



# Improving clinical outcomes

THROUGH INNOVATIVE  
STAFFING SOLUTIONS

# Today's speakers



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Cardinal Health

# Today's objectives

**WELCOME AND LET'S GET STARTED!**

- Highlight healthcare reform's impact on patient care teams
- Learn how one health system applied innovative staffing solutions to expand and integrate pharmacy services with patient care teams
- Discuss whether similar approaches could help others facing similar challenges

# Impact of healthcare reform

## WHAT ARE WE SEEING?

- *Doing more with less* has become standard practice
  - 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



CAROMONT HEALTH'S JOURNEY

# Integrated approach to patient care teams

# About CaroMont Health

- Located in Gastonia, NC
- 435 licensed beds
- Primary population served: 250,000
- Level III trauma center, emergency services, surgical services including cardiac, NICU (Level III) OB
- ED visits are top five in the State of North Carolina



# Why change?

**AFTERALL, CHANGE IS DIFFICULT!**

- How can we make more of an impact on direct patient care?
- How can we make an impact on population health management?
- How can we expand programs and services like medication adherence programs?
- What if adding staff is not an option? What then?






*How many of you have struggled with these same questions at your facilities?*

# Where to begin?

Options	Pro's	Con's
<b>1. Add FTEs</b>	<ul style="list-style-type: none"> <li>✓ Added value of extra clinical pharmacists</li> </ul>	<ul style="list-style-type: none"> <li>✓ Ability to budget and justify increased headcount</li> </ul>
<b>2. Change the staffing model</b>	<ul style="list-style-type: none"> <li>✓ Our model has not changed in 20 years yet patient needs have changed</li> <li>✓ Clinical staff already adopting</li> </ul>	<ul style="list-style-type: none"> <li>✓ Changing workflow is hard</li> <li>✓ How to maintain productivity amid difficult change?</li> <li>✓ Entitlement of tenured staff</li> </ul>
<b>3. Combine roles and redistribute the work</b>	<ul style="list-style-type: none"> <li>✓ Avoids #1 and #2</li> <li>✓ Some schedule overlap anyway</li> </ul>	<ul style="list-style-type: none"> <li>✓ Would this really solve the problem?</li> </ul>
<b>4. Evaluate remote models</b>	<ul style="list-style-type: none"> <li>✓ Provides additional resources without adding FTEs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Finding a partner that meets needs + expectations</li> <li>✓ Would quality be compromised?</li> </ul>
<b>5. Do nothing</b>	<ul style="list-style-type: none"> <li>✓ No disruption to staff or to productivity</li> <li>✓ No budget impact</li> <li>✓ Status quo is easiest path!</li> </ul>	<ul style="list-style-type: none"> <li>✓ Doing nothing not always an option</li> <li>✓ Limited ability to innovate and improve quality of care</li> </ul>



# Which options met our goals?

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# Our two-part approach

**CHANGE IS NEVER EASY!**

## **1<sup>st</sup> step: blow up our 20-year-old workflow model!**

- Created 3 teams within pharmacy
  - **Operational** team: 12-hr shifts
  - **Clinical** team: 8-hr shifts
    - Dedicated to med/surg and critical care
  - **Emergency Department** team: 24 hrs/day

# Our two-part approach

**CHANGE IS NEVER EASY!**

## **2<sup>nd</sup> step: expand our team without adding FTEs**

- Outsourced order verification tasks to a remote pharmacy service provider
- Ensured provider can customize coverage to align with our needs and quality expectations
- Ensured a process for training and accountability

# Results

## EXPANDING PHARMACY SERVICES

### First 3 months

- 277 clinical interventions on discharges
- 1,178 discharge medication reviews



### Two-year milestone

- 3,527 clinical interventions on discharges
- 10,095 discharge medication reviews



# Results

## PATIENT SATISFACTION

### HCAHPS improvements

- Purpose of new medications:

- Baseline: 67.9
- Improvement: 83.3



- Possible side effects:

- Baseline: 35.7
- Improvement: 50



# More results

## PHARMACY SERVICE LEVELS

### Increased productivity

- 32 medication orders processed/hour
- As of Jan 2019 at 46/hour with 3% increase in volume



### Improved medication order Turn Around Time (TAT)

- STAT 3 min
- Routine 8 min



# Was it worth it?

## **Numerous benefits have been realized**

- Improved work/life balance
- Improved career path development
- Culture of innovation and proactive problem-solving
- Stronger relationships with nursing
- More clinical staff are board certified specialists
- Patient discharge medication reconciliation and counseling
- Emergency department team doing post-discharge culture reviews and post-discharge patient consults to improve outcomes
- All new admits have a pharmacist as part of the patient care team
- Antimicrobial stewardship committee – led by clinical pharmacist

# A word of advice for the road...

## LOOK BEFORE YOU LEAP

1. Evaluate all options carefully: no 'silver bullet' that fits every organization
  - a) Consider 'outside the box' options to meet your goals
2. When you consider remote models, *insist* on getting to know – and train – your offsite team just as you would a new staff member
3. Be all in: change is hard; change in a clinical setting is harder!
4. Measure results



An abstract graphic consisting of several thick, curved lines in a light blue-grey color. The lines originate from the upper left and curve downwards and to the right, overlapping each other to create a sense of depth and movement. They are set against a solid, light blue background.

INNOVATING WITH TELEHEALTH MODELS

# Looking ahead

# Why consider remote models?

## TELEHEALTH MODELS ARE INNOVATING PATIENT CARE

- ✓ Ensures access to health care services in isolated and underserved geographic areas
- ✓ Promotes patient-centered health care
- ✓ Expands providers' reach in transitions of care and population health management
- ✓ Supports improvement of clinical outcomes
- ✓ Enables onsite staff to operate at the top of their license
- ✓ Reduces healthcare costs and increases efficiencies

# Questions

- What made the remote model appealing to CaroMont?
- How has the remote model strengthened your relationship with nursing? With physicians? With patients?
- How did you overcome the misconception of onsite staff about the remote model?
- How did the remote model help to improve patient satisfaction? Unnecessary 30-day readmissions?
- Other questions?

# Contact us!



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Cardinal Health

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An abstract graphic consisting of several thick, white, curved lines that sweep across the right side of the red background. The lines are of varying lengths and curves, creating a sense of movement and depth.

Thank you!