

Uncharted Waters: Getting Started & Documentation in a Family Health Team

Roland Halil,

BSc(Hon), BSc(Pharm), ACPR, PharmD

**Bruyere Academic Family Health Team, Ottawa, ON
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Our Objectives:

- To describe various opportunities for building a collaborative practice with MDs in a FHT setting.
- To provide pharmacists with an understanding of various methods of documentation used in clinical practice
- To allow pharmacists to compare and contrast strengths and weaknesses of various charting methods

Documentation

- Is a *formative* process
 - Events and activities are recorded as they happen

Conventional Wisdom

- “The only reason people are charting is to count workload or protect their butts.”
- “It should be to tell the story of the patient.”
 - Kelly Babcock, Bsc Pharm; FCHSP
 - Director of Pharmacy, SCO-Elisabeth Bruyere

Documentation

“If it wasn’t documented, it didn’t happen”

- Roland Halil, PharmD

(Actually, just a medical axiom)

The problem

Incomplete records

Outdated records

Illegible records



The Result: Death or dismemberment!



(i.e. Poor patient outcomes)

See: www.ISMP.org

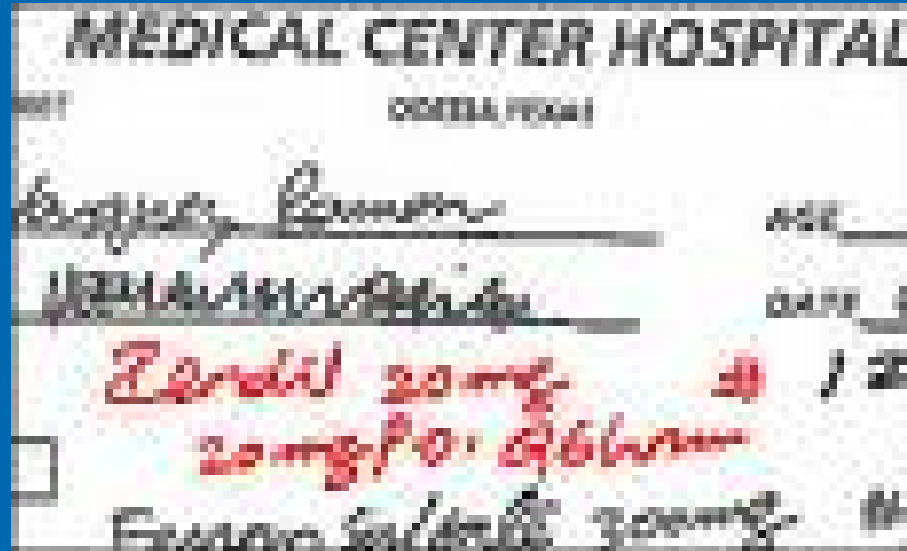
The Result: The Big House!



(Poor pharmacist outcomes)

(see: <http://www.greenspanwhite.com>)

The Result: Baldness



(Frustration, time wasted, longer
time to attain goals)

(See: www.ReGrowHairBack.com or www.hairformula.com)

Documentation: Why bother? (other than jail time)

- Philosophy of Pharmaceutical Care (PC):
 - By definition, “Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life “
 - Hepler & Strand

Continuum of Care

- PC encompasses a continuum of care
 - Begins with: identifying DRPs
 - Ends with: outcomes evaluation
 - Throughout: a therapeutic relationship and continuous follow-up.
- Care plans establish a concrete process for optimizing goals, monitoring and a written patient record.
- The process is completed when it is documented throughout the care continuum.

From: Helper, D.D. & Strand, L.M., Opportunities and Responsibilities in Pharmaceutical Care, *Am.J. Pharm.Educ.*, 53, 7S-15S(1989).

From: Becker CI et al. Pharmacist Care Plans and Documentation of Follow-up Before the Iowa Pharmaceutical Case Management Program, *Medscape* 7/21-2004. <http://www.medscape.com/viewarticle/479842> Accessed July 27/07;

Documentation- Why bother? (2)

- To establish accountability and responsibility for patient outcomes
 - More documentation = more or less liability?
 - BOTH!
- To demonstrate the value of pharmacist interventions
 - Otherwise the doctor did it!
 - (see Roland's medical axiom)
- To justify reimbursement?

Types of Documentation

- Medication Assessment / Consultation
 - 1st meeting, new referral
- Progress Note
 - Follow-up notes
- Pharmacist's Care Plan
 - ?official record?
- Pre-made intake stamps / tools
- etc

Potential Content

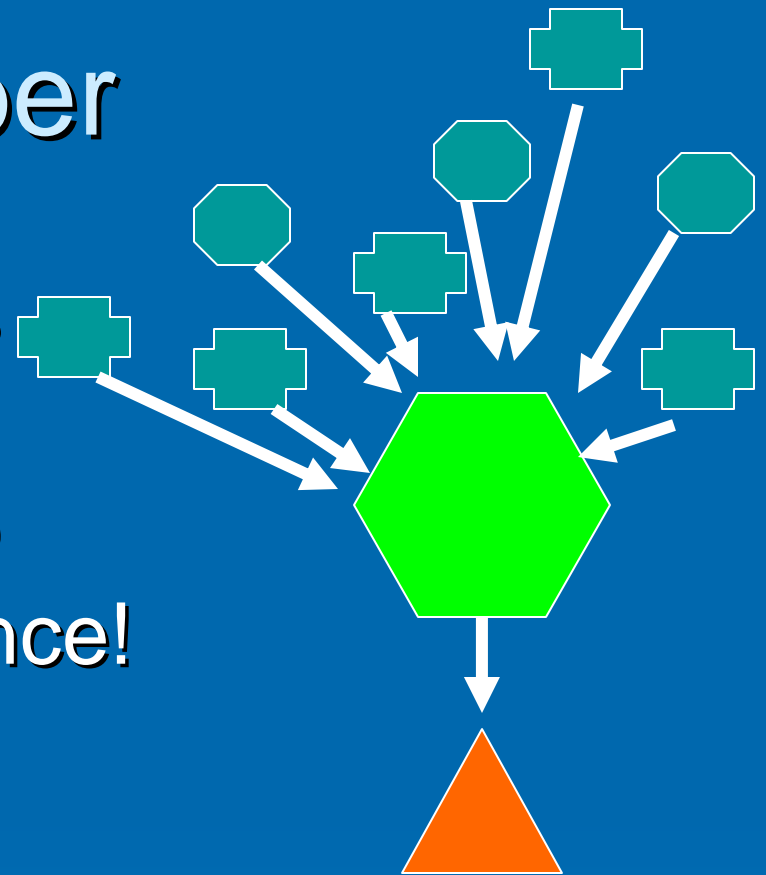
aka The Whole Enchilada



- Demographics
- FHx, SHx, Allergy status
- CC / RFR
- HPI / PMHx
 - ROS?
- Medication Hx
 - Past / current
 - Rx / OTC
- Lab values
- DRP's
 - Identified by Therapeutic Thought Process*
- Care plan
 - Efficacy, Safety, Cost, Compliance
- Monitoring & Follow-up

Remember

- Internalization of process
- Concision of thought
 - (Yes, concision is a word, look it up.)
- Relevance to your audience!
- Content should include:
 - Information necessary to make decisions
 - Record of pharmacist decisions and actions



Formats

- SOAP
 - Subjective, objective, assessment, plan
- DRP
 - Drug-related problem, rationale, plan
- DAP
 - Data, assessment, plan
- DDAP
 - Drug-related problem, data, assessment, plan
- DARE
 - Data, assessment, response, evaluation
- FARM
 - Findings, assessment, resolution, monitoring

See a pattern?

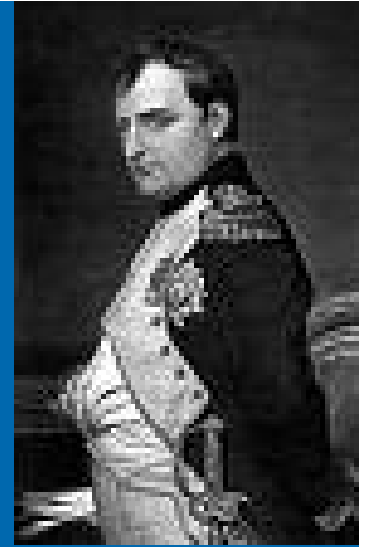
- Info related to where we came from
- Statement about where we are
- Plan as to where we're going



Format

- Formatted notes encourage completeness and consistency of data and focuses thinking.
- Standardize drug names
 - Generic (brand) or
 - ALL CAPS
- Re-read it after it's written!

Example



➤ Title of issue:

- eg. **Roland's Hypertrophic ego:**

➤ Subjective & Objective data (S/O):

- “Me, me me...blah, blah, blah...me, me, me”
- Hx of hypertrophic ego, (unchecked) noted in chart. Multiple letters of discipline from Grade 2 to Univ3 professors noted as well.
- Recent overnight stay in jail dressed as Napoleon Bonaparte. Calm and sober as evidenced by vitals:
 - BP: 120/80mmHg; HR: 55bpm (Nov 1/09)
 - No Hx of GERD or use of anti-acid meds noted.

Example

➤ Assessment & Plan (A/P):

- Acute exacerbation of hypertrophic ego. Risk of friendless state and Lex Luthor Syndrome.
 - May consider low dose Barrage of Insults BID-TID to deflate ego.
 - May titrate up to Personal Attacks QID, then PRN thereafter to maintain control.
 - “U-G-L-Y you ain’t got no alibi. You ugly!”
 - “Hmm, that looks like a penis, only smaller.”
 - “Yo’ mama.”
 - F/U worsening inflation, as well as sxs crying, SI, and violence 1-2 weeks post Rx. Will discuss with audience.

Style

Clear, concise, diplomatic



➤ Avoid using:

- “Wrong”
- Run-on sentences
- Unnecessary words
- “Deadwood” expressions
- Abbrev...

➤ Try Using:

- “May benefit from”
 - “May improve with”
 - “Suggest”
 - “May consider”
- Include options
- Consider references

Style (2)

- Try to use common / accepted abbreviations
- Legible!!
- Document in a *timely* manner!
- Never delete, erase or obscure



Challenges with documentation

- Concern over offending physician
- Being concise enough so the physician has time to read it, but still has enough information to make a decision
- Making sure notes are read and acted upon
- Your challenges?

Improving documentation

➤ Pharmacist

- Determine best format through practice assessment, discussion with physicians
- Ask for feedback from physicians

➤ (Peer) Mentor

- Review and provide constructive suggestions of anonymous documentation samples

Pharmacist note - 1st meeting

Med List Updated. Pt brought list of meds to appt.

-----**SUMMARY**-----

- Start SIMVASTATIN 10mg qhs
- Start RAMIPRIL 2.5mg qd
- Obtain Urine ACR

Lipids:

S/O) On EZETROL 10mg since Mar '07 - well tolerated - no ADRs. [LIPITOR 20mg d/c'd due to myalgias/weakness (D/C'd again after re-challenge)]

- LDL = 3.2 (up from 2.4 when on LIPITOR) (Above target < 2) ; TC/HDL = 5 (above target < 4);
- AST / ALT / CK – normal;
- Hx of MI and DM2
- pt would like to avoid large pill burden if possible.

A/P) Elevated risk of MI / CVA.

- Edu provided re: mortality benefit with statins, elevated MI / CVA risk; & combo tx with other, non-statin options.
- May consider addition of CO-ENZYME Q10 i qd po - to treat or prevent statin-induced myalgias. Pt open to idea.
- May consider new challenge with a new statin (eg. SIMVASTATIN 10mg or 20mg qhs), with F/U lipid profile in 3 months. Pt open to trial of new statin. I would be happy to F/U pt after 1-2 weeks to ensure no new myalgias.

Hx MI / DM2:

S/O) no ACEinh. BP variable (target <130/80) No microalbuminuria measured. CrCL ~ 83mL/min; K+ - normal

A/P) Pt would benefit from addition of an ACEinh (eg. RAMIPRIL 2.5mg qd, titrating up as needed/tolerated) for BP control and secondary prevention of MI and renal protection.

- May consider measurement of urine microalbumin to ensure no overt nephropathy.
- pt not opposed to idea, recognizes need.

Signed: Roland Halil, PharmD

References

➤ www.napra.org

- Pharmacy care plan: care plan tools, documentation, documentation and integrated resources

➤ www.cshp.ca

- Bayliff C, Bajcar, J. Direct Patient Care Curriculum: Module 5, CSHP 1997.

➤ www.ocpinfo.com

- Documentation guidelines for pharmacist 2004. Pharmacy Connection 2004 (Jan-Feb); 8-12.

➤ Kennie, N et al. Demonstrating value, documenting care – lessons learned about writing comprehensive patient medication assessments in the IMPACT project. CPJ, in preparation.

Getting Started = “Catering”

1. Go native – “know our customers”
 - Learn the history
 - Where they came from
 - Learn the politics
 - Where they are & Where they’re going
 - Learn the language
 - How to communicate efficiently
2. Complement their weaknesses
3. Poll their needs
4. Balance Idealism with Pragmatism