



Seton Health System, Inc.

Seton Health's pharmacy team makes a significant impact on patient care

Goal

- Achieve better patient outcomes

Solution

- Deploy specialized clinical pharmacists to patient care areas
- Implement full-time pharmacist as part of the admissions process
- Own and manage the medication reconciliation process

Results

- Average length of stay decreased by 3.2% through better use of early medication
- Net decrease in drug cost per discharge by nearly 10%
- Medication reconciliation resulting in \$49,200–\$164,100 savings per year

Customer Profile

Anchored by St. Mary's Hospital of Troy, NY, and consisting of more than 20 locations around the area, Seton Health serves the Capital Region of New York. As one of the area's leading community hospitals with a 157-year tradition of providing care, St. Mary's 196-bed facility includes a modern 12-bed Intensive Care Unit, a state-of-the-art Childbirth Center, and several specialized inpatient units including oncology/hospice and addiction services.

While Seton Health may seem like your typical community-based hospital, its pharmacy practice is anything but conventional. In 2002, Joe Goss left a career in business and clinical research to become director of pharmacy services for Seton Health. According to Goss, "Seton was a progressive, upwardly mobile hospital pharmacy, and that's why I came here. With so much great potential, this team had already launched its strategy and my challenge was to aim the rocket even higher by ensuring a professional environment that nurtured professional growth."

The Goal

Achieve better outcomes by taking a more active role in patient care services

In the mid-1990s, the pharmacy department at Seton was much like any other. The pharmacy was centralized and the pharmacy staff did not communicate well with the nursing staff or physicians. The then-current director of pharmacy initiated a decade-long effort to reduce

risk of medication errors and improve patient safety through the implementation of technology. A large part of this strategic plan included a concerted effort to change the way pharmacy interacted with the rest of the hospital staff.

"Without exception, I think everything in the High Performance Pharmacy study is a must-do, not just a nice-to-do, for hospital pharmacies."

— Joe Goss
Director of Pharmacy Services
Seton Health System, Inc.

The Challenges

Changing perceptions of the role of the pharmacist

Seton's Pharmacy Operations Manager, Cathy Harrison, has been with the organization since 1997. When recalling her first impressions of Seton, she said, "I walked into a situation where nursing and pharmacy staff were at odds with each other." Therefore, Harrison and team had to go out of their way to change the way nurses and physicians thought of pharmacy. As Seton implemented pharmacy automation, the pharmacists had more time to focus on consultation and clinical intervention. Over time, the nurses and physicians began to rely more and more on the expertise the pharmacists brought to the patient care teams.

The Solution

Deploying pharmacists to patient care teams

In 1996, a clinical pharmacist was assigned to the ICU-CCU as a permanent member of the patient care team. At the same time, Seton implemented point-of-care electronic medication access with enhanced pharmacy systems and automation for all floor-stock and pain meds. Based on the ICU pharmacist's success in building deep relationships with nurses and physicians, two additional full-time clinical pharmacists were assigned to patient care areas in 1999.

With nursing staff and physicians placing significant value on the role of the clinical pharmacist on the patient care team, Seton was able to deploy six additional pharmacists as specialists throughout the hospital. By 2007, Seton had a pharmacy staff of 21, including nine pharmacists stationed on the floor units and one assigned to the admissions team. These clinical pharmacists make rounds with the medical staff and nurses each day and enter orders into laptops that they carry with them.

Today, the clinical pharmacists are highly valued as important members of the patient care teams at Seton. In fact, nursing directors consider dedicated pharmacists as part of the nursing teams and have gone so far as to lobby for expansion of the pharmacy budget to allow for additional pharmacists on their units, such as OB/Peds. Harrison proudly added, "The nurses absolutely love pharmacy now."

The Results

"Dollarizing" the impacts of high performance

As the Director of Pharmacy, Joe Goss takes every opportunity to calculate the impact his high performing pharmacy staff is making on patient care at Seton, and to demonstrate their value to hospital administration. Goss refers to this as "dollarizing," which is putting a dollar figure on his pharmacy's contributions to improving patient care and reducing associated costs.

With clinical pharmacists taking an active role both in the admissions process and on the patient care teams, Seton has seen a reduction in the average length of stay and decrease in drug cost per discharge. One year after increasing the number of specialized clinical pharmacists to nine, Seton experienced a 28% increase in clinical interventions. While discharges increased by 10% in that year, the average length of stay decreased by 3.2%. Through better use of early medication and more aggressive medication therapies, drug orders increased by 6.7%, yet the net number of doses per admission decreased by 1.7%.

The increase in clinical intervention is resulting in better use of required medications in the first one to two days of the patient stay. As a result of Seton's better overall efficiency in drug use, the hospital has seen a 9.5% decrease in drug cost per patient discharge.



Improving clinical outcomes through medication reconciliation

“My medication therapy coordinator, Dr. Piyush Amin, and I believe medication reconciliation is a renaissance for pharmacy. In our opinion, the profession has handed off the process to nursing, which is not ideal,” stated Goss. Seton has created a medication reconciliation process, which is being implemented at other hospitals within the state. The process is recognized by the Healthcare Association of New York State, which jointly produces videos and teleconferences of the model. The Seton model provides drug-related problem (DRP) review, to ensure maximized medication therapy with Med Rec, at each change in level of care.

To convince hospital administration to approve the additional pharmacy position required to manage medication reconciliation, Goss once again dollarized the value. He showed that by using medication reconciliation as a tool to ensure proper dosing and appropriate drug selection, the hospital could effectively offset the formulary by more than enough to afford the additional staff. After reviewing reconciliation activity for 1,500 interventions completed over a four-month period, Goss conservatively estimates savings between \$16,400 and \$54,700. Over an entire year those savings could amount to \$164,100 or more.

Today, a clinical pharmacist manages the process utilizing two pharmacy students from the local pharmacy school. Plus, by working with its community pharmacies and local hospitals, Seton has implemented a standardized wallet-sized medication history form for patients in the community.

Achieving the highest performance

According to Goss, his pharmacy team at Seton Health has implemented nearly all 78 elements within the eight dimensions identified in the High Performance Pharmacy — and he continues to dollarize the impacts on

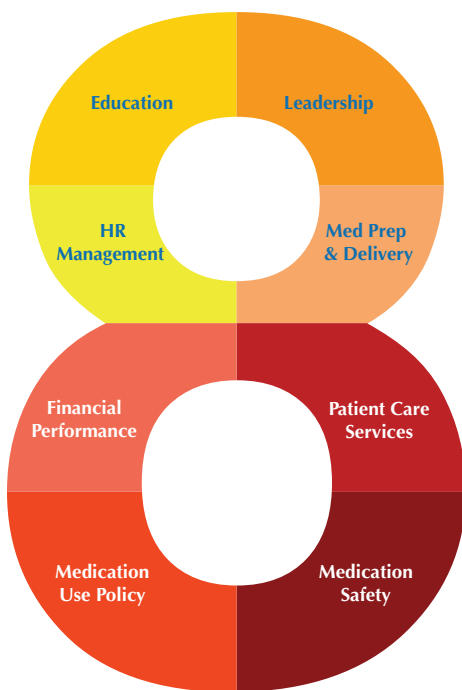
his organization. Goss has also asserted a significant leadership position and is the only nonphysician in the local medical society, the Rensselaer Academy of Medicine.

The pharmacy staff at Seton Health shares a sense of personal ownership and accountability for their high performance. If someone has an issue or suggestion for pharmacy policy, they have the power to change it for the better because the entire team shares ownership of it. In addition, Goss encourages each member of his team to have a two-, five-, and ten-year plan to ensure and they are getting what they want out of their time at Seton. The goal is to foster continuous, two-way feedback and cultivate a pleasant and rewarding work environment.

Joe Goss and the entire pharmacy staff at Seton Health provide a great example of health system pharmacy improving health-care both within hospital walls and by extending that influence outward to individual physician practices, community pharmacies, and other institutions.

“We feel that real value comes with the knowledge only a clinical pharmacist can deliver. The expense of the drug is in the handling, and we aren’t adding any value by counting them.”

— **Joe Goss**
Director of Pharmacy Services
Seton Health System, Inc.



A High Performance Pharmacy is one that demonstrates the highest levels of patient safety, clinical quality, and financial performance. McKesson and the Health Systems Pharmacy Executive Alliance completed the landmark study that identifies the 8 Dimensions of High Performance—the programs, services, and practices at which a health system pharmacy must excel to be able to deliver the best clinical outcomes for patients and financial results for the entire health system. For more information visit www.HighPerformancePharmacy.com.

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