Sparrow Hospital, Lansing  
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Sparrow Hospital is in the process of transitioning clinical activities from a function-based model to a unit-based (patient care area) model. For the past several years, pharmacists have been assigned separate daily functions, such as antibiotic dosing, anticoagulation dosing, renal dosing and parenteral to enteral conversion. This was done seven days per week.

With the implementation of EPIC on Dec. 1, 2012, computerized prescriber order entry, first dose dispensing through Pyxis and medication bar coding began. The location of the pharmacist was no longer a critical factor. A paper chart was no longer needed to gather patient data. A physical presence in the pharmacy department was no longer needed for dispensing first doses. Pharmacists are no longer chained to a work station.

The new unit-based pharmacist can now work right from the nurses’ station and is available for consultation during the prescriber’s medication decision-making, even before an order is entered. They are now responsible for the dosing and monitoring of all drug therapy in their assigned units. They are a more visible member of the patient care team, meeting medication-related needs of the patient, family, nurse and physician. By assigning a unit or units to a pharmacist, they can be physically present in that area throughout the day.

Sparrow has also started a transition with pharmacists stationed in our three intensive care areas and plan to expand this hospital wide. So far, there has been nothing but positive feedback from the nursing and medical staff. The pharmacists will also help with the medication reconciliation process. The challenge is to provide pharmacists with the training and support needed in this new environment and to assure competency of staff. They feel that they’re moving in the right direction by moving pharmacists closer to the point-of-care.