

**UW Health Department of Pharmacy
FY17 Goals**

Health of Individual and Population

1. Implement RPh to RPh handoff house-wide and integrate ongoing monitoring of sending these reports into the Pharmacy Dashboard. (Hager)
2. Expand pharmacy services and improve patient care through implementation of primary care pharmacists within UW Health clinics, and measure impact. (Cesarz)
3. Improve collaboration and coordination between pharmacists practicing in clinics and specialty pharmacy to detect and intervene on poorly adherent patients. (Hager/Pulvermacher)
4. Obtain approval for a Pharmacist Coordinator, Pain and Opioid Stewardship Program to standardize and improve processes and outcomes related to pain management and opioid abuse. (Trapskin)
5. Implement the two newly approved Oncology Clinic pharmacists to provide oral chemotherapy management and clinical services, measure and publish outcomes (Helsel/Mably)
6. Implement pharmacist in Neurology Clinic to improve patient care and achieve optimal outcomes. (Hartkopf)
7. Develop business case and implementation plan for IV smart pump integration with HealthLink to optimize safety of infused medications. (Schant)
8. Develop a plan to assist UW Health patients and members of our community with safe disposal of unused opioids. (Cesarz/Hartkopf/Rough)
9. Explore options and strategy for pharmacist-patient telephone visits with video, to prepare for FY 2018 implementation. (Hartkopf/Cesarz/ Temple)

Service Excellence

10. Develop and implement an inpatient pharmacy staffing model that safely and effectively supports patient care and our customers, while providing work life balance for our staff. (Ludwig)
11. Complete purchase and begin implementation of Vestigo[®], Investigational Drug Management Software. Goal is to have 50% of active protocols built within the system within FY17. (Johnston)
12. Ensure compliance and streamline operations pertaining to the Drug Supply Chain Security Act (DSCSA). (Hill)
13. Implement pharmacy transitions of care services for all patients in the ED Clinical Decision Unit to maximize efficiency and safety. (Steffenhagen)
14. Expand the use of telepharmacy to focus in-pharmacy pharmacist time to clinical activities. (Cesarz)
15. Successfully achieve URAC and CPPA accreditation and UHC Specialty Pharmacy certification for Specialty and Mail Service Pharmacy. (Cesarz/Pulvermacher/Ngo)
16. Develop and implement an inpatient pharmacy operations scorecard that routinely measures key elements of pharmacy operational performance (stockouts, robot efficiency, automation dispensing efficiency, medication turn-around time, etc.) (Ludwig/Webb)
17. Implement barcode assisted medication preparation with PharmacyKeeper verification across all UW Health sterile compounding sites to optimize safe medication preparation and reduce medication waste. (Schant/Webb/Voegeli)
18. Implement refill request processes within Health Link at East Pharmacy to improve turnaround times on prescription renewals. (Pulvermacher/Ngo)
19. Evaluate, standardize, and expand the use of medication adherence packaging tools. (Boeckelman/Ngo)
20. Implement USP <797> best practice standards for sterile product compounding to enhance patient safety and meet full regulatory compliance. (Webb)

21. Implement IV ONCO robot in the oncology clinic to improve preparation accuracy and operational efficiency. (Ludwig/Webb/Helsel)
22. Implement the ability for prescribers to use the institutional DEA number for controlled substance prescriptions at discharge to improve capacity management. (Hager)
23. Implement pharmacist pended medications at discharge medication reconciliation house-wide to improve capacity management. (Hager)
24. Optimize staffing and operations at Madison Rehab Hospital. (Temple)
25. Coordinate a successful and seamless HealthLink upgrade. (Temple)

Teamwork and Development

26. Develop and implement a preceptor development program. (Hager)
27. Evaluate the implementation of the Technician Career Ladder. (Ludwig)
28. Fully implement an online supervisor model in central pharmacy to provide oversight of daily operations, uphold employee accountability, assist in problem solving and ensure appropriate training for all new employees (Ludwig/Webb)
29. Standardize teaching of students and residents in AFCH through the creation of an AFCH preceptor committee. (Voegeli)
30. Achieve ASHP accreditation for PGY 1/2 Informatics residency program. (Temple)
31. Pilot strategies for daily team huddles to replace team meetings (Hager, Others TBD).

Discovery and Knowledge Sharing

32. Create a community pharmacy balanced scorecard/dashboard with key metrics within the areas of patient outcomes, customer service, operational efficiency, and business development. (Cesarz)
33. Serve as a lead participant in the state-wide community TCT pilot. (Cesarz)
34. Develop a phase 2 course for the UW School of Pharmacy informatics track. (Temple)

Integration

35. Provide support to new PeopleSoft Contracting module implementation in collaboration with UW Health Legal and Procurement departments. New system will automate and integrate activities of contract management and development across UW Health departments to facilitate efficient workflows and coordination. (Musa/Hill)
36. Provide support to new PeopleSoft Financials planning team moving to a single integrated procurement and supply chain management approach for legacy UWHC and UWMF PeopleSoft systems and will optimize procurement and financial management workflows across UW Health. (Musa)
37. Integrate the Unity Pharmacy Program with the Gundersen Pharmacy Program to create a new merged program that provides high quality and optimal medical outcomes for our members while keeping the pharmacy benefit affordable and maintaining efficient administrative costs. Expectation is that this will be an ongoing goal through FY17 and into FY18. (Cory)
38. Integration of the Medication Systems and Operations Coordinator position into the department's infrastructure of (1) project and change management (2) operational efficiency (3) utilizing data/metrics to determine operational success/opportunities. (Ludwig)
39. Streamline distribution and purchasing between MRH and TAC to ensure better workflows related to cart fill, packaging, and AcuDose restocking. (Temple)

40. Expand CPOE and eMAR documentation for in-clinic administered medications across UW Health clinics to reduce variation through implementation of clinical decision support, optimized prior authorization review, and operational efficiencies through removal of paper medication orders. (Schant/Temple)
41. Expand the role of the pharmacist post discharge within UW Health (Hartkopf/Hager)
42. Succeed in achieving organizational support for a new UW Health pharmacy enterprise organizational structure. Includes a Chief Pharmacy Officer position and new director level positions within the department which allow for additional employee advancement opportunities. (Rough)
43. Standardize the policies and procedures for the procurement and storage of medications across all UW Health clinic locations. (Trapskin)
44. Develop and implement standardized workflows for medication procurement, distribution, and storage of clinic-administered medications through UW Health. (Schant)
45. Successfully relocate community pharmacy services from the East Towne Clinic to Union Corners location. (Boeckelman)
46. Initiate IS integration and workflow development with SwedishAmerican. (Temple)

Financial Strength

47. Implement an ambulatory supply chain management system to provide decision support. (Pulvermacher/Cesarz)
48. Expand the use of enterprise inventory management technologies to increase inventory visibility and streamline the procurement process across multiple central fill sites. (Hill)
49. Successfully build-out the UW Health pharmacy enterprise building to enable expansion/growth of pharmacy programs, USP compliance for compounding, and to enable efficient provision of pharmacy services as a multi-hospital system. Being planning to integrate PSSF services into the operations and workflows of UH, AFCH, TAC, Rehab, DHC, Clinics and Hospice. (Webb, Rough, Ludwig, Hill, Pulvermacher)
50. Collaborate with legal and finance to explore top-to-bottom opportunities for establishing UW Hospital as an eligible 340B covered entity. (Rough)