

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE STUDENT WRITING CLUB:

Business Member Spotlight: Aurora Health Care - North Region

by Nicholas Boege, 2018 PharmD Candidate and Erinn Larsen Van Alstine, 2019 PharmD Candidate

Editors Note:

The Business Member Spotlight is a feature in The Journal that showcases featured PSW Business Support Member pharmacies. Examples may include but are not limited to: innovative practice model changes, management solutions, professional development opportunities, workflow efficiencies, and quality improvement initiatives.

Aurora Health Care is a non-for-profit and all-for-people health care organization serving eastern Wisconsin and northern Illinois. Aurora first opened its doors in 1984 when they established their first two hospitals in Milwaukee, St. Luke's Medical Center and Good Samaritan Medical Center. Since then, they have expanded to 15 hospitals, more than 150 clinics, and 70 pharmacies across 30 different communities.

Aurora offers a wide variety of pharmacy services, including ambulatory, inpatient, outpatient, as well as specialty pharmacy services. Aurora strives to offer services close to home that is easily accessible for all patients. They also provide postgraduate training such as post-graduate year 1 (PGY1) residencies at five different locations in pharmacy practice, community pharmacy and specialty pharmacy. Aurora also offers PGY2 residencies in oncology, critical care, cardiology, infectious disease, informatics, and administration.

The north region of Aurora's hospital pharmacy operations includes seven different sites, spanning from Grafton to Green Bay and beyond. Of these seven sites, six of them are hospitals. Two of the hospitals are 24 hour facilities and the other four are non-24 hour facilities. The seventh site is the central order verification (COV) pharmacy, which performs first-line assessment and medication order

verification for the hospitals throughout the Aurora Health Care system.

The pharmacy department in Aurora's northern pharmacy region district currently employs 183 different individuals: seven pharmacy directors, 94 pharmacists, two pharmacy residents, and 80 pharmacy technicians. In addition to working

"The Aurora Health Care Centralized Order Verification (COV) pharmacy department is responsible for timely review/verification of medication orders, pharmacy consult initiation, and admission medication reconciliation order pending for patients at 14 hospitals throughout the Aurora Health Care system. Pharmacists ensure medication orders are safe, appropriate and complete while following standards of practice and enforcing formulary restrictions/substitutions. This unique department is made up of 54 pharmacists and 3 pharmacy technicians, working at locations throughout eastern Wisconsin."

- Kim Johnson, Clinical Coordinator, Central Order Verification Pharmacy

closely with each other, the pharmacy staff members collaborate with physicians, nurses, dieticians, lab personnel, and other hospital leaders. Through this close-knit relationship with other Aurora staff allows for efficient daily operations which include medication histories, provider education, meeting financial expectations, and overall improvement of health care services.

Day to Day Practice

Kristin Cannon, Senior Director of Pharmacy Operations of Aurora's north district, describes daily duties as never being quite the same, for her or the pharmacists with whom she works. For Cannon, the only constants are multiple conference calls, project management, and keeping the teams up to speed with current initiatives. By visiting each of the seven departments at least once a month, Cannon maintains communication and witnesses the implementation of new services firsthand to gauge their success. Examples of daily practices at the sites she visits are explained by leaders of a few of them.

Jeff Waise, Pharmacy Director, Aurora BayCare Medical Center – Green Bay:

"Aurora BayCare Medical Center Inpatient Pharmacy is passionate about obtaining an accurate medication list and reconciling that list throughout a patient's stay. We employ a dedicated pharmacy technician who gathers a list of medications from the patient and utilizes two resources, always, to determine not only the list, but also the compliance of the patient. The technician shares this information with the pharmacist who intervenes with the provider to ensure that patient has the right medication and is taking it according to the directions. Aurora BayCare pharmacists also reviews reconciliation both upon admission and then again at discharge to see if the provider reconciled all the medication correctly. The



Above: Photos from the Aurora BayCare Medical Center Pharmacy.

teamwork in the pharmacy along with their persistence to maintain an accurate medication list keeps the patients at Aurora BayCare safe.”

Aimee Marx, Pharmacy Director, Aurora Medical Center Washington County:

“Pharmacists identify patients who are struggling with medication adherence and recommend them for free consultation with our outpatient pharmacist. Pharmacists assist with finding optimal discharge medication therapy regimens with third party payer issues arise. Pharmacists assist with finding optimal treatment for patients presenting to outpatient IV therapy services. Sometimes even finding less invasive alternatives for antimicrobial coverage.”

In addition to her role at Aurora, Cannon is the chair-elect of the Pharmacy Society of Wisconsin Health System Advisory Board. In this role, she is responsible for organizing meeting minutes, bringing any issues forward, and supporting PSW initiatives in practice.

Raising the Bar

Innovative medical practice is a driving force for all of Aurora, and the pharmacy department is certainly no exception. Aurora's infrastructure allows for outpatient, inpatient, at-home, and specialty pharmacy services to be under singular leadership. For example, Aurora Medical Center - Grafton has

a gastrointestinal clinic pharmacist who collaborates with Aurora specialty pharmacy to ensure timely dispensing of specialty medications. With the infrastructures that Aurora has constructed, communication is enhanced across the different pharmacy services Aurora provides, thus leading to improved patient outcomes. The facilities vary in size and scope, but each of them is tailored to the region's medical needs. Of course, none of the services that are provided would be possible without dedicated pharmacy staff members. Aurora takes pride in having knowledgeable and compassionate pharmacy staff who not only see pharmacy as a career, but a lifelong passion. The leadership of Aurora's pharmacy department has proven repeatedly that they not only adapt to the ever-changing world of pharmacy, but welcome change as an opportunity for innovation and improvement for the daily lives of Aurora patients.

Like many healthcare systems, Aurora has supported American Society of Health-System Pharmacists initiatives to advance pharmacy residency programs. In 2012, Aurora BayCare Medical Center implemented a PGY1 program to increase the number of residency-trained pharmacists in order to serve the northern Wisconsin area. According to Cannon, Aurora often employs these residents upon completion of their residencies, keeping

a long-term vision in mind. She also explained that this practice also provides an influx of new ideas and innovation, which she believes are essential in moving the pharmacy profession forward.

Yearly residency projects give Aurora the opportunity to put new services and ideas into practice. With the support of residency projects, Aurora BayCare Medical Center has been able to implement several practices such as a standardized approach to treating beta-lactam allergies in surgical patients, improved transition of care hand-off, and an established pharmacist practice in the cardiology clinic.

Bumps in the Road

Aurora has faced many challenges as the pharmacy services has expanded and evolved over time. One continuing challenge is making optimal use of resources. An additional challenge with Aurora's large infrastructure is communication. Cannon discussed the importance of making sure that each department understands the value of any new initiative and each individual knows he or she is needed to make the implementation successful. In addition, understanding individual site nuances – and addressing them – improves the success of Aurora's initiatives. For example, along the Highway 60 corridor, Aurora Medical Center in Washington County's pharmacy department is open eight hours

a day, whereas Aurora Medical Center in Grafton's pharmacy department is open 24-hours. While the hours of operation may vary, by adapting initiatives, Aurora is able to offer consistent services and quality of care at each of their locations.

Moving Forward

Aurora's north region has plans for growth, such as ambulatory care services, at Aurora Medical Center in Oshkosh. An initiative being implemented is the establishment of a transitions-of-care pharmacist. This pharmacist will be in charge of discharges, specifically patients who are likely to have a high rate of readmission. In this role, they will work with patients to schedule follow up pharmacist medication therapy management appointments, coordinate pickup of all required medications and work with the patient to avoid future readmissions.

One of Cannon's initiatives over the

last few years is medication reconciliation. This initiative is a continuum of care-type model which ensures continuity of patients' medications between all Aurora encounters. To accomplish this, a committee is evaluating all touch points and has expanded the best possible medication history guideline so all necessary medication components will be completed and recorded. With this process, practitioners from across the health system can easily maintain an accurate medication list when pharmacy technicians are unavailable. It is another way to ensure the safety and best outcomes for Aurora's patients.

Cannon's ascent to hospital management was atypical, especially for today's ever-growing pharmacy landscape. Although she wasn't residency trained as an administrator, she took advantage of many opportunities, big and small, throughout her career. Her open-mindedness and willingness to participate in roles that

challenged the former standards of pharmacy practice, helped her gain the confidence of her managers and build the skills to be a successful leader. Cannon admits that her path is unlikely available to today's pharmacy school graduates and that most pharmacists wanting to become a hospital director need formal management training and a two-year administration residency. What remains consistent regardless of career paths, however, is the ability of pharmacists to demonstrate they are efficient, effective, and essential participants of the health care team.●

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