Obtaining a Critical Care Pharmacist Position: A Marketing Case Study

Timothy P. Stratton, Ben Wu and Robert S. Nakagawa

ABSTRACT

Marketing theory is used to explain how Pharmacy Department managers at a Vancouver-area hospital secured a new ICU pharmacist position in a period of severe fiscal constraint. Market segmentation, target marketing and pull marketing strategy were combined to obtain support for the new position.

Improved drug information services for ICU nurses were promoted to Nursing Administration and enhanced pharmacotherapy monitoring was promoted to the two critical care physicians primarily responsible for patient care in the ICU. These physicians and Nursing Administration voiced their support for the new position to the V.P. of Nursing (the functional officer for Pharmacy), who then promoted the new position to Hospital Administration.

A half-time DUR commitment by the ICU pharmacist was offered to Hospital Administration, expanding this already successful service and guaranteeing cost recovery for the new position. Hospital Administration approved the new ICU clinical pharmacist position in a budget which saw other hospital departments lose several positions.

Key Words: *administration, clinical pharmacist, management, marketing*

RÉSUMÉ

La théorie de la commercialisation permet d'expliquer comment les directeurs du service de pharmacie d'un hôpital de la région de Vancouver ont obtenu la création d'un nouveau poste de pharmacien de soins intensifs pendant une période d'importante compression budgétaire. Des stratégies inspirées de la segmentation du marché, de la méthode des marchés cibles et des techniques publicitaires ont servi à gagner les appuis nécessaires à la réussite du projet.

Les directeurs ont fait valoir auprès de l'administration des soins infirmiers que les infirmières de soins intensifs bénéficieraient d'un meilleur service d'information sur les médicaments et, auprès des deux médecins chargés des soins de phase aigue, qu'ils pourraient compter sur une amélioration du monitorage pharmacothérapeutique. Ces médecins et l'administration des soins infirmiers ont fait part de leur appui au vice-président des services infirmiers (le cadre responsable de la pharmacie) qui, à son tour, a exposé les avantages du nouveau poste aux administrateurs de l'hôpital.

On a proposé à ces derniers que le pharmacien de soins intensifs consacre la moitié de son temps à la Revue d'utilisation de médicaments, mesure permettant d'étendre ce service déjà fructueux et de recouvrer le coût du nouveau poste. L'administration de l'hôpital a approuvé la création du poste de pharmacien clinicien de soins intensifs dans des circonstances budgétaires qui ont entraîné l'élimination de plusieurs postes dans d'autres services.

Mots clés: *administration, commercialisation, gestion, pharmacien clinicien*

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CASE

The six-bed intensive care unit (ICU) at North Vancouver's Lions Gate Hospital had become increasingly busy as the population of the area continued to grow. Owned and operated by the North and West Vancouver Hospital Society, Lions Gate Hospital is a community general hospital and secondary referral hospital located in North Vancouver, British Columbia. The hospital has 720 beds, 401 of which are devoted to acute care. Hospital staffing included 1500 full time equivalents, although staffing cutbacks were being considered because of budget constraints.

Lions Gate Hospital is governed by a nineteen-member Board of Directors. The Pharmacy Department reports to the Vice President of Nursing, an administrative officer on the Hospital's Executive Committee.

The Pharmacy Department occupies 4500 square feet on the hospital's ground floor. The department is open Monday to Friday from 0730 to 2300, and on Saturdays, Sundays, and holidays from 0800 to 2000. Most staff pharma-

cists at Lions Gate Hospital divide their time between drug distribution and clinical activities.

The Pharmacy Department provides a number of clinical services. Pharmacists participate in journal club, offer selective pharmacotherapy monitoring (including pharmacokinetic monitoring), and conduct one to two Drug Utilization Reviews (DURs) annually. This is fewer than the one DUR per quarter recommended by the Canadian Council on Health Facilities Accreditation, but is still enough to reduce hospital drug acquisition costs substantially.

The six staff pharmacists at Lions Gate Hospital provided clinical services to the ICU and other units of the hospital on a rotational basis. The pharmacists' services were well accepted by the nursing and medical staffs. Rotating through different areas, however, impinged upon the continuity of pharmacy care, reduced the time available to thoroughly review and monitor patient medication regimens, and prohibited more than cursory answers being provided to staff questions.

To address the shortcomings of the current system, the Assistant Director of Pharmacy in charge of clinical pharmacy services suggested hiring a pharmacist specifically trained to provide clinical services in the ICU setting. This idea was enthusiastically supported by the staff pharmacists and the Director of the Pharmacy Department, so the decision was made to request the new position in the budget currently being prepared.

SOLUTION

The solution to this problem from a marketing perspective involves market segmentation and targeting. The Pharmacy Department had to obtain support for the ICU pharmacist from a variety of buyers. These buyers differed in their needs, wants, and locations,[1] differences which the Pharmacy Department could use to segment the market.[2]

Market Segmentation

When dealing with consumer goods or services, demographic variables are commonly used to distinguish between groups of potential customers. In the hospital, staff might be segmented by profession, department, floor, nursing care unit, job title or employment status. In the present case, customers of the ICU pharmacist included members of the medical staff, ICU nurses, the Department of Nursing, and other ancillary hospital departments which interact with the ICU (e.g., clinical laboratory, respiratory therapy, clinical dietary department). Decision makers of concern included the Vice-President (Nursing) and the Hospital Executive Committee (consisting of the Vice Presidents of the hospital's various organizational units).

Each group, with its own concerns regarding the intensive care unit, might have viewed the addition of a clinical pharmacist differently. Each group could have also wielded varying degrees of political power within the hospital in support or in opposition to the new position, and this had to be taken into consideration. It was necessary, therefore, to undertake an analysis of each stakeholder group.

Within the Pharmacy Department, although an endorsement by the staff pharmacists may not have been necessary, peer support for the new clinical pharmacist position was certainly desirable. The support of the Director of Pharmacy was imperative, as any formal requests for new positions originate from the Director.

The Nursing Department represents a potently influential force in the hospital, not only because of the critical role this department plays in providing patient care, but also because of the large number of personnel represented by this department in relation to other groups in the hospital.[3] Programs impacting nursing which have nursing support stand a much better chance of being adopted, whereas opposition by this group could make approval very difficult to obtain.

In addition to nursing personnel, staff from many other hospital departments provide care for the ICU patient, and an ICU-based pharmacist can impact the operations of these groups to lesser or greater extents. Departments (Segments) which were of interest in this particular case are outlined in Table I.

The influence of the medical staff on hospital decision making exceeds that of even the Nursing Department.[4] Physicians can apply tremendous pressure for hospitals to secure new equipment or services which they believe are required to provide optimal care for their patients. Programs opposed by this group are frequently doomed to failure. If physicians perceive that a pharmacist would be assigned to the ICU as a drug therapy "cop", the position would have been actively opposed by the medical staff.

The Hospital Executive Committee, responsible to the Administrator and Board for guaranteeing that the hospital is run in a fiscally-responsible manner, would ultimately approve or deny the new critical care pharmacist position. Increasing fiscal pressures made approval of new positions difficult, if not impossible.

In summary, the decision makers and various other customers described above had to support the ICU pharmacist position or the "sale" would not take place. The Pharmacy Department had to address the concerns of the various market segments and convince

each segment that the benefits arising from the new position would exceed the costs.[5]

Market Targeting Strategies

Targeting is a marketing strategy which identifies the market segments to be covered. Three market coverage options can be considered, undifferentiated marketing, differentiated marketing, and concentrated marketing.[6] An undifferentiated marketing strategy treats the various market segments as one group, focusing on those needs common to all buyers rather than on those needs that vary between segments. However, the most economical of the three strategies, an undifferentiated marketing strategy would have been of little use in the present case. The diverse groups in the hospital environment each possess distinct needs and expectations for an ICU pharmacist; a "one-size fits all" marketing strategy might have left all stakeholder groups wanting and may have failed to gain support from any key buyers.

Differentiated marketing involves operating in two or more market segments, designing separate programs for each group. The objective of a differentiated marketing strategy is to gain greater loyalty among a larger share of the market.

A differentiated strategy might result in more widespread support for the ICU pharmacist position than an undifferentiated strategy; however, the Pharmacy Department would have to invest more personnel and time to design a convincing message for each stakeholder group. Because of these higher costs, a differentiated strategy may not have necessarily been superior to an undifferentiated markeitng approach. In considering the diverse needs of the groups present in Lions Gate Hospital, however, a differentiated marketing strategy seemed more likely to result in obtaining broad-based support for the clinical pharmacist position than an undifferentiated strategy.

In the third possible targeting strategy, concentrated marketing, the marketer divides the market into segments and then devotes most of the marketing efforts to one segment. The Pharmacy Department's selling efforts might have been limited to the ICU nurses, for example. This approach may have proven successful as the first step in a pull strategy as shown in Figure 1[7]; however, the ICU nurses would then have had to be relied upon to gain the support of the Nursing Director, who would have had to obtain the endorsement of the Vice President of Nursing, and so on up to the Board of Directors. The ICU pharmacist position could have been derailed if any lower level in the chain failed to obtain the support of the next higher level. In addition, several market segments, such as the Medical Staff, remained outside of the "chain" anchored by the ICU nurses, and these groups might have had the power to prevent the introduction of the new position. These influential market segments were to be ignored only at Pharmacy's peril.

Differentiated marketing appears to have been the most appropriate strategy. Showing each market segment how the new position would benefit them created a broad base of support for the position, which hopefully would translate into funding approval for the position, even in a period of fiscal restraint.

Promotional Strategies

The Assistant Director of Pharmacy had to choose between a push promotional strategy and a pull strategy.[7] A push strategy involves promoting the new position directly to the Hospital Executive Committee. Once support was obtained from this group, the decision would have been pushed down the line, the Vice President of Nursing promoting the position to the Director of Nurses, who would have promoted it to the ICU Nursing Supervisor, who would have gained support for the new position from the ICU nurses. In a pull promotional strategy, however, demand for the new service would have ascended through the layers of the organization as each higher level was "pulled" along by the demand created at the lower levels.

A push strategy was inappropriate for this case. It is unlikely that Pharmacy could have circum-

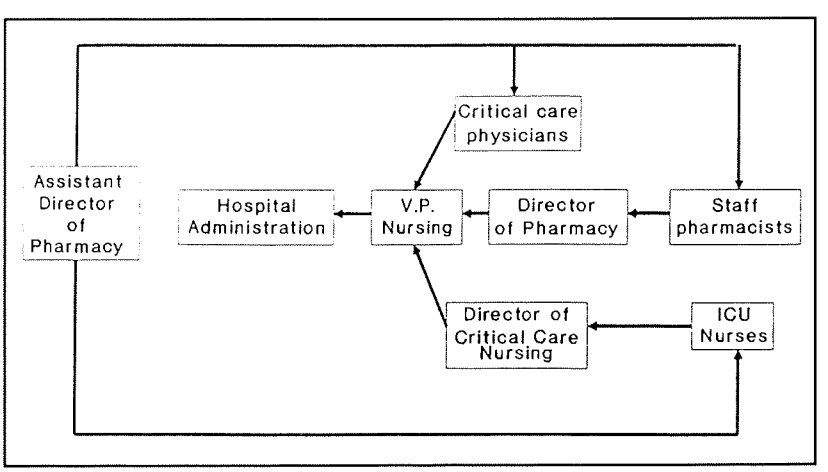

Figure 1. Pull Marketing Strategy used in Case.

Table I. Benefits available to Hospital Market Segments from an ICU Clinical Pharmacist

Segment	Message (Benefits)	Messenger(s)
Staff pharmacists	Drug information resource Education Pharmacotherapy monitoring consults Patient education consults	Assistant Director of Pharmacy
Director of Pharmacy	Increase level of pharmacy care for ICU patients Conduct hospital-wide drug use reviews (DURs) Release staff pharmacist time to improve pharmacy services to other units	Assistant Director of Pharmacy Staff pharmacists
ICU nurses	More rapid and more detailed drug information Education Drug administration consultations Drug therapy monitoring consults Release nursing time from performing pharmacy functions Patient education consults	Assistant Director of Pharmacy Staff pharmacists
ICU Nursing Supervisor	More rapid and more detailed drug information Education Drug administration consultations Drug therapy monitoring consults Release nursing time from performing pharmacy functions Patient education consults	Assistant Director of Pharmacy ICU nurses
Ancillary services (Clinical Laboratory, respiratory therapy, Dietary)	Education More effective and efficient drug level analyses More timely and in-depth drug-lab test, drug-disease, and drug-food interaction consults Pharmacotherapy monitoring (RT) Patient education consults	Assistant Director of Pharmacy Staff pharmacists ICU nurses
Vice-President of Nursing	More rapid and more detailed drug information by unit pharmacists Education for all nursing personnel Drug administration consultations Drug therapy monitoring consults Release nursing time from performing pharmacy functions	ICU Nursing Supervisor Director of Pharmacy Managers of ancillary services
Medical Staff (Cardiologists and Neurologists who make the most use of ICU)	More rapid and more detailed drug information Increased DUR activity, improving patient care and reducing adverse drug reactions and drug costs Pharmacotherapy monitoring Pharmacokinetic consultations	Assistant Director of Pharmacy Staff pharmacists ICU nurses ICU Nursing Supervisor
Medical staff (Service chiefs)	More rapid and more detailed drug information Increased DUR activity, improving patient care, and reducing adverse drug reactions and drug costs Pharmacotherapy monitoring Pharmacokinetic consultations	Physicians who make high use of ICU ICU Nursing Supervisor
Vice President, Medicine	More rapid and more detailed drug information Increased DUR activity, improving patient care, and reducing adverse drug reactions and drug costs Pharmacotherapy monitoring Pharmacokinetic consultations	V.P. Nursing Director of Pharmacy
Hospital Administration and Board of Directors	Above benefits, resulting in improved patient care and possibly reduced length of stay in ICU Reduced drug costs through increased DUR activities	V.P. Nursing V.P. Medicine

vented the organizational hierarchy to present the proposal to the Hospital Executive Committee. Moreover, acceptance of the ICU pharmacist by ICU nurses would have been weakened or destroyed if the clinical pharmacist position had been "forced" upon them by Administration.

A pull promotional strategy was used. Because of the pitfalls arising from involving only the ICU nurses as discussed earlier, the pull strategy was applied across a broad spectrum of customers (Figure 1). The intent was to obtain widespread support for the new position, improving the proposal's chances of being approved by the Executive.

Timing has an important role in the development and implementation of the marketing plan. Because the budget for the upcoming fiscal year was being prepared, support for the new clinical pharmacist position had to be gained quickly if the position was to be considered in the budget under preparation. Failure to quickly obtain support could have delayed the position by a year, and by then the economic or political picture may have worsened (Of course, the environment may have also improved by the next year, although trends in health care funding suggested otherwise.).

The relatively short time frame placed constraints on the elements of the promotion mix available. Although those elements of the mix which produce slower results, e.g., advertising and publicity, should not have been forsaken entirely, efforts had to be concentrated on those elements which lead to a more rapid consumer response, such as personal selling.[8]

Marketing Plan Implementation

To implement the marketing strategy, the Assistant Director of Pharmacy personally contacted end-use consumers, emphasizing the benefits of an ICU clinical pharmacist to these various segments of the market (Figure 1). Table I summarizes the benefits offered to each market segment as a result of obtaining an ICU pharmacist.

The staff pharmacists' continued role in the ICU after the ICU pharmacist was hired was discussed with them. By involving the staff pharmacists, the Assistant Director was more likely to gain their support.[9]

The Director of Pharmacy knew that the ICU pharmacist could provide a consistently high level of pharmaceutical care in the ICU, better serving patients, nurses and physicians on this unit than was possible with the existing rotation system. The clinical pharmacist was also going to be assigned the DUR function, probably conducting more than the recommended four DURs per year, and allowing staff pharmacists to increase the level of pharmacy services provided to the remaining nursing units.

The nurses on the critical care unit were going to have the most day-to-day interactions with the ICU pharmacist; therefore, having this group assist in such promotion proved to be quite advantageous. The ICU nurses were informed of the additional services a pharmacist with critical care training and dedicated to the ICU could provide. Once the ICU nurses were committed to the ICU pharmacist position, they were encouraged to actively lobby nursing administration and the physicians for the position to be approved.

The Vice-President of Nursing was provided with arguments similar to those provided for the ICU nurses; however, the message carried greater credibility and was more persuasive coming from the Director of Pharmacy and the Critical Care Nursing Supervisor rather than from the Assistant Director of Pharmacy. Credibility is composed of knowledgeability and objectivity, and an information source weak on either component increases the odds that the message will be rejected.[10] The Assistant Director of Pharmacy may have been perceived as being too closely involved with the situation to be objective, so would have probably possessed less credibility than the Director of Pharmacy or the ICU Nursing Supervisor.

The promotion mix and communications for the Medical Staff had to differ from those used with the preceding groups. The physicians who utilized the ICU the most frequently, the critical care specialists, were informed of the more thorough and more timely responses to drug information questions, more extensive drug therapy monitoring and pharmacokinetic consults, and increased DUE activities. Rather than a "therapeutic cop," it was stressed that the new pharmacist would be an improved source of patient-oriented drug therapy information. Personal selling by the Assistant Director of Pharmacy, the staff pharmacists and the ICU nurses helped to gain the support of the physicians working in the critical care unit.

The message to the Hospital Executive Committee was carried by the VP of Nursing to maximize credibility and to operate within the existing organizational chain of command. Improved patient care and the advantages to nursing resulting from the new position were stressed, as well as the estimated savings in drug acquisition costs as a result of increased DUR activities (Savings already realized from the pharmacy department's relatively meager DUR program were cited as evidence.). Written support from the ICU Head Nurse and the critical care physicians, carried by the

VP Nursing, improved the chances of persuading the Executive Committee to support the new position.

In summary, the marketing program enabled the pharmacy department to obtain approval to hire a Pharm.D. with experience in critical care medicine. This pharmacist was responsible for providing clinical pharmacy services to the ICU (0.5 FTE) and for conducting DURs (0.5 FTE). The critical care pharmacist position was approved in a budget which saw several other hospital departments lose positions because of funding cuts.

Alternative methods of gaining program approval exist, and no preference for the strategy used in this case over other strategies is implied. The approach described above succeeded in this particular situation; it is not possible to ascertain which alternate strategies might also have succeeded and which might have failed.

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