

STANDARDIZED PROCEDURE

Title: Medicine Pain Service - Clinical Pharmacist

I. Policy Statement

- A. It is the policy of the Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, Registered Nurses, Physicians, Pharmacists, Administrators and other Affiliated Staff and must conform to all eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. A copy of the signed procedures will be kept in Hospital Pharmacy Administration, and on file in the Medical Staff Office.

II. Functions to be performed

The clinical pharmacist, in accordance to the California Business and Profession Code 4050 to 4052, who has standardized procedures conforming to Title 16, California Code of Regulations, Section 1474, Standardized Procedure Guidelines, may perform the following procedures or functions to provide health care services in a clinic as part of a multidisciplinary group that includes physicians and registered nurses.

- A. Performing patient assessment
- B. Ordering and interpreting drug therapy-related tests
- C. Referring patients to other health care providers
- D. Participating in the evaluation and management of diseases and health conditions in collaboration with other health care providers
- E. Initiating, adjusting, or discontinuing drug therapy; the patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the clinical pharmacist.
- F. Providing consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

III. Circumstances Under Which a Clinical Pharmacist May Perform Function

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A. Setting

The Clinical Pharmacist may perform the following standardized procedure functions with the Medicine Pain Service in both the Inpatient and Outpatient areas consistent with their experience and training.

B. Scope of Supervision Required

1. The Clinical Pharmacist is responsible and accountable to the Medicine Pain Service Medical Director or physician designee.
2. Overlapping functions are to be performed in areas which allow for a consulting physician to be available to the Clinical Pharmacist by phone or in person, including but not limited to the clinical area.
3. Physician consultation will be obtained as specified in the protocols and under the following circumstances:
 - a) Acute decompensation of the patient
 - b) Pain which is not resolved as anticipated
 - c) Upon request of the patient, pharmacist or physician

IV. Requirements for the Clinical Pharmacist

A. Experience and Education

1. Active California Registered Pharmacist license
2. Possession of a Doctor of Pharmacy degree, and completion of a one year American Society of Health-Systems Pharmacy accredited pharmacy residency program; OR

Possession of a Doctor of Pharmacy degree and completion of a one year pharmacy fellowship program; OR

Possession of a Baccalaureate of Pharmacy degree, completion of a one year pharmacy residency program, and one year of verifiable post-graduate work experience performing clinical functions in medication management.

(Two years of verifiable post-graduate work experience performing clinical functions in medication management, or certification as Board Certified Pharmacotherapy Specialist may be substituted for the one year residency or fellowship experience requirement)

B. Special Training

1. Previous work experience in interdisciplinary pain consultation.

C. Evaluation of Clinical Pharmacist (CP) competence in performance of standardized procedures:

1. Initial: at the conclusion of the standardized procedure training the Medical Director or physician designee will assess the Clinical Pharmacist's ability to

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practice. Method of proctoring will be direct observation of 5 patients utilizing the Medicine Pain Service.

2. Annual: Medical Director or physician designee along with Pharmacy Administration will evaluate the Clinical Pharmacists competence through an annual performance appraisal and appropriate competency validation for the setting. Competency validation review will include direct observation of 5 patients on the Medicine Pain Service.
 3. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Medical Director or physician designee and Pharmacy Administration at appropriate intervals until acceptable skill level is achieved.
- V. Development and Approval of Standardized Procedure
- A. Method of Development
Standardized procedures are developed collaboratively by the Nurse Practitioners, physicians, pharmacists and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
 - B. Approval
All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive Committee and Governing Body prior to use.
 - C. Review Schedule
The standardized procedure will be reviewed every three years by the practitioner and medical director and as practice changes.
 - D. Revisions
All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.
- VI. Protocol for Medicine Pain Service
- A. Definitions: This protocol describes the procedure for the Clinical Pharmacist with the Inpatient Medicine Pain Service and Pain Clinic
 1. The patient must be referred for the management of pain
 2. Standardized Procedure functions will be performed only when a consulting physician is available in person or by phone to the clinical pharmacist.
 3. Conditions requiring consultation with the Medicine Pain Service physician.
 4. Referral by medical team for patients with unrelieved pain.
 - B. Assessment
 1. Subjective
 - a. Chief complaint or present status of pain
 - b. Medication reconciliation, adherence, and concordance, including specifically including pain medications, medications for constipation, psychoactive medications and other treatments for pain
 - c. Other symptoms

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- d. History of present illness, including relevant past medical history, pain history, substance use disorder and review of systems
2. Objective
 - a. Drug-related therapy test results, such as renal and/or hepatic function. CBC, Urine toxicology
 - b. Other laboratory tests as per physician order
 - c. Medication coverage based on insurance or other coverage plan.
- C. Evaluation
1. Evaluate patient's response to medications prescribed in relation to pain,
 2. Evaluate the appropriateness of patient's drug therapy, side effects, drug interactions, allergies and adherence
 3. Evaluate the need for physician consultation as outlined under section III, B, 3.
 4. Evaluation to ensure that, whenever relevant, prescribed or recommended medications are consistent with the patient's insurance or medication plan coverage.
- D. Management
1. Initiate, adjust or discontinue pain medication regimens or pain-related medication regimens to enhance medication adherence and efficacy, decrease risk for adverse effects and drug interactions as indicated by the patient's condition. This will be done by either writing recommendations to the Primary Team or writing orders after consultation with the Primary Team or physician. When writing orders, the name of the Primary Care team member who concurs with the order will be included in the medication order.
 2. Educate patient on the medication therapy including indications, efficacy, side effects, and dosing schedules.
 3. Order test for monitoring and managing drug therapy for chronic illnesses, requiring long-term treatment with pain medications.
- E. Record keeping
1. All consultations will be written in the clinical progress note section of the chart.
 2. Medical records will be kept on all patients seen by the clinical pharmacist and will include pain history, diagnosis, therapy prescribed or maintained, and follow-up using "pain scale" as appropriate.
 3. Progress notes are completed in the electronic medical record by the Clinical Pharmacist.
 4. All drug therapy initiations, adjustments and/or discontinuations made by the Clinical Pharmacist will be entered in the electronic medical record.