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Above: Mayo Clinic Health System - Franciscan Healthcare PPMI Workshop Participants

Steps Toward Implementation of PPMI in One Hospital Pharmacy

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During my first week on rotation in the inpatient pharmacy at Mayo Clinic Health System – Franciscan Healthcare in La Crosse, my preceptor asked me what I knew about the Pharmacy Practice Model Initiative (PPMI). Her question was met with a completely blank stare. I didn't even know what the letters stood for. I was asked to find everything I could about PPMI as she would also be asking for my help to facilitate a department assessment and tactical planning process to improve efficiency and services. My project for the block, it seemed, had been determined.

After reading through a vast number of articles and listening to several webinars available through the American Society of Health-System Pharmacists website, the PPMI revealed itself to be a drive to

encourage health-system pharmacies to optimize the role of pharmacists in direct patient-centered care and promote increased accountability for ensuring safe and effective medication use. Put another way, the focus should be on moving away from a drug distribution or product-centered focus to that of patient care and making the best use of medication to achieve the best possible outcomes. General strategies are recommended to support this agenda to reform pharmacy practice, including¹:

- Redeploying resources and increasing efficiency to enable increased time devotion to patient-centered care by pharmacists
- Identifying and implementing progressive technology (specifically, information and automation)
- Advancing pharmacy technician training and practice to free

pharmacists from drug distribution tasks not requiring clinical judgment

- Increasing pharmacist collaboration with patient care teams
- Assuring clinical competency through Board certification and/or post-graduate residency training
- Identifying drug therapy management services that should be consistently provided by pharmacists

With that said, it is important to recognize certain circumstances that are often barriers to instituting PPMI:

- Lack of pharmacy leadership support
- Lack of health-system/administrative support
- Pharmacy staff resistance
- Lack of perceived value of pharmacist services
- Lack of staff resources

		Benefit of Implementation														
		2	2.2	2.4	2.6	2.8	3	3.2	3.4	3.6	3.8	4	4.2	4.4	4.6	4.8
Ease of Implementation	5															
	4.8															
	4.6															
	4.4															
	4.2															
	4															
	3.8															
	3.6									6	9					
	3.4											4				
	3.2										3					
	3										8	11		1		
	2.8											10				
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	2.4			12												
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FIGURE 1. Decision matrix for determining objectives to be discussed in a Pharmacy Practice Model Initiative strategy meeting

- Lack of guidance in establishing the optimal practice model

After building an understanding of PPML, it seemed important to consider what practice model the pharmacy currently operates under. According to an article in The Director’s Forum series on establishing patient-centered services in hospitals and health systems, Mayo Clinic Health System - Franciscan Healthcare seems to fall under the integrated practice model.² This model maintains a strong central pharmacy while still offering decentralized or unit-based pharmacists. With limited specialization, the pharmacists on staff are able to cover any shift or area and are considered generalists. Four units at Mayo Clinic Health System - Franciscan Healthcare have decentralized pharmacists available during first shift with three sets of interdisciplinary rounds to attend. Providers have been very receptive and appreciative of the knowledge and recommendations contributed. Oftentimes, these pharmacists will offer or be asked to informally present on a topic as a refresher or to educate on novel therapies at rounds or interdepartmental meetings. Services are valued and the pharmacy has received requests from unstaffed units to employ more pharmacists in this way. Unfortunately, they have been unable to satisfy the requests due to one of the

common barriers to PPML listed above: lack of staff resources.

Based on such feedback from other areas in the hospital, the pharmacy is headed in the right direction, but it is also apparent some sort of modification is imperative to allow advancement of the practice throughout the institution, and this is just one single example of an opportunity to invoke PPML. My preceptor had wanted to set up and implement a formal process engaging all staff members in assessing department processes and activities and further in determining and employing plans of action for improvement for quite some time. With the rollout of PPML, she recognized she finally had the justification and call to do just that.

The first step in the process was meeting with administration and the director of pharmacy to establish support and start planning. Everyone was on board and it was decided that we would hold a weeknight off-site workshop to permit complete focus on the task at hand without distraction. Fortunately, the administrator that worked with us had considerable strategic planning experience and was more than willing to provide insight to help us plan our approach for the workshop. He recommended we construct and provide main objectives needing to be addressed at the workshop,

and then staff would brainstorm the best solutions and further compose more specific tactics to reach those solutions. After the workshop, we would then use the proposed tactics to create action plans with specific timelines to be posted and updated to reflect status and progress.

To get started, my preceptor suggested we conduct a department-wide SWOT analysis to aid in generating possible objectives to address at the workshop affording greater staff commitment. SWOT stands for strengths, weaknesses, opportunities, and threats and it was explained to staff that strengths and weaknesses are *internal* elements that the pharmacy department has control of influences, whereas opportunities and threats are *external* and out of the department’s direct control. All members of staff were asked to create their own SWOT lists and add their ideas to lists posted in the central pharmacy. The department generated a total of 66 unique items and by mostly considering the weaknesses and opportunities listed, management was able to compose 12 main objectives by evaluating the frequency, urgency, and achievability of the listed suggestions.

The list was further narrowed by having staff-members complete surveys rating (and scoring) perception of both ease and benefit of implementation for each of the 12 objectives. They were to choose from low (1), medium (3), or high (5) benefit to the department, and also between difficult (1), moderate (3), or easy (5) in terms of effort to execute each. From those results, scores were compiled and averaged for each objective and a priority matrix was created, giving a visual of which might offer “the most bang for the buck” (Figure 1). In our example, we numbered the 12 objectives and entered each given number in its corresponding position based on the averaged scores assigned by staff ranking. Objectives positioned toward the upper right quadrant are perceived to be most beneficial and least complicated to institute and vice versa as objectives move towards the lower left quadrant.

From the matrix, we were able to further concentrate the list down to eight final objectives to present for deliberation at the workshop. Of these, the ones most predominantly relating to PPML focused on development of an enhanced and

standardized training/competency program for technicians and revising responsibility distribution among technicians, designing a more efficient central pharmacy layout in terms of workflow, and implementing expanded features of automated dispensing cabinets (ADCs) not currently embraced. It is intriguing to consider the fact that the pharmacy staff was never formally introduced to the PPMI prior to this process, and yet the resulting objectives so closely mirrored PPMI recommendations.

Attendance at the workshop was outstanding and fostered a bounty of discussion, comments, and suggestions. This provided several ideas for objectives to be addressed in the future, in addition to granting multiple solutions to the ones at hand. Staff broke into groups of about five and each group was given a packet with a main objective to tackle. They reviewed the current process, what issues or obstacles the current process posed, and how operations could be modified or handled differently to afford improvement. All ideas were recorded as well as member names for follow-up questions or discussion, and then breakout groups reunited to present ideas to all in attendance at the workshop for large-group discussion. It was a very successful evening and leadership hopes to make such assemblies a regular occurrence.

At this point, the department is working on setting up timelines to implement the improvement tactics coined at the workshop. Leadership has also devised a system to post and report progress in the central pharmacy in order to keep staff engaged and show that we can make these changes and make a difference when we all work together and share input. It is imperative to ensure the time and effort devoted is not seen as wasted in order to maintain staff trust and commitment.

Finally, Mayo Clinic Health System - Franciscan Healthcare pharmacy is also in the process of sending its staff for 5S training to help with efficiency and productivity in the central pharmacy. The 5S is a system employed to build order in a given work environment by 1) "Sorting" all items so that only those needed and used are kept in the direct work setting, 2) "Setting in order" all those items that are kept and used so they are kept in organized and designated spots, 3) "Shining" all areas by cleaning and setting up a documented

schedule for regular cleaning activities, 4) "Standardizing" changes and documenting and sharing them with all employees, and 5) "Sustaining" the changes with recognizable effort to adhere to the 5S program using 5S scoring activities. Once training has been completed, they plan to implement the 5S process, which will even further assist in advancing the changes they are implementing from the workshop.

Change can be very daunting, but is inevitable if the pharmacy profession is to continue to advance. There is currently very little guidance or literature on how to go about making the necessary changes to engage in the PPMI, so we need to put our heads together and try, and learn, and share. This is (Franciscan Healthcare)'s story, although it is still evolving. Hopefully this story can offer ideas to the next pharmacy, so they can build upon them and offer up even more. ●

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