



San Francisco Health Network of San Francisco Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE FOR HEMATOLOGY/ONCOLOGY CLINICAL PHARMACIST

I. Policy statement

- A. It is the policy of the San Francisco Health Network and [Zuckerberg](#) San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively by health professionals, including physicians, pharmacists, physician assistants, nurse practitioners, and registered nurses.
- B. A copy of the signed procedures will be kept in the Medical Staff Office and the respective clinics.

II. Functions to be performed

The clinical pharmacist, in accordance to the California Business and Profession Code 4050 to 4052, who has standardized procedures conforming to Title 16, California Code of Regulations, Section 1474, Standardized Procedure Guidelines, may perform the following procedures or functions to provide health care services in a clinic as part of a multidisciplinary group that includes physicians, physician assistants, nurse practitioners, and registered nurses.

- A. Performing patient assessment
- B. Ordering and interpreting drug therapy-related tests
- C. Referring patients to other health care providers
- D. Participating in the evaluation and management of diseases and health conditions in collaboration with other health care providers
- E. Initiating, adjusting, or discontinuing drug therapy; in consultation with the oncology provider or, if unavailable, the on-call hematology/oncology fellow or attending physician.
- F. Providing consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

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III. Circumstances under which a clinical pharmacist may perform function

A. Setting

The clinical pharmacist may perform the following standardized procedure functions in the hematology/oncology clinics, infusion center, and inpatient wards consistent with their experience and training.

B. Scope of supervision required

1. Clinical pharmacists are responsible and accountable to the Chief Pharmacy Officer and the medical directors of the service where they provide clinical pharmacist services consistent with the needs and expectations of the DPH and SFHN. The clinical pharmacists are under the direct supervision of the service medical director. They are responsible and accountable to the DPH Chief Pharmacy Officer to provide clinical services consistent with the needs and expectations of the DPH and SFHN.
2. Overlapping functions are to be performed in areas which allow for a consulting physician to be available to the clinical pharmacist, available by phone, in person or other electronic means at all times
3. Physician consultation is to be obtained under the following circumstances:
 - a) Medical conditions requiring prompt medical intervention
 - b) Acute decompensation of a patient
 - c) Medical problems not resolving as anticipated
 - d) Unexplained historical, physical or laboratory findings
 - e) Before ordering invasive laboratory procedures other than venipuncture needed to assess pharmacologic therapy
 - f) Early requests for controlled substance refills based upon pain agreement between a provider and the patient
 - g) Upon request of patient, physician or clinical pharmacist
 - h) Violent or verbally abusive patient behavior

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IV. Requirements for the clinical pharmacist

A. Experience and education

1. Active California pharmacist license
2. Possession of a Doctor of Pharmacy degree, and completion of a one year pharmacy residency program; OR
3. Possession of a Doctor of Pharmacy degree and completion of an American Society of Health-System Pharmacists or American College of Clinical Pharmacy accredited one-year pharmacy residency program; OR
a one year pharmacy fellowship program; OR

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Possession of a Baccalaureate of Pharmacy degree, completion of a one year pharmacy residency program, and one year of verifiable post-graduate work experience performing clinical functions in medication management.

(Two years of verifiable post-graduate work experience performing clinical functions in medication management, or certification as Board Certified Pharmacotherapy Specialist may be substituted for the one year residency or fellowship experience requirement.)

3.4. Completion of a specialty residency or fellowship in Hematology/Oncology Pharmacotherapy OR three or more years of verifiable post-graduate work experience performing clinical functions in oncology-related medication management with certification as a Board Certified Oncology Pharmacist

B. Evaluation of the clinical pharmacist competence in performance of standardized procedures

1. Initial: At the conclusion of the standardized procedure training, the Service Medical Director or designee will assess the clinical pharmacist's ability to practice utilizing feedback from consulting providers, and review ten charts for the oncology protocol and five charts for the hematology protocol, or the equivalent number of direct observations. Documentation will be reviewed and signed off by the service medical director or designee.
2. Annual: Service Medical Director or designee will evaluate the clinical pharmacist's competence and documentation by reviewing five charts for the oncology protocol and three charts for the hematology protocol, or the equivalent number of direct observations.
3. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Service Medical Director or designee at appropriate intervals until acceptable skill level is achieved.

V. Development and approval of standardized procedure

A. Method of development

Standardized procedures are developed collaboratively by health professionals, including physicians, pharmacists, and registered nurses, and should conform to the Standardized Procedure Guidelines promulgated by the Medical Board of California and the Board of Registered Nursing in Title 16, California Code of Regulations, Section 1474

B. Approval

All standardized procedures must be approved by the Committee on Interdisciplinary Practice, Credentials Committee, Medical Executive Committee, and Joint Conference Committee prior to use.

C. Review schedule

The standardized procedures will be reviewed every three years by the clinical pharmacist and medical director, and as practice changes.

D. Revisions

All changes or additions to the standardized procedures are to be approved prior to use.

VI. Protocol for Oncology

A. Definition: This protocol describes the procedure for clarifying cancer treatment orders for patients who are being treated by SFGH-ZSFG Hematology/Oncology Service Providers. This protocol also describes the procedure for the provision of related medications (including anti-emetics, growth factor support, supportive care, and suppressive therapy for prophylaxis) and anticoagulation.

B. Assessment

1. Subjective
 - a. Chief complaints
 - b. History of present illness including relevant medication history
 - c. Signs and symptoms related to the patient's medication therapy or underlying illnesses
 - d. Medication reconciliation, adherence and concordance
 - e. History of allergy and medication intolerance
2. Objective
 - a. Physical assessment
 - b. Drug-therapy related test results
 - c. Medication coverage based on insurance or other coverage plan.

C. Evaluation

1. Evaluate medication response in relation to pertinent diagnosed malignancy
2. Evaluate patient's tolerance of prescribed chemotherapy, in context of current and potential supportive therapies
3. Evaluate the appropriateness of patient's drug therapy, side effects, drug interactions, allergies and adherence
4. Evaluate the need for physician consultation as outlined under section III, B, 3.
5. Evaluation to ensure that, whenever possible, prescribed or recommended medications are consistent with the patient's insurance or medication plan coverage.

D. Management

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1. Educate patient on the medication therapy including indications, efficacy, side effects, and dosing schedules.

2. For existing chemotherapy orders, provide clarification to chemotherapy orders with regards to schedule or dose changes; weight/BSA changes; or diluent choice, volume or infusion rate. ~~The Clinical Pharmacist will not be eligible to complete the Performance Improvement Chemotherapy Nursing/Pharmacy Monitoring Tool for any chemotherapy orders for which the dose has been re-calculated and re-ordered.~~

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3. For related medications, modify therapy to increase chemotherapy tolerability, and to increase medication adherence and efficacy, decrease risks for adverse effects and drug interactions, and to meet formulary requirements with respect to the patient's pharmacy benefits, with consideration of the most recent edition of SFDPH-based and/or nationally recognized guidelines, including (but not limited to):

- American Society of Clinical Oncology Guidelines
- National Comprehensive Cancer Network Guidelines
- Antithrombotic Therapy and Prevention of Thrombosis: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines
- Department of Health and Human Service Panel on Antiretroviral Guidelines for Adults and Adolescents.
- Department of Health and Human Service Panel Guidelines on Opportunistic Infections on HIV-Infected Adults and Adolescents

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4. Recommend over-the-counter medications to patients to address based on signs and symptoms identified by patient or providers to address the disease state or side effects of treatments provided. -

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5. Educate on self-management techniques to improve treatment tolerability

6. Order tests for monitoring and managing drug therapy, in coordination with the patient's hematology/oncology provider. -

7. Refer patients to other members of the multidisciplinary team for additional services or consultation as needed, such as nutritional consults and social worker services.

8. Schedule follow-up appointments with patient's hematology/oncology providers or the infusion center.

9. Consult with the oncology provider or, if unavailable, the on-call hematology/oncology fellow or attending physician, as outlined under section III, B, 3.

E. Record keeping

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1. Progress notes are completed in the electronic medical record within ~~48-72~~ hours of patient visits.
2. All drug therapy initiations, adjustments and discontinuations are entered in the medical record within 24 hours.
3. All prescriptions, including those also requiring a paper prescription, are entered in the electronic medical record.

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VII. Protocol for Non-Malignant Hematologic Disorders

A. Definition: This protocol describes the pharmacist management of patients who are being treated by ~~SFGH-ZSFG~~ Hematology Service Providers for non-malignant hematologic disorders.

B. Assessment

1. Subjective
 - a. Chief complaints
 - b. History of present illness including relevant medication history
 - c. Signs and symptoms related to the patient's medication therapy or underlying illnesses
 - d. Medication reconciliation, adherence and concordance
 - e. History of allergy and medication intolerance
2. Objective
 - a. Physical assessment
 - b. Drug-therapy related test results
 - c. Medication coverage based on insurance or other coverage plan.

C. Evaluation

1. Evaluate medication response in relation to the non-malignant hematologic disorder
2. Evaluate the appropriateness of patient's drug therapy, drug interactions, allergies and adherence
3. Evaluate the need for physician consultation as outlined under section III, B, 3.
4. Evaluation to ensure that, whenever possible, prescribed or recommended medications are consistent with the patient's insurance or medication plan coverage.

D. Management

1. Educate patient on the pathophysiology of the non-malignant hematologic disorder, and medication therapy including indications, efficacy and side effects.

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2. Initiate, adjust or discontinue medication(s) based on lab and monitoring parameters, according to prescribing, patient's history of response to the medication, or the most recent edition of SFDPH-based and/or nationally recognized guidelines or published articles, published information (article or professional association guidelines)
3. Order tests for monitoring and managing drug therapy, in coordination with the patient's primary care provider or specialty providers.
4. Schedule follow-up appointments with patient's hematologist or infusion center.
5. Consult with the oncology provider or, if unavailable, the on-call hematology/oncology fellow or attending physician, as outlined under section III, B, 3.

E. Record keeping

1. Progress notes are completed in the electronic medical record within 7272 hours of patient visits.
2. All drug therapy initiations, adjustments and discontinuations are entered in the medical record within 24 hours.
3. All prescriptions, including those also requiring a paper prescription, are entered in the electronic medical record.