

April 17, 2014

Dear Friends and Colleagues,

One thing I've wanted to do for some time is devote issues of *Straight Talk* to different folks around NCH. I got my first opportunity one day last week, spending a day in the life of a healthcare system pharmacist. It was a real eye-opener.

I was accompanied by the Pharmacy Director **Kim Thorp** and Assistant Director **Laurence Bosse**, as we visited four representative pharmacists of our 38 system pharmacist team.

Over the past 18 years, **Jeff Weiss** has served as a dedicated pharmacist at our Bill and Sue Dalton 4 South Oncology Unit. As luck would have it when I visited, Jeff, being the good citizen he is, was on jury duty—but since we are 24/7/365, we always have well-trained and experienced colleagues ready to roll. The day I visited, **Rick Schumacher**, who recently passed his Board exam for Pharmacotherapy, was on the case.

Rick took me through our digitized pharmacy system. He explained the safety checks involved in prescribing and administering powerful chemotherapeutic medications delivered on the unit, starting with the oncologists' digital prescription. He explained how the first of three pharmacists enters the regimen into a hematology oncology work sheet, which is subsequently checked and reviewed by two other pharmacists independently. Finally, before administration, we make another check with two oncology/chemotherapy trained nurses reviewing the medications. So six professionals, all trained in oncology, review each medication. This is most impressive, not to mention safe, for all of our inpatient and outpatient chemotherapy services. Plus, there are daily rounds with the charge nurse, pharmacist, and patient's nurse reviewing therapy.

Next, we visited with **Anthony Pellone** in the Surgical ICU, who was modifying the anticoagulation regimen for a 90-year-old weighing less than 110 pounds. Every patient's medications are reviewed the day after admission through a computer-based system examining age, size, other medications, lab data, and any other pertinent clinical information to try to optimize care. Simultaneously, an artificial intelligence program called *Sentri7* searches for conflicts, duplications, errors, and omissions to help sort out any concerns with the 150,000 medication doses dispensed per month. We also have a nutritional support program which helps identify patients who might benefit from more or less support.

Moving on to another "hot spot" of activity, we visited with **Vanessa Mitchell**, who cares for the pre-and post-operative Cardiovascular and regular operating rooms, where the goal is to return every patient to the regular floor with all medications perfectly set for a seamless transfer and recovery. In fact, total joint patients usually have their entire rest of hospital stay and discharge medications complete. Surgeons, anesthesiologists, and nurses communicate about medications as the pharmacist acts as the common link.

We finished in the Emergency Room with **Paula Vyverberg**, who with her pharmacist colleagues spends the day reconciling medications for the 60% or so of patients who are admitted. Using our Cerner healthcare computer system and *Sure Scripts*, she is able to know all the medications that any patient has obtained in any pharmacy here or around the nation. Adverse drug events can be prevented as our pharmacy team focuses on problems with anticoagulation, blood sugar control, and over-sedation, among others. Having computerized guardrails and surveillance, pharmacists' oversight, and optimized therapies not only saves thousands of dollars for NCH by our competent pharmacists, but more importantly, gives patients a safer hospital and outpatient experience. And that's the true measure of having such competent, dedicated professionals as our pharmacists with our pharmacy technicians' support.

Respectfully,



Allen S. Weiss, M.D., President and CEO

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