Introduction

Health-Care Facility

• 803-bed academic medical center
• Opened 1923 to serve citizens of North Carolina
• Comprised of:
  - North Carolina Cancer Hospital
  - North Carolina Children’s Hospital
  - North Carolina Memorial Hospital
  - North Carolina Neurosciences Hospital
  - North Carolina Women’s Hospital
• UNC Eshelman School of Pharmacy located on same campus

Background

• Until 2007, Department of Pharmacy utilized central pharmacy/clinical specialist model
• Clinical specialists’ responsibilities included:
  - Ensuring that medications were appropriate for their patients
  - Centralized pharmacists’ responsibilities included:
    - Order verification
    - Checking drug product
    - Answering telephone calls from nursing staff
• Pharmacist turnover in central pharmacy was high due to:
  - Limited patient engagement
  - Significant workload
  - Poor working environment
• Clinical specialists were required to cover vacant central pharmacist positions

Purpose

To change pharmacy practice model to achieve:
• Decreased pharmacist turnover
• Increased employee satisfaction
• Realization of pharmacists to provide clinical presence on nursing units two shifts a day, seven days a week
• Continued support of educational mission
• Development of career path
• Enhanced communication across pharmacist groups
• Minimization of number of pharmacists in central pharmacy
• Improved patient outcomes through involvement in institutional quality initiatives

Description of the Program

Practice Model Principles Adopted

• Three pharmacist workgroups
  - Central specialists
  - Decentralized clinical specialists
  - Clinical specialists
• Central pharmacists would have an opportunity to become decentralized pharmacists
• Central pharmacists would be highly skilled and focused on operational excellence
• Clinical coverage would be patient-centered utilizing assignment by medical service across all areas, not geographically by patient care unit
• Decentralized pharmacists and clinical specialists would be provided wireless tablets for order verification and patient management
• Career path for professional growth would be developed
• Decentralized pharmacists would maintain commitment to central pharmacy
• All pharmacists would have equivalent number of weekends
• Pharmacists would be present on nursing units seven days a week, 0700 until 2200
• On-call system would be created whereby trained resources would be available to assist decentralized and night shift pharmacists with patient care needs

Experience with the Program

• Go-live was Monday, September 29, 2008
• Surgical Care Improvement Project (SCIP) Compliance
  - Pharmacy took responsibility to assist with SCIP compliance
  - Pharmacist review all post-surgical antibiotics and intervene to ensure compliance with SCIP
  - SCIP Optimal Score increased and has continued its high rate

Experience with the Program (continued)

• Anticoagulation Discharge Education
  - Pharmacy agreed to counsel patients being discharged on anticoagulation therapy and document counseling efforts
  - Pharmacy cardiology pilot demonstrated 30% increase in compliance rate
  - Pharmacy now manages anticoagulation therapy discharge counseling for all patients

• Pharmacy Department Drug Costs
  - When comparing clinical specialist model to standard drug cost pharmacy inflation rate, clinical specialist model had $3.8 million greater drug spend than that predicted using actual pharmacy inflation rate
  - After transitioning, drug costs were $400,000 more than that predicted using actual pharmacy inflation rate
  - Total resident drug costs have remained steady and somewhat decreased over past three years

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- Personal relationship with commercial entities that may have direct or indirect interest in the subject matter of this presentation:
  - Authors have nothing to disclose.