



Improving pharmacy cost savings, clinical programs and patient safety

THROUGH PHARMACY STAFFING MODELS

July 11, 2019

Today's speakers



MIKE CULLIGAN

Director of Pharmacy

St. Francis Hospital and Medical Center



KELLY MORRISON

**Director of Remote and
Retail Pharmacy Services**

Cardinal Health

Overview

Industry trends **impacting pharmacy staffing**

Case study: one hospital's approach to providing continuity of care 24/7

Tips for **building your case for change**





Industry trends impacting pharmacy staffing

KELLY MORRISON

What are we seeing?

DOING MORE WITH LESS

Personnel and project budgets are flat despite growing hospital administration expectations

Growing need for **pharmacy-led, clinical programs** that:



IMPROVE QUALITY OUTCOMES



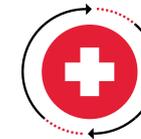
DRIVE COST SAVINGS



INCREASE PATIENT SATISFACTION



REDUCE UNNECESSARY READMISSIONS



PROVIDE CARE PRE- AND POST-DISCHARGE

Demands on time increasing

ON-SITE PHARMACY STAFF CHALLENGES CONTINUE TO INCREASE



INCREASING TIME

spent on regulatory compliance, managing supply chain and consolidation change management



STRUGGLES TO FIND TIME

to collaborate with medical staff and counsel patients



MINIMAL TIME TO

focus on quality, patient and clinical outcomes



LESS TIME

to develop a proactive workload-balanced pharmacy staffing model



LESS TIME

to develop and execute strategic initiatives effectively

A series of five thick, red, curved lines that sweep across the right side of the page from top-left to bottom-right, overlapping each other.

St. Francis Hospital and Medical Center case study

MIKE CULLIGAN

About St. Francis Hospital and Medical Center



Located in **Hartford, Connecticut**

617-bed acute care teaching hospital and Level 1 trauma center with a **50-bed** chronic disease rehabilitation hospital

Integrated pharmacy model

2015:
Joined Trinity Health, a 94-hospital system

2016:
Acquired Johnson Memorial Medical Center (70-bed acute care hospital)



Challenges facing the pharmacy



Third-shift capacity

11:30 p.m.–6:30 a.m.

- One pharmacist and two technicians support ~670 beds
- Limited service levels, clinical programs and ability to consult on using high-cost/high-risk drugs in ED



Residency pharmacist challenge:

Analyze and draft a business plan

- Recommended two new FTEs



REALITY:

budget challenges
**prevented addition
of staff**



NEW DIRECTION:

research options to
hiring new staff

Alternate pharmacy staffing models

BUILDING OUR CASE 2.0

REVISED RECOMMENDATIONS

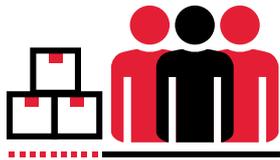


Use remote models as bridge until we can hire new staff



Focus on safety benefits

- Reduce turnaround times
- Minimize nursing overrides



Benchmarked our staffing to volume of orders



Highlight missed dollars from clinical savings that additional resources could achieve

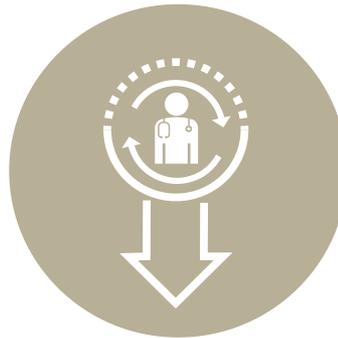
Fast-forward one year later...

MEASURING RESULTS

Safety and financial benefits



**Improvement in
turnaround times**



**Nursing overrides
decreased**



**Clinical programs
implemented**

- Target significant high-cost drugs in ED and higher acuity orders
- Antimicrobial Stewardship program
- Increase intervention documentation

Fast-forward one year later

CONTINUED

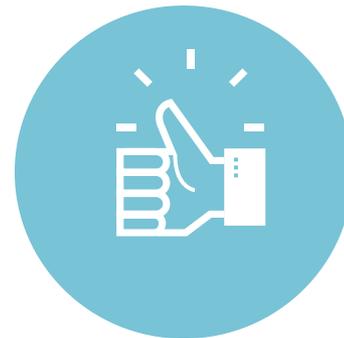
MEASURING RESULTS

Productivity Benefits



Flexible, customized hours of coverage for weekend workload variances

- Expanded overnight hours to allow for on-site team to focus on more challenging orders



Higher employee engagement and satisfaction

- TigerTexting: use of automation to consult with on-site care teams and create a unified team culture of on-site and remote staff
- Press Ganey employee engagement scores improved from Tier 2 to Tier 1
- Improved ED staff satisfaction

Creating the case for change

TIPS FOR WRITING YOUR BUSINESS CASE

Present leadership with metrics they cannot ignore!

1



We focused on **patient safety and financial impact**

2



Analyze **impact of resources and potential missed opportunity** from clinical programs and drug savings

3



Benchmark and **compare with similar hospitals and retail**, too (especially if you have an ambulatory program)



KEY LEARNING:

While on-site resources will always be best practice, adding headcount is not always practical and **other options exist that can meet your needs.**

Questions and discussion

KELLY MORRISON





What impact could a remote model have on your pharmacy?

EMAIL US AT

HEALTHCAREINSIGHTS@CARDINALHEALTH.COM