

# PCN Co-located Clinical Pharmacist (PCCP)

## Workflow

This document intends to provide a step-by-step workflow to guide the onboarding of a Clinical Pharmacist into a clinic. This workflow should be adapted and tailored to each onboarding instance.

The flowchart represents the basic stages of the process:



## INITIATE - CLINIC INITIAL INTEREST

1. Through canvassing/email/CRM details form or conversation with stakeholder, CNM to determine if there is a need/want for PCCP in the clinic.
2. Determine **eligibility**.
  - **Eligible:** Must be on EMR and have attached patients.
  - **Ineligible:** Paper, walk in. Propose using the **UBC Pharmacists Clinic**. Online booking to book an appointment through this service.
3. Discussion with clinic/physician lead regarding the **benefits to patients and providers**.
  - Working as part of a **care team**, PCCPs will:



Provide comprehensive **medication management** services focused on the on-going care of adult patients with complex conditions to prevent and resolve medication-related problems.



**Educate** the patient about their medications, help remove barriers to patients in following prescription advice, and help patients achieve better health outcomes.



**Establish linkages** with other health authority pharmacy staff, community pharmacists and other members of the inter-professional team as appropriate to ensure continuity of care for patients.



Create a **record of working notes** in UBC's secure, regulated electronic medical record (EMR) and action-oriented, summary notes in the clinic's EMR.

4. Follow up by sending the clinic/physician lead then will fill out an **Expression of Interest Form (EOI)**.
  - Use this to determine the next best steps. Forward the **results to UBC coordinators** if appropriate.
5. **Further information** is shared to the clinic/physician lead.
  - Including: **PCCP Package, Overhead Billing Guide and Sharepoint**.

## PLAN – CLINIC MEETS WITH WIDER TEAMS

1. **Informative meeting** organized with clinic representatives to explain the program and help **identify if the clinic is ready for the resource** (i.e., owner, manager, and/or physician lead) and UBC project coordinators & PCN pharmacist.
  - **Determine which discussion topics** for the meeting.
    - PCN Overview
    - Overhead Billing Process
    - Role of the Division
    - Role of the Physician Champion
    - Program Evaluation and Feedback
    - Determine the need of the Pharmacists in the clinic- initial ideas of how often they would require
    - Cost to add an additional clinician to EMR.
    - Workspace considerations.
  - **UBC Site Coordinator** will provide the following information to the clinic:
    - PCCP co-location scheduling
    - PCCP clinic integration and utility
    - OH&S requirement
    - In-clinic referral process and workflow
    - Role of PCCPs
    - Role of UBC
2. **Documentation sent via email.**
  - Send a **follow up email** to see if the clinic is interested in getting the process started. If agreed the following will be sent via email:
    - UBC site Coordinators:**
      - Organizing the PCCP/Clinic co-location schedule (date, time, frequency)
      - EMR access
      - Sample Day Sheet
      - Clinic Workflow
      - Orientation day suggested tips: EMR Access, connecting to Wi-Fi, introduction to providers and admin staff, workspace information (emergency exists, case findings discussion).
    - Fraser Health Community Pharmacy Services Program Coordinator (LFC):**
      - Confirm OH&S standards are met
        - Online Potential Hazards Survey
        - Letter of Understanding
        - Confidentiality Agreement for read-only or read-and-write EMR access
    - Division:**
      - **Confirm/log start date** and time, parking, dress code and who they should meet with at the clinic.
      - Send **overhead MOU and invoice information** to clinic/physician lead.
        - Send downloaded **MOU with Invoice Template and Overhead Billing Guide** to clinic/physician lead. **Send signed MOU to VCH** and introduce **PCN Manager**. PCN Manager to send signed MOU back to clinic.

**1 week before start date**

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- Email clinic lead/physician with **onboarding information, resource collateral, and feedback loops** one week prior to start date.
  - Confirm start date.
  - Inform them about **remuneration** for orientation on the first day by Physician Lead.
  - **Communication policy and escalation policy** established.
  - **Clinic Checklist PDF** to support onboarding of a pharmacist in clinic. Let the clinic lead know **this is optional** and can be used as relevant to their clinic.
  - **SharePoint** site: log in details shared
- 3. **Inform PCN Support Team** of **pending interest in PCCP** – to add in CRM details.

## EXECUTE- CLINICAL PHARMACIST IS IN CLINIC

1. PCN pharmacists start **seeing patients in clinic**.
2. **Confirm with PCN Support Team** the **start date of co-location** – add in CRM.
3. **Submit remuneration** invoice for orientation in clinic by Physician Lead.
4. **Email reminder** a few days before the start date (to all stakeholders) cc **UBC Site Coordinators**.

## MONITOR & FEEDBACK – STAKEHOLDER CHECK-IN, PROGRAM IMPROVEMENT

1. **Check in one – three months after** (tailor to need) to see how they have settled, if any other administrative loose ends need tying up.
2. **PCCP Survey** once a year.
  - a. Evaluation for program/onboarding improvement.

## CLOSE – CLINIC NO LONGER REQUIRES PCCP

1. End date for PCCP established.
2. **Update PCN Support Team** – Submit close date into CRM.

## TAILORING CONSIDERATIONS

Considerations should be made for;

- Clinic Type
- Clinic Workflows
- Trial period
- Remote co-location