



Pharmacy

Columbus Regional Hospital Outpatient Pharmacy

2400 East 17th Street.

Columbus, IN 47201

812-376-5258

At Columbus Regional Health, we work to improve the overall patient experience and quality of care.

Our pharmacy:

- Is staffed **24 hours a day, 7 days a week** by a team of 22 clinically-trained pharmacists.
- Uses a team-based approach to provide safe, excellent patient care through medication management.
- Works directly with physicians and other healthcare providers.
- Evaluates and assesses any problems, issues and goals for each patient.
- Manages medications through the provision of services such as:
 - Appropriate dosing and/or monitoring of high-risk medications.
 - Reduction and prevention of side effects.
 - Ordering/obtaining appropriate lab work.
 - Obtaining medication history.
 - Performing complicated medication reconciliation and education.

Physician Resources

Call: 812-376-5275

Provider assistance / consultation / drug information is available **24 hours a day, 365 days a year**. One of our trained clinical pharmacists is available to answer questions and/or provide treatment plan recommendations.



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Physician Resources (Continued)

Complex Patient Medication Review - Call: 812-376-5558

Complex Patient Medication Review is available by provider request as indicated below:

- Once the pharmacy team receives a complex patient referral, the patient will be contacted within 72 hours to schedule a 30 minute onsite visit or phone interview with the patient to review their medication list.
- It is our goal that the patient interview and follow up summary to the requesting provider is completed within 7 days of the referral request.

Criteria for Determining a Complex Patient

- Any patient discharged from the hospital in the last 30 days.
- Any patient with two or more office visits in the past 60 days.
- Any patient with a history of medication non-compliance.
- Any patient admitted to the hospital due to a drug related problem.
- Any patient with three or more chronic disease states currently being treated with medications.
- Any patient with chronic diseases who is at high risk for a hospitalization.
- Any patient with six or more routine medications.
- Any patient which a physician determines would benefit from a pharmacist review, intervention, and/or education.

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Patient Connect Process

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Call: 812-376-5258

Fax: 812-376-5933 Attn: Complex Patient Review

The following information is required for the referral:

- Pharmacy Complex Patient Referral Form
(forms in back of this section or available at www.inspirehealthpartners.com)
- Allergy Information
- Medication List
- Most Recent Office Notes

Comprehensive Medication Assessment

- After reviewing the required information, the pharmacist will complete a comprehensive medication review.
- The pharmacist will call the patient and set up a 15 – 30 minute phone interview or face-to-face meeting (patient's preference) and will discuss the following:
 - o Medications
 - Currently taking
 - Why
 - How
 - o Evaluation for:
 - Therapeutic duplication
 - Drug-drug interactions
 - Compliance issues
 - Possible side effects
 - Optimization of drug therapy
 - o Answer patient's medication questions
 - o Remind patient of his/her next office visit



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Post Interview

Step 1: The pharmacist will summarize any medication-related recommendations and provide a written report to the provider with the option to accept, decline, or modify and suggest a start date for the change.

Step 2: The provider can discuss with and/or modify the patient's medications OR the provider can fax back to the pharmacy so a pharmacist can discuss with the patient.

Pharmacist Discussion with Patient (If this option chosen by provider)

- CRH Pharmacist will:
 - Connect with patient in person or by phone.
 - Communicate provider-approved medication changes with the patient.
 - Answer any additional questions.

Follow-up Interview after Appointment

- CRH Pharmacist will:
 - Follow up with the patient by phone or in person at one week and four week intervals post medication adjustments. Additional follow up may be scheduled, if needed.
 - Ask how the patient is feeling, compliance, side effects and any other pertinent questions.
 - Provide a follow-up report to the provider after each call.

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Bryce Mitchell, PharmD

Pharmacy Residence Program/Process Improvement

Education: Butler University

Special Interest: Critical Care, Emergency Medicine, and Management

Phone: 812-376-5558



Robin Spielmann, PharmD

PGY-1 Pharmacy Resident

Education: University of Indianapolis;
University of New England College of Pharmacy

Special Interest: Critical Care, Emergency Medicine, Pain Management, and Hospice

Phone: 812-376-5258

Pharmacy –
Columbus Regional Hospital

2400 East 17th Street Columbus, IN 47201 812-376-5709

**Columbus Regional Health
Pharmacy Complex Patient
Fax Cover Letter**

To: **Columbus Regional Hospital, Outpatient Pharmacy**

Phone: **812-376-5258**

Fax: **812-376-5933**

From: _____

Phone: _____

Fax: _____

Date: _____

Total Number of Pages: _____

If you did not receive all the pages clearly, please call.

Please fax the following:

- Pharmacy Complex Patient Referral Form
- Allergy Information
- Medication List
- Most Recent Office Note

Confidentiality Notice

The document accompanying this FAX transmission contains confidential information and are the property of the sender. The information contained in the documents is privileged and is intended only for the use of the individual(s) or entity(ies) whose name appears above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this FAX transmission in error, please notify us immediately by telephone at the number listed above to arrange for the return of the forwarded documents to us. Thank you.

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Columbus Regional Health Pharmacy Complex Patient Referral Form

Patient Information

Name

Date of Birth

Street Address

City/St/Zip

Phone Number

Referring Provider Information

Provider Name

Office Name

Office Phone Number

Office Fax Number

Reason for Referral

Date and Time of Next Office Visit

The following information is needed to complete the complex patient review:

- Allergy information
- Medication list
- Most recent office note and/or history and physical

Please fax completed Complex Patient Referral Form to Columbus Regional Hospital Outpatient Pharmacy at 812-376-5933.

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**Columbus Regional Health
Pharmacy Complex Patient
Medication Review Recommendations**

Patient Information

First Name _____

Last Name _____

Date of Birth _____

Primary Physician _____

Pharmacist Name _____

Pharmacist's Contact Info _____

Pharmacist Recommendation	Action (circle one)	Provider Modification
_____	Accepted Denied Modified	_____
_____	Accepted Denied Modified	_____
_____	Accepted Denied Modified	_____
_____	Accepted Denied Modified	_____

Thank you very much for the complex patient referral and allowing us to participate in your patient's care. If you have any questions please feel free to contact us via the information below.

Sincerely, _____
Columbus Regional Health Clinical Pharmacist **812-376-5258**

Provider Signature: _____

Date/Time: _____

