EXHIBIT 10

SUMMARY OF PROPOSED UM BWMC CLINICAL PHARMACY SERVICES FOR CARDIAC SURGERY PATIENTS

The following is a description of the type of clinical pharmacy coverage to be provided to cardiac surgery patients at UM BWMC.

The daily patient care responsibilities of clinical pharmacists stationed on the floor are grouped into four main categories: chart reviews, pharmacy consults, patient education, and order verification. A description of the components of each category is described below.

Chart Reviews: Daily chart reviews are completed for all patients admitted or transferred to the assigned floor. The clinical pharmacist examines a patient's chart to identify possible medication related issues and help to optimize a patient's therapy. This review includes, but is not limited to:

- Dosing adjustments (renal or hepatic adjustment, suboptimal dose, or overdose);
- Drug-drug and drug-nutrient interactions;
- Therapeutic duplications;
- Cost savings (converting intravenous to oral medications, formulary substitutions); and
- Optimization of medication therapy regimens such as antimicrobial stewardship, diabetes management, and pain management, however, all disease states are reviewed.

Recommendations to the primary and/or consulting team are based on current evidence, relevant guidelines, and core measure requirements. Clinical pharmacists also work with the providers to identify generically available medications and optimize regimens based on cost for uninsured patients.

Pharmacy Consults: Clinical pharmacists follow up daily on existing consults and complete new consults for patients in the following areas:

- Warfarin dosing;
- Pharmacokinetics and therapeutic drug level monitoring; and
- Parenteral nutrition

Patient Education: Face to face patient education is provided to all patients throughout the course of hospitalization. An emphasis is placed on counseling patients with new medications for chronic disease states, high risk medications (e.g. oral anticoagulants), and medications with specialized administration instructions (e.g. various inhalers or insulin pens).

Order Verification: Clinical pharmacists are responsible for verifying new medication orders while on the patient care unit. Since the clinical pharmacists are involved in the daily

care of the patient, they will be more familiar with the patients overall clinical status, past medical history, and home medications. Verifying medication orders as they are entered can:

- Identify possible medication errors before they reach the patient;
- Prevent therapeutic duplications;
- Identify new chronic medications requiring patient education; and
- Triage patients who may benefit from optimization of their medication regimen based on new orders being placed.

Medication Reconciliation: Medication reconciliations are performed by clinical pharmacists, as needed, for patients who arrive in a patient care unit with incomplete medication lists. Pharmacists may also visit the patient at the bedside to clarify any irregular or unusual medication orders that were identified on daily chart reviews. In addition, any gap in the admission phase of care is identified by the clinical pharmacists working on the unit.

Multidisciplinary Collaboration

To improve patient care, decentralized clinical pharmacists work in collaboration with the varying health care disciplines involved in the care of patients. On a daily basis they work directly with nursing staff and providers to provide important support.

Nursing support: The decentralized pharmacy model allows clinical pharmacists the opportunity to troubleshoot and help the nursing staff. Among other tasks, they:

- Locate missing medications to prevent delays in care;
- Provide drug information and intravenous compatibility information;
- Assist with order entry for verbal and telephone medication orders received from providers or order clarification for recently verified medications; and
- Troubleshoot pharmacy software and hardware, specifically Pyxis machines and barcoding failures.

Nursing staff have expressed their appreciation for having pharmacists on the floor and routinely use the clinical pharmacists as a resource.

Provider: Having clinical pharmacists in the patient care units fosters quick access for providers without having to place a phone call. At the request of providers, clinical pharmacists answer questions about drug information, provide dosing recommendations, and help providers identify more cost effective medication regimens for patients without insurance. The clinical pharmacists have been incorporated into daily rounds on the patient care units. This time is utilized to make recommendations and work with providers to optimize patient care.

Other disciplines: Clinical pharmacists easily coordinate with care management in discharge planning for all patients.