



January 13, 2023

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Academic Development Committee meeting at 4:00PM on Wednesday January 18, 2023 in the Kaweah Health Medical Center – Support Services Building Copper Conference Room (2nd Floor) 520 West Mineral King Avenue.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page <https://www.kawahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Mike Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads "Cindy Moccio".

Cindy Moccio
Board Clerk, Executive Assistant to CEO

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<http://www.kawahhealth.org>

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS

ACADEMIC DEVELOPMENT

Wednesday January 18, 2023

Kaweah Health Support Services Building
520 West Mineral King – Copper Conference Room (2nd floor)

ATTENDING: Directors: Lynn Havard Mirviss (chair) & Ambar Rodriguez; Lori Winston, M.D., Chief Medical Education Officer & Designated Institutional Official; Gary Herbst, CEO; Keri Noeske, CNO; Amy Shaver, Director of GME; James McNulty, Director of Pharmacy Services, S. Oldroyd, DO; Lacey Jensen, Cory Nelson, Rubina Faizy, Antonieta Rueda, Daniela Rangel Orozco, Jacob Kirkorowicz; Cindy Moccio, Executive Assistant to CEO & Board Clerk, Recording

OPEN MEETING – 4:00PM

CALL TO ORDER – *Lynn Havard Mirviss*

Public / Medical Staff participation – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time. For those who are unable to attend the beginning of the Board meeting during the public participation segment but would like to address the Board, please contact the Board Clerk (Cindy Moccio 559-624-2330) or cmoccio@kaweahhealth.org to make arrangements to address the Board.

1. **PHARMACY RESIDENCY PROGRAMS** – Review of accreditation status, current citations, performance on metrics, and SWOT analysis.

Nicole Gann PharmD, BCPS Inpatient Pharmacy Manager, Pharmacy-Primary Operations, PGY1 Residency Program Director and Cory Nelson PharmD, BCACP Ambulatory Pharmacy Manager, Pharmacy-Outpatient Ops, PGY2 Residency Program Director

2. **GENERAL SURGERY RESIDENCY ANNUAL PROGRAM REVIEW** - Review of accreditation status, current citations, performance on institutional metrics, and SWOT analysis.

Lori Winston, MD Chief of Medical Education and Sebastiano Cassaro, MD Chief of Surgery Department KH, General Surgery Residency Program Director

3. **NURSING EDUCATION** - Unitek Nursing School and COS Nursing Student Cohort Update.

Jaime Morales, Director of Talent Acquisition, Human Resources

ADJOURN – *Lynn Havard Mirviss*

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

*Mike Olmos – Zone I
Secretary/Treasurer*

*Lynn Havard Mirviss – Zone II
Vice President*

*Garth Gipson – Zone III
Board Member*

*David Francis – Zone IV
President*

*Ambar Rodriguez – Zone V
Board Member*

MISSION: *Health is our Passion. Excellence is our Focus. Compassion is our Promise.*

Pharmacy Residency Programs

PGY1 Pharmacy Practice
and PGY2 Ambulatory Care
January 2023

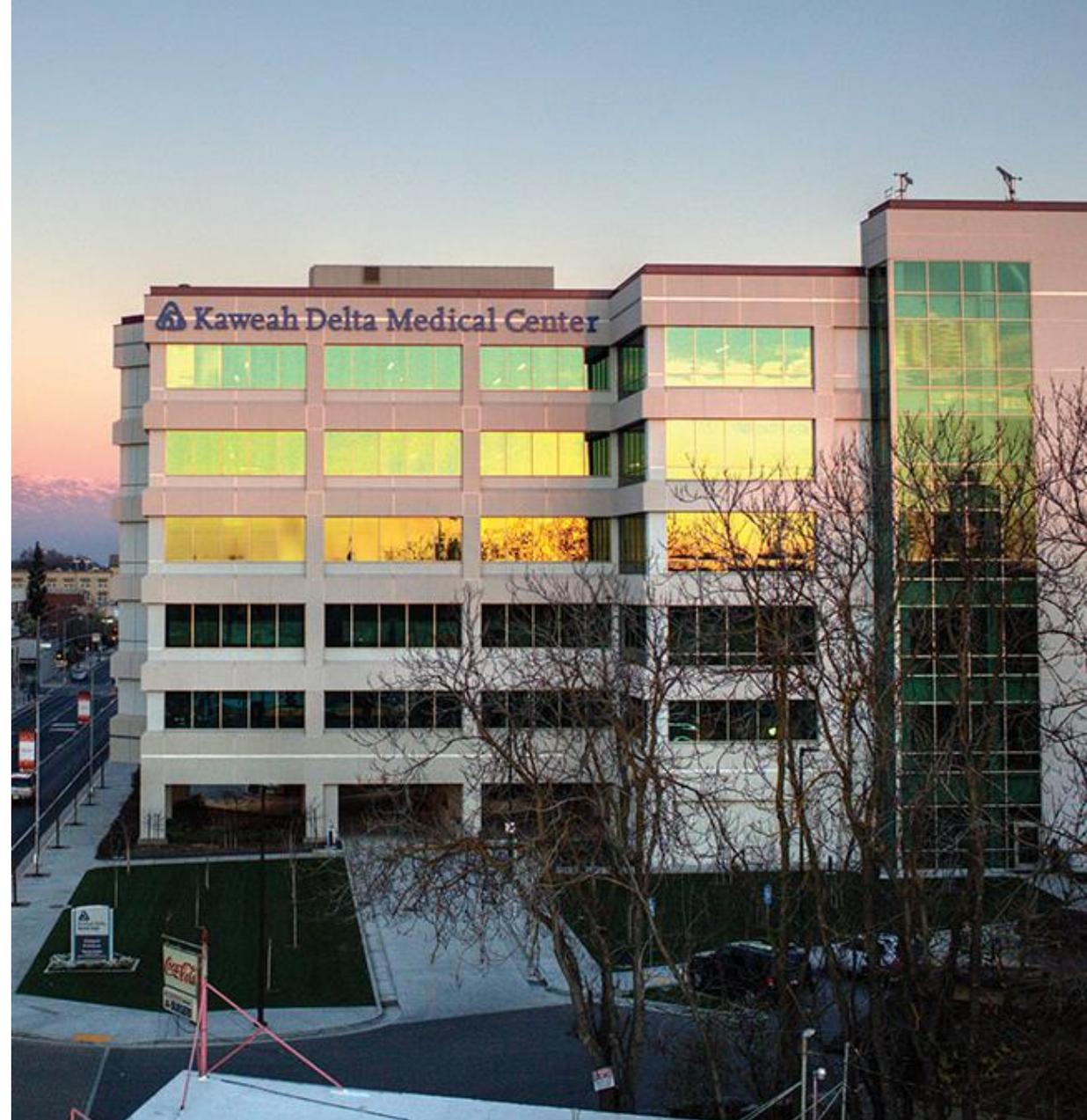


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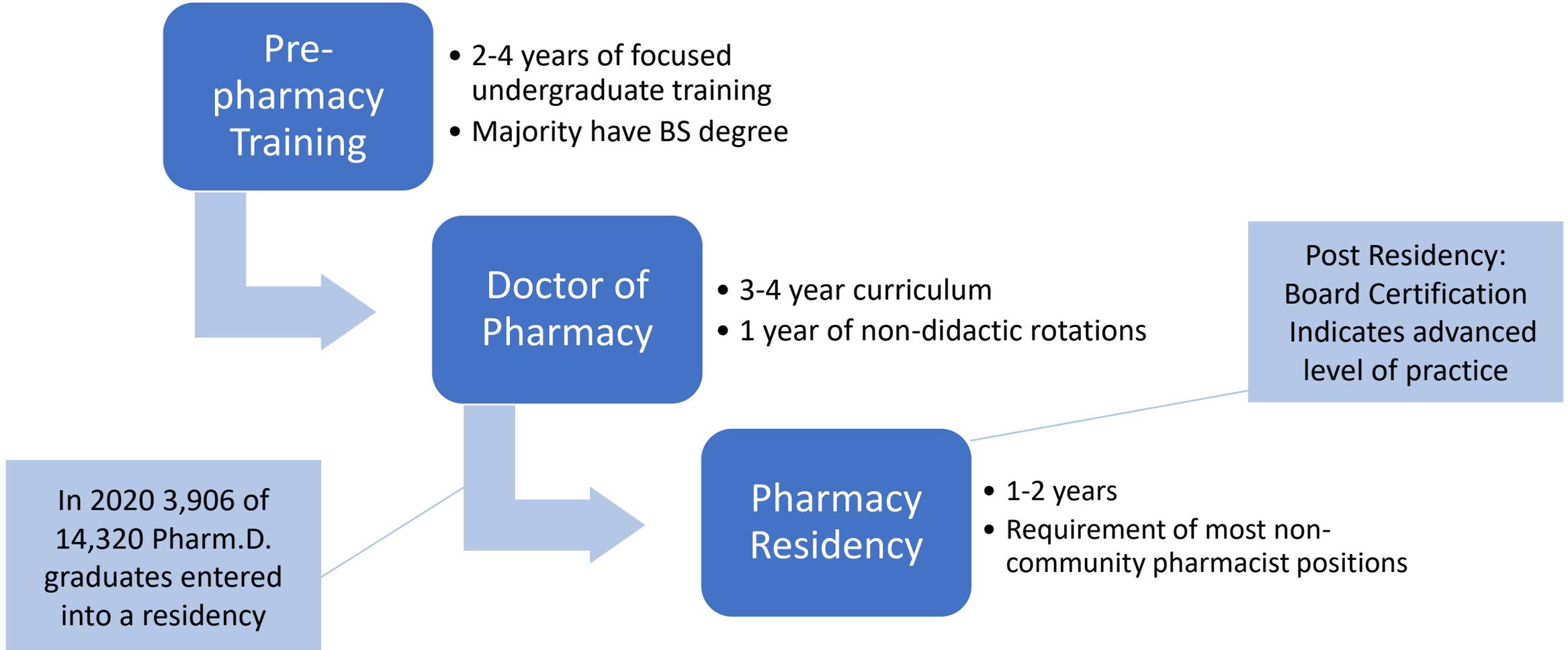


Objectives

- Understand pharmacy training pathway
- Understand pharmacy residency accreditation
- Review Kaweah Health Pharmacy Residencies
- Assess current and future state of each pharmacy residency program
- Review value of pharmacy residencies to organization



Pharmacist Education



Pharmacy Residency

PGY1 Pharmacy Practice Residency

- One-year residency programs designed to develop clinical pharmacists responsible for medication-related care of patients with a wide-range of conditions
- Graduates are eligible for board certification and for PGY2 pharmacy residency training

PGY2 Residency Programs

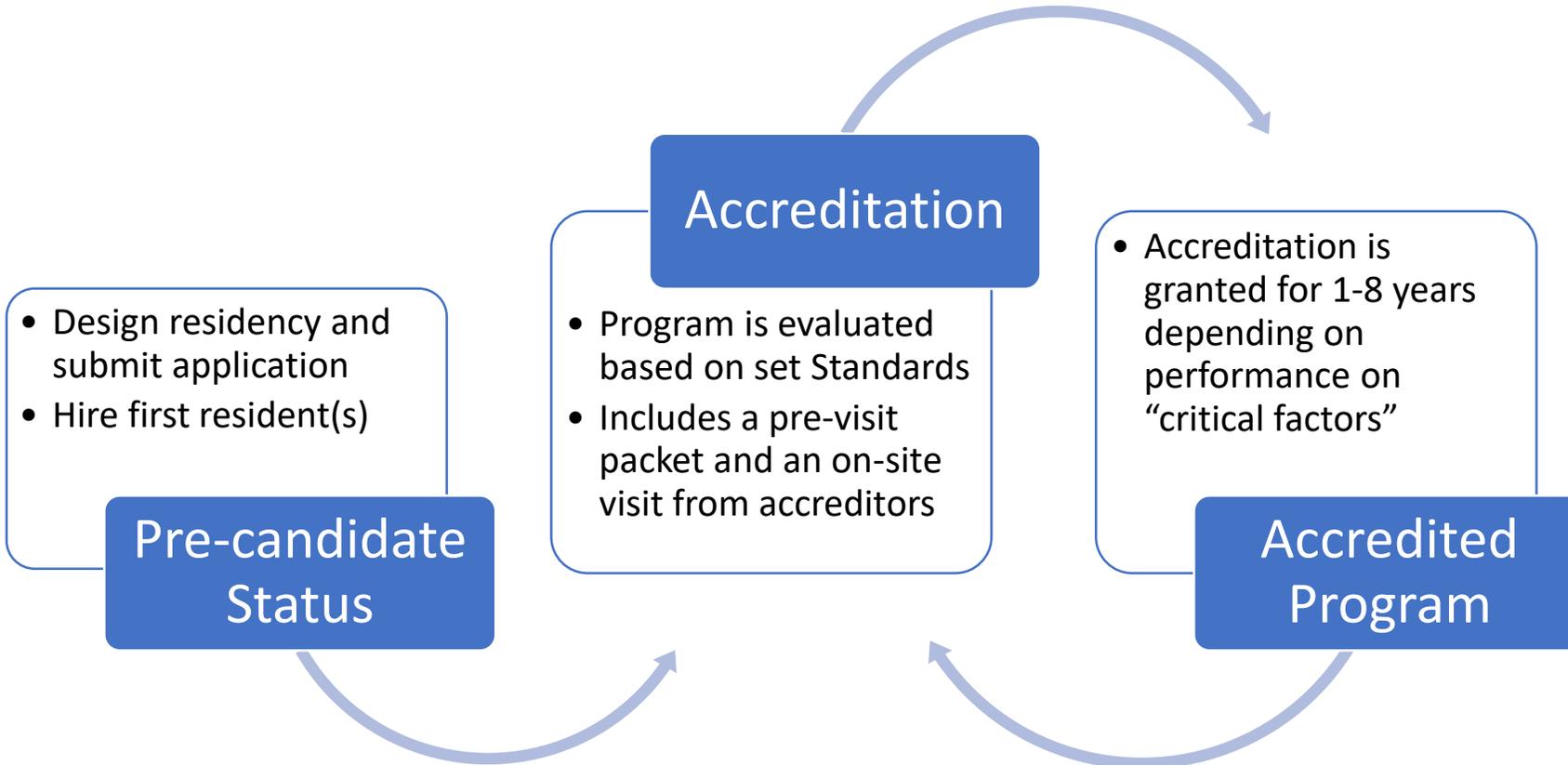
- One-year residency program designed to build upon PGY1 while focusing in a particular area of practice
- Examples Include: Ambulatory Care, Critical Care, Emergency Medicine, Infectious Disease, Oncology, Pain and Palliative Care, Administration

Pharmacy Residency

Accreditation Process

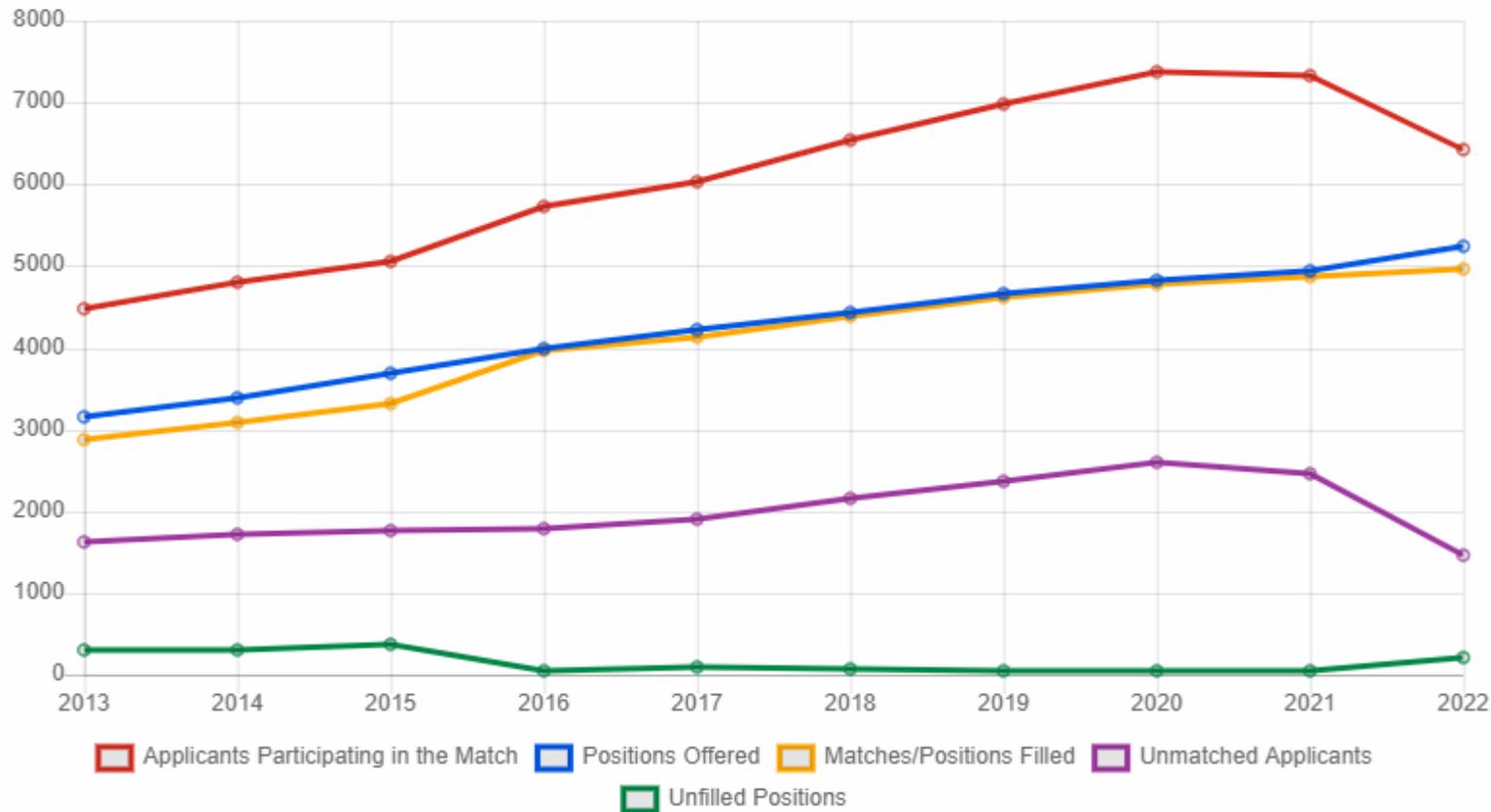


Professional organization representing over 60,000 pharmacists practicing in clinical settings



Pharmacy Residency

Match Trends



2022:
6,417 Candidates
competing for 5,232
Positions Nationwide

Note: Excludes positions filled in the [Early Commitment Process](#).

PGY1 Pharmacy Practice

Program Overview

- 2 Pharmacy Residents
 - Evidenced based practice
 - Practice leadership
- ASHP Accreditation Granted
 - September 2015
 - 8 year cycle
- Program Graduation Requires
 - Staffing Requirement
 - ✓ (340 hours per resident)
 - Research/Quality Improvement Project
 - Teaching Certificate Program
 - Formulary Projects

Program Structure

Hospital & Department Orientation (3 weeks)

Core Rotations:

- Ambulatory Care (4 weeks)
- Pharmacy Practice Management (4 weeks)
- Infectious Diseases (4 weeks)
- Internal Medicine 1 (4 weeks)
- Internal Medicine 2 (weeks)
- Critical Care (4 weeks)
- Pain Management (4 weeks)
- Emergency Medicine (4 weeks)

Longitudinal Experiences:

- Medical Emergency Response
- Formulary Management
- Residency Project
- Staffing
- Teaching Certificate Program

Program Structure

Project Work

- 2 half days per rotation
- Month of December
 - Includes ASHP Mid-year, Project Days, PTO

Electives (3 x 4 weeks)

- Anemia Management
- Advanced Pain
- Anticoagulation (inpatient)
- Critical Care II
- Drug Information
- Emergency Medicine II
- Informatics
- Pediatrics/NICU

PGY1 Program Structure Yearly Snapshot

		Resident 1	Resident 2		Assigned Projects by Month	Resident Staffing Schedule		Rotations	Portfolios
Week	2022-23	Rotations Scheduled		Med Emerg Pager Schedule	ACLS	Resident 1	Resident 2	Required Rotations: Orientation Infectious Diseases Practice Management Critical Care Internal Med I & II Pain Management Emergency Medicine Ambulatory Care Longitudinal Exp: Staffing Research Project Formulary Mngmt Med Emergency Elective Rotations: (choose 3) Acute Coag Emergency Medicine Drug Information Informatics Advanced Pain Pediatrics Anemia Management Ambulatory Care Staffing Commitment: Every 3rd weekend Estimated start time: July December Transition: These 4 weeks will be reserved as time to attend ASHP, work on research project; operations training and project follow up; confirm future learning experiences ; schedule and take PTO	Residency Portfolios must be updated by the resident on a regular basis. RPD will monitor the resident to ensure portfolios are kept up to date. Residents will be given a regularly scheduled time to ensure updates are completed.
1	June 27 - July 1	Pharmacy Orientation	Pharmacy Orientation	1					
2	July 4 - July 8			1					
3	July 11 - July 15			1	Start Recitations				
4	July 18 - July 22	ID	Internal Med 1 5T/4T	1	One Formal Presentation	7/23 - 7/24			
5	July 25 - July 29			1	Assign Monograph/MUE		7/30 - 7/31		
6	Aug 1 - Aug 5			2	Assign Research Project				
7	Aug 8 - Aug 12	Internal Med 1 5T/4T	ID	2	Start Staffing Component	8/13-8/14			
8	Aug 15 - Aug 19			2	One Formal Presentation		8/20- 8/21		
9	Aug 22 - Aug 26			2	Present Research				
10	Aug 29 - Sept 2			2	Assign Lecture 1	9/3-9/4			
11	Sept 5 - Sept 9		Order Entry	1	Work on Form Project 1		9/10-9/11		
12	Sept 12 - Sept 16	Practice Management /Project Work	Elective 1 Pediatrics/NICU	1	One Formal Presentation				
13	Sept 19 - Sept 23			1	Submit Research IRB	9/24/1945			
14	Sept 26 - Sept 30			1	Work on Lecture /Form 1		10/1-10/2		
15	Oct 3 - Oct 7	Order Entry		2	Poster Abstract Due				
16	Oct 10 - Oct 14			2	One Formal Presentation	10/15-10/16			
17	Oct 17 - Oct 21	Amb Care	ED Rotation	2	Work on Form Project 1				
18	Oct 24 - Oct 28			2	Work on Lecture 1		10/29-10/30		
19	Oct 31 - Nov 4			1	Receive IRB Approval	11/5-11/6			
20	Nov 7 - Nov 11			1	One Formal Presentation				
21	Nov 14 - Nov 18	Elective 1 Pediatrics/NICU	Pain Management 4 weeks	1	Start Data Collection		11/19 - 11/20		
22	Nov 21 - Nov 25			1	Work on Lecture /Form 1	11/26-11/27			
23	Nov 28 - Dec 2			1	ASHP Poster Draft Due				
24	Dec 5 - Dec 9	ASHP	ASHP	None	Form Project 1 Due		12/10-12/11		
25	Dec 12 - Dec 16	Pharmacy Operations	Pharmacy Operations	2	Poster at ASHP	12/17-12/18			
26	Dec 19 - Dec 23			1	Lecture 1 Due				
27	Dec 26 - Dec 30	PTO	PTO	None	Data Collection Research		12/30 - 1/1		
28	Jan 2 - Jan 6	Elective 2 Drug Information	Critical Care	1	One Formal Presentation	1/7-1/8			
29	Jan 9 - Jan 13			1	Assign Lecture 2		1/14-1/15		
30	Jan 16 - Jan 20			1	Assign Form Proj 2				
31	Jan 23 - Jan 27			1	Data Collection Research	Staffing			
32	Jan 30 - Feb 3			2	One Formal Presentation		Staffing		
33	Feb 6 - Feb 10	Critical Care	Amb Care	2	Work on Lecture 2				
34	Feb 13 - Feb 17			2	Work on Form Project 2	Staffing			
35	Feb 20 - Feb 24			2	West State Abs Due		Staffing		
36	Feb 27 - March 3			1	One Formal Presentation				
37	March 6 - March 10	Pain Management	Practice Management /Project Work	1	Work on Lecture 2	Staffing			
38	March 13 - March 17			1	Work on Form Project 2		Staffing		
39	March 20 - March 24			1	Draft PPT Due Research				
40	March 27 - March 31			2	One Formal Presentation	Staffing			
41	April 3 - April 7	ED Rotation	Internal Med 2 3W	2	Lecture 2 Due		Staffing		
42	April 10 - April 14			2	Work on Form Project 2				
43	April 17 - April 21			2	PPT Present KDHCDC	Staffing			
44	April 24 - April 28			1	One Formal Presentation		Staffing		
45	May 1 - May 5	Elective 3 ED II	Elective 2 Informatics	1	Form Project 2 Due				
46	May 8 - May 12			1	PPT at SSHP	Staffing			
47	May 15 - May 19			1	Draft Manuscript Due				
48	May 22 - May 26	WSRC/Project	WSRC/Project	None	One Formal Presentation		Staffing		
49	May 29 - June 2			2	Western States PPT	Staffing			
50	June 5 - June 9	Int Med 2 3W	Elective 3 Advanced Pain/Palliative	2	Teaching Portfolio				
51	June 12 - June 16			2	Manuscript Due	Staffing	Staffing		
52	June 19 - June 23			2	Wrap up all Evals				
	Last Day	Project WrapUP	Project WrapUP			34 shifts	34 shifts		

Project Days

Residents will be given 2 half- day per month to work on longitudinal related projects (research, service, formulary)

Other

Residents will complete a teaching certificate through ASHP prepared by the University of Kentucky. Residents will have the opportunity to precept a pharmacy student during at least one learning experience. Elective rotations may be extended to 6 weeks to allow for the resident to further customize their learning experiences.

Presentations

1 presentation per rotation (excl conc/long); ASHP poster at Mid-Year ; 2-3 didactic lectures (teaching certificate), Formal presentation research project to KHMC staff, Sierra Society (CSHP) & WSC; Other presentations may be assigned by preceptor PRN; Substitution of project for presentation with approval by preceptor & RPD (limit 2X)

- Strong clinical acute care experiences
- Talented and experienced preceptor team
- Variety of practice settings
- Partnerships with UCSF to strengthen resident experience

- Team rounding limited to certain patient units
- Difficulty recruiting to rural area

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PGY1

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- KH has extensive medical residency programs to further integrate training
- Almost 50% retention rate of residents after completion of residency

- Current economic climate has caused a decrease in applicant pool for 2023
- Potential for inpatient jobs after residency completed

PGY2 Ambulatory Care

Program Overview

- First PGY2 program in the Central Valley
 - 2018-2019 Residency Year
- ASHP Accreditation Granted
 - July 2, 2018
- Early Commitment option for PGY1s interested in PGY2
- Program Graduation Requires
 - Research Project
 - Business Plan for a Pharmacy Service Line
 - Completion of Staffing Requirement

PGY2

- Required Longitudinal:
 - Staffing (1/2 day per week)
 - Practice Management and Leadership
 - Scholarship and Teaching

- Elective Rotations (2 d/w):
 - Pain Management II
 - Cardiology
 - Nephrology
 - Endocrinology
 - Will explore other options based on resident interest

Week	Date	Resident
1	July 11-15	Orientation (3 weeks)
2	July 18-22	
3	July 25-23	
4	Aug 1-5	Rural Health Clinics (8 weeks, 4 days/week)
5	Aug 8-12	
6	Aug 15-19	
7	Aug 22-26	
8	Aug 29-Sep 2	
9	Sept 5-9	
10	Sept 12-16	
11	Sept 19-23	
12	Sept 26-30	Family Medicine (8 weeks, 4 days/week)
13	Oct 3-7	
14	Oct 10-14	
15	Oct 17-21	
16	Oct 24-28	
17	Oct 31-Nov 4	
18	Nov 7-11	
19	Nov 14-18	
20	Nov 21-25	Pain Mgmt. (12 weeks, 2 days/week + MCM + PTO)
21	Nov 28-Dec 2	
22	Dec 5-9	
23	Dec 12-16	
24	Dec 19-23	Elective 1 (12 weeks, 2 days/week + MCM + PTO)
25	Dec 26-30	
26	Jan 2-6	
27	Jan 9-13	
28	Jan 16-20	Project (1/2 administrative time, longitudinal) 1/2 day per week, longitudinal
29	Jan 23-27	
30	Jan 30-Feb 3	
31	Feb 6-10	

32	Feb 13-17	Specialty Clinic (8 weeks, 4 days/week)	Practice Management and Staffing (1/2 day per week, longitudinal)
33	Feb 20-24		
34	Feb 27-Mar 3		
35	Mar 6-10		
36	Mar 13-17		
37	Mar 20-24		
38	Mar 27-31		
39	Apr 3-7		
40	Apr 10-14	Primary Care (13 weeks, 2 days/week)	Practice Management and Staffing (1/2 day per week, longitudinal)
41	Apr 17-21		
42	Apr 24-28		
43	May 1-5		
44	May 8-12		
45	May 15-19	Elective 2 (10 weeks, 2 days/week)	
46	May 22-26		
47	May 29-Jun 2		
48	Jun 5-9	Flex Time	
49	Jun 12-16		
50	Jun 19-23		
51	Jun 26-30		
52	Jul 3-7		

PGY2

- Required Block Rotations (4 d/w):
 - Family Medicine (8 weeks)
 - Specialty Clinic (8 weeks)
 - Rural Health Clinic (8 weeks)

- Required Block Rotations (2 d/w):
 - Pain Management I (12 weeks)
 - Primary Care (12 weeks)

Week	Date	Resident
1	July 11-15	Orientation (3 weeks)
2	July 18-22	
3	July 25-23	
4	Aug 1-5	Rural Health Clinics (8 weeks, 4 days/week)
5	Aug 8-12	
6	Aug 15-19	
7	Aug 22-26	
8	Aug 29-Sep 2	
9	Sept 5-9	
10	Sept 12-16	
11	Sept 19-23	
12	Sept 26-30	Family Medicine (8 weeks, 4 days/week)
13	Oct 3-7	
14	Oct 10-14	
15	Oct 17-21	
16	Oct 24-28	
17	Oct 31-Nov 4	
18	Nov 7-11	
19	Nov 14-18	
20	Nov 21-25	Pain Mgmt. (12 weeks, 2 days/week + MCM + PTO)
21	Nov 28-Dec 2	
22	Dec 5-9	
23	Dec 12-16	
24	Dec 19-23	Elective 1 (12 weeks, 2 days/week + MCM + PTO)
25	Dec 26-30	
26	Jan 2-6	
27	Jan 9-13	
28	Jan 16-20	Project (1/2 administrative time, longitudinal) 1/2 day per week, longitudinal)
29	Jan 23-27	
30	Jan 30-Feb 3	
31	Feb 6-10	

32	Feb 13-17	Specialty Clinic (8 weeks, 4 days/week)	Practice Management and Staffing (2)
33	Feb 20-24		
34	Feb 27-Mar 3		
35	Mar 6-10		
36	Mar 13-17		
37	Mar 20-24		
38	Mar 27-31		
39	Apr 3-7		
40	Apr 10-14	Primary Care (13 weeks, 2 days/week)	Practice Management and Staffing (2)
41	Apr 17-21		
42	Apr 24-28		
43	May 1-5		
44	May 8-12	Elective 2 (10 weeks, 2 days/week)	
45	May 15-19		
46	May 22-26		
47	May 29-Jun 2		
48	Jun 5-9	Flex Time	
49	Jun 12-16		
50	Jun 19-23		
51	Jun 26-30		
52	Jul 3-7		

- Strong clinical patient interactions/responsibility
- Talented preceptor team
- Variety of practice settings
- Partnerships with UCSF and UMN to strengthen resident experience

- Lack of depth in specialty areas of ambulatory care
- Moderate interaction with medical residents
- Difficulty recruiting to rural area

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PGY2

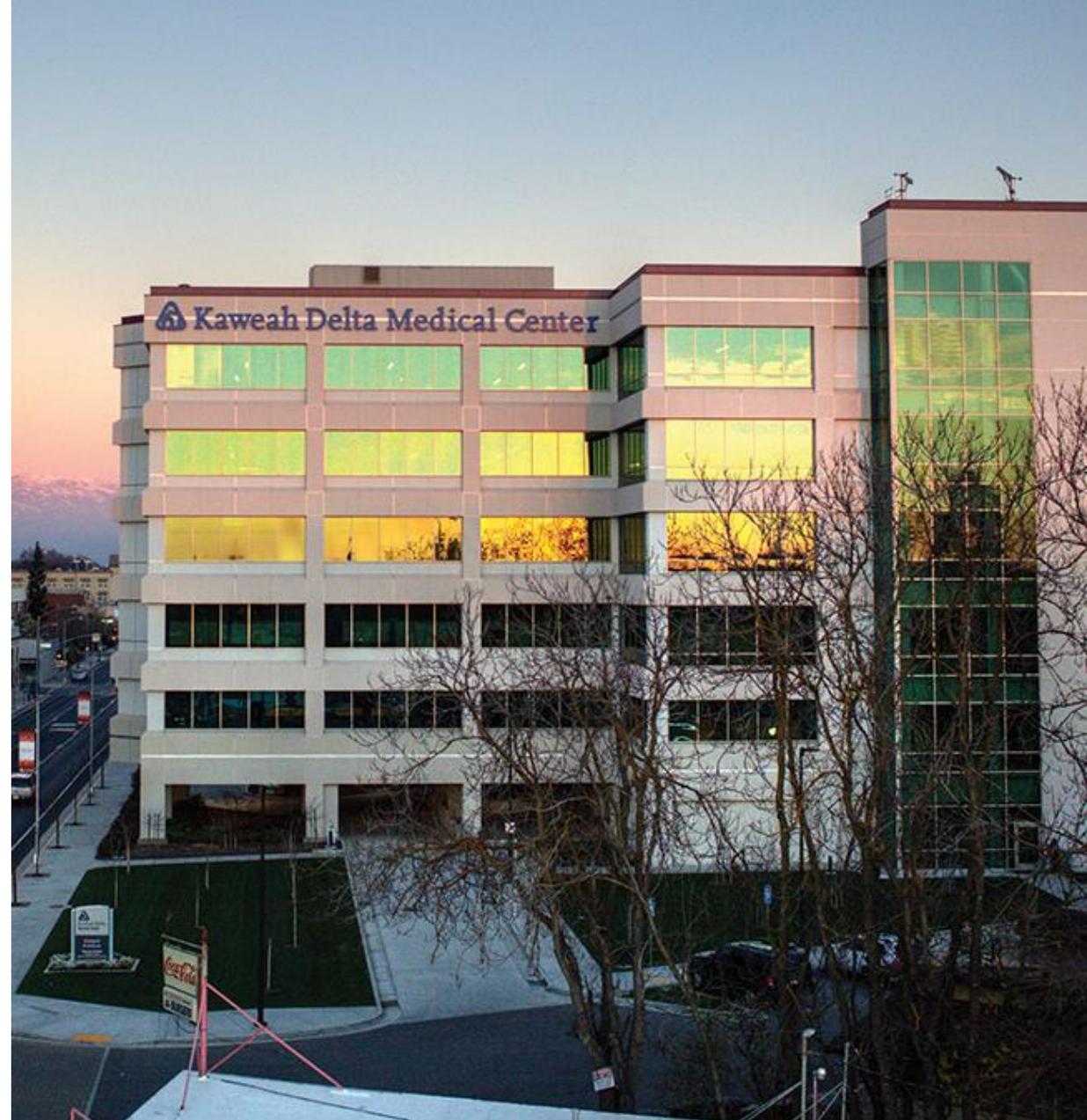
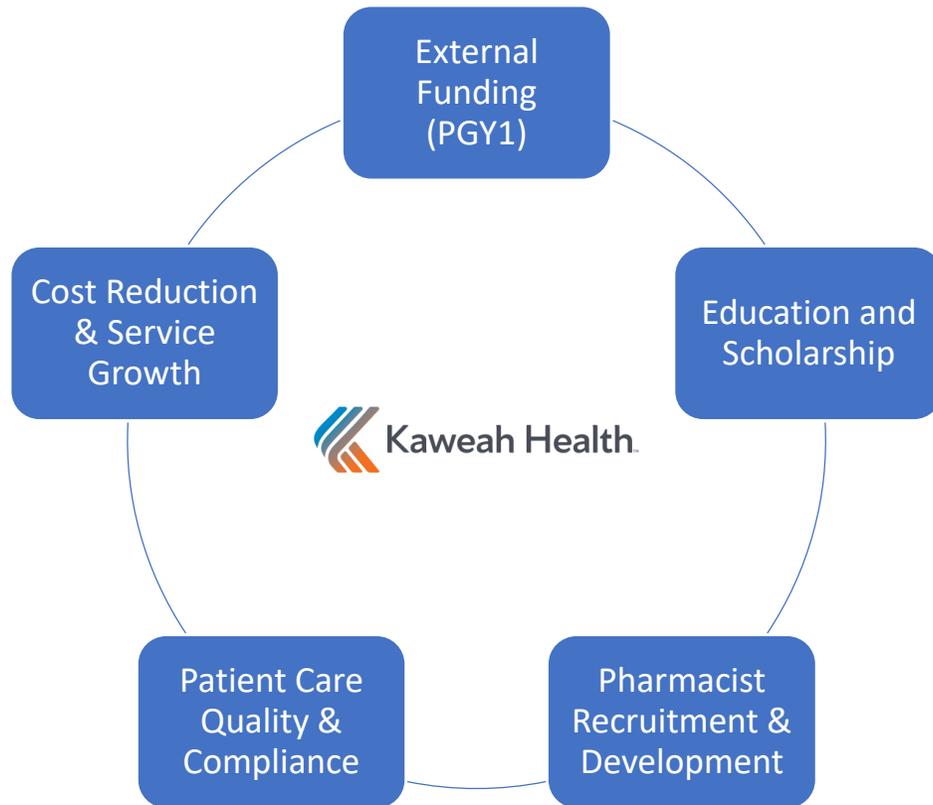
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- KH has extensive medical residency programs to further integrate training
- Key Medical Group as potential partners in training

- Kern Medical Center started a PGY2 in Ambulatory Care in 2022
- PGY1 programs with a strong ambulatory care focus

Why?

Benefits to the Organization



Pharmacy Resident Value Added

To the Organization and Community

- Supports Patient Care
 - Expands the reach of the current clinical pharmacist as resident can:
 - Attend Code Blues and RRTs
 - Makes recommendations to improve medication therapy
 - Complete consults, therapeutic interchanges and automatic adjustment
 - Expands outpatient clinic volume
- Improves the Quality of Health Care Services
 - Completion of residency related quality improvement and/or research projects
 - Example Projects: Implementation of long-acting antipsychotic service line, review of clinical outcomes of pharmacist-managed type-2 diabetes mellitus, Implementation of Cerner smart template to improve consult workflow, Impact of ED RPh interventions on use of LMWH over UFH
- Supports Medical, Nursing and Patient Satisfaction
 - Resource for medication information and medication therapy optimization
 - Participate in patient counseling or medication history review
 - Provide educational in-services
 - Reduction in complex visits for primary care providers
 - Improved patient care experience for patients with multiple chronic conditions/medications
- Cost Reduction
 - Reduce pharmacist recruitment costs by retaining current residents into open pharmacist positions
 - Residents cover inpatient pharmacist shifts on the weekends (680 hours/year) and ½ day per week outpatient (208 hours/year)
- Professional Development, Education and Scholarship
 - Provides for development of leadership/clinical skills of current pharmacist staff through precepting
 - Allows current pharmacist staff to contribute to research and/or quality improvement projects w/ opportunity for publications
 - Journal Club and Topic/Case Presentations for continuing education to current pharmacist staff

Implementation of a Cerner Smart Template Powerform to Improve Pharmacist Consult Workflow

Ryan Rana, PharmD; Steven Richardson, PharmD, BCIDP, AAHVP; Nicole Gann, PharmD, BCPS; Blake Bartlett, PharmD; Kelvin Tran, PharmD
Kaweah Health Medical Center, Visalia, CA

Background

- At Kaweah Health, the value of pharmacist participation in the vancomycin consult service is apparent, however, the current consult workflow process, as mapped in Figure 1, could benefit from optimization.
- There are many redundant steps in the current documentation process and the data mining in order to complete the vancomycin work up is time consuming.
- The goal of this project is to analyze current workflow and then redesign and implement a new workflow to support completion of vancomycin consults utilizing new Smart Template Powerform functionality within the EHR thus eliminating unnecessary steps and streamlining workflow.
- Improvement of workflow could be beneficial to optimizing the efficiency of the daily activities performed by the clinical pharmacists, potentially capturing additional time in the pharmacist day for continued focus on other essential clinical pharmacist activities
- The results of this study could show the benefit of implementing a new Powerform into the pharmacists' workflow and could lead to further improvement of the EHR system to provide pharmacists time to focus on other clinical aspects of their job.

Objectives

- Purpose:**
 - Improve the efficiency of current pharmacist workflow for vancomycin consult management
- Objectives:**
 - Primary:** Reduce redundancy in the documentation process and decrease manual data mining of clinical patient information measured by the time to complete a vancomycin consult
 - Secondary:** Increase pharmacist work satisfaction with the vancomycin consult service

Acknowledgements

- The primary research team would like to thank the individuals and institutions involved with this pharmacy research opportunity from Kaweah Health Medical Center
- The primary study investigators have no relevant financial or nonfinancial relationships to disclose. All images are free of copyright & approved for commercial use.
- Contact information: Ryan Rana (rrana@kaweahhealth.org)



Figure 1: Current workflow steps

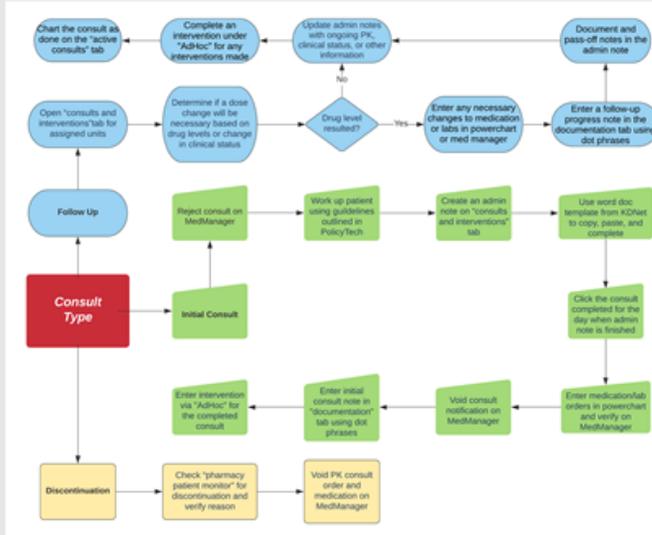
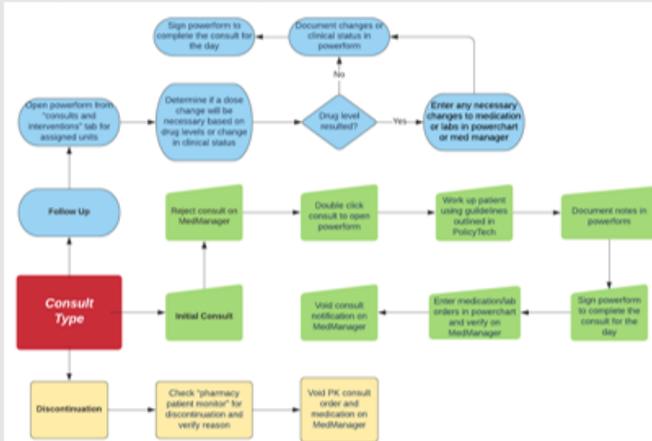


Figure 2: Proposed new workflow steps are mapped out below removing many of the duplicate documentation steps.



Study Design

- This quality improvement project will involve implementation of a new Powerform with Smart Template functionality within the EHR system aimed to improve and streamline the pharmacist workflow process.
- Pre- and post- implementation measurements of the time to complete a vancomycin consult as well as differences in work satisfaction of the pharmacist will be measured and reported as part of the implementation process.
- Primary objective:**
 - Data collection of the time to complete a consult will be accomplished using completed pharmacist intervention forms on the EHR during a two-week window both before and after implementation of the new form template.
 - Pre-implementation data will be pulled using an existing KD Hub Discern Report while post-implementation data will be pulled from a new KD Hub Discern Report compatible with the new Powerform.
 - Data points to be collected include the following: date, type of consult, time started, time completed, estimated time to complete, patient floor, pharmacist shift, and pharmacist name
- Secondary objective**
 - Data collection for work satisfaction will be accomplished using an electronic survey tool and emailed pre and post implementation of the new workflow to all pharmacists participating in the vancomycin consult workflow and the difference in scores will be reported as an outcome measure of the intervention

Results

- Initial facilitation meeting to determine new workflow has been completed.
- Pre-implementation surveys will be sent out in December. Powerform implementation will go live in the new year with post-implementation surveys to follow

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Pharmacy Residency Retention Rates

Class Year	PGY1 Retention Rate	PGY2 Retention Rate
2015	100%	
2016	100%	
2017	50%	
2018	0% [100% PGY2]	
2019	0% [50% PGY2]	100%
2020	50% [50% PGY2]	n/a
2021	0%	0%
2022	50%	0%

Pharmacist Retention, Development and Satisfaction

- Inpatient Clinical Pharmacists (50 pharmacists)
 - >77% of Pharmacists have completed PGY1 residency
 - 23% of Pharmacist have completed PGY2 residency or Fellowship training in specialty areas
 - >40 % of Pharmacists have obtained BCPS or related certification
- Ambulatory Care Pharmacists (6 pharmacists)
 - 5/6 pharmacist have completed 2 years of post-graduate training
 - 2/6 (2/3 eligible*) pharmacists are board certified (BCACP, BCPS, BCGP, BCPP)
- Highly skilled pharmacists look for job opportunities that include residency programs
- Residency Programs promotes workplace energy, practice reflection, innovation and enhanced focus on quality improvement
- Resident Projects enhance workplace experience
- Retention of current resident offsets recruitment, orientation and training costs



Contact

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Live with passion.

Health is our passion. Excellence is our focus. Compassion is our promise.



Example Resident Research

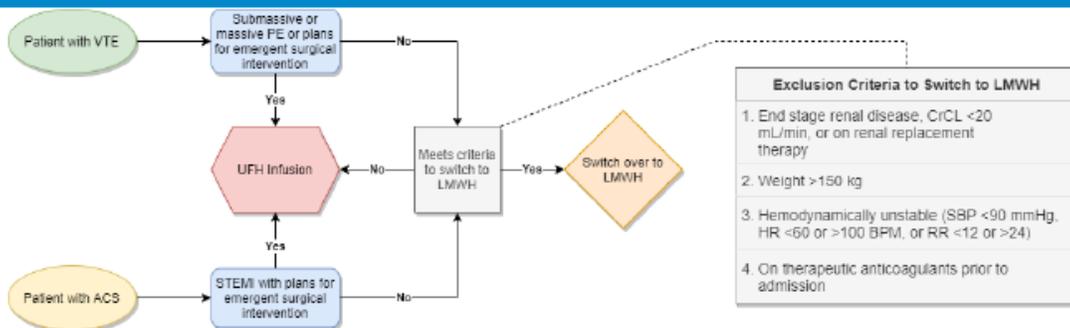
The Impact of Emergency Department Pharmacist Interventions on the Use of Low Molecular Weight Heparin over Unfractionated Heparin to Reduce Medication Error Rates

Jeanny An, PharmD; Kathryn Smith, PharmD, BCPS; Savannah Frady Lail, PharmD, BCPS, BCCCP; Christopher Mahaffey, PharmD, BCPS
Kaweah Health Medical Center, Visalia, CA

Background

- Unfractionated heparin (UFH) infusion and low molecular weight heparin (LMWH) are guideline recommended and FDA approved for acute coronary syndrome (ACS) or venous thromboembolism (VTE) treatment
- UFH infusions are prescribed more frequently compared to LMWH despite unfavorable characteristics that can lead to adverse outcomes and errors^{1,2}:
 - ↑ risk of heparin induced thrombocytopenia
 - Close monitoring of partial thromboplastin time (PTT)
 - Narrow therapeutic range
- LMWH is a weight-based once or twice daily subcutaneous injection that does not require routine monitoring of anticoagulation activity³
- LMWH has lower medication error risk, and with the added ease of administration, may be initiated quicker in select patients with ACS or VTE
- Pharmacist-led effort to decrease error rates was implemented by recommending a LMWH whenever appropriate in patients with ACS or VTE

UFH to LMWH Switch Criteria



Research Purpose and Outcomes

Purpose:

- To quantify the ED pharmacists' interventions regarding the choice of initial parenteral anticoagulant and assess opportunities for optimization of prescribing practices for patients with ACS or VTE

Primary Outcome:

- The number of medication errors potentially prevented by the ED pharmacy team by recommending a switch from UFH infusion to LMWH in select ACS or VTE patients

Secondary Outcomes:

- Number of UFH infusions ordered for patients that met the criteria to switch to a LMWH that could have been intervened on
- Difference in time to initiation of anticoagulation

References

- Tapson VF, et al. Venous thromboembolism prophylaxis in acutely ill hospitalized medical patients. *Chest*. 2007;132:936-945
- Gilson CG, et al. Early and long-term clinical outcomes associated with reinfarction following fibrinolytic administration in the Thrombolysis in Myocardial Infarction trials. *J Am Coll Cardiol*. 2003; 42: 7-16
- Nutescu EA, et al. Pharmacology of anticoagulants used in the treatment of venous thromboembolism [published correction appears in *J Thromb Thrombolysis*. 2016;42(2):296-311].

Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Jeanny An: Nothing to disclose
Kathryn Smith: Nothing to disclose
Savannah Frady Lail: Nothing to disclose
Christopher Mahaffey: Nothing to disclose

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Methods

DESIGN: Retrospective, quality improvement, medication use evaluation (MUE)

INCLUSION CRITERIA:

- Adult patients 18 years or older presenting to the ED from November 1, 2020 to September 30, 2021
- Confirmed diagnosis of ACS or VTE
 - ACS defined as unstable angina, non-ST-elevation myocardial infarction, ST-elevation myocardial infarction
 - VTE defined as pulmonary embolism or deep vein thrombosis

EXCLUSION CRITERIA:

- Patients admitted for non-ACS or VTE related problems
- Vulnerable patient populations such as children, pregnant women, and prisoners

PRIMARY OUTCOME DATA COLLECTION:

- Total number of pharmacy interventions made that switched UFH infusion to LMWH

SECONDARY OUTCOME DATA COLLECTION:

- Age, sex, weight, initial coagulation lab markers, initial indication, anticoagulation medication prescribed, baseline creatinine clearance (CrCL), history of ACS or VTE
- Hemodynamic status on admission, time to initiation of anticoagulation

MUE/HEPARIN AUDIT DATA COLLECTION:

- Diagnosis, unit location, weight used to calculate heparin dose
- Review MIDAS safety reporting system for known errors
- Medication errors to be identified with heparin infusions:
 - Incorrect weight programmed and used to calculate initial bolus and maintenance dose
 - Incorrect initial heparin bolus dose given
 - Not ordering PTT levels at the correct time or levels not drawn on time
 - Inappropriate adjustment of heparin infusion rates
 - Not administering the needed heparin boluses

Results/Conclusions

In progress



Supplemental Slides

Pharmacy Services

- 6 Pharmacies over 3 campuses
 - Inpatient Pharmacy (Main Campus)
 - Rehab/Mental Health Pharmacy (West Campus)
 - Subacute/Skilled Nursing Pharmacy (South Campus)
 - Home Infusion Pharmacy (Main Campus)
 - Employee Pharmacy (Main Campus)
 - Kaweah Health Retail Pharmacy (Main Campus)



Outpatient Clinical Pharmacists

- Ambulatory Care Pharmacists (6 pharmacists)
 - 5 Kaweah Health FTEs
 - 1 UCSF-Kaweah Health Joint Faculty Member
 - 5/6 pharmacist have completed 2 years of post-graduate training
 - 2/6 (2/3 eligible*) pharmacists are board certified (BCACP, BCPS, BCGP, BCPP)

Outpatient Clinical Pharmacy Services

- Sequoia Health and Wellness (Family Medicine Center)
 - Clinical pharmacist assigned to Family Medicine team
 - Outpatient patient clinic visits and inpatient rounds with family medicine team
 - Pharmacist is a faculty with the Family Medicine medical residency
- Kaweah Health Specialty Clinic
 - One Clinical Pharmacist work within an interdisciplinary team that follows high-risk patients with chronic disease states in outpatient clinic setting
 - Population Health Management for a capitated MAP-D population

Outpatient Clinical Pharmacy Services

- Pain Management
 - Expansion of current inpatient pain management service to the outpatient setting
- Employee Wellness Program
 - Clinical pharmacist assigned to follow employees with certain chronic diseases (DM, rheum, infectious disease)
- Rural Health Clinics
 - 2 clinical pharmacists as well as joint UCSF faculty member to care for patients in the Rural Health Clinics

Teaching Affiliations

- **Schools of Pharmacy - Primary**
 - University of California San Francisco (UCSF) - Primary
 - University of the Pacific (UOP)
 - Touro University
- KH hosts between 10,000 to 20,000 pharmacy student rotation hours per year inpatient and outpatient combined
- Designated Center of Excellence in Experiential Education teaching site for UCSF pharmacy students

ACADEMIC DEVELOPMENT COMMITTEE

January 18, 2023



GENERAL SURGERY - CONTINUED ACCREDITATION JAN 5, 2023

5-3-3-3-3 = 17

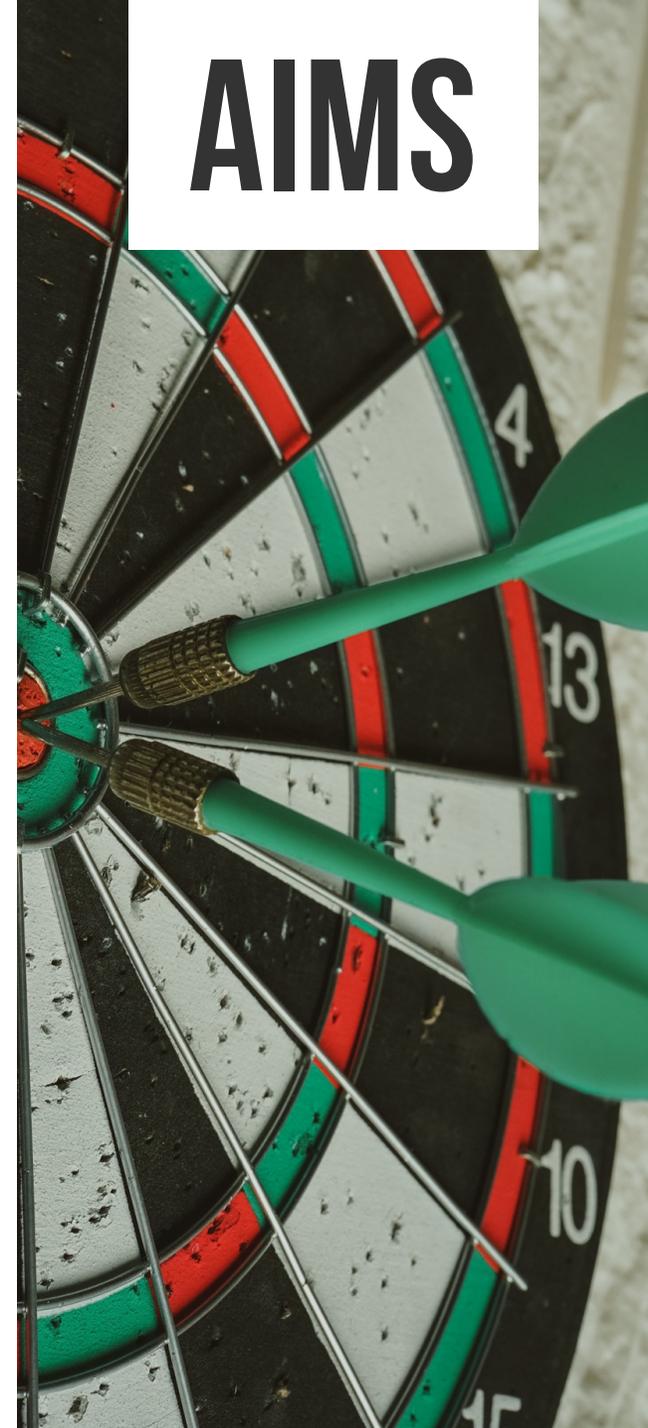
ZERO CITATIONS!

Commended for substantial compliance with ACGME requirements

Mission

To provide a broad-based educational and clinical experience in the wider scope of the specialty, to train compassionate, competent and professional general surgeons with the skills and confidence needed to enter the unsupervised practice of surgery in a community setting or to succeed in fellowship training in a subspecialty area of surgery. The program emphasizes the knowledge, skills and attitudes residents need to work collaboratively in the healthcare delivery system and have a positive impact on their patients' lives and on their communities.

- Graduating residents will log at least 10 percent more than the total major 850 cases minimum required by ACGME and ABS
- Residents considering community practice are able to take a senior elective rotation in a community setting with a dedicated aligned mentor
- Graduating residents who elect to continue their training in a fellowship participating in a matching program will match successfully
- Residents above the PGY-3 level will score at the 30th percentile or higher on the ABSITE
- Graduating residents will take & pass both components of the ABS exam within 2 years of completing training
- Residents above the PGY-3 who are considering a fellowship will co-author at least one abstract by the end of their PGY-4 year
- Faculty development for their roles in teaching, supervision, assessment & mentoring of residents will be conducted through a newly developed formal curriculum



SURGERY PERFORMANCE ON INSTITUTIONAL INDICATORS



Case logs



Step 3 Pass rates



Resident Survey



Faculty Survey



In-training exam scores

GENERAL SURGERY

Major changes: Increased colorectal surgery

Strengths

1. Surgical volume and variety
2. Committed, experienced Program Director & Chair
3. Education privileged over service
4. FES, ATLS, medical student clerkships - Dr. Kalani
5. Dedicated faculty with strong medical group

S

Weaknesses

1. No surgical critical care service
2. Scholarly activity
3. Nonclinical GME productivity primarily completed by PD
4. No Trauma director

W

Opportunities

1. Surgical critical care service
2. New service lines
3. Expand CMS cap by 5
4. Hire a new fellowship trained core faculty member

O

T

Threats

1. VMC joining Adventist Health
2. Limiting OR cases may impede adequate surgical volumes for training



THE
END





Update

ANESTHESIOLOGY

- Big changes are still required in preparation for an expected ACGME site visit in April 2023 with status decision in Sept 2023.
- Recruitment for a new residency program director is underway and Dr. Smith will remain involved until a suitable candidate is identified
- Dr. Winston, along with Suzy Plummer from project management are overseeing improvements that will aid in accreditation efforts

Kaweah Health University January 2023



[kaweahhealth.org](https://www.kaweahhealth.org)



Kaweah Health School of Nursing

In Partnership with Unitek



Kaweah Health.



Unitek COLLEGE

A Division of Unitek Learning

- Program approved by BRN on November 14, 2022
- Cohort of 25 twice a year (March & September)
 - 3 year BSN program in March 2023
 - 2 year BSN program in September 2023
- Application period November 16 – December 31, 2022 (6 weeks)
- Graduating classes
 - September 2025 (2 year)
 - March 2026 (3 year)



Kaweah Health School of Nursing

In Partnership with Unitek



Kaweah Health.



- Application requirements
 - Personal Statement of Interest
 - Resume
 - Letters of Recommendation (2)
 - Leadership Recommendation Form (current manager)
 - Panel Interview
 - 3-year Kaweah Health Service Agreement

Kaweah Health School of Nursing

In Partnership with Unitek

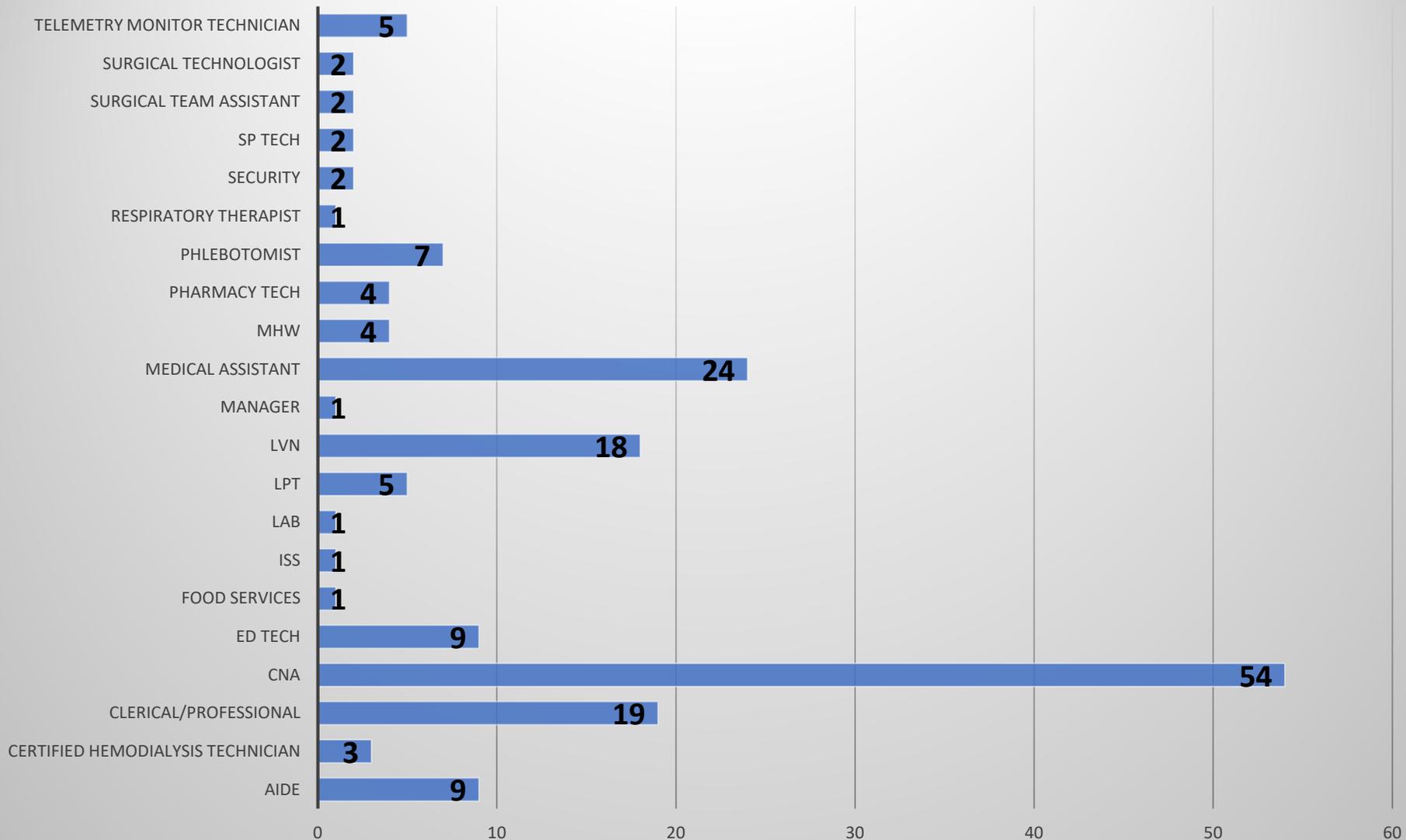


Kaweah Health.



- Total Applications
 - Received- 174
 - Complete-139
 - Interviewed to date- 53 (85 interviews underway)
 - Approved to date- 46

Applicants by Job Title



College of the Sequoias

Year Round RN Program



- Continual offering approved by BRN on November 14, 2022
- Cohort of 20 annually (May)
 - Kaweah Health sponsored seats, up to 10
- Next program starts May 2023
- Application period open now through February 1, 2023
- Graduating classes
 - May 2024, May 2025 and every May thereafter

College of the Sequoias

Year Round RN Program

- Application requirements for sponsorship
 - Personal Statement of Interest
 - Resume
 - Leadership Recommendation Form (current manager)
 - 2-year Kaweah Health Service Agreement
- Application Review Committee underway

