

Pharmacy Medication Transitions Team (MTT) Training Grid

Denver Health Medication Transitions Team (MTT) Training												
Employee Name:												
Training Topic	Person Responsible	Time (hr)	Discussion	On Line Module	Reading	Attestation	Checklist	Test	Competency	Employee Sign Off Date	Date / Time	Location / Notes
DH New Employee Orientation (NEO) / Start Date	HR	8	X									
Department Orientation (HR Checklist, DH & dept overview, Scheduling and PTO requests, Patient Experience, PSI reporting)	Manager	5	X				X					
DH Annual training, P&P reviews	Employee	8		X	X			X				
EPIC Self-study modules	Employee	4		X								
MARQUIS Toolkit self-study	Employee	4	X									
Medication Use/ Formulary/ P&T		1	X			X						
Outpatient Anticoag shadowing		2	X									
PCMH Pharmacist Shadowing		2	X									
Behavioral Health shadowing		4	X									
Top 200 medication list	Employee	2						X				
Pharmacy MTT Training: - Best Possible Medication History (BPMH) collection - Patient interviewing (Med History Collection) - Medical record documentation - Patient education - Health Literacy & Patient Interactions - Patient handoffs with other care providers ADPT	MTT	120	X	X	X				X			
Total Hours Allocated to Training		160										

Last day of training:

Total Days of Training

20

Medication Transition Team Medication History Collection Competency

***Denotes items that should always be met**

Medication Transition Team Medication History Collection Competency			
*Denotes items that should <u>always</u> be met			
Name:	Date:		Reviewer:
Skill Assessment	Met	Unmet	Comments
<i>Appropriately determine what patients to interview</i>			
ED Track Board			
Floor patients (HMC complete, in progress, not started)			
Floor patients: determine primary team and if DC order in place (if DC order in place, does not work on)			
Preparation/ Chart Review	Goal: Obtain appropriate infor to minimize need to interview patient more that once		
*Review barriers: language, dementia, intubation, etc.			
*Chart fully reviewed and appropriate information brought to room for starting point:			
Follows Medication History Collection Checklist:			
>Gather HPI, PMH, Living Situation			
>Review last encounter Medication List (Discharge or End of Visit)			
>Review at last Medicaiton History by MTT			
>Review appropriate Notes			
>Review Care Everywhere			
>Check Media tab			
>Use of Medications Activity			
*If appropriate, contact precautions are noted and performed prior to entering the room.			
*Hand hygiene performed prior to entering room.			
*Introduction: Acknowledge Introduce (name/ role) Duration of Med history interview Explanation of why conducting med history			
If visitors are present, offer to come back at a better time (allow patient to state it is OK to review meds with visitors present)			
*Interpreter services are offered if patient is non-English speaking			
Skill Assessment	Met	Unmet	Comments
<i>Patient Interview</i>			
*Patient/ caregiver asked for a med list and/ or bottles			
*Determine patient's <u>current pharmacy(s)</u> and preferred pharmacy for <u>discharge prescriptions</u>			
*Allergies and reactions confirmed			
*Determine who manages medications for patient. If someone other than the patient, ask if that person can be contacted.			
Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn't read the list and ask if it is correct)			
> Aked about scheduled meds (<i>uses probing questions if needed</i>)			
> Asked about PRN meds			
> Asked about OTC meds			
>Asked about meds easy to forget (e.g. inhalers, nasal sprays, creams/ patches, ear/ eye drops, injectables, weekly/ monthly meds)			
Patient screened for adherence - asked about missed doses for past week			
At end of interview, explain importance of carrying med list			
Any patient questions are addressed with appropriate responses. If drug information question, a pharmacist is consulted (if you are a technician)			
*Thank patient/ family at conclusion of interview			

*Performed hand hygiene upon leaving the room.			
Skill Assessment	Met	Unmet	Comments
Confirming the medication History			
*Uses at least two sources for medication history, ideally one provided by the patient and one from another "objective" source (e.g. EMR list, retail pharmacy history)			
Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)			
Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)			
When additional sources are needed, uses available sources first (e.g., pill bottles present), then obtains outside pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.			
Uses resources to look up drug information when needed (pill identifiers, drug info handbook)			
*Returns to the patient to review any new information, resolves all remaining discrepancies			
Gets help from other team members when needed (MTT Pharmacist, provider, nurse)			
Medication history correctly documented, including standard phrasing in 'Comments' section			
*Issues requiring RPh review are triaged appropriately			
Knows how and when to communicate handoffs to IP care team (Providers, RN, Pharmacy)			
If performance step unmet, describe deficiency and document Action Plan in Comments.			
Competence Certified by:			

Competency for Transitions of Care Medication Transition Specialists (Tech II)

Technician Name: _____

Manager Signature; _____

Date All Competencies Completed: _____

Systems Competencies

Completes required Cornerstone EPIC E-Learnings

Customer Service Competency

AIDET demonstrated in 3 patient interactions

Ongoing AIDET competency (3 patient interactions per quarter)

Case-Based Scenarios

Familiar with Denver Health policies and procedures as outlined in ToC training manual

- Achieves >80% correct on multiple choice questions

Familiar with Top 200 Medications, including brand, generic, common indications, and dosage forms

- Achieves >90% correct on matching questions
- Achieves >80% correct on multiple choice questions

Understands the basics of collecting the best possible medication list

- Achieves >80% correct on multiple choice questions
- Successfully obtains a best possible medication list in 2 case based scenarios (role play)

Demonstrated Skills Competency

Demonstrate selection of patients to interview

- Meet skills assessments for 3 patients

Demonstrate appropriate chart review

- Meet skills assessments for 3 patients

Demonstrate appropriate Patient Interview

- Meet skills assessment for 3 patients

Demonstrate appropriate verification of medication history

- Demonstrate completion of 2 outside pharmacy phone calls

Demonstrated appropriate documentation, communication and handoff

- Meet skills assessment for 3 patients

Ongoing Competency Assessments

Home Med Collection Quality Control (QC) Check

- Demonstrate 85% accuracy on random QC checks – 3 random QC checks per MTS per quarter

Able to efficiently manage time

- Goal of 1.6 medications histories per hour worked over a monthly basis

Denver Health Policies & Procedures

1. A 56 Y/O M is admitted for an elective abdominal surgery. You interview the patient on 3B on post-op day 0, and collect the medication list below using 2-source verification. What additional information do you need in order to document this patient's anticoagulation medication history?

Medication history obtained on day of admission

- Amlodipine 5mg QD (last filled 5 weeks ago for 90-day supply)
 - Metoprolol Tartrate 25mg PO BID (last filled 5 weeks ago for 90-day supply)
 - Warfarin 2.5mg QPM (last filled 5 weeks ago for 90-day supply)
 - Enoxaparin 80mg Subcutaneous BID (filled 7 days ago for 14-day supply)
 - Multivitamin PO QD (OTC)
 - Vitamin D 50,000 units once weekly on Mondays (last filled 3 weeks ago)
- a. No additional information is needed, triage to the pharmacist
 - b. Need to determine when the patient's last dose of warfarin was taken
 - c. Need to determine when the patient's first and last dose of enoxaparin were taken
 - d. Need to determine when the patient's last dose of enoxaparin was taken
 - e. B&D
 - f. B&C

2. Which of the following is NOT a Denver Health High Risk Medication?

- a. Truvada
- b. Insulin Glargine
- c. Warfarin
- d. Methotrexate
- e. Heparin

3. Which of the following is an appropriate way of documenting medication information in the medical record?

- a. Insulin Glargine 45 U subcutaneous QHS
- b. Digoxin 0.25mg PO Daily
- c. Prednisone 5mg QOD
- d. Ergocalciferol 50,000 IU q week

4. True/ False: Patients have a right to Effective communication, in a manner the patient understands (including free interpreting and translation services) regardless of the language spoken, impairment, or disability.

5. During a medication history interview, a patient becomes frustrated with you stating "you people are not taking good care of me; I gave my medication list to 4 other people already". Which of the following are correct?

- a. Attempt to immediately resolve the issue by explaining the need for these steps to ensure safety
- b. Let the patient know that you are also frustrated and will contact the floor supervisor
- c. Explain to the patient that you are just doing your job and that you will notify the nurse manager regarding their frustration
- d. Explain to the patient that this is for their safety, and let them know that you will inform the nurse manager of their concern

6. Following your intervention in the above scenario, the patient becomes even more upset. Which of the following would be appropriate next steps?

- a. Contact your supervisor for further assistance
- b. Contact the nursing supervisor during non-traditional business hours

- c. Contact the physician caring for the patient
 - d. Ask the patient to write a formal grievance letter
 - e. Contact the nurse taking care of the patient that shift
 - f. A&B
 - g. A&C
 - h. B&E
7. If you encounter a patient or visitor that you believe may be violent, you should do which of the following:
 - a. Remove yourself from the situation if possible
 - b. Call security (x55) immediately and report a combative person
 - c. Inform the charge nurse or nurse manager
 - d. All of the above
 - e. None of the above
 8. True/ False: Patient-inmates will receive the same standard of care that is provided to DHHA patients with the same/similar diagnosis or injury, including attempts to collect a PAML by pharmacy ToC staff
 9. You prepare to conduct a patient interview for medication history, and upon going to the room you discover that the patient is on contact precautions. Which of the following are correct:
 - a. Notify the physician team that pharmacy ToC will not be able to collect the medication history
 - b. Review the standard precautions on the patient's door
 - c. Since you will not have direct contact with the patient, you can enter the room as usual
 - d. Using the signage on the patient's door, don the appropriate PPE and enter the room
 - e. Ask the nurse to confirm patient's medication history the next time she/he is in the room
 10. While conducting a patient interview, a patient mentions that they have a prescription from their neurology specialist at Kaiser who they saw two days ago. The patient did not have time to fill the prescription and was wondering if you could help get it filled here before they are discharged. What should you do?
 - a. Bring the prescription to discharge pharmacy to be filled for the patient
 - b. Bring the prescription to Webb pharmacy to be filled for the patient
 - c. Tell the patient to bring the prescription over to the Webb pharmacy when they are discharged
 - d. Notify the patient that DH pharmacies can only fill prescriptions orders written by DH providers
 11. True/ False: For medications brought into the hospital by patients, nursing is responsible for ensuring chain of custody between the patient or their representative and pharmacy.
 12. Who is responsible for reporting a patient safety event using the organization's PSI system?
 - a. Managers and supervisors only
 - b. Physicians and nurses
 - c. Patient Safety & Quality staff
 - d. All DH employees

Top 200 Medications

1. Which of the following medications comes in two different formulations (i.e. if you are interviewing a patient or verifying prescriptions with a pharmacy, which of the following medications would be important to verify the specific formulation taken)?
 - a. Spironolactone
 - b. Crestor
 - c. Metoprolol
 - d. Meloxicam

2. Which of the following medications does **NOT** correspond with a correct common indication?
 - a. Promethazine → nausea
 - b. Ziprasidone → diuretic
 - c. Chlorthalidone → diuretic
 - d. Risperidone → antipsychotic

3. The generic name for Advair HFA is:
 - a. Budesonide
 - b. Fluticasone
 - c. Budesonide/ Formoterol
 - d. Fluticasone/ Salmeterol

4. Which of the following is not a common indication for Amitriptyline?
 - a. Itching
 - b. Neuropathy
 - c. Insomnia
 - d. Pain

5. Which of the following medications is used for blood pressure/ hypertension?
 - a. Trazodone
 - b. Amlodipine
 - c. Hydroxyzine
 - d. Cetirizine

6. Which of the following medications is not used to treat depression/ mood disorders?
 - a. Clonidine
 - b. Fluoxetine
 - c. Venlafaxine
 - d. Mirtazapine

7. Which of the following medications is available in both immediate release and extended release formulations?
 - a. Lisinopril
 - b. Quetiapine
 - c. Clonazepam
 - d. Olanzapine

8. Which of the following is an antibiotic medication?
 - a. Tiotropium
 - b. Aripiprazole
 - c. Topiramate
 - d. Levofloxacin

9. An indication for Metformin is:
 - a. Pain
 - b. Diabetes
 - c. Seizures
 - d. Infection

10. An indication for Xanax is:
 - a. Acid reflux
 - b. Anxiety
 - c. Thyroid Disorder
 - d. Hypertension

11. An indication for Coumadin is:
 - a. DVT
 - b. Infection
 - c. Anxiety
 - d. Asthma

12. One indication for Crestor is:
 - a. High blood pressure
 - b. High cholesterol
 - c. Depression
 - d. Pain

13. The generic name for Zantac is:
 - a. Fluoxetine
 - b. Bisacodyl
 - c. Ranitidine
 - d. Omeprazole

14. Which of the following medications is available as regular and extended release?
 - a. Lamotrigine
 - b. Tamsulosin
 - c. Prednisone
 - d. Atenolol

15. Which of the following is one indication for Topiramate?
- a. Headache
 - b. Insomnia
 - c. Hypertension
 - d. Muscle spasms
16. Which of the following Insulin formulations should always be scheduled with a meal?
- a. Insulin Detemir (Levemir)
 - b. Insulin Glargine (Lantus)
 - c. Humulin N (NPH)
 - d. Humulin 70/30
17. Which of the following medications is not an antibiotic
- a. Clindamycin
 - b. Clarithromycin
 - c. Bactrim
 - d. Sumatriptan
18. What is one indication for Allopurinol?
- a. Chronic pain
 - b. Gout
 - c. Diabetes
 - d. Neuropathy
19. Which of the following medication can be used to treat seizure disorder
- a. Trazodone
 - b. Flexeril
 - c. Sertraline
 - d. Levetiracetam
20. Which of the following medications does **NOT** correspond with a correct common indication?
- a. Doxycycline → Infection
 - b. Glipizide → Diabetes
 - c. Spironolactone → Heart failure
 - d. Fluconazole → Mood disorder

Match the generic names (a-t) to the brand name

- | | |
|---------------------|----------------------------|
| 1. _____ Norvasc | a. simvastatin |
| 2. _____ Lipitor | b. oxycodone/acetaminophen |
| 3. _____ Lovenox | c. clopidogrel |
| 4. _____ Seroquel | d. tamsulosin |
| 5. _____ Synthroid | e. amlodipine |
| 6. _____ Percocet | f. furosemide |
| 7. _____ Lasix | g. levetiracetam |
| 8. _____ Coumadin | h. gabapentin |
| 9. _____ Cozaar | i. levothyroxine |
| 10. _____ Lopressor | j. atorvastatin |
| 11. _____ Colace | k. warfarin |
| 12. _____ Ultram | l. docusate |
| 13. _____ Flomax | m. lisinopril |
| 14. _____ Plavix | n. fluticasone/salmeterol |
| 15. _____ Zocor | o. diclofenac |
| 16. _____ Voltaren | p. losartan |
| 17. _____ Zestril | q. tramadol |
| 18. _____ Neurontin | r. enoxaparin |
| 19. _____ Advair | s. metoprolol Tartrate |
| 20. _____ Keppra | t. quetiapine |

1. During an interview in the ED, a patient tells you “I take lithium 300 twice a day.” Which of the following choices is best practice for an accurate home medication list?
 - a. Ask the patient if their lithium is a tablet or a capsule
 - b. Enter “lithium 300mg take 1 oral twice a day” on the home medication list
 - c. Determine the patient’s pharmacy and call to verify tablet or capsule
 - d. A&C

2. At the conclusion of a patient interview, a patient says “Oh yeah, I get my rescue inhaler at Walgreens.” Walgreens tells you that the patient filled a Spiriva last month and a Proair last year.
 - a. Return and ask the patient if the inhaler is called Spiriva
 - b. Enter Proair on the list
 - c. Enter Spiriva on the list
 - d. None of the above

3. You talk with a patient who tells you that he takes four medications. He does not know the names of them or have any of his bottles, but they are all white pills. He is not accompanied by anyone. What is your next step?
 - a. Record four white pills
 - b. Write “unable to collect” in medication history
 - c. Call patient’s pharmacy
 - d. Talk to the care team

4. Which of the following is an example of a leading question?
 - a. Do you take aspirin?
 - b. What supplements do you take?

5. When you first entered the room to ask a patient about his medications. He replies “I have already told two other people what I am taking”. What do you do?
 - a. Record the medications from the triage note into the electronic home medication list
 - b. Write “unable to collect” in medication history and quickly move to the next patient
 - c. Ask the patient what pharmacy they use, and confirm the previously collected list with the fill history
 - d. Politely explain that while he may have told other people, you want to ensure that he has the correct medications on his list, as this is to ensure his safety, and proceed with your interview

6. You enter a room the ED to talk to a patient, who quickly provides you with their hand written medication list that includes furosemide 40 mg daily, lisinopril 5 mg daily, Lipitor 80 mg daily, spironolactone 25 mg daily, glyburide 5 mg XL daily, metformin 1000 mg BID, vitamin B12 injections monthly, calcium citrate 500 mg BID, Plavix 75 mg daily, omeprazole 20 mg daily. What are your next steps?
 - a. Ignore the list as it is likely incorrect then proceed with the patient interview
 - b. Thank the patient for keeping a current list and proceed with the patient interview, reviewing each medication with the patient and using open ended questions to identify discrepancies or omissions
 - c. Ask to make a copy of the list and then enter the medications into the electronic home medication list
 - d. Thank the patient for keeping a current list and ask what pharmacy they use so that you can call to verify the prescription fill history

7. Upon completing a thorough medication history for patient MF, a 45 y/o M with a history of hypertension, COPD, and cirrhosis you discover that he has been taking his inhalers more frequently than prescribed. He tells you that he recently increased his Advair to 2 puffs about 4 times per day, and has started using his Spiriva 2 times per day because he felt a COPD flare up coming on. What do you do?
 - a. Document the medications exactly as the patient states he is taking them
 - b. Document the medications as they are prescribed; add an additional note about how he is taking them
 - c. Contact the care team to inform them of the findings and discuss with the doctor the best way to document the medication history

- d. Go get the pharmacist and have them talk to the patient and document the medication list
 - e. None of the above
8. You complete a medication history interview with CB, a 54 y/o F with a history of diabetes, major depressive disorder, and fibromyalgia. During the interview, the patient appeared to be a good historian and was able to name all of her medications and doses (Cymbalta 60mg QD, Metformin 1000mg BID, Flexeril 10mg qHS as needed, Norco 5/325mg QD as needed, Mirtazapine 15mg qHS, and Caclium BID). The patient also tells you that she recently started something new a couple days ago, but she isn't sure of the name and dosage. What is the most appropriate next steps?
- a. Ask the patient if she can call a family member to get her prescription bottles from home and bring them in so that you can complete the list
 - b. Ask the patient what pharmacy/ pharmacies she uses and contact the pharmacy to verify her medication list, including the new medication
 - c. Ask the pharmacist to run a PDMP report to determine what pharmacy/ pharmacies the patient uses; contact the patient's pharmacy to verify her medication list
 - d. Ask the patient who prescribed the new medication and contact the doctor's office to determine what the new medication/ dose is
9. In the above scenario, you discover that the patient last filled her Mirtazapine 5 months ago for a 90-day supply. Which of the following best describes your next steps?
- a. Call MHCD to see if she has been filling her Mirtazapine at that pharmacy
 - b. Return to the patient and attempt to clarify the discrepancy
 - c. Document the medication list as the patient stated, adding an additional note about the Mirtazapine
 - d. Document the medication list, leaving the Mirtazapine off the list
10. Which of the following is "best practice" for initiating a patient medication history interview?
- a. Enter the room with a recent list of the patient's medications that you found in the chart and ask the patient to review the list to confirm it is correct
 - b. Acknowledge the patient and ask the family to leave the room so that you can obtain an accurate medication history from the patient
 - c. Enter the patient's room, introduce yourself, and ask the patient for their medication list
 - d. Acknowledge the patient/ family and introduce yourself, explaining the purpose of your interview and an estimate of how long it should take
11. Which of the following is an example of an open ended question:
- a. Do you usually take your Aspirin in the morning?
 - b. What medications do you take only sometimes or as needed?
 - c. Are you still taking your Naproxen prescription that was filled last month?
 - d. Do you take your prescription medications every day as directed?
12. You enter the room of patient RB, a 68 y/o M with a history of COPD, Hypertension, Diabetes, and Seizure Disorder. You use the AIDET tool and proceed to ask him what medications he takes on a regular basis when at home. The patient states "I don't know I take so many I can't keep them all straight". You have an outpatient medication list from 3 months prior. Which of the following best describes your next steps?
- a. Ask the patient what pharmacy he uses and verify the prescription fill history against the list you have
 - b. Use the patient's past history and ask probing questions about medicines he takes
 - c. Read off the medications on the outpatient list and ask the patient to confirm what meds he takes
 - d. Document the list as "In progress" and leave a note for the next shift to follow up when family is present



Job Description

Non-Management (Patient Care)

Revised Title 01/27/2016

Job Title: Medication Transitions Pharmacist		Mgt Approval/Date: T. Vlasimsky 5-20-15
Department: ACS Pharmacy Clinical Support		HR Approval/Date: M Vanatta 5-20-15
Job Code: DOOH3059	FLSA Status: Non-exempt	Salary Class: H - Hourly
EEO4 Code: 02-Professional	HR Occ Class: 690 Pharmacy	Job Class: CPT
Reports To (Job Title): Associate Director of Ambulatory Clinical Pharmacy Services		Grade Sch: FixedRate

The following statements are intended to describe the general nature and level of work being performed by people assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

JOB SUMMARY: Under minimal supervision, the Medication Transitions Pharmacist will serve on the Medication Transitions Team (MTT). The MTT Pharmacist will support medication transitions for patients during hospital admissions and discharge with the goal to minimize medication errors that can occur during these care transitions for patients. Clinical and technical knowledge will be utilized to document complete and accurate medication lists, and to provide discharge clinical pharmacy services as needed and appropriate. The MTT Pharmacist will collaborate with other departments and ACS clinics to provide pharmacy-related information and assist with patient care coordination as needed. The MTT Pharmacist will provide oversight of the Medication Transition Specialists (MTS).

MINIMUM QUALIFICATIONS:

Education: Bachelor's Degree in Pharmacy required, PharmD preferred.

Experience: At least one year of experience in the provision of patient care in an ambulatory, inpatient or retail setting. Completion of a PGY 1 Pharmacy Practice residency is preferred.

Knowledge, Skills & Abilities: Broad pharmacotherapy knowledge for understanding patient medication therapy needs, and identify/addressing medication transition issues. Strong communication and active listening skills. Ability to work effectively as a team member. Excellent oral communication skills with patients and team members, plus demonstrated customer service skills. Attention to detail with good critical thinking and problem solving skills. Good organization skills and experience with computer applications, including Microsoft office products. Demonstrates enthusiasm and initiative in performing job duties.

Certificate/License/Registration: Eligible for licensure by the State of Colorado Board of Pharmacy Registration at the time of hire. All Certifications and Licenses required for this job must be kept current as a condition of continued employment.

ESSENTIAL DUTIES & RESPONSIBILITIES: List each job duty and responsibility that is essential to performing the job successfully, efficiently and safely.

90% Patient-specific medication transitions of care activities:

- Conducts patient and/or caregiver interviews, in person and by phone, to obtain accurate and complete information related to medication lists, allergies, and immunizations in an efficient and timely manner.
- Contacts outside pharmacies and providers as needed to clarify home medication lists and assist with medication transitions of care.
- Documents all patient activities in the patient's medical record with accuracy, thoroughness, and attention to detail.
- Communicates with other members of the healthcare team information relevant to home medication lists, including assessment of medication compliance.
- Performs discharge medication transition of care services as developed and implemented.

- Demonstrates sound problem solving/decision making skills with practical, efficient, economical, and reasonable solutions
- Provides assistance in the following areas: formulary or preferred agents, evidence-based medicine, drug information for providers and patients, drug interaction screening, medication profile review, referrals for post-discharge care.
- Provides medication counseling to patients.
- Problem-solve medication related issues in a timely manner as they arise.
- Handles and triages inquiries from providers, pharmacists and pharmacies.
- Practice excellent customer service towards patients, providers, and pharmacies.
- Assist with collecting data to monitor program effectiveness, team productivity and performance reporting.
- Establishes a presence and working relationship with nursing staff and providers involved in the care of Denver Health patients.

- 5% Identifies and supports clinical and/or operational quality improvement opportunities.
- Assists with activities to document work done by the MTT team to support process and quality improvement efforts.
 - Identifies and suggests recommendations for process improvement including areas of cost effectiveness and efficiency.
 - Reports and follows up on medication/patient safety issues as needed; works to resolve problems in a manner that will improve patient safety and team efficiency.
 - Reports medication events (adverse drug reactions and medication errors) using the organizations' event reporting system.
 - Understands patient safety goals, core measures, and other quality metrics that affect area of practice; assists in development of programs that ensure compliance with these measures.

- 4% Enhances personal and coworkers' professional growth and development.
- Completes and meets the competency standards including education and training that is specific to the patient populations and practice site served. Keeps job knowledge current.
 - Assists in the training of the MTT team members as appropriate.
 - Provides education and training: serves as a preceptor for pharmacy residents, pharmacy interns, pharmacy students on rotation at Denver Health.
 - Attends and participates in assigned committees or workgroups, departmental meetings, in-services, huddles, and departmental trainings as applicable.
 - Identifies opportunities for learning and training to advance own professional competence.
 - Other duties as assigned

- Ensures that all legal and professional pharmacy requirements are adhered to. Maintains compliance with Joint Commission and/or other government regulatory standards applicable to area of practice. Maintains an active pharmacist license in good standing to practice in the State of Colorado. Maintains continuing education requirements for licensure.
- Promotes positive interpersonal (customer) relationships with fellow employees, physicians, patients and visitors. Treats these individuals with courtesy, dignity, empathy and respect; consistently displays courteous and respectful verbal and non-verbal communications.
- Adheres to, complies with and demonstrates support for the mission and values of Denver Health. Supports and adheres to the Denver Health Dozen.
- Ensures confidentiality of patient information by creating and maintaining a secure and trusting environment by not sharing information learned on the job, except when necessary in the performance of the job responsibilities or to improve a patient's care.
- Adheres to Denver Health and departmental attendance guidelines.

For Patient Care Positions:

- Ensures all duties, responsibilities and competencies are conducted in a manner that is effective and appropriate to patients/clients to whom care/service is being provided.

- Demonstrates knowledge and applicability of the principles of growth and development over the life span, as well as demonstrating the ability to assess data reflecting the patient's status and interpreting appropriate cultural information of the patient(s) to whom care/ services is being delivered/provided.
- Employee has completed and met their clinical competency standards.

NON-ESSENTIAL DUTIES & RESPONSIBILITIES: This section should include any job duties considered marginal or not essential to the purpose of the job. *If 5% or more, provide a list of non-essential duties being performed.*

1% Performs other duties as assigned.

ADMINISTRATIVE RESPONSIBILITIES: Check the item(s) that are administrative responsibilities of this position, if applicable: Not Applicable Instructing Assigning Work Reviewing Work
 Assessing Performance Hiring/Terminating Disciplining

DEGREE OF SUPERVISION RECEIVED: Close General Minimal

PERSONNEL SUPERVISED (Titles and Approximate Numbers): None

INTERNAL/EXTERNAL CONTACTS: DH employees, patients and caregivers, outside pharmacies/providers

POPULATION SPECIFIC STAFF: Yes No
(Check YES, if this job requires interaction with patients, families, and/or visitors. If YES, complete the population specific competencies at the employee's home department.)

ADA CHECKLIST – Select the following requirements that are essential (not marginal) for the incumbent to perform this job successfully, efficiently and safely.

Physical and Mental Requirements: Place the appropriate "Amount of Time" code for each of the following:			
0 = None; 1 = less than 1/3; 2 = 1/3 to 2/3; and 3 = more than 2/3			
PHYSICAL: 1 Lifting < 10 lbs - Light 1 Lifting 10 - 20 lbs - Light-Med 1 Lifting 21 – 40 lbs - Medium 0 Lifting 41 – 80 lbs- Med Heavy 0 Lifting 81 – 120 lbs - Heavy 0 Lifting > 120 lbs – Very Heavy 1 Pushing/Pulling < 20lbs 1 Push/Pull 20 – 50 lbs 0 Other: Describe:	ACTIVITIES: 2 Sitting 3 Standing 1 Bending 1 Kneeling 1 Squatting 2 Walking (Distance) 1 Climbing (Steps, etc.) 2 Reaching (overhead, extensive, repetitive) 0 Other:	MENTAL/SENSORY: 3 Strong Recall 3 Reasoning 3 Problem Solving 3 Hearing 3 Seeing/Sight 3 Talk/Speak Clearly 3 Write legibly 3 Reading 3 Concentration 3 Logical Thinking 0 Other:	EMOTIONAL: 3 Fast pace environment 3 Steady pace 3 Able to handle multiple priorities 3 Frequent & intense customer interactions 3 Able to adapt to frequent change 3 Works under deadlines 3 Process complex info 3 Works as part of a team

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Type of protective clothing, equipment, hand or power tools, vehicles and machinery used: wear appropriate protective clothing based on patient isolation precautions		

DECISION-MAKING AUTHORITY: Check the item below that comes closest to describing the decision-making authority required in this position:
<input type="checkbox"/> Decisions are made within limits of clearly established policies, procedures, or instructions.
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- Decisions are made requiring broad interpretation of policies, procedures, or instructions.
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Employee's Name:	Date:
Employee's Signature:	
Supervisor's Name:	Date:
Supervisor's Signature:	

SAMPLE



Job Description

Non-Management (Patient Care)

Revised Title 01/27/2016

Job Title: Pharmacy Tech II (MTS)		Mgt Approval/Date: T. Vlasimsky 5-20-15
Department: ACS Pharmacy Clinical Support		HR Approval/Date: M Vanatta 5-20-15
Job Code: DZZH3112	FLSA Status: Non-exempt	Salary Class: H - Hourly
EEO4 Code: 03-Technical	HR Occ Class: 690 Pharmacy	Job Class: CPT
Reports To (Job Title): Associate Director of Ambulatory Clinical Pharmacy Services		Grade Sch: NonExempt

The following statements are intended to describe the general nature and level of work being performed by people assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

JOB SUMMARY: Under general supervision of a pharmacist, the Medication Transition Specialist (MTS) will serve on the Medication Transitions Team (MTT). The MTS will support medication transitions for patients during hospital admissions and discharge with the goal to minimize medication errors that can occur during these care transitions for patients. Clinical and technical knowledge will be utilized to document complete and accurate medication lists, and provide discharge pharmacy services as needed and appropriate. The MTS will collaborate with other departments and ACS clinics to provide pharmacy-related information and assist with patient care coordination as needed.

MINIMUM QUALIFICATIONS:

Education: High school diploma or GED certificate. Completion of a pharmacy technician training program with at least one clinical rotation, and/or some college preferred.

Experience: Typically three years experience as a pharmacy technician in an ambulatory, retail, or inpatient pharmacy setting, or equivalent experience obtained through a pharmacy technician training program.

Knowledge, Skills & Abilities: Ability to work effectively as a team member. Excellent oral communication skills with patients and team members, plus demonstrated customer service skills. Attention to detail with good critical thinking and problem solving skills. Knowledge of basic pharmacy practices and procedures, including medications (prescription and OTC, brand and generic names, indications), mathematic computations, and record-keeping techniques. Good organization skills and experience with computer applications, including Microsoft office products. Demonstrates enthusiasm and initiative in performing job duties.

Certificate/License/Registration: Pharmacy Technician Certificate (PTCB) required. All Certifications and Licenses required for this job must be kept current as a condition of continued employment.

ESSENTIAL DUTIES & RESPONSIBILITIES: List each job duty and responsibility that is essential to performing the job successfully, efficiently and safely.

90% Patient-specific medication transitions of care activities:

- Conducts patient and/or caregiver interviews to obtain accurate and complete home medication lists in an accurate, efficient and timely manner.
- Contacts outside pharmacies and providers as needed to clarify home medication lists and assist with medication transitions of care.
- Documents accurate and complete home medication lists, medication allergies, and immunization history in the electronic medical record.
- Communicates with other members of the healthcare team information relevant to home medication lists, including assessment of medication compliance.
- Performs discharge medication transition of care services as developed and implemented.

- Facilitates patients' ability to continue inpatient medications post-discharge (e.g., prior authorization request assistance, medication assistance programs).
- Follow-protocol driven processes to screen patient-specific data and make appropriate referrals for post-discharge care.
- Problem-solve medication related issues in a timely manner as they arise.
- Handles and triages inquiries from providers, pharmacists and pharmacies.
- Practice excellent customer service towards patients, providers, and pharmacies.
- Assist with collecting data to monitor program effectiveness, team productivity and performance reporting.

5% Identifies and supports clinical and/or operational quality improvement opportunities.

- Assists with activities to document work done by the MTT team to support process and quality improvement efforts.
- Identifies and suggests recommendations for process improvement including areas of cost effectiveness and efficiency.
- Reports medication events (adverse drug reactions and medication errors) using the organizations' event reporting system.
- Reports and follows up on medication/patient safety issues as needed; works to resolve problems in a manner that will improve patient safety and team efficiency.
- Understands patient safety goals, core measures, and other quality metrics that affect area of practice; assists in development of programs that ensure compliance with these measures.

4% Enhances personal and coworkers' professional growth and development.

- Completes and meets the competency standards including education and training that is specific to the patient populations and practice site served. Keeps job knowledge current.
 - Assists in the training of the MTT team members as appropriate.
 - Attends and participates in departmental meetings, in-services, huddles, and departmental trainings as applicable.
 - Maintains continuing education requirements for PTCB certification or maintains a pharmacy intern license in good standing.
 - Identifies opportunities for learning and training to advance own professional competence.
 - Other duties as assigned.
- Ensures that all legal and professional pharmacy requirements are adhered to. Maintains compliance with Joint Commission and/or other government regulatory standards applicable to area of practice.
 - Promotes positive interpersonal (customer) relationships with fellow employees, physicians, patients and visitors. Treats these individuals with courtesy, dignity, empathy and respect; consistently displays courteous and respectful verbal and non-verbal communications.
 - Adheres to, complies with and demonstrates support for the mission and values of Denver Health. Supports and adheres to the Denver Health Dozen.
 - Ensures confidentiality of patient information by creating and maintaining a secure and trusting environment by not sharing information learned on the job, except when necessary in the performance of the job responsibilities or to improve a patient's care.
 - Adheres to Denver Health and departmental attendance guidelines.

For Patient Care Positions:

- Ensures all duties, responsibilities and competencies are conducted in a manner that is effective and appropriate to patients/clients to whom care/service is being provided.
- Demonstrates knowledge and applicability of the principles of growth and development over the life span, as well as demonstrating the ability to assess data reflecting the patient's status and

interpreting appropriate cultural information of the patient(s) to whom care/ services is being delivered/provided.

- Employee has completed and met their clinical competency standards.

NON-ESSENTIAL DUTIES & RESPONSIBILITIES: This section should include any job duties considered marginal or not essential to the purpose of the job. *If 5% or more, provide a list of non-essential duties being performed.*

1% Performs other duties as assigned.

ADMINISTRATIVE RESPONSIBILITIES: Check the item(s) that are administrative responsibilities of this position, if applicable: Not Applicable Instructing Assigning Work Reviewing Work
 Assessing Performance Hiring/Terminating Disciplining

DEGREE OF SUPERVISION RECEIVED: Close General Minimal

PERSONNEL SUPERVISED (Titles and Approximate Numbers): None

INTERNAL/EXTERNAL CONTACTS: DH employees, patients and caregivers, outside pharmacies/providers

POPULATION SPECIFIC STAFF: Yes No

(Check YES, if this job **requires** interaction with patients, families, and/or visitors. If YES, complete the population specific competencies at the employee's home department.)

ADA CHECKLIST – Select the following requirements that are essential (not marginal) for the incumbent to perform this job successfully, efficiently and safely.

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SAMPLE