Improve Staff Utilization & Communication through Establishing Unit Based Pharmacy Medication Managers

Pharmacy Services Administration Project

Introduction & Background

Medication management is a complex function that includes numerous corresponding processes. Gaps occurring in any of medication phases will influence staff satisfaction and will lead to stress, work distraction and time spent in medication follow up. Gaps may result in medication errors that will affect patient safety.

Therefore, it is important to focus on solving the system gaps through streamlining and improving the processes to ensure safe medication management system.

Aim

To improve patient safety and reduce the time consumed by pharmacy and nursing staff in clarifying ongoing dispensed medications.

Outline of Context & Problem

Find an Opportunity

- ❑ Many nurses are visiting the inpatient pharmacies to follow up on their patients' medication which results in improper staff utilization, pharmacy and nursing staff work distraction.
- ❑ Due to deficiency in the current HIS, a high number of missing doses are reported on a daily basis.
- ❑ High number of returned unused medications to inpatient pharmacies.

Organize the Team

Leaders:
Amal Habib- Pharmacist

Co-Leader:
Amal Bin Dous- Pharmacist

Facilitators:
Areej Malhani- Pharmacist
Nevin Hakeem- Pharmacist

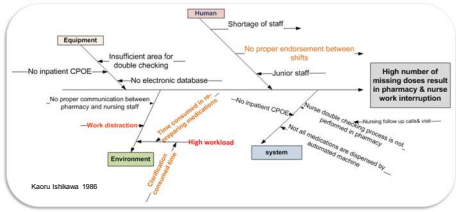
Members:
Cynthia Dimaranan Yap- Nurse,
Joycee Daniel- QMD Specialist
Lynnette Perello Landayan- Nurse
Maricres A. Perez - Nurse
Shehada E. Aming -Pharmacy tech.
Waleed AlHawamdeh- Nurse
Zhenie Pacho- Pharmacy tech.

Assessment of the Problem

Clarify Current Process

Figure 1: Inpatient Order Processing

Understand the Problems



Strategy for the Change

1-Select the Desired Outcome

- ❑ 30% Reduction in the number of nursing ongoing medications follow up calls to inpatient pharmacy within four months of implementation.
- ❑ 50% Reduction in the number of nursing visits to inpatient pharmacy within four months of implementation.
- ❑ To reduce the number of missing medication doses by 50% in three months after project implementation.

2- Plan

PROJECT TITLE	Duration	Contact
Create a Unit-base pharmacy staff to improve pharmacy/ nurse communication, reduce missing doses and work distraction.	9 11 Months	Pharmacy quality supervisor
Task Name	**Duration**	**Contact**
Communicating project with area chairperson, heads, & pharmacy director.	2 Weeks.	Pharmacy quality supervisor
Assign team members	1 Month	Pharmacy quality supervisor/ area head
Collect the following data:	2 Months	Assigned staff
• number of missing doses IV/ oral	2 Months	Assigned staff
• nursing time waste during vising the pharmacy	1 Month	Assigned staff
• number of nursing visits to pharmacy either from same area or different area	1 Month	Assigned staff
• number of nursing calls	1 Month	Assigned staff
Data analysis	1 Month	Pharmacy quality
Communicate data with head, chairperson, & director	1Week.	Pharmacy quality supervisor / head
in selective units Start the new process	3 Months	Oncology units in children hospital and cardiac units in main hospital
Collect post data	7 Months	Assigned member
Compare and contrast pre and post data	2 Weeks.	Pharmacy quality
Communicate data with head and chairperson, director, & project team	2 Weeks.	Pharmacy quality supervisor

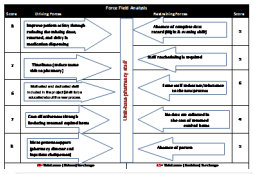
3- Do

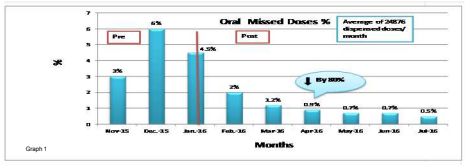
1- SWOT & Force Field analysis is used to identify urgency, driving, & resistance factors to the change.
2- Trolley transferring time is agreed upon with the patient care areas in-charge nurses.
3- Pharmacy staff scheduling is implemented accordingly.
4- Updating the floor stock, reordering policies, & PRN dispensing system.
5-Time spent by pharmacy during checking process is also measured.
6- Nurses post satisfaction survey is used to assess the impact of change.

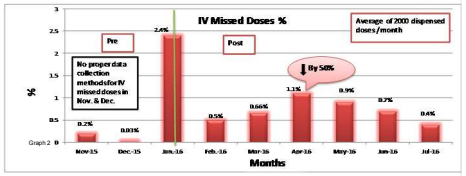
Measurement of Improvement

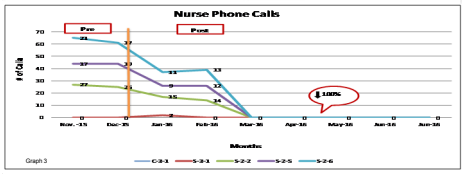
As a result of the implemented changes in three cardiac & two oncology units, reduction in missing doses, phone calls, & nursing visits to pharmacy are achieved (Graph1,2,3 & 4 respectively).

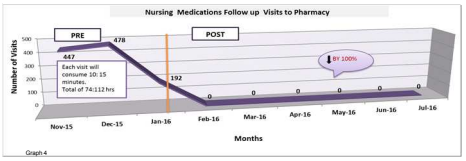
This resulted in a reduction of work distraction and enhanced staff utilization for direct patient care.



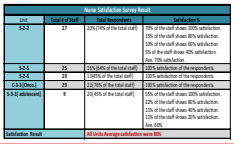








Unit	Average of Daily Spent Minutes Time on Cart Checking Process						
	January	February	March	April	May	June	July
5-3-3	26	19	19	16	20	16	22
5-3-1	29	21	23	25	20	25	28
5-2-2	45	42	67	63	71	69	79
5-2-5	30	25	26	27	30	29	29
5-2-6	27	24	25	26	27	33	31



Conclusion

The success of this project revealed the need for developing strategies to expand the new process across the organization.

Recommendations

As a result of the project achievement, unit dose pharmacy staff services was expanded on April & September to include all pediatric units and adult cardiac & neurosciences units. January 2017 all main hospital units and centers will be covered.