CASE STUDY #1

Reducing Cost of Care:
Facility Saves 13+ Hours of Nursing Time

Ensuring value is part of our commitment to our partner facilities every day

Research shows that reducing medications in the elderly can lead to a reduction in falls, potential for hazardous interactions, and insomnia. Our clinicians work with client clinical staff to perform periodic reviews of medications to promote health and safety. Upon team review, medication changes may be made to provide the best possible individual health outcomes. Collateral benefits of gradual dose reduction include pharmacy cost reduction and less staff time required for medication pass. Both residual benefits are important to the operational and fiscal health of our client facilities.

Reduction in Meds:
Meds per patient per day at start = **11.8 meds**
Meds per patient per day **after 3 months** = **8.8 meds**

Reduction → **(3) meds**

Via our programmed GDR meetings over a 3-month period we achieved **Med Cost Savings:**

Average Medication Cost - $.41/med (from pharmacy consultant)

(3) meds per day **x** 350 census **=** (1043) meds **x** $.41/day **= $427.63/day**; **($12,828.90)/month**

Reduction to Nurse Staff Time:
Sub-Acute Rehab (SAR) Med Pass .75 mins per med*
87.5 SAR pts/day **x** 11.8 meds/pt = 1032.5 SAR meds **x** .75 mins = **774 mins**
87.5 SAR pts/day **x** 8.8 meds/pt = 770 SAR meds **x** .75 mins = **577.5 mins**

Reduction → **(196.5) mins**

By reducing the number of meds to be passed, the facility experienced a **savings of more than 3 hours per day** for SAR patients

Long Term Care (LTC) Med Pass .75 mins per med
262.5 LTC pts/day **x** 11.8 meds/pt = 3098 LTC meds **x** .75 mins = **2324 mins**
262.5 LTC pts/day **x** 8.8 meds/pt = 2310 LTC meds **x** .75 mins = **1732.5 mins**

Reduction → **(591.5) mins**

Savings of more than **9 hours and 45 mins/day**

Total nurse time savings/day 13 hours

*From "Nursing Home Medication Administration Cost Minimization Analysis" Hamrick et al.