



Pharmacy Department Policy

Pharmacist Medication Order Intervention

A. EFFECTIVE DATE:

May 25, 2022

B. PURPOSE:

The purpose of this policy is to describe pharmacy documentation of medication-related interventions.

C. POLICY:

Pharmacists are responsible for documenting all interventions and corrections related to medication orders. Intervention data shall be analyzed and reported to the Pharmacy and Therapeutics and other Subcommittees (e.g. Medication Safety Committee, Antimicrobial Stewardship Committee) as needed.

D. SCOPE:

Applies to all John Dempsey Hospital Pharmacists

E. DEFINITIONS:

A medication intervention occurs when a pharmacist or other health care provider helps to optimize medication therapy.

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

Interventions are electronically documented by the pharmacist. Pharmacists should include required information to help classify and describe interventions.

This information should include:

- A description of the intervention and a classification of the intervention type.
Examples of how interventions are classified include: appropriate route or schedule; duplicate medication; medication dose or schedule change; formulary medication for non-formulary order; order clarification; medication contraindications; IV to oral optimization; drug interaction or adverse event avoidance; and renal dose adjustment.
- The action taken in the intervention and the result should also be included.
- Time spent on the intervention and the potential cost savings can also be included.
- The providers involved in the intervention should be noted in the documentation.

H. ATTACHMENTS:

None

I. REFERENCES:

None

J. SEARCH WORDS:

Pharmacist, pharmacy, intervention, order clarification

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

None

N. FINAL APPROVAL:

- | | |
|--|-----------------------------------|
| <p>1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine</p> | <p><u>06/15/2022</u>
Date</p> |
| <p>2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair</p> | <p><u>05/27/2022</u>
Date</p> |
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Scott Allen, MD
Clinical Policy Committee Co-Chair</p> | <p><u>06/15/2022</u>
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| <p>4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>06/15/2022</u>
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O. REVISION HISTORY:

Date Issued: 01/20/1989

Date Revised: 10/30/90, 12/11/92, 11/15/93, 9/27/94, 11/10/97, 06/22/00, 10/16/03, 8/22/09,
09/18/2015, 1/21/16, 11/23/2019, 10/12/2021

Date Reviewed: 01/21/16, 11/23/2019, 10/12/2021, 2/28/2022