
INNOVATIVE PRACTICES IN PHARMACY: LEVERAGING SHARED GOVERNANCE FOR OPERATIONAL EXCELLENCE

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AGENDA

Health Systems' Overview

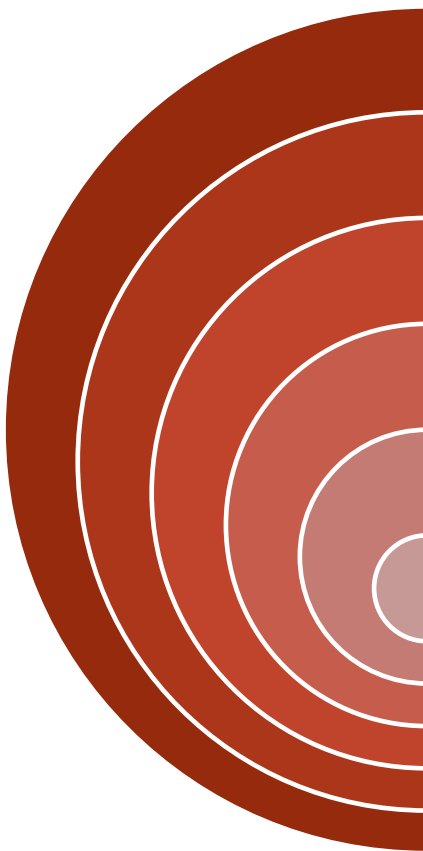
Shared Governance: Definition, Importance, and Types

Committee Structures

Practice-Based Benefits

Management and Maintenance

How to Establish Your Own Shared Governance



HEALTH SYSTEM OVERVIEW



Mount Sinai Health System

7 inpatient hospital locations across Manhattan, Brooklyn, Queens, and Long Island

Shared Governance Site

Health System

2500+ Beds

Operating Systems:

Epic

Pyxis ES

Pharmacy Keeper Compounding Interface

Kitcheck

Catholic Health Service of Long Island

6 inpatient locations across Long Island, NY

Shared Governance Site

St. Francis Hospital and Heart Center

350 beds

73 pharmacy employees

Operating Systems

Epic

Pyxis ES

Pharmacy Stars-Compounding 360

Kitcheck





SHARED GOVERNANCE

DEFINITION, IMPORTANCE, AND TYPES



WHAT IS A SHARED GOVERNANCE?



Ensures standardized, efficient, and sustained implementation of pharmacy initiatives through representation and engagement of stakeholders directly impacted by proposed changes.



SHARED GOVERNANCE IN HEALTHCARE

Preparing for the future of
pharmacy, Today!

Ensure readiness for future
advancements and
developments

Enable proactive adaptation
to emerging trends and
challenges in the field

Establish a collaborative
management structure

TYPES OF SHARED GOVERNANCE

Local

- Empowers frontline staff to make decisions regarding day-to-day operations and workflow optimization within their specific work environments.



System

- Allows leadership to address concerns involving interdisciplinary collaboration, IT integration, staff education, and sustained initiative implementation.





LOCAL SHARED GOVERNANCE MODEL:

STRUCTURE, PROGRESS TRACKING, AND OUTCOMES



LOCAL: SHARED GOVERNANCE STRUCTURE



Est. November 2022

- Change in Management inspired and influenced the creation of the committee
- New leadership styles
- Maintain and share existing culture
- Employee buy-in
- Encourage collaboration and team morale
- Serves as a bridge between a new leadership style and existing employees
- Previously failed and inconsistent methods

LOCAL: SHARED GOVERNANCE STRUCTURE

Membership

- Manager
- Day + Evening Shift Staff RPh
- Unit Based RPh
- Day + Evening Shift Staff CPhT
- Intern

Membership Terms

- Annual Committee Formation
- 1 week to volunteer
- 1 week to vote

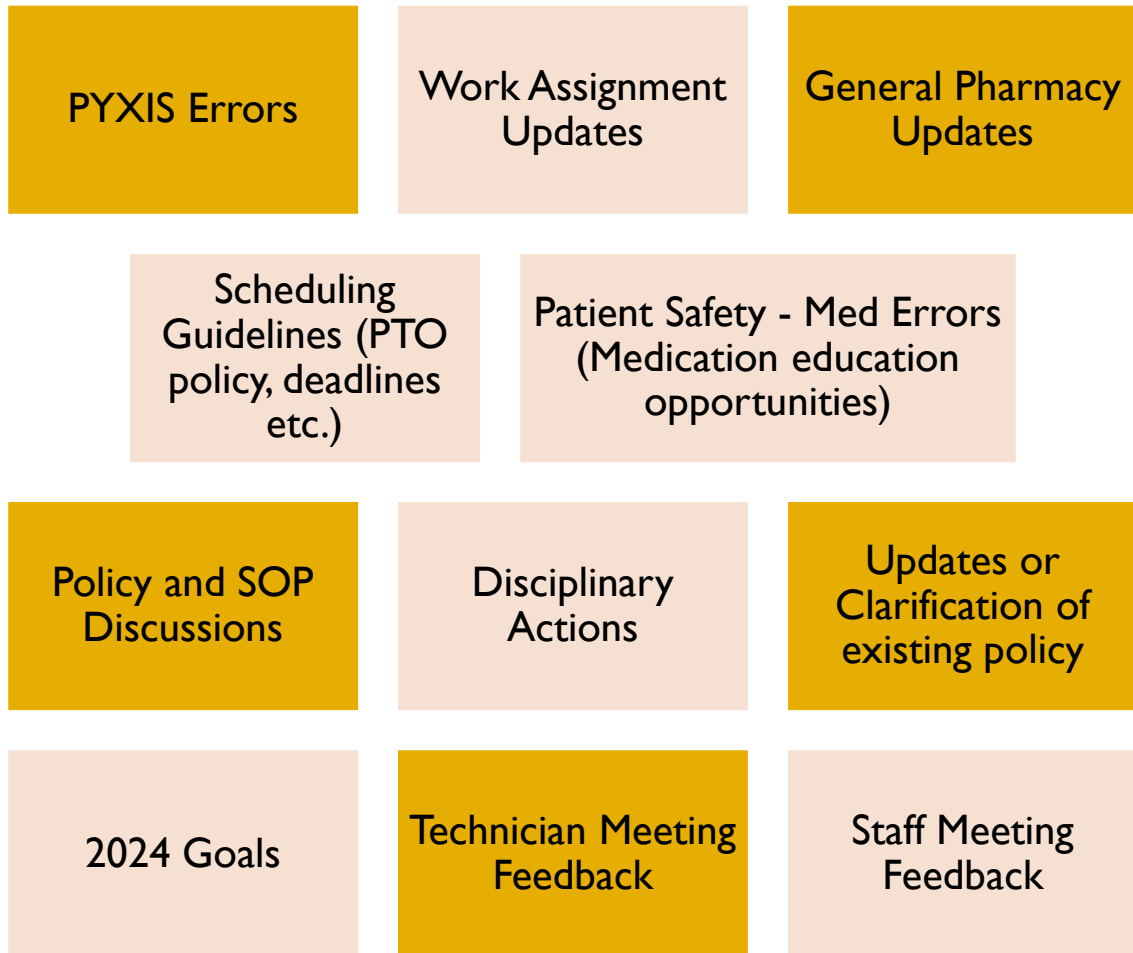
Meeting Cadence

- 1-1.5 hours Bi-monthly
- In-person

Membership Expectation

- Represent staff interest
- Present solutions with issues
- Facilitate communication of decision from the committee to the general staff
- Agenda Preparation

LOCAL: SHARED GOVERNANCE PROGRESS TRACKER: MEETING MINUTES



Technician Work Assignment Updates	<p>There will be minor updates to the work assignments for the day shift and evening shift effective 3.4.24</p> <ul style="list-style-type: none"> The respiratory refills will be increased to twice a day. As of March 23rd there will be a permanent AM6. Evening shift now has 4 technicians. The P4 technician now has specific assignments. PM shifts are being rotated fairly. 	Please see Grace's email from 2/29 for more details	Joe/Grace	March 3, 2024
Pepcid IV Piggybacks	<p>As of March 1st Pepcid IV piggy backs are being replaced with vials.</p> <p>When Grace opened the refrigerator to place the Pepcid vials in she found the following issues:</p> <ul style="list-style-type: none"> Ativan unsecured Ativan and Marinol were mixed together in a lock box and the refrigerator unlocked. <p>Nurses were educated not to remove profiled medication from the refrigerator when it's in Pyxis.</p>	<p>When you access the med room please double check the refrigerators to make sure they are locked.</p> <p>Ensure all of the bins are correctly labeled with the drug name. If bins are not labeled please create a label with the P-Touch label machine.</p> <p>When checking the Pepcid vials please do not pull the scanner into the refrigerator.</p>	Grace	March 1, 2024
Labeling Vials with 28 Day Expiration Date	<p>Standard practice for nurses when using a vial for the first time is to place a sticker on top with a 28 day expiration. Instead of using a P-touch label, Grace purchased stickers to be used instead.</p>	<p>Please double-check the vials on the units to make sure they are dated appropriately.</p> <p>If you find vials with more than 28 day expiration date please let Grace know so she can notify the nurse manager.</p> <p>This is a good catch!</p>		

LOCAL: SHARED GOVERNANCE OPTIMIZATION OPPORTUNITIES IDENTIFIED



Topic: Schedule Guideline (PTO policy, deadlines)

- To implement a transparent and fair guideline to approve PTO
- Consistency, reference for staff to use
- Deadlines for management



Duration to finalize: 3 months



Continuous amendments

- Updates to deadlines and limit of PTO/ employee depending on pharmacy department needs

LOCAL: SHARED GOVERNANCE OPTIMIZATION OPPORTUNITIES IDENTIFIED



Topic: Development of Work Assignments



Duration to finalize: 6 months



Continuous amendments

- New format
- Shift Assignment Responsibilities and duties
- Change in SOP for existing shift assignments

LOCAL: SHARED GOVERNANCE OPTIMIZATION OPPORTUNITIES IDENTIFIED



Topic: Mission Statement



Duration to finalize: 1 month

LOCAL: SHARED GOVERNANCE OPTIMIZATION OPPORTUNITIES IDENTIFIED



Topic: Disciplinary Action



Accountability

- Escalation Method
- Verbal vs Written warnings



Duration to Finalize: 1 Month



SYSTEM SHARED GOVERNANCE MODEL:

STRUCTURE, PROGRESS TRACKING, AND OUTCOMES



SYSTEM: SHARED GOVERNANCE STRUCTURE

Membership

- One staff pharmacist and one staff technician representative from each inpatient site
- + Delegate to ensure site representation

Membership Terms

- Two year term followed by rotation to other staff members

Meeting Cadence

- Monthly via zoom

Meeting Types

- Pharmacy Operations Shared Governance
- Pharmacy Automation Shared Governance

Membership Expectation

- Represent staff interest
- Facilitate communication of decision from the committee to the rest of the staff
- Review staff feedback and escalate back to the governance group

SYSTEM SG: PHARMACY OPERATIONS FORUM AGENDA

Staff Open Forum

- Staff identification of optimization opportunities
- Review of local practices
- Group discussion on resolution/implementation ideas

Next Steps

- Review and assignment of action items
- Report-out on following calls
- Resolution status + staff feedback

System-led Discussion

- Feedback of active initiatives
- Future initiatives
- Compliance barriers

Documentation

Share point Excel Tracker

SYSTEM SG: PHARMACY OPERATIONS PROGRESS TRACKER

Optimization Opportunity	Proposed Solution	Action Items	Status	Comments
<p>Optimization opportunity: When a pyxis cubie or drawer fails, the medication in that inventory location is not accessible. 80% of the time, the resolution is just to click the "recover storage space" button on the pyxis screen. Pharmacy receives excessive calls to go up to the units and assist in recovering failed storage spaces, causing a constant interruption to workflow.</p> <p>Discussion: can potentially cause a delay in therapy if technician is not able to drop what they are doing and go assist the nurse. Similar issue noted by technicians across all sites</p>	<p>1. Increase RN Responsibility in storage space recovery to ensure no delay in care.</p> <p>2. Validate integrity or storage spaces with repeated failures.</p>	1. Review the frequency of storage space failures and identify stations with repeat offenders -> System Review	Complete	
		2. Coordinate cubie replacement or BD ticket entry to resolve constantly failing hardware - > Local Management (with system escalation as needed)	In progress	
		3. Re-iterate downstream implications of overfilling cubies on refill runs during pharmacy staff huddles -> SG Technician	Complete	
		4. Train nurses to resolve storage space issues on their own, and call the pharmacy only if additional assistance is needed - Develop 1 page tip sheet and present during pharmacy x nursing meeting: System leadership - Ensure tipsheet is posted on every pyxis station: Local management + SG Technician - Enforce practice by directing nursing to attempt recovery on their own first: SG Technicians + Pharmacists	Complete	

SYSTEM OPERATIONS SG: OPTIMIZATION OPPORTUNITIES IDENTIFIED

Excessive in-basket messages and calls for missing medications impedes workflow

- Immediate solution: Implementation of MAR icons to identify refrigerated medications
- Long Term Solution: optimizing medications in Pyxis through dynamic inventory management

Per diem staff often unfamiliar with specific pharmacy policies/workflows

- Staff identification of 5 clinical and operational procedures that every per diem should be familiar with
- Review of related policies/SOPs
- Compilation into site-specific handbook for per diem staff

SYSTEM OPERATIONS SG: HEALTH SYSTEM INITIATIVES

Operational Initiatives: Tablet splitting transition to pharmacy; pharmacy decentralization; technician role expansion

Clinical Initiatives: Increase pharmacist involvement in Antimicrobial and Anticoagulation Stewardship

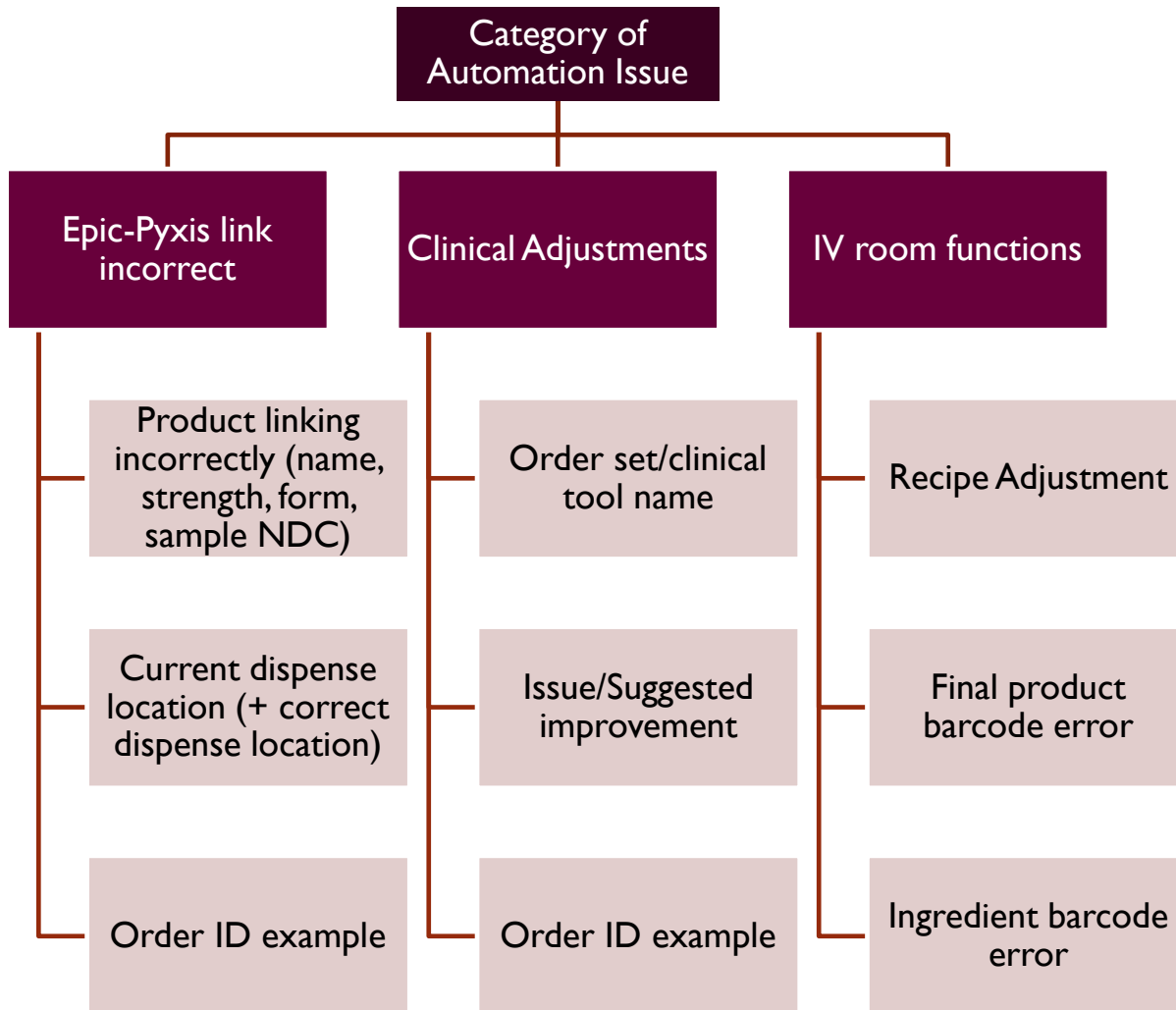
Benefits to System Leadership

- Ensures standard processes across all local sites
- Designated “super users” or “trainers” at each site for new initiatives
- First hand post-implementation feedback

Benefits to Staff

- Visibility of upcoming changes
- Opportunity to provide feedback prior to workflow changes
- Platform to escalate barriers to compliance

SYSTEM AUTOMATION SG: STRUCTURE



Agenda/Resolution Process

Staff presentation of issue

Group discussion

Analyst commentary

Selection of IT Build validator (Manager)

Intervention outcome/ Staff feedback

SYSTEM AUTOMATION SG: OPTIMIZATION OPPORTUNITIES IDENTIFIED

Orders linking to incorrect dispense location (i.e. linking to pharmacy but should be linked to pyxis)

- Requires dispensing logic review

Providers are unable to enter certain formulary medications and require pharmacist intervention

- Requires facility and provider preference list manipulations

Provider access to multiple order sets causing confusion and calls to pharmacy

- Requires clinical consultation and orderset consolidation + preference list updates

Category	Order ID Example	Product that is linking incorrect	Current Dispense location	Product that should be linked	Correct Dispense location	Additional Comments	Status
Epic and/or Pyxis not linking to correct product	638185654	Name:levalbuterol Strength:0.63mg/3ml Dosage form:neb NDC: 76204-800-11	Pharmacy	Name:levalbuterol Strength:0.63mg/3ml Dosage form:neb NDC: 76204-800-11	Pyxis	med loaded in pyxis, does not link	RedCap RC 1771 - Resolved



MANAGEMENT & DEVELOPMENT OF SHARED GOVERNANCE

ESCALATION PROCESS; CHALLENGES, TROUBLESHOOTING



CHALLENGES TO ANTICIPATE

Logistic

- Setting meeting times according to members' shifts
- Workflow disruption for duration of meeting
- Member selection

Stakeholder Engagement

- Staff resistance to change
- Leadership resistance to developing a "complaint platform"
- Rubberstamping
- Imbalance of participation between positions

Mediating

- Building trust to create a safe space for escalation
- Handling issues that cannot be feasibly resolved
- Keeping meetings focused on productive escalations
- Managing lack of consensus on direction of resolution

Identification of grievance/optimization opportunity

Forum discussion

Resolution proposal from staff

Review with local management team

Interdisciplinary stakeholder engagement

Determination of resolution feasibility

Action item assignment

Review of outcome + staff feedback

ESTABLISHING YOUR OWN SHARED GOVERNANCE

Vision

Purpose

Goal

Objectives

Membership
selection
terms

Meeting
structure and
cadence

Roles &
responsibilities

Sponsor

Council of Pharmacy Automation Shared Governance Charter

The Mount Sinai Health System

I. Vision

The proposed Shared Governance Council of Pharmacy Automation (CPA) will align the technical capacity the pharmacy department with MSHS's vision of continuing to grow and challenge convention through a pioneering spirit, forward-thinking leadership, and collaborative approach to providing exceptional patient care.

II. Purpose

A shared governance is an organizational framework of decentralized decision-making built upon concepts partnership, equity, liability, and ownership. The joint accountability and professional autonomy promoted by the shared governance model will empower staff to participate in the health systems' operationalization of automation advancements. This will fortify the health system's operational efficiency.

III. Goal

Establish a committee with comprehensive representation of individuals directly impacted by proposed initiatives to ensure standardized, efficient, and sustained implementation.

IV. Objectives

1. To establish an automation-based workflow
2. To standardize automation acumen and resources across the health system
3. To provide quality, outcomes based management to gaps in operational workflow
4. To ensure optimal patient care through continuous monitoring and evaluation of pharmacy-related barriers to care
5. To encourage technological expansions as they become available

ACKNOWLEDGEMENTS

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- Vice President, Pharmacy Operations
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- Director of Pharmacy
- St Francis Hospital



QUESTIONS?



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