Leadership Saves Lives
Integration of Pharmacy Expertise Practice Brief

The Problem: As LSL coalitions sought to implement the evidence-based strategy of pharmacists rounding on all patients with AMI, they confronted challenges in terms of resources, processes, and policies that impeded adopting the strategy in this specific form. Adaptations were both expected and encouraged as coalitions used creative problem solving techniques to adapt the evidence-based strategies to their unique hospital contexts.

The Response: Given these constraints, coalitions developed creative, typically low-cost and feasible solutions to provide timely pharmacist expertise, using information technology, pharmacy bridging programs, and enhanced patient and physician educational materials. Following are three case examples.

Case Study 1: Information Technology Solutions
At several LSL hospitals, the coalitions worked closely with IT to innovate within the hospital electronic record system. Coalitions developed notes templates to improve pharmacist workflow, protocols and resources for medication reconciliation, and tools to help pharmacists identify all AMI patients (including those with NSTEMI) for rounding, medication review, and/or education. One team, led by a pharmacist, embedded a hard stop for their CVL post procedure iForm that requires physicians to select options that trigger a pharmacy consult for medication therapy management. This captured approximately 90% of patients with AMI, a notable improvement from past practices.

Case Study 2: Proactively Engaging Multidisciplinary care
One hospital developed an AMI discharge planning process timeline that explicitly defined the roles of pharmacists and other disciplines throughout the care process, from the emergency department through to post-discharge. The resulting tool helped to promote interdisciplinary input at key junctures in the patient care pathway. This proactive engagement ensured that a broader range of issues and needs were identified on admission and addressed during care and at discharge.
**Case Study 3: Patient Education**

Many hospitals identified a need for improved educational supports for patients and families and even referring physicians. Educational materials took a variety of forms, with some hospitals developing comprehensive, updated materials specifically for patients with AMI. At one hospital, a workgroup lead by the pharmacy champion created a comprehensive, easy-to-read patient education tool to help patients understand the range of medications commonly prescribed for heart conditions.

**Medication management during care transitions**

Several hospitals focused on medication risks at the point of discharge for patients with AMI. These hospitals implemented a variety of bridging programs to connect patients and families with post discharge providers including clinics, skilled nursing facilities and community based organizations in order to ensure continuity of access and adherence to medications prescribed upon discharge. Some hospitals created subsidy programs coordinated through pharmacies or community organizations. Others launched Meds-to-Beds programs to provide follow-up medications (particularly antiplatelet therapies) to patients before they leave the hospital.

**In this toolkit**

The toolkit includes an editable PowerPoint deck and related materials on each of the three case studies, including rationale for the approach, the resulting tool, reflections on implementation experience, and a note about the importance of tailoring this approach to your local hospital context. The toolkit also includes a link to a webinar hosted by the American College of Cardiology as part of the Surviving MI Initiative on Building a Meds-to-Beds program. Moderated by a pharmacist, the webinar includes presentations from clinical teams at three diverse hospitals across the U.S., addressing both difficulties and successes in implementation.