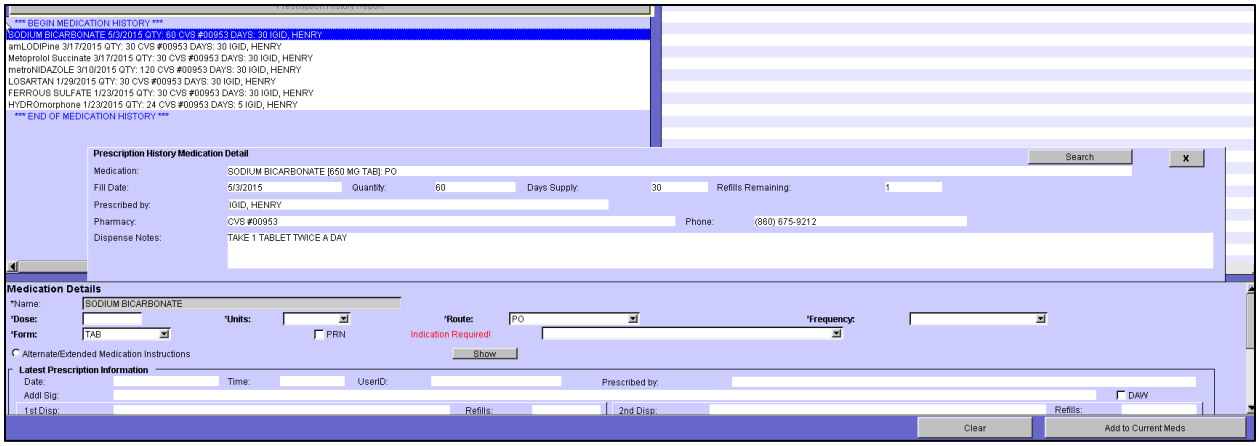


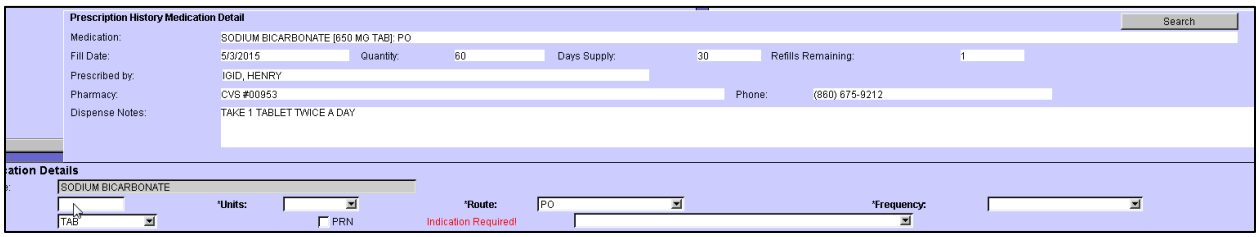


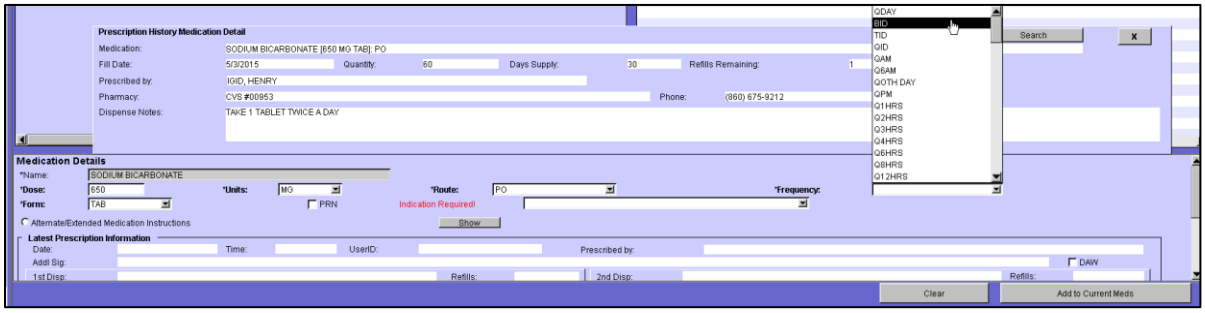


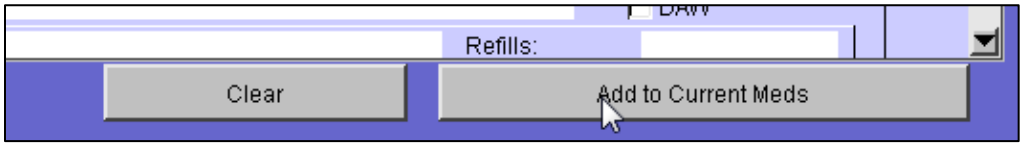
- Collect via **Prescription History**
- This button will bring up 3 months of fill history but note the attention notice that does appear.
- Click on the medication that the patient states they are taking. A pop-up will appear that displays information that the pharmacy has. It sometimes will contain the directions but sometimes it does not.
- The bottom portion must be completed indicating dose and directions. Use the pre-built sigs in the system as they are essential for e-prescribing.



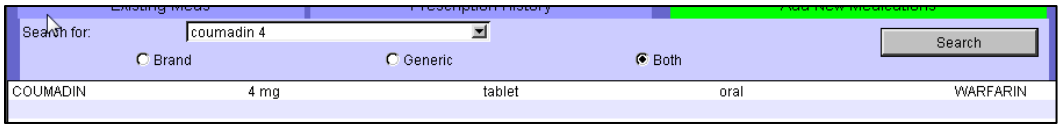


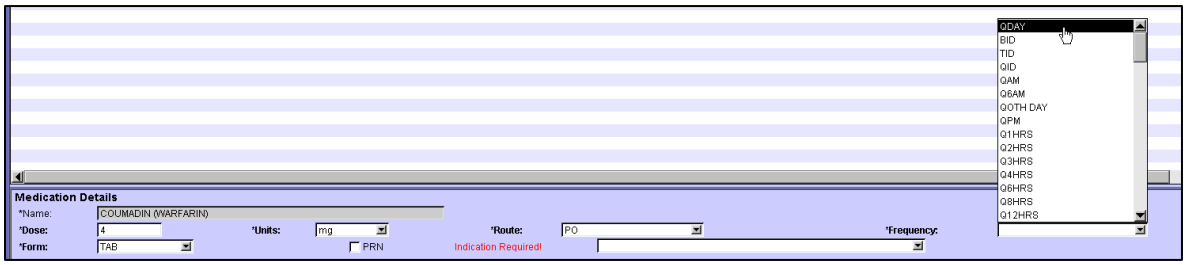


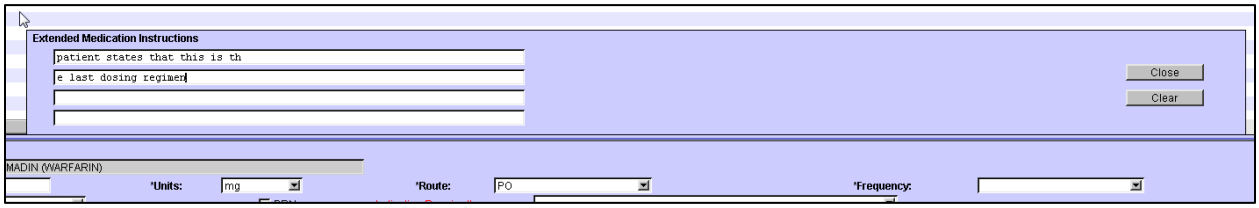




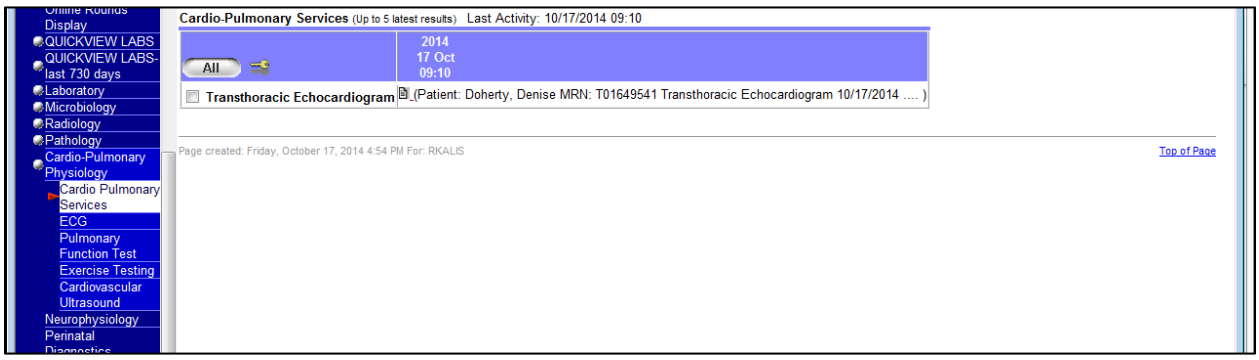
- Collect via Add New Medications.
- HINT: Brand name is best! This is a database that contains every medication that is available. Include the dose to narrow the search. Vitamin D-3, Multiple Vitamin are a couple examples to narrow the search.
- If a product cannot be found and this will pertain mainly ONLY to herbal products, it can be free-texted. Free-texted medications will not flag the provider for any interactions so should be avoided as much as possible.
- Patient does not know the dose of an over-the-counter product. It is advisable to choose at least one of the products that is searchable on the list. (e.g. Ascorbic acid which is Vitamin C to use 250mg dose, Acetaminophen which is Tylenol to use 325mg dose, etc).

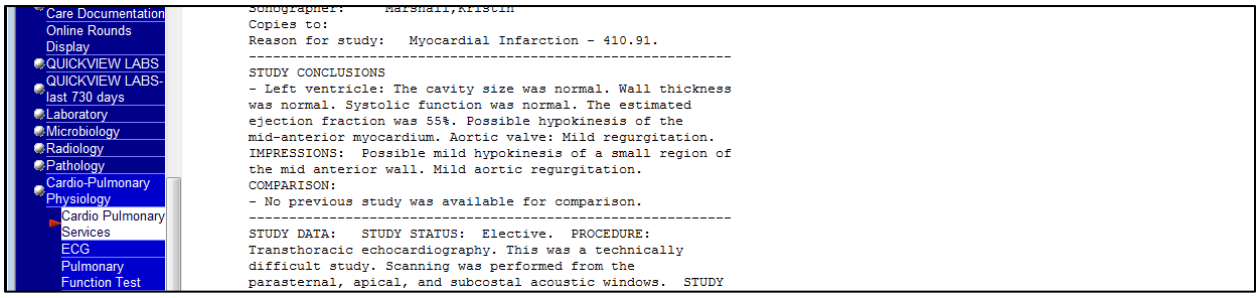




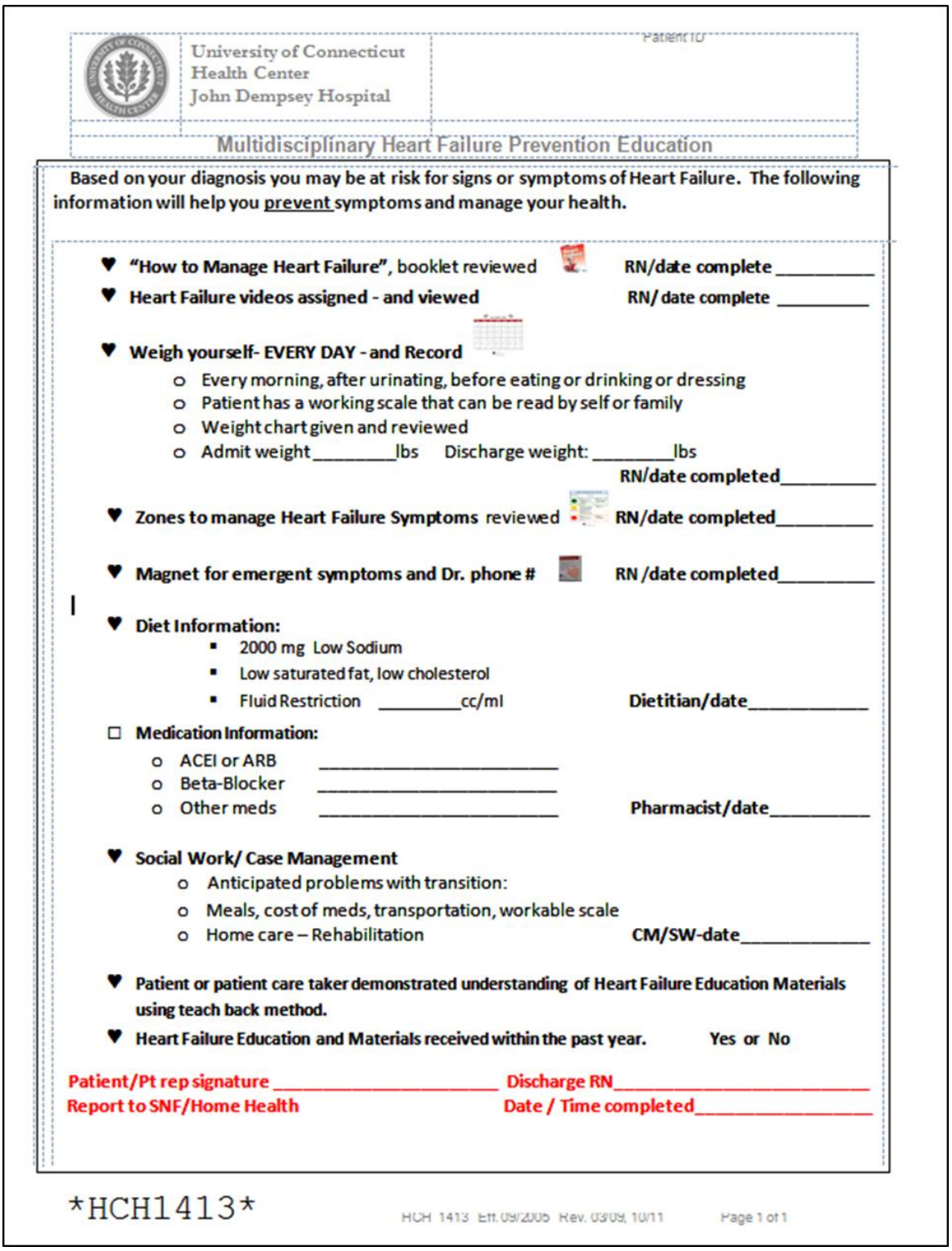


Appendix: Ejection Fraction in LCR





Appendix IV: Documentation Forms (CHF, Stroke and Progress Note)



University of Connecticut
Health Center
John Dempsey Hospital

Patient ID

Multidisciplinary Heart Failure Prevention Education

Based on your diagnosis you may be at risk for signs or symptoms of Heart Failure. The following information will help you prevent symptoms and manage your health.

- ♥ **"How to Manage Heart Failure"**, booklet reviewed **RN/date complete _____**
- ♥ **Heart Failure videos assigned - and viewed** **RN/ date complete _____**
- ♥ **Weigh yourself- EVERY DAY - and Record**
  - o Every morning, after urinating, before eating or drinking or dressing
  - o Patient has a working scale that can be read by self or family
  - o Weight chart given and reviewed
  - o Admit weight _____lbs Discharge weight: _____lbs

  RN/date completed_____
- ♥ **Zones to manage Heart Failure Symptoms** reviewed **RN/date completed_____**
- ♥ **Magnet for emergent symptoms and Dr. phone #** **RN /date completed_____**
- ♥ **Diet Information:**
  - ▪ 2000 mg Low Sodium
  - ▪ Low saturated fat, low cholesterol
  - ▪ Fluid Restriction _____cc/ml **Dietitian/date_____**
- ☐ **Medication Information:**
  - o ACEI or ARB _____
  - o Beta-Blocker _____
  - o Other meds _____ **Pharmacist/date_____**
- ♥ **Social Work/ Case Management**
  - o Anticipated problems with transition:
  - o Meals, cost of meds, transportation, workable scale
  - o Home care – Rehabilitation **CM/SW-date_____**
- ♥ **Patient or patient care taker demonstrated understanding of Heart Failure Education Materials using teach back method.**
- ♥ **Heart Failure Education and Materials received within the past year. Yes or No**

Patient/Pt rep signature _____ Discharge RN_____
Report to SNF/Home Health Date / Time completed_____

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UCONN HEALTH

UConn Health
John Dempsey Hospital

(Patient Identification)

Interdisciplinary Stroke Prevention Patient Education

Based on your diagnosis you have suffered a stroke. The following educational information provided by our specialized team will help you **recognize the signs of a stroke** and understand how to care for yourself and **reduce your risk factors.**

- **Knowing the signs of a stroke can help you or someone you know get quick treatment. Warning signs of stroke usually appear very suddenly and there is often more than one sign.**

Act FAST

- **Facial weakness, blurred vision, severe headache**
- **Arm and or leg weakness, loss of balance, numbness**
- **Speech problems, verbal or understanding, confusion**
- **Time is Critical**

If you answer yes to any of the above CALL 911 IMMEDIATELY

Stroke Risks You Can Prevent or Control:

- **Being overweight or obese,** Eat healthy.
  - ✓ Limit portion sizes, eat more fruits and vegetables
  - ✓ Restrictions;_____ Dietitian signature_____
- **Increase your Activity**- Assessment for Rehabilitation
- **Follow up rehab Plans** Speech/PT/OT signature _____
- **Patient/Family Education**
  - ✓ **Smoking Cessation given- No Smoking**
  - ✓ Last total cholesterol was _____LDL_____ HDL_____
  - ✓ Last Blood Pressure was _____ Nursing Signature _____
- **Medication Education**
  - ✓ High Blood Pressure (Hypertension) medication _____
  - ✓ Cholesterol medication _____
  - ✓ Blood thinning medication _____
  - ✓ Labs to check your blood coagulation (thinning) _____
- **Take your medications as ordered** Pharmacy sign. _____
- **Having other health conditions can increase your risk of STROKE**
  - Diabetes
  - High Cholesterol
  - Carotid artery disease (hardening of the arteries in the neck)
  - Atrial fibrillation (irregular heartbeat)

To reduce these risks: Visit your doctor regularly. Have your Blood Pressure checked regularly. Ask about lifestyle changes and medications that can help reduce your stroke risk. For more information: *http://www.strokeinfo.org*

Date/Time_____ RN print name _____ Pharmacy print name_____
Dietary print_____Speech print name _____PT_____OT_____

Patient/Care Giver Signature_____

Original – Chart Yellow - Patient

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UCONN HEALTH
UConn Health
John Dempsey Hospital
Department of Pharmacy

(Patient Identification)

Pharmacy Progress Note: Medication Counseling

Education was provided to: ☐ Patient ☐ Caregiver

☐ Verbal education was provided

☐ Written education was provided

☐ Patient/Caregiver confirm they understand the information

The following aspects of medication therapy have been reviewed with the patient and/or caregiver (applicable boxes checked):

☐ What each medication is used for

☐ How to take each medication

☐ What to expect from each medication

☐ Side effects of each medication

☐ Proper storage of medication

☐ Proper disposal of expired or discontinued medications

☐ Communicate with doctor of pharmacist with any questions or side effects

☐ Importance of medication compliance

Comments (if applicable):			
Date:		**Time:**	
Pharmacist Name:		**Signature:**	
Contact Information:			

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Appendix V: Siemens Pharmacy Note Copy & Paste

TCP COUNSELING/DOCUMENTATION DONE
Unit counseled on: Surg7, ONC6, MED4, CS2
Service: Medicine Cardiology
UConn Readmit <30 days per email: Yes or No
Diagnosis/Indication: CHF, COPD, H/O CHF, H/O COPD, HAART, MI, PNA, Stroke, Warfarin
Core Measures met for diagnosis/indication: Yes, No
Admit from: Home, ALF, Direct Hospital, STR, Other:
English speaking: Yes, No (preferred language:)
Barrier to Counsel: Deaf, Blind, etc
Counsel: Patient and/or Caregiver
Patient/Caregiver verbalize understand: Yes or No
Paperwork given to patient/caregiver: Yes or No
Counsel by Student: Yes or No
TCP Day: Yes or No
Time to Counsel:
Need to contact provider: Yes or No
Comments:

TCP MED REC REVIEWED
Service: Medicine Cardiology
UConn Readmit <30 days per email: Yes or No
Diagnosis/Indication: CHF, COPD, H/O CHF, H/O COPD, HAART, MI, PNA, Stroke, Warfarin
Core Measures met for diagnosis/indication: Yes, No
Admit from: Home, ALF, Direct Hospital, STR, SNF, Other:
Need to contact provider: Yes or No
Done by Student: Yes or No
TCP Day: Yes or No
Time to complete med rec review:
If contact provider, document reason: Core Measure, Omitted med, discontinued med, incorrect dose, incorrect frequency, incorrect formulation, incorrect drug, drug interaction, etc
Did provider decline recommendation: Yes or No

Appendix VI: COPD Education Sheets

See this link:

http://health.uconn.edu/pharmacy/patient-education/copd-asthma/

Appendix VII: CHF Education Sheets

See this link:

http://health.uconn.edu/pharmacy/patient-education/heart-failure-hf/

Appendix VIII: MI Education Sheets

See this link:

http://health.uconn.edu/pharmacy/patient-education/myocardial-infarction-mi/

Appendix IX: Stroke Education Sheets

See this link:

http://health.uconn.edu/pharmacy/patient-education/stroke/

Appendix X: Various Counseling Materials Including Medication Calendar

See this link:

http://health.uconn.edu/pharmacy/patient-education/general-information/

References

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html

http://www.jointcommission.org/assets/1/6/HAP_NPSG_Chapter_2014.pdf

http://www.ashp.org/DocLibrary/BestPractices/SpecificStMedRec.aspx

http://www.ashp.org/menu/PracticePolicy/ResourceCenters/PatientSafety/ASHPMedicationReconciliationToolkit_1.aspx

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

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