

# SAMPLE – HOSPICE CPA

## Physician/Pharmacist Collaborative Agreement

Purpose of Agreement: To facilitate more timely patient care within our closed patient population.

Pharmacists who have entered into the agreement with a medical director may work with nurses regarding medication order changes that fall into the criteria specified in the agreement. Each pharmacist and each physician must have an agreement signed every two years for the collaborative agreement to be in place. Termination of employment of either member of the agreement will immediately cause the agreement to become null and void.

Copies of signed agreements will be available at all sites where the agreements are valid.

Accountability to and Communication with the Physician: The pharmacist will work collaboratively with the physician and will maintain effective communication regarding drug therapy changes by emailing the physician standard order changes, or direct communication via phone or face to face for complicated/emergent scenarios. All non-emergent situations must be communicated to the physician within 48 hours of therapy changes.

Documentation will involve paper documentation on the order sheet for the medication change, and in the agency EMR. Documentation in the EMR must include but is not limited to:

- RN requesting the consultation
- Symptom and what has been tried prior
- Recommendation and rationale for that recommendation

Pharmacist credentials:

- Minimum of 2 years of post-graduate experience.
- Minimum of 6 months of employment at [REDACTED] or evidence of appropriate experience in hospice and palliative medicine of at least one year within the past three years
- Active Kansas License
- Proficiency in hospice and palliative care as determined by physician

Patient Privacy

- All information regarding patients will be kept private and secured as detailed in the [REDACTED] [REDACTED] policy and procedure X-002 "Patient Privacy Rights".

Pharmacist Scope of Practice (Hospice & Palliative Services):

- Order and evaluate laboratory tests as needed for medication monitoring purposes and/or to rule out adverse effect or drug/drug interaction issues in the setting of certain patient symptoms or signs or medication combinations that may arise. Follow up will be communicated with medical director, appropriate nurse, and other pharmacists.
- May begin, change, or titrate therapy as needed for the following symptoms using medications on the agency formulary, within normal accepted dosing ranges. It should be noted that in hospice care off-label use and leveraging medication side effects for symptom control can be considered standard practice and is the source of the indication for palliative care experience with pharmacist in this agreement.
  - Appetite
  - Constipation
  - Cough/Congestion
  - Diarrhea/gas
  - Dyspnea
  - GERD
  - Hiccoughs
  - Insomnia/sleep disturbances
  - Itching
  - Mucositis
  - Nausea/Vomiting
  - Nebulizer Medication for SOA/chest congestion
  - Terminal Secretions
  - Terminal delirium/restlessness
- May titrate therapy for pain once physician has initiated beginning orders and pain regimen does not contain methadone.
- May change dosage strengths based on initiation of Macy Catheter.
- May change from non-formulary medications to formulary medications at admission

Pharmacist signature

\_\_\_\_\_  
License Number \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature

\_\_\_\_\_  
Date: \_\_\_\_\_