

Six Things Every Rural Hospital CEO Must Do: Part Five

Rural hospitals are closing at a record pace, and many of the reasons why could have been avoided.

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Last week, in Part Four of this six-part series on “Six Things Every Rural Hospital CEO Must Do,” we examined Topic #4, Telehealth. This week, in Part Five, we will look at Telepharmacy and how it can become a routine and relied-upon part of rural healthcare.

**Part Five: Telepharmacy**

As I travel to rural communities and learn more about how they operate, one constant challenge I see is related to in-house pharmacies for Critical Access Hospitals (CAHs). Many of these CAHs are too small to justify a pharmacist on staff; rather, dispensing of medications is often left to one or two well-trusted nurses. These nurses are sometimes supported by a traveling pharmacist or retail pharmacist in the community, who ensures medication inventories are monitored and that everything is properly accounted for. However, while these pharmacists provide a valuable and much needed service to their community hospitals, the number of rural pharmacists is declining. Consequently, many of them do not consult with physicians prospectively and review and verify orders prior to dispensing, as they commonly do in larger hospitals that have pharmacists in-house.

Just as primary care physicians may send EKGs to a cardiologist or images to a radiologist, medication orders can be securely sent electronically to a remotely-located clinical pharmacist for review. And, the improvement in coordination of care can be felt very early on. Specifically, when one particular telepharmacy program was started by a regional tertiary medical center with five Critical Access Hospitals, every time a new hospital was brought on-line, there was a pharmacist-initiated intervention within the first two weeks. These were all good, quality rural hospitals with quality physicians and staff. However, when orders were passed in front of the knowing eyes of a clinical pharmacist for review, in real-time prior to dispensing, things were seen that may have been previously missed. And, once you go to that level of care, you will wonder why you had not done it sooner (and possibly, shudder…). Besides patient safety, the improvements you will see with the involvement of a clinical pharmacist in real-time consultations, review and verification of orders, include the possibility of less waste from use of lesser-effective medications.

If you would like to discuss how to set up a telepharmacy program in your hospital, please let me know and I would be glad to speak with you. I may be reached at [rthorn@askphc.org](mailto:rthorn@askphc.org).

In next week’s edition of this six-part series, we will explore our final subject, topic #6 of the “Six Things Every Rural Hospital CEO Must Do.” I hope you will join me. Should you have any questions in the meantime, please feel free to contact me at [rthorn@askphc.org](mailto:rthorn@askphc.org) or (720) 598-1443.