The Value of Pharmacy Leadership in the Hospital: Part One

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Bob Ripley, PharmD, BCPS Vice President and Chief Pharmacy Officer Trinity Health

Moderated by Brian Romig, Vice President Pharmacy, Vizient
An Integrated Health-System Pharmacy Services Perspective

Tina Aramaki
VP, Pharmacy Services
Banner Health
Banner Health

Banner Health is a large, integrated healthcare delivery system that is based in Phoenix, Arizona and maintains operations in seven states (Arizona, Alaska, California, Colorado, Nevada, Nebraska, and Wyoming). Banner Health includes:

- Twenty-nine acute care facilities
- Approximately 1500 employed physicians, representing a broad spectrum of healthcare specialties
- Homecare and home infusion services

Banner Health is engaged in multiple accountable care initiatives and participates in the Pioneer ACO program. Banner Health is well-poised to meet the triple aim and improve healthcare quality at a patient and population level, as well as make a positive impact on overall healthcare expenditure.
Banner Pharmacy Services

Banner Pharmacy Services, LLC is a wholly-owned pharmacy organization within Banner Health

- Community pharmacy services (14 Banner Family Pharmacies)
- Specialty pharmacy services
- Home delivery pharmacy services
- Clinical pharmacy services in the inpatient and ambulatory setting
- Population health management programming
Banner Pharmacy Services will be recognized nationally as a clinical leader and trusted partner in providing innovative pharmacy services and coordinated patient care through convenient access and improved medication outcomes across the continuum.
Why an integrated Pharmacy Services division?

Medication management is integral to population health management in value-based care.

The World Health Organization estimates that 50% of patients do not fully adhere to their medication treatment, causing as many as 125,000 premature deaths and billions of dollars in preventable costs.

Outsourced clinical and financial management of our patients breaks the integrated delivery continuum.

Opportunities are created for cost savings for Banner Health and the healthcare system.
Business Operations

Benefits to Banner
• Clear alignment with Community Delivery strategy
• Develop a standard, scalable business operating model
• Partner with dedicated Corporate infrastructure resources
• Documentation of value-based performance

Current Operations
• Integrated division with centralized reporting and system-wide leadership
• Comprehensive pharmacy compliance program
• Pharmacy-specific member experience survey
• Pharmacy data mart in the EDW
• BPS Scorecard

Startup to Current: Lessons Learned
• Startup company to profitability necessary in 3 years

Strategic Direction
• Business development function for new revenue opportunities as a packaged product for BHN, as well as external organizations
• **Measure Intent:**
  - Improve continuity of patient care across the continuum with clinical pharmacist involvement and oversight
  - Increase retail prescription capture rates
  - Improve retail pharmacy revenue
  - Seek cost savings to Banner Health (keeping patient and employee prescription expenditures in the system)
  - Improve patient and employee experience (convenience, access)
  - Improve patient and employee medication adherence

• **Measure Calculation**
  - Discharge patient capture rate (inpatient, outpatient, ED)
  - Employee capture rates
  - Mail Service patients

**Increase Prescription Capture Rates (ICR)**
Specialty Pharmacy Development

- Developed 91 drug-specific clinical management documents that describe initial assessment and counseling, monitoring, and follow-up
- Selected CCG assignments for specialty clinical pharmacists
- Identified practice areas where no CCG infrastructure exists

Value to Banner Health

- Creates clinical standards for self-care phase of therapy
- Allows providers and payers highly granular descriptions of specialty care provided, which facilitates input and feedback from stakeholders
- Drives utilization management via development of patient eligibility criteria

Ongoing Work

- Solicit feedback and input for drug-specific documents
- Drive development of disease/population-specific clinical practices via CCGs
- Develop collaborative practice agreements that reflect clinical practices and create clinical best practice and operational efficiencies for providers
Home Delivery

• 2200 patients converted 1/1/2015
• 7000 prescriptions transferred by 3/31/2015

Growth of Home Delivery

• 3300 Rx/month (99%) growth YTD
• 1200 new home delivery patients YTD
• Overall satisfaction 4.5/5

Central Fill Services

• Implemented at 5 retail pharmacy locations
• 373% growth YTD
• 9% overall CF capture rate

If I haven’t thanked you before for your awesome self, please know how much I truly appreciate you. I called you from the doctor’s exam room where I had finally drug [partner’s name]. He is impossible to get to the doctor. The doctor was just amazed and had a good laugh and that I could call you and find out something so quickly. You have made my life infinitely easier and I know I am high maintenance. HIV is never easy to negotiate and medication adherence is everything. Many many people stop taking their meds simply because they can’t find the type of hands on customer care you offer. As this holiday season rolls around I am counting our blessings and you are certainly amongst them. A job very well done!
A complete and accurate medication history is key for hospital care and medication reconciliation as well as for the continuum of care in the ambulatory setting.

Define best practices for Pharmacy Technician collection of medication histories

Coordinate with Hospital Medicine CCG and Strategic Initiative related to HF and Orthopedics

Establish metrics for documenting completion as well as quality of medication histories completed

Complete standardized policies and procedures, communication across teams and ongoing training for technicians

Identify staffing expectations for facilities without focused technician staff prior to budget time
Health System Pharmacy Administration Residency

Build on PGY1 Pharmacy Practice Residency (Banner residency combined into 24-month program)

- Develop operational, administrative, and leadership knowledge, skills and attributes
- Successful residents are prepared for a variety of entry-level/front-line leadership positions
- Hospital-based versus System-based
The Value of Pharmacy Leadership in a Hospital (Part 1)

Blaine S. Guinn, PharmD
Health System Director of Pharmacy, Renown Health
Renown Health

- Located in Reno, Nevada
- Largest Not-For-Profit in the Region
- Large Service Area
  - Sacramento to Salt Lake City
  - Boise to Las Vegas
- 4 Acute Care Hospitals
  - Only Trauma Center between Sacramento and Salt Lake City
- 10 Urgent Care Centers
  - Average 300 visits per day
- 27 Medical Groups and Clinics
- Owned Health Plan
- Skilled Nursing
- Home Care
- Hospice
Making a GENUINE DIFFERENCE in the lives of our patients.

- 320,732 same-day tests and diagnosis
- 110,604 emergency room patients treated
- 158,841 days of hospital care
- 86 clinical trials open for enrollment
- 4,096 indirect jobs created
- 899 rehabilitation patients
- 1,144 doctors with privileges
- 17,931 same-day surgeries
- 4,000 patient visits by pet therapy dogs
- 946 wheelchair beds
- 5,770 employees
- 723,882 visits to a primary care and specialty doctors, urgent care and labs
- More than
- 115,000 told us we were theirs for their health insurance
- 100+ citizens serving on sub-burial committees
- 40+ citizens on governing boards
- 4,146 newborn babies delivered
- 50,000 hours served by our volunteers
- 2.8 Million customer calls

Economic impact of $1.639 Billion

$93+ Million spent on research, community initiatives, education, and non-reimbursed healthcare service.

$38 Million invested in capital improvements - buildings, equipment, technology - to better serve our community.

$3,059,047 invested in training for medical students, residents, nurses and allied health professionals.

Fiscal year 2014 facts and figures, published August 2015.
Our Mission

“Renown Health makes a **genuine difference** in the **health and well-being** of the **people and communities** we serve”
Our Vision

“Renown Health, with our partners, will inspire better health in our communities.”
Our Values

• We are **Caring** and **Compassionate**
  – We understand there always is a human element at play. Our patients and partners will know that we will understand their needs when needed or at times of weakness (Compassion).

• We demonstrate **Respect** and **Integrity**
  – Our patients and partners will understand that fairness and justice will prevail in our dealings with them (Trust).

• We **Collaborate** with our patients, families, physicians and communities
  – Our patients and partners will know from our previous actions how we will interpret, tolerate, or promote ideas brought forward (Consistency).
  – Our patients and partners will know that they have value, worth, and security if they align themselves with fairly applied goals and expectations (Security).

• We strive for **Excellence** in all we do
  – Meeting expectations is as important to those that report to us as it is for us. This is an undisputed goal which should never be compromised (Performance).
Renown Health Pharmacy

- 4 Hospital Pharmacies
- 1 Hospital Based Infusion Pharmacy
- 1 Retail Pharmacy
- 340B/DSH
- Drugs dispensed via Automated Dispensing Devices and Replenished thru Pharmacy Based Carousel’s
- Drugs are Bar-Coded upon Administration
- Robust Clinical Program including 5 residents
- Rapidly Growing Ambulatory Program
Pharmacy Scope of Service

**Current Services**

- 24-hour inpatient acute care services
  - Medication distribution & monitoring
  - Sterile products
  - Clinical Pharmacy
  - Interdisciplinary Rounding
  - Medication Reconciliation
  - Drug Information Service
  - Investigational Drug Service
  - Pharmacy Residency Program
  - Patient Assistance Program

- Ambulatory Pharmacy Services
  - Medication Therapy Management – Local & Rural
    - Anticoagulation, HTN, CHF, Lipid, Smoking Cessation, Preop Anemia, Polypharmacy

- Outpatient Pharmacy Services - Retail, Patient Assistance Program (PAP)
Future Pharmacy Services

• Primary Care
  – Pharmacist Refill Authorization Service for Medical Groups, and Establish an Onsite Pharmacy Presence

• Long Term Care Services
  – Assume Rx responsibility for Renown SNF

• Develop Outpatient Distribution Model
  – Discharge Medications
  – Employee Prescription Program
  – Specialty Pharmacy
  – Mail Order

• Home Care – Virtual Poly-Pharmacy Consults, Distribution

• Hospice – Distribution, Clinical
What is Pharmacy’s Goal?

- Maximize it’s contributions to **improving patient outcomes** and the **financial position** of the health system
Improving Patient Outcomes

• Administrative Arena
  – Pharmacy & Therapeutics Committee (P&T)
    • Centralized with good representation
    • Standardized Health System Formulary & Drug Use Policy
  – Medication Safety Committee
    • Effective review and reporting of safety issues and trends to P&T and Quality Department
  – Integrated Health Plan
    • Integrated formularies across the patient care continuum improve compliance and decrease errors
    • Use of Pharmacist Medication Therapy Management Programs which promote rational, appropriate use of medications
  – Manufacturers
    • Value-Based Contracting
Improving Patient Outcomes

• **Inpatient Arena**
  – Partnering with physicians around patient care
    • Daily clinical pharmacist rounding
    • Viewing the physician also as a pharmacy customer and providing the needed “value”
  – Safe, rational drug use policy and protocols
    • Therapeutic Interchanges, renal and other drug dosing protocols, etc.
  – Antimicrobial Stewardship
    • Programs which help decrease unnecessary antibiotic use
  – Medication Reconciliation
    • Reconciliation of chronic medications taken at home by patients with new medication orders in the hospital
  – Patient Assistance Programs
    • Improved compliance and patient access
    • Current focus on oral chemotherapy
Improving Patient Outcomes

• Outpatient/Ambulatory Arena
  – Pharmacist Medication Therapy Management Programs (MTM)
    • Anticoagulants
      – Prevented 139 admissions in 2015 thru Non-vitamin K Oral Anticoagulant (NOAC) protocol
      – Roughly 2,500 patients on service at any given time
    • Hypertension – recalcitrant hypertension can be effectively managed through pharmacist collaborative practice agreements
    • Congestive Heart Failure – ongoing monitoring and dosage adjustments
    • Lipid – PCSK9 Inhibitor management
    • Poly-Pharmacy – decrease and consolidate the number of medications a patient takes
    • Smoking Cessation
    • Pre-op Anemia
    • Others….
  – Pharmacist Refill Authorization Service
    • Pharmacist will oversee refill authorization process in our Medical Groups
    • Pilot program beginning February 2016
Improving Financial Position of the Health System

The Problem….

- Healthcare reimbursement continues to decrease
- Health Systems do not take care of patients in order to make money, but they must make money in order to take care of patients
- Government is not paying their way. Medicaid & Medicare do not cover full cost of care
- So private insurance helps subsidize government provided care
- Hospitals operate on a slim operating margin (single digits). A hospital with a 3% operating margin would have to earn an additional $33M for every $1M needed for a capital improvement projects
- Due to this in any given year, only 20-30% of our capital requests for new life-saving technologies or updating current equipment or facilities can be funded
- Capital is scarce so health systems must either:
  1. Borrow it
  2. Earn it
  3. Raise it
Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1993 – 2013

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

(1) Includes Medicaid Disproportionate Share payments.

(2) Includes Medicare Disproportionate Share payments.
Aggregate Total Hospital Margins$^{(1)}$ and Operating Margins,$^{(2)}$ 1993 – 2013

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

$^{(1)}$ Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

$^{(2)}$ Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.
Percentage of Hospitals with Negative Total and Operating Margins, 1995 – 2013

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
Improving Financial Position of the Health System

• 340B Federal Drug Pricing Program
  - Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices.
  - Program enables covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.
  - In 2015 Renown Health invested $82M in non-reimbursed healthcare services for patients who could not afford needed healthcare and provided $94M in Community Benefit (research, community initiatives, and education)
  - 340B Program savings play an important role in funding the underserved for Renown. Program savings contribute roughly 6-10% to the programs outlined above
  - Renown Health values our vendor relationships and the 340B program as it provides a “win-win” for both parties. The program provides savings to expand healthcare services while allowing expanded market access to the manufacturer. We are committed to 340B Program integrity. A transparent relationship is key to this program.
Improving Financial Position of the Health System

• Drug Use Savings
  – 6 month savings of $650K
    • Clinical Effectiveness Review - $350K
    • Utilization Review - $210K
    • Contract Review - $90K
The Value of Pharmacy Leadership: A Health System Pharmacy Executive’s Perspective

Bob Ripley, Pharm D, BCPS
Employed Physicians 3,900
Affiliated Physicians 23,900
of all babies in America are delivered at Trinity Health facilities 1.7%

*Owned, managed or in JOAs or JVs.
**Operations are organized into Regional Health Ministries (“RHMs”), each an operating division which maintains a governing body with managerial oversight subject to authorities.
***Includes multiple locations for Trinity Home Health Services, Trinity Senior Living Communities and PACE facilities.

Our 21-State Diversified Network

91 Hospitals* in 21 Regional Health Ministries**
4 Home Care & Hospice Locations Serving 116 Counties
4 Mission Health Ministries
3 National Health Ministries***
14 PACE Center Locations
61 Continuing Care Facilities

23,900 Affiliated Physicians
3,900 Employed Physicians

1.7% of all babies in America are delivered at Trinity Health facilities

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## Trinity Health FY 2015

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<tr>
<td>CMAEDs</td>
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<td>Inpatient Surgery</td>
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<td>Outpatient Surgery</td>
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<tr>
<td>Home Care Visits¹</td>
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<tr>
<td>Long Term Care Days²</td>
<td>1,180,721</td>
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<td>OP Visits</td>
<td>12,063,620</td>
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¹ Trinity Health Home Services  
² Trinity Senior Living Communities
Trinity Health

Our Mission

• We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and healing presence in our communities.

Our Vision

• As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.
Trinity Health Core Values

• **Reverence**
  We honor the sacredness and dignity of every person.

• **Commitment to Those Who are Poor**
  We stand with and serve those who are poor, especially those most vulnerable.

• **Justice**
  We foster right relationships to promote the common good, including sustainability of Earth.

• **Stewardship**
  We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

• **Integrity**
  We are faithful to who we say we are.
Trinity - Transforming an Adapted System From a Focus on Care Services to Care Coordination
Building a “People-Centered Health System” Together

People-Centered Health System

Episodic Health Care Management for Individuals
- Efficient & effective episode delivery initiatives

Population Health Management
- Efficient & effective care management initiatives

Community Health & Well-being
- Serving those who are poor, other populations, and impacting the social determinants of health

Better Health • Better Care • Lower Costs
Our Strategic Plan Includes Five Focus Areas to Build Our System

- People-Centered Care
- Engaged Colleagues
- Operational Excellence
- Leadership Nationally
- Effective Stewardship

Physician and Clinician Collaboration
Trinity Health - People-Centered 2020: Think PEOPLE!

People-Centered Care
Strategic Focus #1: We will transform our clinical and business models to deliver people-centered care.

Engaged Colleagues
Strategic Focus #2: We will attract, develop and retain exceptional and committed colleagues who reflect the diversity of our communities.

Operational Excellence
Strategic Focus #3: We will build an enterprise that uses our strengths as a national system to deliver operational excellence.

Physicians & Clinicians
All Strategic Focus Areas: Collaboration with physicians and clinicians is central to all of our focus areas.

Leadership Nationally
Strategic Focus #4: We will lead in strengthening the healing ministry of Catholic health care in our communities and nationwide.

Effective Stewardship
Strategic Focus #5: We will steward resources effectively to enable success in our transformation to people-centered health care.
Pharmacy Committee / Governance

Pharmacy Director Steering

Pharmacy Directors

Pharm Informatics

Pharm Clinical

MCIT

CLC

P and T

Supply Chain

FEBRUARY 8-10, 2016 | SCOTTSDALE MARRIOTT AT MCDOWELL MOUNTAINS
Pharmacy Committee / Governance

Pharmacy Directors
Pharmacy Committee / Governance

Pharmacy Director Steering

Pharmacy Directors
Pharmacy Committee / Governance

Pharmacy Director Steering

Pharmacy Directors

Pharm Informatics

Pharm Clinical
Opportunities Fall Into Three Primary Areas

• Pharmacy Operations
• Clinical Pharmacy
• Pharmacy Informatics
Pharmacy Operations

• Supply Chain Issues
  – Ordering of medications – Drug Wholesaler
  – Inventory processes – reducing waste
  – Drug shortages
  – Contract Compliance

• Medication Distribution Methods
  – All meds in Automated Drug Cabinets (ADC; Pyxis)
  – Some meds in ADC, some in med carts

• Productivity
  – Orders processed / day
  – Pharmacy / Medication costs / patient day

• 340 B Drug Savings Program
  – Hospital
  – Contract Pharmacy
Clinical Pharmacy

- Medication Formulary
  - What drugs to carry
  - How they should be used
  - Who can order them
  - Keeping up with new evidence

- Practice of Clinical Pharmacy
  - Medication Use Evaluations
  - Managing high risk patient populations
  - Managing high risk / cost medications
  - Service line related issues
  - Medication Safety Issues
Informatics

• Clinical Decision Support
  – Orderables and order sets
  – Warnings / alerts when appropriate

• Data Analytics
  – Who is on what medication
  – When has something changed that needs addressed
  – Where are the opportunities for improvement
  – How do we compare to other health systems
Opportunities Fall Into Three Primary Areas:

- OPERATIONS
- CLINICAL
- INFORMATICS
Opportunities Fall Into Three Care Venues

• Hospital Pharmacy
  – Inpatient
  – Outpatient

• Community
  – Retail
  – Long Term Care
  – Home Infusion

• Ambulatory
  – Physician Offices / PNO
  – Population Health
Pharmacy Informatics Activities

- TH Model System
- TH Product Level Formulary
- Core Measures, e.g., “Advisors”
- Pharmacy IT Quilt, e.g., IV Workflow, Tracking, Retail Pharmacy
- Pyxis ES Deployment
- Therapeutic Interchanges
- Pharmacy Surveillance
- Pharmacy Clinical Decision Support
- Medication Reconciliation
- ePrescribing
- Enterprise Innovations/ServiceNow
- Knowledge Vendors
- Ambulatory
# Building a High Reliability Medication Management System and Med Cycle

<table>
<thead>
<tr>
<th>Device Alignment/Consolidation &amp; EHR Integration (Pumps, ADCs, etc.)</th>
<th>Med Related Outcome Analytics</th>
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<tbody>
<tr>
<td>Med Cycle Decision Support (active)</td>
<td>Auto Verification (Meds)</td>
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<tr>
<td>Automated Drug Price Updates</td>
<td>Remote Med Mgmt Services</td>
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<tr>
<td>Med Product Files</td>
<td>Med Surveillance &amp; Documentation</td>
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<tr>
<td>Unified Electronic Health Record (CPOE, BPOC w/COA, etc.)</td>
<td>Med Mgmt Automation</td>
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<td>Med Orderables/ Sentences</td>
<td>Med Order Set Formulary</td>
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<td>Product Level Med Formulary</td>
<td>Med Cycle Processes</td>
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<tr>
<td>Governance Model (Med Mgmt/Med Cycle)</td>
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</tbody>
</table>

**Device Alignment/Consolidation & EHR Integration**
- Pumps, ADCs, etc.

**Med Cycle Decision Support** (active)

**Automated Drug Price Updates**

**Unified Electronic Health Record** (CPOE, BPOC w/COA, etc.)

**Med Product Files**

**Product Level Med Formulary**

**Med Surveillance & Documentation**

**Med Orderables/ Sentences**

**Remote Med Mgmt Services**

**Auto Verification (Meds)**

**Med Mgmt Automation**

**Med Order Set Formulary**

**Med Related Outcome Analytics**

**Med Related Outcome Analytics**
- Auto Verification (Meds)

**Med Mgmt Automation**

**Med Order Set Formulary**

**Med Cycle Processes**

**Med Mgmt Automation**

**Remote Med Mgmt Services**
Leadership In Action

• Stimulus

• Response
Leadership In Action

• External
  – Pressures, opportunities, awareness,

• Internal
  – Culture, engagement, organizational health
Leadership In Action

• Educate / communicate
  – Your leadership / boss
  – Your direct reports / followers

• Act and measure
  – Do something
  – Measure as best you can
    • Outcome and/ or process
Leadership In Action

- Tools for success
  - SBAR
  - Rounding
  - Daily huddles
  - 45 min meetings
  - Quiet times
  - Stand up meetings
  - LEAN
  - Work life balance
Motivation vs Discipline

“The heck with motivation. It’s a fickle and unreliable little thing and isn’t worth your time. Better to cultivate discipline than to rely on motivation. Force yourself to do things. Force yourself to get up out of bed and practice. Force yourself to work. Motivation is fleeting and it’s easy to rely on because it requires no concentrated effort to get. Motivation comes to you, and you don’t have to chase after it. Discipline is reliable, motivation is fleeting. The question isn’t how to keep yourself motivated. It’s how to train yourself to work without it.” Anonymous
We Can Make a Real Difference in Patients’ Lives

Katrena H. & Ka’Ziya H.
Patient & Baby
Muskegon Health Project
Pathways to a Healthy Pregnancy
Muskegon, MI

"Before we met you, we were homeless and we were going from place to place. - Katrena H.

Pre-Community Health Worker Involvement
- Homeless
- High-risk pregnancy
- Needing prenatal care

Post-Community Health Worker Involvement
- Has housing and resources for new home
- Received prenatal care
- Delivered a healthy baby
Appendix
ASK 3       TEACH 3

Teaching our patients *just enough* in a world of information overload

Robbin St. John
Pharmacist
St. Mary’s Health Care System
Of course you do!

Steve Jobs

• Information Overload can lead to “decision fatigue”.

• Some famous figures have chosen to wear similar clothes each day to reduce the decisions they have to make.

• Steve Jobs always wore a black turtleneck shirt and blue jeans to work every day.
“We used to think that you could pay attention to five to nine things at a time.

“We now know that’s not true. That’s a crazy overestimate. The conscious mind can attend to about three things at once.”

- Neuroscientist & psychologist Daniel Levitin

And now we introduce you to Ask 3 Teach 3
Communication about medicines

● Did your nurse tell you what your new medicine was for?
● Did the staff describe medicine side effects?

PLAN:

• Form a committee with administration buy-in and support
• Use change concepts introduced by Donald Berwick and PDCA’s
• Be creative and have fun !!!
• Have floor nurses be an active part of the committee

Goal:

• Improve our patient satisfaction survey scores by 20%
• Beginning score 47%
• Goal = 57%
Decrease reliance on memory – Buttons & laminated wall signs
Simplify – Limit questions and side effects to three
Standardize – Scripting the same throughout the house
Use Teach-back method
● 5th floor pilot was successful (Used five weeks of HCAHPS data)
● Rolled out to IMCU next. They were very excited to get started.
● 12 month data (HCAHPS and PRESS GANEY) shows hospital-wide gain from 47% to 75%

Check: Use a pilot floor

Press Ganey Survey Data
HCAHPS Summary Report

St. Mary's Hospital

Surveys Returned: June 2015 - August 2015

Comm About Medicines

You  All DB  All PG DB  Trinity Health
We took extra care to remember Who and What.

Act: Roll out to IMCU

THEN, go house-wide when successful

WHO? Physicians

ACT: Who and what we tend to forget

What? Feedback and reward for nursing

Our patient perception of care team gives a trophy to floor with highest score.
Pharmacy Technician-Led Medication Histories in the Emergency Department

Suzette Cunicelli, RPh
Director of Pharmacy
October 21, 2015
Objectives

• Define medication reconciliation and Best Possible Medication History (BPMH)
• Describe how Medication History Technicians obtain a BPMH
• Assess the impact of the pharmacy technician-led medication history program at St. Mary Medical Center
Medication Reconciliation

• “Process of comparing the medications a patient is taking (and should be taking) with newly ordered medications”

• Resolve discrepancies or potential problems

• Prevent unintentional changes to medication at transitions in care

• National Patient Safety Goal 03.06.01
Adverse Drug Events

• Medication errors are most common health-system error
• Occur in 70% of patients at hospital admission or discharge
  – One-third have the potential to cause patient harm
• ADEs result in increases in direct costs and length of stay (LOS) per event
  – $3,420 ($2,852-$8,116) and 3.15 (2.77-5.54) days per ADE
Medication History Technicians

• MHTs introduced in April 2013
  – 24/7 MHT coverage beginning July 2013
• Goal- Complete Best Possible Medication History (BPMH) for 75% of patients admitted through Emergency Department
• All medication and allergy information entered into Meditech for provider review and action
Best Possible Medication History

- Multiple sources of information
- Allergies and reactions
- Preferred outpatient pharmacy
- Medications

<table>
<thead>
<tr>
<th>New or recently changed/stopped medications</th>
<th>Vitamins, supplements, herbal medications</th>
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<tbody>
<tr>
<td>Eye drops, ear drops, nasal sprays</td>
<td>Anything taken once a week or once a month</td>
</tr>
<tr>
<td>Topical patches, creams, ointments</td>
<td>Over-the-counter medications</td>
</tr>
<tr>
<td>Inhalers/nebulizers</td>
<td>Medication samples</td>
</tr>
<tr>
<td>Insulin or other injectable medications</td>
<td>Medication pumps- internal or external</td>
</tr>
</tbody>
</table>
Medication Histories Completed

Patients Interviewed

Patients Admitted
Medication Reconciliation

- 2013
- 2014
- 2015
Medication History Program Highlights

• Comprehensive training and mentoring program
• Full-time and pool staff for 24/7 coverage
• “Right” MHT colleagues key to success of program
  – Patient interaction/customer service experience
  – Self-motivated
  – Can adjust to varied workflow (no “typical” day)
• Helps “set the stage” for discharge medication reconciliation at point of admission
Additional Benefits

• Improved allergy and reaction documentation
• Combined Physician/RN/Pharmacy time reduced
• Increase patient interaction with pharmacy
• Implementation of Pharmacy Practice Model Initiative
• Repeat ED visits/admissions that are partially or wholly a result of medication therapy can be reduced (theoretical)
Provider Perspective

• “Now that we have been working with the MHTs, I wouldn’t want to go back to the old system”

• “I was skeptical at first, but MHTs have more than proven they can benefit the patient, and the system as a whole”

• “MHTs have helped me make diagnoses with their histories on numerous occasions”
Conclusion

• MHT Program provides a vital service to our patients

• Formal medication history program is the first step in the development of a comprehensive medication reconciliation program
  – NPSG 03.06.01

• MHT program provides additional benefits to system outside of stated purpose
Questions?