Managing a Hospital and the Role of the Hospital Pharmacist 2/16/06

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First.....What are you interested in hearing about today?

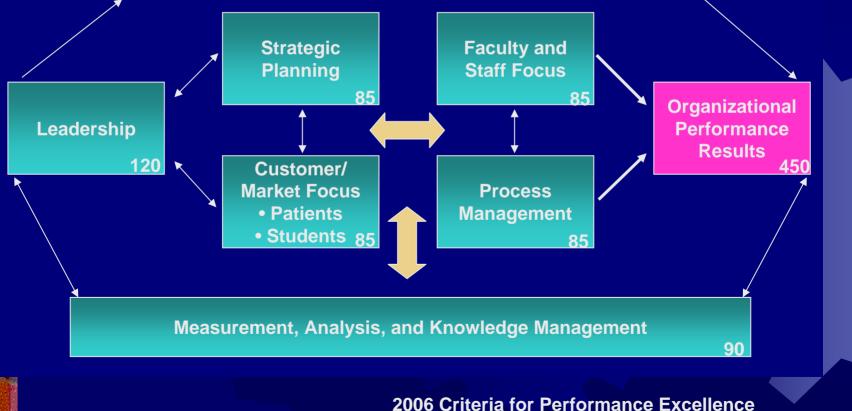
First a little about UWMC

General Information

- Location: University of Washington campus in Seattle
- Beds: 470
- **Type:** Licensed, comprehensive medical care facility
- National Ranking: Among the top ten medical centers in the United States as rated by U.S. News & World Report
- Patient Focus: Patients benefit from state-of-the-art care, an advanced-trained staff, and a commitment to quality and value
- Teaching Role: One of two major teaching hospitals for the University of Washington School of Medicine.
- Research Role: Site of a national Clinical Research Center and other major clinical research programs
- Medical Staff: Nearly 650 attending physicians which are faculty members at the University of Washington School of Medicine.
- \$563,000,000 in Operating Revenues in FY05 and \$558,000,000 in expense. Approximately 3,700 FTEs on staff.

Baldrige Health Care Criteria Framework: A Systems Perspective

Organizational Profile: Environment, Relationships, and Challenges



2006 Criteria for Performance Excellence Baldrige National Quality Program

Why Baldrige? Results

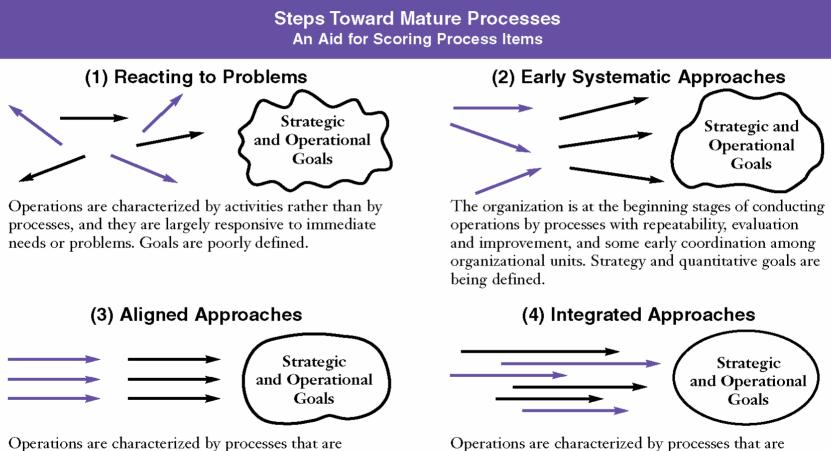
Healthcare Imperatives 2005-2008 Patient Safety

- Clinical Outcomes
- Customer Service
- Growth in Revenue and Market Share
- Cost Reduction and Productivity

Adapted, Washington State Quality Award Council



Steps Toward Mature Processes



repeatable and regularly evaluated for improvement,

with learnings shared and with coordination among organizational units. Processes address key strategies

and goals of the organization.

Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved through analysis, innovation, and sharing. Processes and measures track progress on key strategic and operational goals.



University of Washington Medical Center Conceptual Diagram: Measure Alignment

			Γ	Executive Qua (EQ	-	7			
	UWMC Operating Plan								
	Patient Safety P1 - Patient Falls P2 - Drug Events P3 - Surgical Infections		<u>Access</u> A1 - Admissions A2 - Clinic Visits A3 - ALOS	Admissions S1 - I Clinic Visits S2 - Er		action <u>Cost</u> atient <u>C1 - Days in</u> ployee <u>C2 - Operating Ir</u> ysician <u>C3 - Cost Per C</u>		come O2 - Readmission	
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Integrated Medical Center Measurement Data

Measurement attributes attached to **Patient Encounters** or **Operating Departments**

	ACCESS			
OF	SATISFACTION			
,	OUTCOMES/OTHER			
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Pharmacists are key members of the Health Care Team. A Balanced Scorecard approach **Patient Safety** Access Satisfaction/Service Cost Outcomes

Patient Safety – National Agenda Items – What's Hot

JCAHO 2006 Hospital National Patient Safety Goals

- Goal 1 Improve the accuracy of patient identification.
- Goal 2 Improve the effectiveness of communication among caregivers.
- Goal 3 Improve the safety of using medications.
- Goal 7 Reduce the risk of health care-associated infections.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.

100,000 Lives Campaign

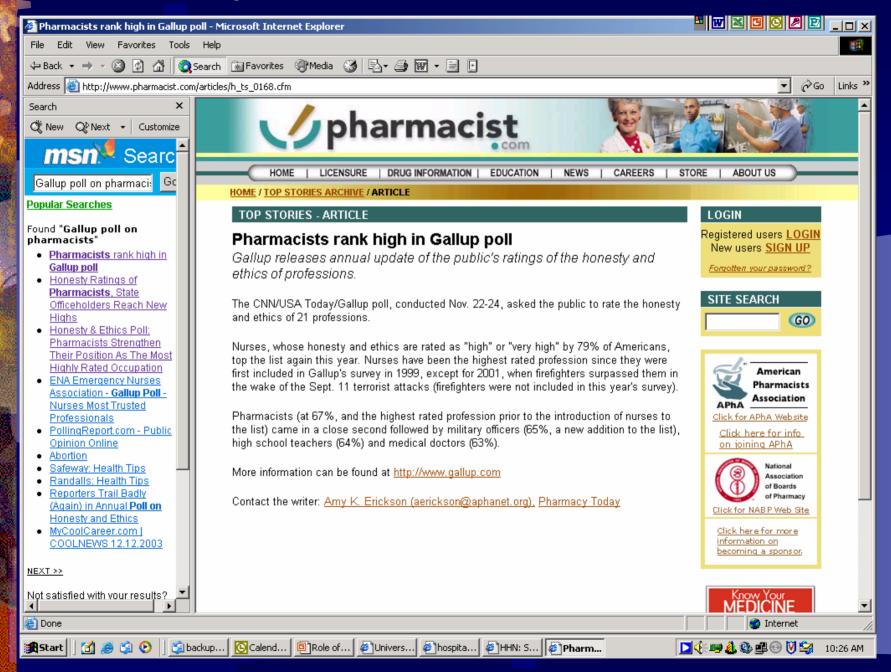
- Deploy Rapid Response Teams...at the first sign of patient decline Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction...to prevent deaths from heart attack
- Prevent Adverse Drug Events (ADEs)...by implementing medication reconciliation
- Prevent Central Line Infections...by implementing a series of interdependent, scientifically grounded steps called the "Central Line Bundle"
 - Prevent Surgical Site Infections...by reliably delivering the correct perioperative care
- Prevent Ventilator-Associated Pneumonia...by implementing a series of interdependent, scientifically grounded steps called the "Ventilator Bundle"

CMS Core Measures
Heart Attack Care Quality Measures
Heart Failure Care Quality Measures
Pneumonia Care Quality Measures
Surgical Infection Prevention Quality Measures

Access

Importance of convenient and timely access by patients to Rxs
Inpatient, outpatient, mail order, drive through, on-line, hospitals have them all.

Satisfaction and Service Who is your customer? Patients Each other **Other Clinicians** Visitors and the community What should you measure? Customer satisfaction Your employee satisfaction – They are correlated How do you build trust with Your customer Accountability – do what you say you will do Values



Cost (and creating value)
 When your responsible for a budget bigger than most small hospitals.
 Example UWMC Pharmacy – \$68,772,480 Million total Revenue and \$46,351,432 Million Expense for FY2005and growing. Supply cost was \$35,728,722.

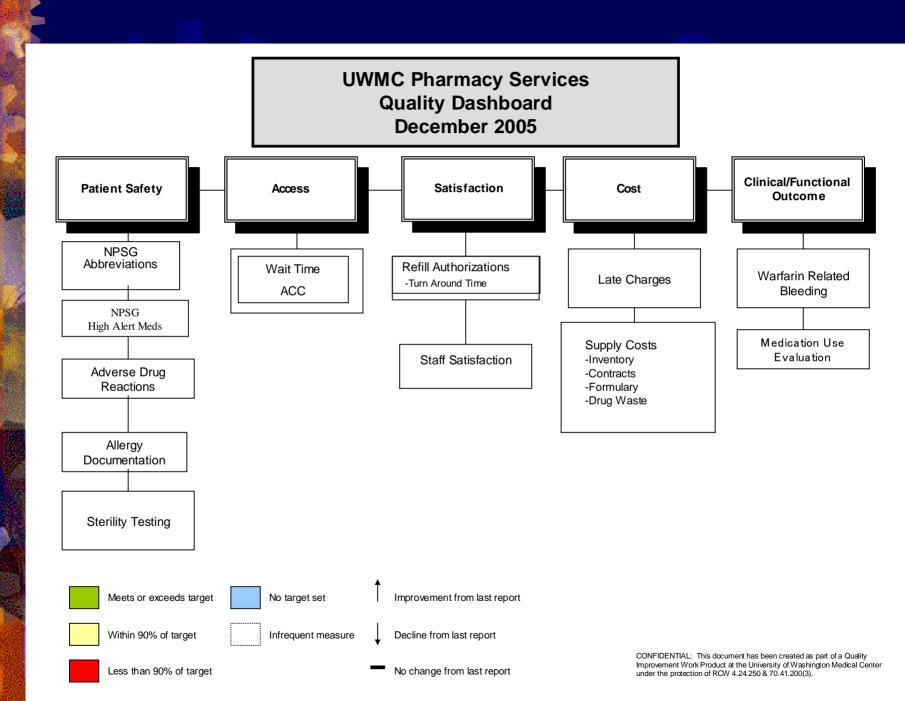
Outcomes

 How Pharmacy leads the Rx effectiveness and efficiency effort

- P&T committees
- Clinical Pathways
- Appropriate ordering –right drug –right time JIT intervention
- Contracting/charges business perspective
- Education –tools formulary
- PDCA
- Technology

How do you measure your success – many ways

- Results Benchmarking
- ADRs and ADEs
- Testing
- Operational/clinical measures TATs, functional outcomes
- Look for levels, trends, comparisons, Gaps and linkages to desired objectives



Bottom Line

Pharmacists are **key members** of the Health Care Team and We need you on <u>our</u> team

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Wednesday December 15, 2004									
	Estimated Pharmacists In 2001	Estimated Need By 2020							
Order fulfilment (dispensing)	136,400	100,000							
Patient care (outpatient; collaborative drug therapy management)	48,000	295,000							
Other	12,300	22,000							
Total need	196,700	417,000							
Total supply		260,000							
Pro	ject Shortfall	157,000							
Source: Pharmacy Manpower Project Inc., 2003 2003									
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Questions?