


ADVANCING QUALITY OUTCOMES AND
INNOVATIONS:
 Preparing pharmacy for the future



Maximizing the Capacity for Pharmacy Services

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Maximizing the Capacity for Pharmacy Services Disclosure

- Bob Carta and John Armitstead have no relevant disclosures in context with this session on *Maximizing the Capacity for Pharmacy Services*.

Maximizing the Capacity for Pharmacy Services Objectives


- Describe innovations that can result in reductions in pharmacy costs and lead to improvements in value.
- Analyze situations in the current healthcare environment related to the Affordable Care Act, Lean Transformation, and pharmacy system development and integration.
- Formulate a pharmacy information systems structure for implanting the electronic health record.
- Develop a strategy to reduce FTEs and improve productivity.
- Propose a plan to increase HCAHPS scores using pharmacy staff as a result of a lean transformation project.

Carolinas HealthCare System Charlotte, North Carolina




- 2nd largest not-for-profit public healthcare system in US
- 42 hospitals, 900 care locations in NC, SC, GA
- 7,800 licensed beds
- 60,000 employees; 3,000 employed physicians
- \$8 billion in annual revenue
- \$1.5 billion in community benefits (2013)
- One of largest HIT and EMR systems in the country
- Pharmacies: hospital, clinic, retail, mail, specialty, infusion, centralized, long term care


Carolinas Medical Center




Carolinas Medical Center - Mercy




Carolinas Medical Center - Pineville







Carolinas Medical Center - University



Lee Memorial Health System Fort Myers and Cape Coral, FL



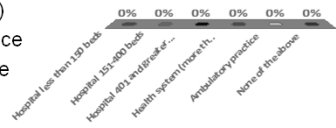
- 4th largest public healthcare system in the U.S.
- Not-for-profit Community
- Four acute care campuses
- Six hospitals
- 1423 beds
- Children's Hospital
- Cancer and Infusion Centers
- Community pharmacies

Which category best describes your practice setting?

?

- Hospital less than 150 beds
- Hospital 151-400 beds
- Hospital 401 and greater beds
- Health system (more than one hospital)
- Ambulatory practice
- None of the above



Category	Percentage
Hospital less than 150 beds	0%
Hospital 151-400 beds	0%
Hospital 401 and greater beds	0%
Health system (more than one hospital)	0%
Ambulatory practice	0%
None of the above	0%

Which category best describes your position:

a. PGY1 or PGY2 Resident
 b. Pharmacy Student
 c. Pharmacist
 d. Director/System Director/CPO
 e. Supervisor/Manager
 f. Other

How would you rate your knowledge of the Affordable Care Act:

a. Expert
 b. Informed and conversant
 c. Novice
 d. What, is care now affordable?

The Affordable Care Act (ACA)

- Discussion by Bob Carta
 - Carolinas HealthCare System
 - Charlotte, North Carolina

Affordable Care Act – What does it do?

- Passed in March 23, 2010 – complex and comprehensive set of laws – touches every part of healthcare
- To expand coverage to all Americans
 - Governs healthcare insurance companies to cover everyone
 - Requiring all American citizens to purchase healthcare. (2014) – if not, individual will pay a tax penalty which increases on an annual basis

Affordable Care Act – Provisions?

- More accessible coverage will expand number of Americans insured
- Removal of pre-existing conditions as criteria for coverage
- Establishment of health insurance exchanges (aids in accessible/affordability)
- Establishment of health insurance subsidies will assist those who can't afford
- Health insurance claim denials are easier to appeal

Affordable Care Act - Provisions

- Eliminates lifetime and unreasonable annual limits in benefits
- Requires coverage of preventive services and immunizations
- Penalties will be assessed to both consumers and employers who don't purchase/offer insurance

Affordable Care Act - Provisions

- Extends dependent coverage to age 26
- Preserves, protects and reforms Medicare
- Eliminates the “donut hole”
- Healthcare institutions and professionals will be incentivized to improve care (value and quality based)

The US deficit is now in the trillions. Part of ACA is to increase taxes to reduce the deficit. This in conjunction with reducing spending in areas such as Medicare so provides a dual edged sword for healthcare organizations.

- Being hit from both

Affordable Care Act – Here to stay?

- Concept Great
 - Provide health insurance to more!
 - Make health insurance more affordable!
 - Remove limits and barriers
 - Incentives for quality, not quantity
- Open enrollment for 2014 insurance coverage under ACA ended on March 31st
- Enrollment targets were met after a rocky start

Overall, do you think the Affordable Care Act (ACA) is good for the U.S. healthcare system?



- A. Yes
- B. No



ACA Good?

- Ensures affordable coverage
- Provides tax credits to small businesses
- Increases coverage for employees
- Closes prescription donut hole
- Rewards quality
- Expands coverage for young adults
- Eliminates limits on amount of benefits
- Bans insurance companies from denying coverage for pre-existing conditions

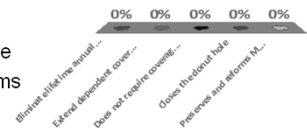
ACA Bad?

- Religious liberty concerns
- Constitutional concerns
- Cost concerns
- ACA requires business with 50 or more employees to provide insurance for full time but doesn't on those working less than 30 hrs/wk
- Government run – keep throwing money at it?
- Healthcare exchanges – managing data breaches

Provisions from the Affordable Care Act:



- A. Eliminate lifetime annual limits
- B. Extend dependent coverage to age 26
- C. Does not require coverage of preventive services and immunizations
- D. Closes the donut hole
- E. Preserves and reforms Medicare



Affordable Care Act – Here to stay?

- Repeal of ACA is unlikely; here to stay
 - Could be scaled back (if Congress & Presidency changes party)
 - Might weaken the penalties for people who remain uninsured
 - Might cap Medicaid spending
 - Might authorize each state to reject or curtail certain elements of ACA

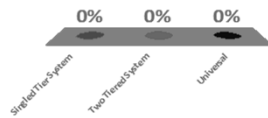
Affordable Care Act – Here to stay?

- Overtime, political war, and maybe the courts not objective measures, will determine the law's fate
- ACA was crafted to leave in place as much as possible of the pre-existing health insurance system
 - Complex
 - Costly
 - Overlap

Do you believe healthcare in the US is becoming more:



- A. Singled Tier System
- B. Two Tiered System
- C. Universal



ACA – A Two Tiered Healthcare System?

- US is essentially a “single-tiered health system that is supplemented by public funds for elderly and poor
- Over 52% of physicians have already limited the access to Medicare patients or planning to according to a 2012 survey by Merritt Hawkins for Physicians Foundation

ACA – A Two Tiered Healthcare System?

- Most doctors than ever already refuse Medicaid and Medicare due to inadequate payments for care
 - Trend will only accelerate
 - As government lowers reimbursement

ACA – Two Tiered System?

- Huge increase in demand for care, major decrease in supply
- Just like Canada or Britain, we are going to experience rationing by waiting
- Concierge practices are increasing rapidly and thriving
 - Cash only
 - American Academy of Private Physicians: 4,400 concierge physicians (30% more in one year)

The Accountable Care Act will:

- Penalize hospitals for readmissions within 30 days
- Create incentives for CMS quality benchmarks
- Bundled payments for episode of care
- Creates a provision to create more doctor

How is ACA affecting your particular healthcare organization?

- Hiring freeze
- Lay offs
- Flexing down to productivity measures
- No effect

Affordable Care Act – What now?

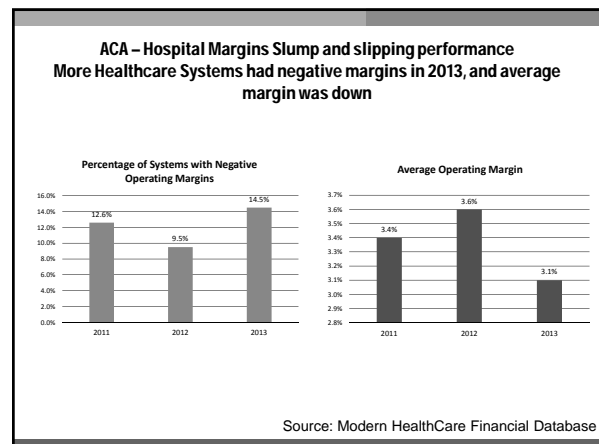
- Worst isn't over
- Revenue from patient care has been squeezed
 - Medicare/Commercial insurers, reduce
 - Hold down spending
 - Reduce utilization
- Explosion of high deductible health plans
 - Patients delay care
 - Staffing/operational challenges

Affordable Care Act – What now?

- Cost are rising
 - New technology
 - Care – coordination staff needed to participate in healthcare reforms new payment models
- Cost-cutting worked temporarily, but now we must invest in improving our ability to keep enrolled populations healthy
 - Population health

Affordable Care Act – What now?

- Making up shortfall with non-operating revenue/boost to bottom line
 - Investment portfolios
 - Endowments
 - Donations



Affordable Care Act – How is it affecting hospitals?

- Uncertain environment
- Poses both a challenge and opportunity
- Accountability, efficiency, quality
- Challenges
 - Influx of new patients
 - Penalty to hospital for readmissions within 30 days

Affordable Care Act – How is it affecting hospitals?

- Multiple and/or follow-up visits for care of same condition will have decreased payments
- New approaches, new healthcare delivery structure (ACO's)
- Tax-exempt status/requirements being challenged
- Opportunities
 - Value based purchasing (VBP)
 - Incentive payments that meet/exceed (\$850M into a collective pool), CMS performance benchmarks (unlike in the past) rewarded for simply reporting performance)

Affordable Care Act – How is it affecting hospitals?

- Efficiency metrics
- Patient satisfaction metrics
- Quality metrics – heart failure, pneumonia, hospital-acquired infections
- Bundled payments
 - For episode of care
 - Both hospitals and physicians share a single payment

Solution to Affordable Care Act

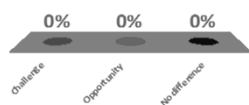
- Build a more efficient and effective healthcare delivery system
- Must get better at coordinating care across the continuum
 - Better management of transitions of care
- Improve hospital/physician alignment
- Reinvention of the American Hospital

Is LEAN our answer?

Is ACA a challenge or opportunity for the profession of pharmacy?



1. Challenge
2. Opportunity
3. No difference



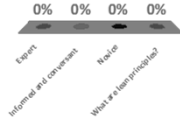
Lean Transformation

- Discussion by John Armitstead
 - Lee Memorial Health System
 - Fort Myers and Cape Coral, Florida

How would you rate your knowledge of lean principles?



- a. Expert
- b. Informed and conversant
- c. Novice
- d. What are lean principles?



At LMHS the journey starts with the Mission, Vision and Values

Mission:

To continue to meet the healthcare needs and improve the health status of the people of Southwest Florida

Vision:

To become the best patient and family centered healthcare system by working collaboratively to deliver excellence in quality, safety, efficiency and compassion

Values:

We are committed to the values of Safety, Quality, Service, Compassion, and Teamwork

Where we are going: 5 Strategic Initiatives

- Service, Safety & Quality**
 - Deliver safe, highly reliable and exceptional patient centered care
- Clinical Integration**
 - Continue development of a clinically and technologically integrated provider network
- Aligned Multispecialty Group**
 - Develop a culturally and strategically aligned multispecialty group
- Workforce**
 - Ensure an optimal supply of quality physicians and workforce
- Financial Viability**
 - Assure on-going financial viability of LMHS

Lean Philosophy

Based on two simple concepts

- > Respect for People
- > Continuous Improvement



Lean Defined

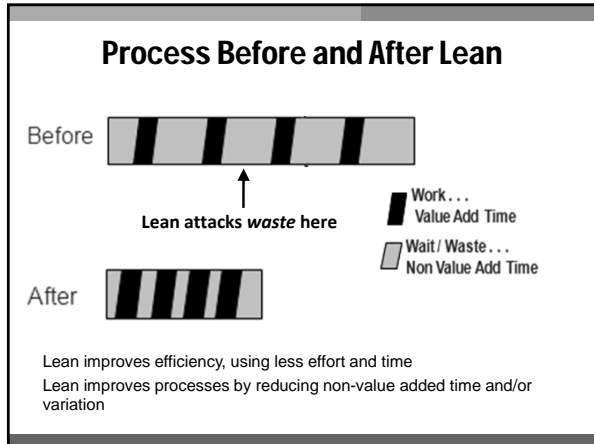
“Lean is a set of concepts, principles and tools used to create and deliver the **most Value** from the **Customers’ perspective** while consuming the **fewest resources**

by fully utilizing **the skills and knowledge** of those who do the work.”

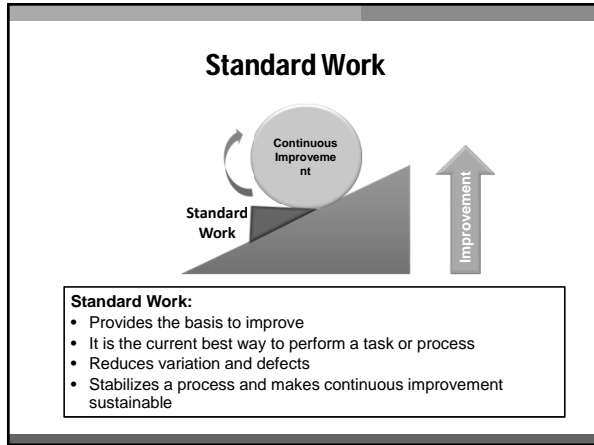
Worth, J., Shuker, T., Keyte, B. et al.
Perfecting Patient Journeys. 2012

5 Lean Principles

1. Specify Value
2. Identify Value
3. Create Flow
4. PULL where you can not flow
5. Strive for Perfection



- ### 7 Wastes in a Lean Environment
- 1. WAITING**
Standing around, time delays due to no work or until the next process step
 - 2. INVENTORY**
Excess work in process or supplies
 - 3. DEFECTS (ERRORS)**
Variation from standards, repairs, or rework (medication errors, missing information in a process)
 - 4. EXTRA PROCESSING**
Unneeded steps or wasted resources within a process (multiple phone calls, duplicate information on forms, unused supplies)
 - 5. TRANSPORTATION (CONVEYANCE)**
Moving materials between processes (Patients walking or being moved due to poor process design)
 - 6. OVER-PRODUCTION**
Producing items for which there is no demand, or next process is not ready (unneeded tests, extra staff, unnecessary reporting)
 - 7. MOTION**
Movement that does not add value, (reaching for supplies, bending for equipment, searching for information)



Job Instruction

- Today's standard work is the basis for tomorrow's continuous improvement.
- **Job Instruction** teaches leaders how to quickly train employees to do a job correctly, safely, and consistently.
- This is critical because variation in training practices results in variation of outcomes, effecting patient safety and satisfaction.

"If the person hasn't learned, the instructor hasn't taught."

Job Instruction Breakdown Sheet (Example)

No. _____

JOB BREAKDOWN SHEET

Operation: How to answer the telephone

Materials: Phone

Equipment: _____

What	How	Why
Important Steps	Key Points	Reasons
A logical segment of the operation when something happens to advance the work	Anything in a step that might— 1. Make or break the job 2. Injure the person 3. Make the work easier to do, i.e. "trick," "trick," special timing, bit of special information	Reasons for the key points
1. Greet Caller	1. "Hello", Good Morning, Good Afternoon, or Goodnight"	1. So the caller feels welcome and to ensure they are listening
2. Identify Location	1. Hospital Name 2. Department	1. So they know the location 2. And department
3. State your name	1. Just your name 2. Don't say anything else	1. So they remember it 2. So they don't forget your name

5S

A Lean methodology composed of five phases:

SORT

SET IN ORDER

SHINE

STANDARDIZE

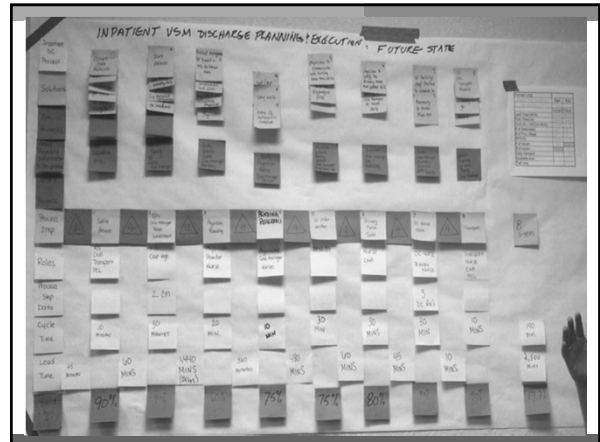
SUSTAIN

The purpose of 5S is to surface abnormalities and errors

Why use 5S?

- Advantages**
- Greater productivity
- Equipment easy to locate
- Improved patient and staff satisfaction
- Reduces chaos

- Eliminates**
- Inventory Waste
- Motion of Searching
- Disorderly workspaces
- Lost items



Patient-Focused Healthcare

- Patient flow optimization (horizontal) vs. department (sub) optimization (vertical)
- VSMs help us think horizontally across department and about the needs of the customer/patient
- Focus on the WHY and not the WHO

Typical Organization Charts

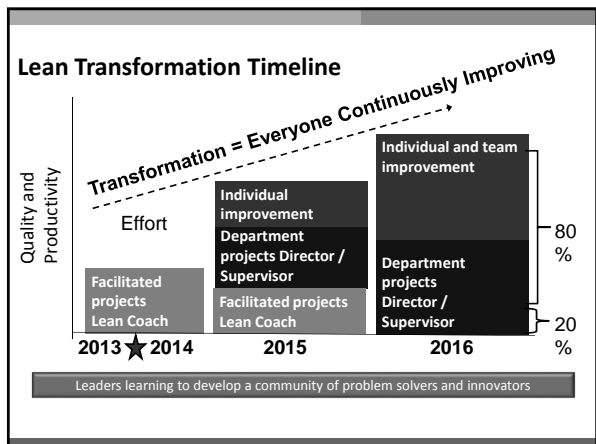
- Top down approach to making decisions
- Management mandated solutions
- Staff is at the bottom

The Lean Organization

- Staff report the status of the business
- Staff and MDs generate solutions
- Staff and MDs add value to the patient

- Leadership provides vision and strategy
- Leadership supports top layer
- Leadership coaches and mentors

Lean House of Quality

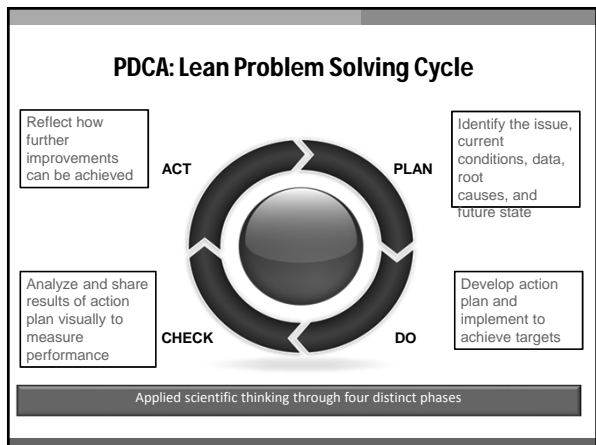


Job Instruction

- The purpose of Job Instruction is method to teach
 - Properly prepare the learner
 - Present the operation
 - Try out the performance (teach back)
 - Follow up to ensure sustainability

JOB INSTRUCTION POCKET CARD
How to Get Ready to Instruct
Before meeting prepare the learner to be a good learner.
1. HAVE A TRAINING TIMETABLE
Determine when to train, to what date, on what date.
2. BREAK DOWN THE JOB
List important steps. Pick out key points and reasons. Safety is always a key point.
3. HAVE EVERYTHING READY
Have the right equipment, tools, materials, and supplies - everything needed to instruct.
4. ARRANGE THE WORK AREA
Just as in actual working conditions.

JOB INSTRUCTION POCKET CARD
How to Instruct
1. PREPARE THE WORKER
• Pick the person to train.
• Train only the person directly involved.
• For the person interested in learning the job.
• For the person to be trained.
2. PRESENT THE OPERATION
• Use the proper terminology, using common terms, common, and ordinary phrases. Make the learner understand the operation.
• Use the proper terminology, using common terms, common, and ordinary phrases.
• Do a dry run - use the proper terminology, using common terms, common, and ordinary phrases.
• Ask the trainee to repeat the operation.
• Ask the trainee to perform the operation.
• Ask the trainee to explain the operation.
• Ask the trainee to explain the operation.
• Ask the trainee to explain the operation.
• Ask the trainee to explain the operation.



PDCA – Plan Do Check Act

LMHS Strategic Planning PDCA

System Goal	Service, Safety & Quality	Clinical Integration	Financial Viability	LPG / Ambulatory	Workforce
Theme/Title:	Lee Memorial Health System Strategic PDCA				
System Goal (circle one):	Service, Safety & Quality	Clinical Integration	Financial Viability	LPG / Ambulatory	Workforce
Problem/Issue:	To improve safety and optimize patient outcomes for the pediatric and neonatal population through interdisciplinary medication management and provision of specialized pediatric pharmacy services 24 hours a day, 7 days a week.				
Desired Outcome:	Pediatric pharmacy services provided by specialty trained and focused pediatric pharmacists and pharmacy technicians 24 hours a day seven days a week.				
Current Situation / Background:	In 2010, pediatric pharmacy services were provided from a satellite pharmacy 3 days a week for 8 hours each day. In 2011, pediatric pharmacy services were expanded to 7 days a week and 16 hours per day.				
Recommendations:	Requesting FTE approval for the Gulaenia Children's Hospital of Southwest Florida to provide 24 hour, 7 day a week pediatric pharmacy services: a) 2 FTE staff pharmacist positions – night b) 1 FTE pharmacy technician position – night c) Reallocate one FTE staff pharmacist position to one FTE clinical pharmacist specialist (internal within pharmacy) – 3/25/24 Note – this is underway, no change in cost				
Area of anticipated impact:	Facilities: [] Hill, Staffing: Training, Finance: Medical Staff, Auxiliary, Other				
Implementation Plan:	Impact to budget:	+ or - \$			
ACTION	OWNER	DATE			
FTE approval from COG	DeTillo/Bridge	1/2/14			
Posting/Recruitment	Locantore/Anselmi	1/2/14			
Training	Locantore/Dranchuk	2/2/14			
Learning:	Pediatric pharmacy services provided by specialty trained and focused pediatric pharmacists and pharmacy technicians 24 hours a day seven days a week.				

System Goal	Service, Safety & Quality	Clinical Integration	Financial Viability	LPG / Ambulatory	Workforce
Theme/Title:	Lee Memorial Health System Strategic PDCA				
System Goal (circle one):	Service, Safety & Quality	Clinical Integration	Financial Viability	LPG / Ambulatory	Workforce
Theme/Title:	Establish Lee Pharmacy locations at Gulf Coast Medical Center and Cape Coral Hospital opening by 10/1/14				
Desired Outcome:	Provide transitional prescription services for discharge patients, same day surgery patients, emergency department patients and fill for employee and other dependents. Provide consistent prescription service via on-site access throughout Lee Memorial Health System across all services as requested by all sites.				
Current Situation / Background:	Lee Pharmacy locations were established at healthSystem Medical Center and Lee Memorial Hospital in September 2013. These locations were established based upon 100% purchasing capability due to Departmental Pharmacy. There were 10 employees at these locations. These locations have demonstrated an effective service delivery and robust financial model. Although Gulf Coast Medical Center and Cape Coral Hospital Lee Pharmacy locations would not be 100% purchasing eligible, the on-site service model, patient demand, and high impacting model for hospital patients will allow for the development of an effective service delivery and sound financial model at these locations.				
Recommendations:	PROJECTED FY15 Lee Pharmacy at GMC and CCH				
Net Revenue	\$1,700,000	\$1,700,000	\$1,700,000	\$1,700,000	\$1,700,000
Expenses	\$1,212,362	\$1,212,362	\$1,212,362	\$1,212,362	\$1,212,362
Estimated Overhead	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000
Contra Profit	\$455,638	\$455,638	\$455,638	\$455,638	\$455,638
Area of anticipated impact:	Facilities: [] Hill, Staffing: Training, Finance: Medical Staff, Auxiliary, Other				
Implementation Plan:	Impact to budget:	+ or - \$900,000			
ACTIONS to be done:	OWNER:	DATE FY15			
Identify and secure location for Lee Pharmacy at Gulf Coast Medical Center (GMC)	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Identify and secure location for Lee Pharmacy at Cape Coral Hospital (CCH)	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Construct facility site at Lee Pharmacy at GMC	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Construct facility site at Lee Pharmacy at CCH	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Seek AHCA and Florida Board of Pharmacy approval and licensure for Lee Pharmacy locations at GMC and CCH	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Recruit, hire and train staff for Lee Pharmacy locations at GMC and CCH	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Open Lee Pharmacy locations at GMC and CCH (desired by 10/1/14)	DeTillo/Kashman/Kidde (Lvey)/Armitage ad/Phette place	10/1/14			
Learning:	Monitor prescription volume and financial performance of Lee Pharmacy locations at Gulf Coast Medical Center and Cape Coral Hospital.				

Lean Huddle Board

The purpose of a daily improvement huddle board is to:

- Monitor performance of metrics linked to strategies
- Engage staff in problem solving and continuous improvement

Have you utilized lean transformation techniques in your practice setting in the past year?

a. No
b. Once
c. More than once
d. Monthly
e. Weekly
f. Daily

Do you believe that lean principles will have an impact in your practice area?

a. Yes
b. Maybe
c. No, leave me alone
d. No, bring in the external consultants
e. No, bring back old style leadership/management

Inclusion in each employee's evaluation

CONTINUOUS IMPROVEMENT	
Recognizes timely problem solving, improving processes, and eliminating inefficiency is essential to our system's success.	
Exceptional: 3 Points	<ul style="list-style-type: none"> Implements as a project team lead, team member or individual a process improvement idea to promote safety, productivity, Patient and/or Customer Experience, and/or financial performance.
Fully Successful: 2 Points	<p>OR</p> <ul style="list-style-type: none"> Fully participates in a structured Lean activity such as: Value Stream Mapping, Rapid Improvement Workshop, PDCA, 5S, or Job Instruction Breakdown. Completes annual Lean training for staff as determined by system and/or department. Regularly attends and actively participates in department daily improvement huddles or meetings and submits credible ideas to the leader to improve safety, work processes, patient/customer experience, or financial performance. Improves value to the customer by continuously evaluating processes and reducing waste.
Needs Improvement: 1 Point	<ul style="list-style-type: none"> Does not complete annual Lean training for staff as determined by system and/or department. Does not actively participate in department daily improvement huddles or meetings. Does not contribute or block improvement ideas or contributions which are in alignment with LMS goals.

Points x 6 = Score

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Preparing pharmacy for the future

Maximizing the Capacity for Pharmacy Services

**Case Study
Technology and Electronic Health Record (EHR) Development**

- Case Instructions
- Review the Case Study
- Brainstorm Strategies to Redeploy Staff With the Implementation of New Technology
 - What
 - Who
 - When
 - Where
 - How

30 minutes

ADVANCING QUALITY OUTCOMES AND INNOVATIONS:
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Maximizing the Capacity for Pharmacy Services

**Break
20 minutes**

ADVANCING QUALITY OUTCOMES AND INNOVATIONS:
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Maximizing the Capacity for Pharmacy Services

Welcome Back!

- Didactic Presentation
Pharmacy System Development and Integration
- Case Study
Workforce Deployment and Utilization
- Case Study
Innovation Reducing Costs and Improving Value

ADVANCING QUALITY OUTCOMES AND
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**Pharmacy Enterprise System Development
 Operational Efficiencies/Opportunities**

Robert F. Carta

Operational Efficiencies/Opportunities

- Implementation of healthcare reform has accelerated the need for pharmacy executives to:
 - Implement financial efficiencies
 - Create economies of scale
 - Minimized infrastructure costs
 - Look at consolidation and standardization
 - Clearly think outside the box

Operational Efficiencies

Corporate Pharmacy Model

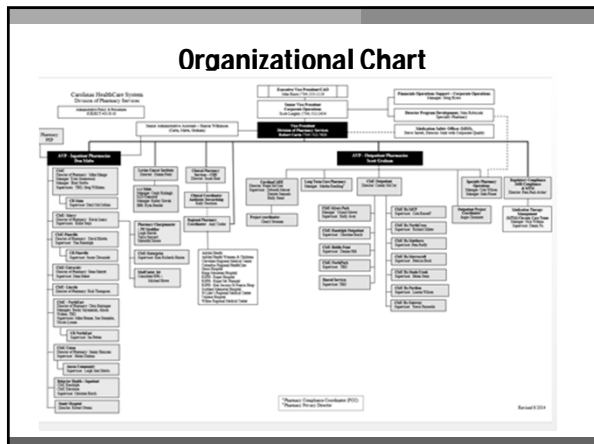
- The Leader; VP/CPO
- Appropriate organizational and leadership structure
- All Pharmacy Leaders/staff report into Corporate Pharmacy
- Staff can move seamless around all sites
 - Plug and Play
 - Flex staffing up or down
- Manage the whole medication continuum
- Standardization

What is your current Corporate Pharmacy organization model?

- A. Reports to Corporate Operations (C Suite)
- B. Reports to Hospital Administrator
- C. Reports to CMO
- D. Reports to other

0% 0% 0% 0%

Reports to Corporate OP...
 Reports to Hospital Admin...
 Reports to CMO
 Reports to other




Operational Efficiencies

- Common goals
- Common mission/vision
- Common accountabilities
- Standardize policies & procedures
- Standard job description/salaries
- Stand work (operational/clinical)


Operational Efficiencies

- Centralization
 - Centralized System P&T Committee
 - Optimize medication use
 - Engage medical staff
 - Same formulary across continuum of care
 - Acute - Ambulatory
 - Centralized admixing, prepacking, purchasing, and inventory control center
- After hours coverage
- Inpatient vs. ambulatory med reimbursement

Do you have a system-wide P&T Committee?




A. Yes
 B. No



Response	Percentage
Yes	0%
No	0%


Operational Efficiencies

- Virtual
 - E-ICU
 - Chronic Care Management Teams
 - Oncology Centers
 - Expands our reach/bandwidth

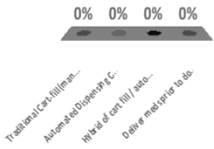


– ASN

How do you get medications to your patients?



A. Traditional Cart-fill (manual or robot)
 B. Automated Dispensing Cabinets (100%)
 C. Hybrid of cart fill / automated dispensing cabinets
 D. Deliver meds prior to dose due



Method	Percentage
Traditional Cart-filling...	0%
Automated Dispensing Cabinets	0%
Hybrid of cart fill / auto...	0%
Deliver medication prior to dose	0%

Operational Efficiencies

- LEAN in full force
- Less batching
 - IVs made on demand for low usage items; every 2 hours on everything else
 - Cart fill (where we have it)
 - Central Custom TPNs/Clinimix E
 - Centralized IV/purchase/prepacking pharmacy

Operational Opportunities

- Residency Expansion/Specialty PGY2
- Discharge meds at bedside
- Employee scripts (mail order, retail)
- Specialty Pharmacy
- Discharge Med Rec
- Transition of pharmacists into Quality Infrastructure Core Measure

Who handles the Med Rec process in your facility?

A. Pharmacy
B. Nursing
C. Care Managers
D. Other

Category	Percentage
Pharmacy	0%
Nursing	0%
Care Managers	0%
Other	0%

If Pharmacy handles Med Rec, is the medication history done by:

A. Pharmacists
B. Pharmacy Technicians

Category	Percentage
Pharmacists	0%
Pharmacy Technicians	0%

Opportunity with Challenge

- Embrace change – lead transformational change
- Seize the opportunities
- Begin to focus outside the four walls of our hospitals
- Pharmacists in our physicians' offices, ambulatory clinics, chronic care teams
- Focus on management of population health
- Pharmacists are in a prime spot to improve patient outcomes, reduce readmissions and be part of the multidisciplinary team for CMS Core measure success.

ADVANCING QUALITY OUTCOMES AND INNOVATIONS:
Preparing pharmacy for the future

Maximizing the Capacity for Pharmacy Services

Case Study **30 minutes**
Workforce Deployment and Utilization

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Case Study **30 minutes**
Innovation Reducing Costs and Improving Value

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Open Discussion
Questions and Answers
Opinions and Perspectives