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# VANDERBILT UNIVERSITY MEDICAL CENTER

## CONCLUSION

- SmartForms streamlined workflow
- Duplicative documentation decreased
- Reporting and outcomes monitoring capabilities improved

#### **PURPOSE**

To streamline specialty pharmacist documentation and reporting capabilities by using SmartForms in routine electronic health record documentation for patients with Hepatitis C.

#### **METHODS**

Quality Improvement Project
Vanderbilt Specialty Pharmacy
Hepatology Clinic

Evaluate current workflow and documentation practices

**Pre-Treatment SmartForm** 

Design and build SmartForms to capture discrete data for reporting within current documentation

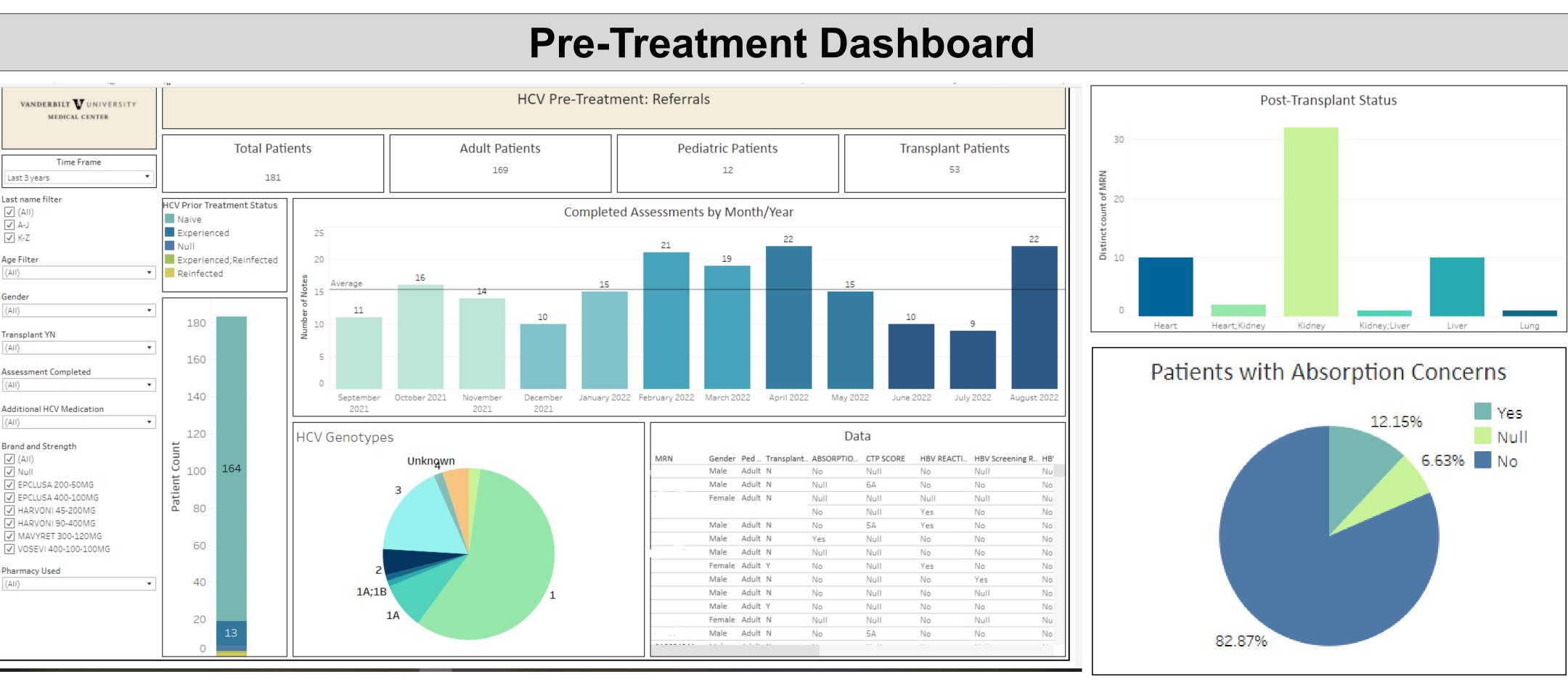
Build a dashboard for patient monitoring and reporting using SmartForms data

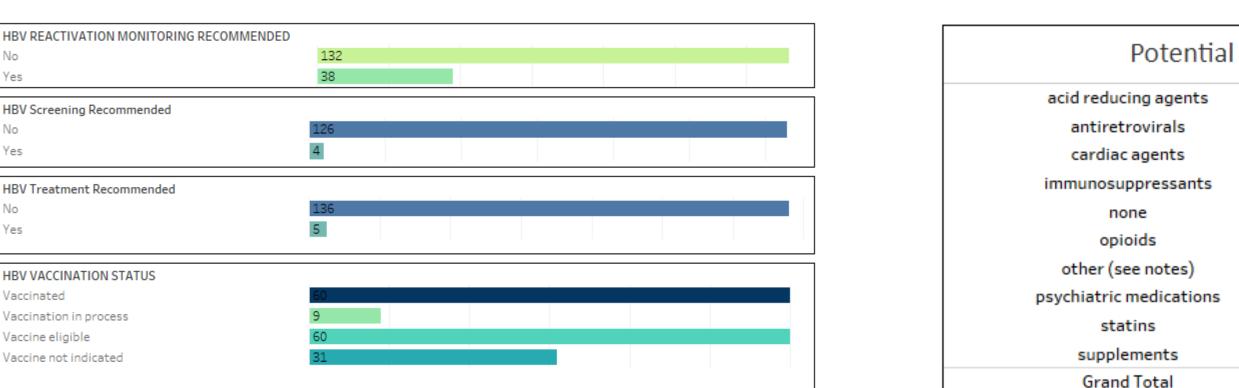
**Final Chart Note** 

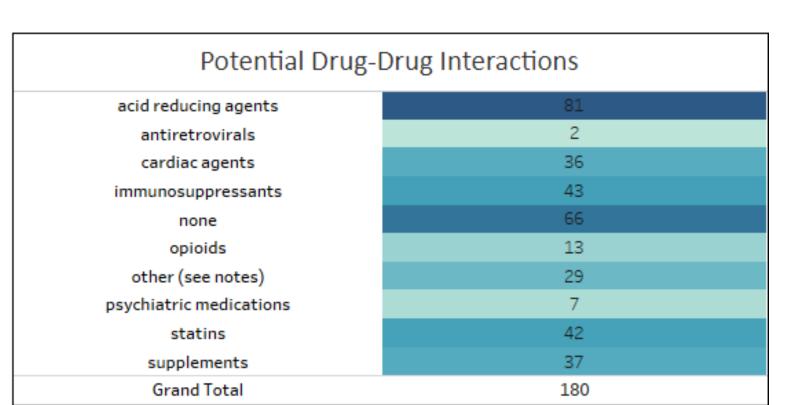
#### HCV Therapy Monitoring: Epclusa week 3/24 0 % ♣ Create Note ▼ Specialty Assessment 1 HCV Type Chronic Unspecified **HPI:** I have reviewed the patient's chart. The salient information is as follows: has a history of HCV Genotype 1 infection and was treatment 0 % 🔒 🗸 💟 My Note HCV Genotype Naive prior to current HCV therapy start. he has F4 fibrosis and a CTP score of 7B. VUMC VSP HCV TREATMENT DETAILS VUMC VSP HCV DDI ASSESSMENT 5 6 Unknown HCV Treatment Details: sofosbuvir-velpatasvir 400-100mg (Epclusa) Tablets for 24 Start date: 6/1/2022 HCV Baseline Viral Load (IU/mL) Anticipated EOT: 11/15/2022 Anticipated SVR12: 2/6/2022 Date of Baseline Viral Load HCV Initial Therapy Teaching **HCV Treatment Status:** Patient is currently at week 3 on treatment. End of treatment date has been updated: 11/15/2022 HCV Prior Treatment Status Experienced Reinfected Unknown Medication Education: HCV Counseling Type -Updated SVR12 due date has been noted: 2/9/2023 Adherence. has missed 3 doses of medication since starting HCV therapy. Person(s) present for education: Ms. Kate Id Validate \*\*\* HCV Baseline RAV Yes No Unknown Not Applicable Not Available Verified by patient report. Patient developed nausea/vomiting which required hospital stay. He reports missing or vomiting doses on 6/16-6/18. He restarted on Sunday HCV TREATMENT DETAILS 6/19/22. He is tolerating well at this time. He also missed Vemlidy doses those same I have reviewed the patient's chart. The salient information is as follows: Post-Transplant Status Not Applicable Kidney Heart Side Effects: The patient is experiencing the following side effects: nausea and Kate Id Validate has a history of HCV Genotype 1A infection, is treatment Naive with a base line viral load of 120,000 IU/mL on Lung 8/1/2022. \*\*\* she was previously treated with No value filed.. she has Side Effect Notes: He took ondansetron last week but started it after N/V began and Liver Staging felt it was too late for it to help. His nephrologist referred him to ED. Patient reports he Non-cirrhotic fibrosis \*\*\* and a CTP score of No value filed... had an issue like this once before a while back. The only explanation at this time was \*\*\* HCC status: No history of HCC Liver Fibrosis Stage Non-cirrhotic F0-F1 F1-F2 F2-F3 F3-F4 F0 F1 F2 F3 diverticulitis episode. He is doing better now. \*\*\* Status post Liver transplant. **HCV Therapy Monitoring:** Patient's current treatment status- On treatment.

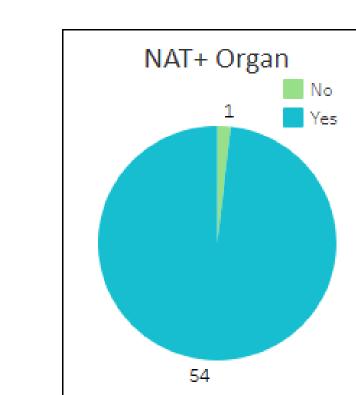
**Text Generation** 

#### RESULTS









### **Treatment Monitoring Dashboard**



