

INPATIENT PHARMACY DISCHARGE PROCESS QUALITY IMPROVEMENT PROJECT

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

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Define Problem, Set Aim

Opportunity for Improvement

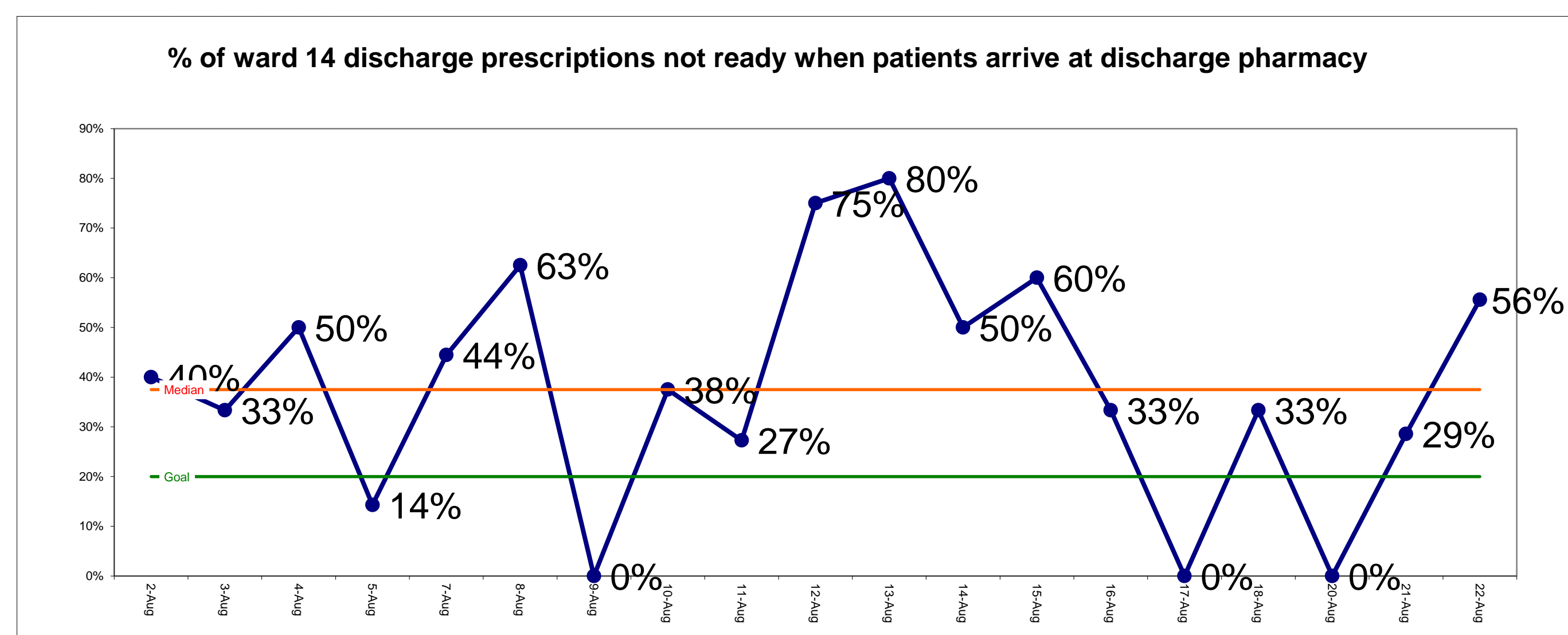
- 35% of ward 14 discharge medications are not ready when patient is ready for home (2nd – 22nd August 2017).
- Cost of the problem:
 - Unnecessary long waiting time for the patients either in the ward or at discharge pharmacy resulting in unnecessary prolonged bed turnaround time and possibly negative impact on patient's satisfaction.

Aim

The inpatient pharmacy intends to reduce the percentage of ward 14 (pilot ward) prescriptions which are not ready from 35% to 20% by April 2018.

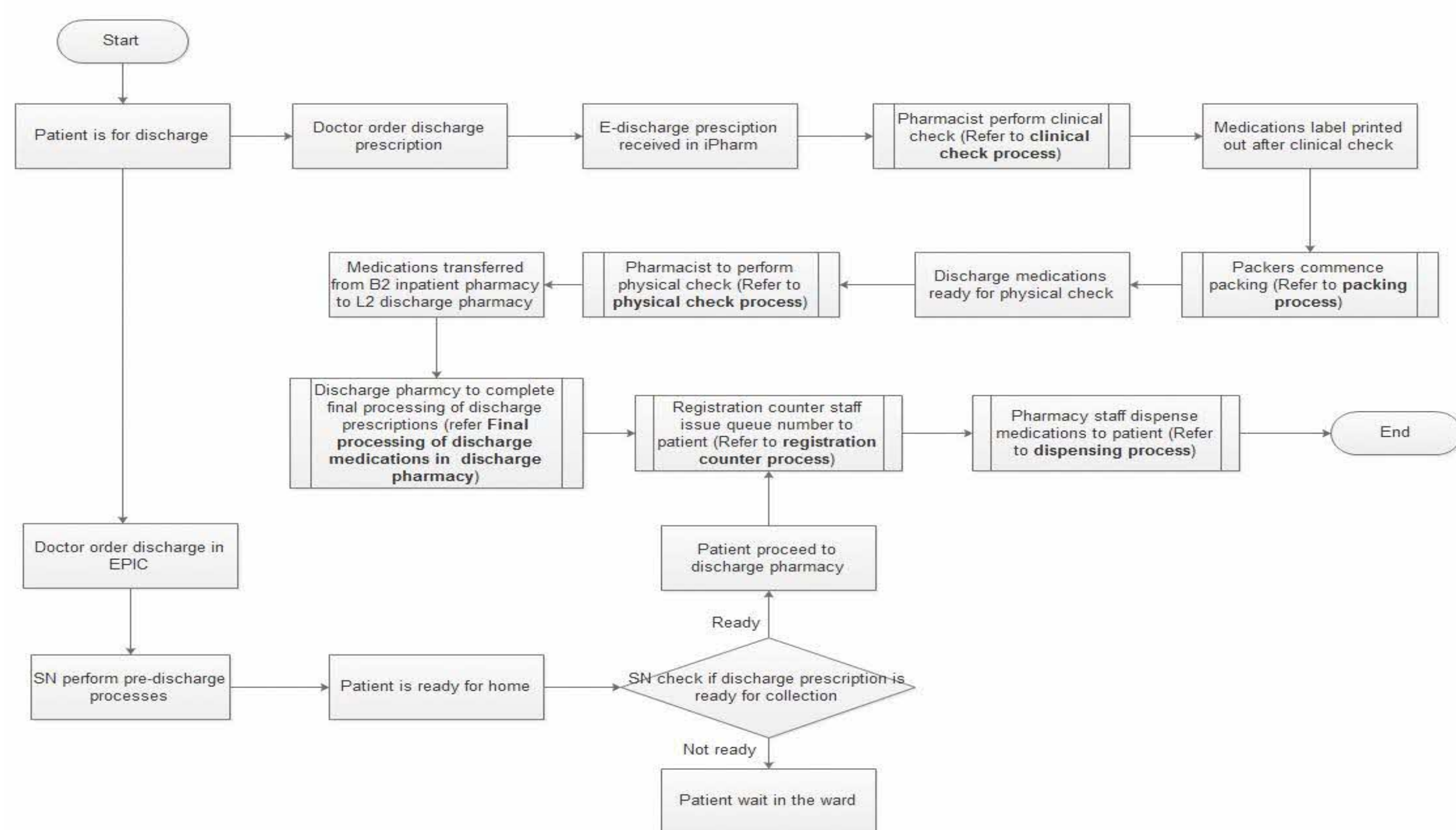
Establish Measures

Baseline measurement:

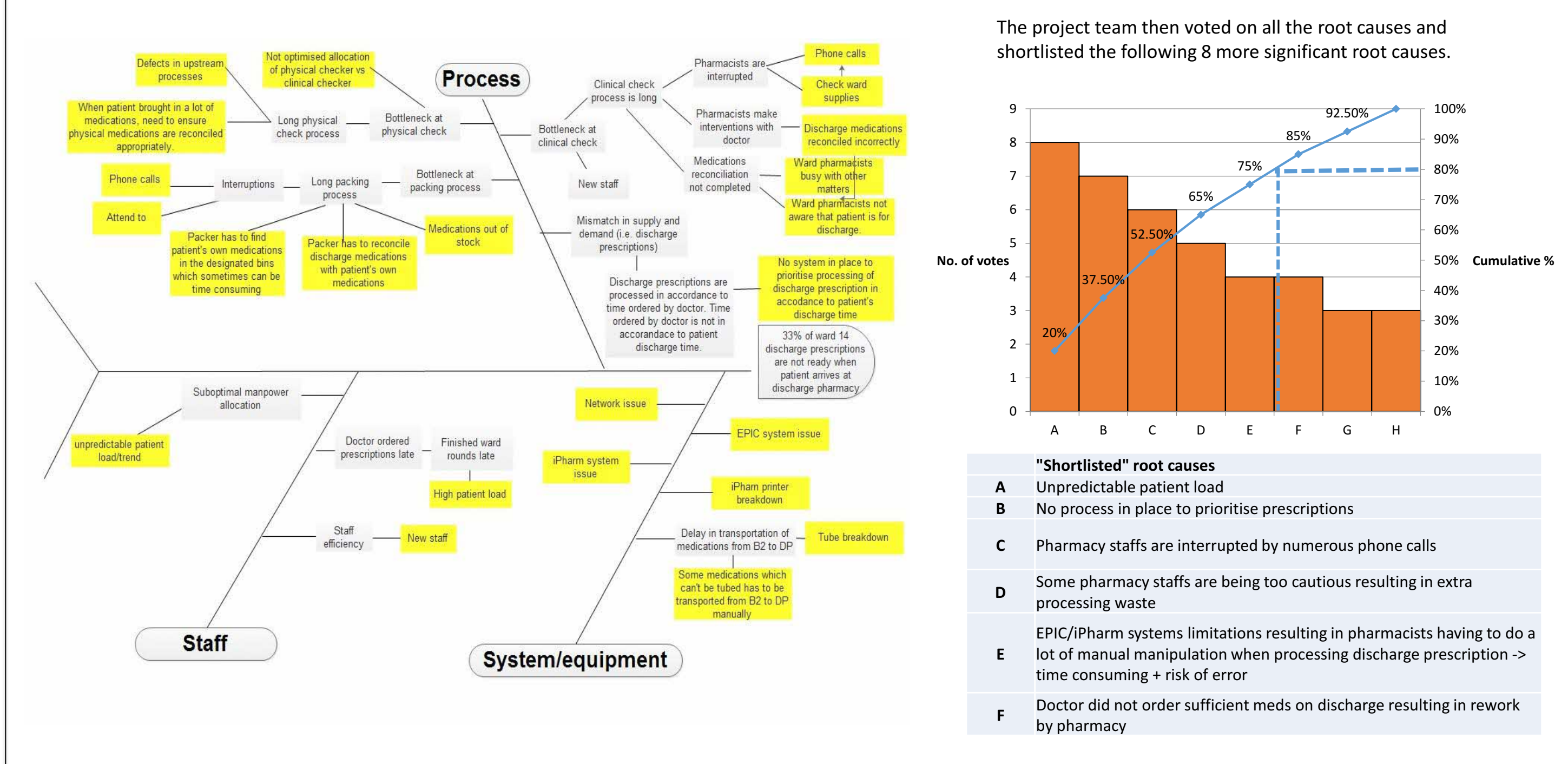


Analyse Problem

Process Map:



Fishbone Diagram and Pareto Chart



Select Changes

Probable solution:

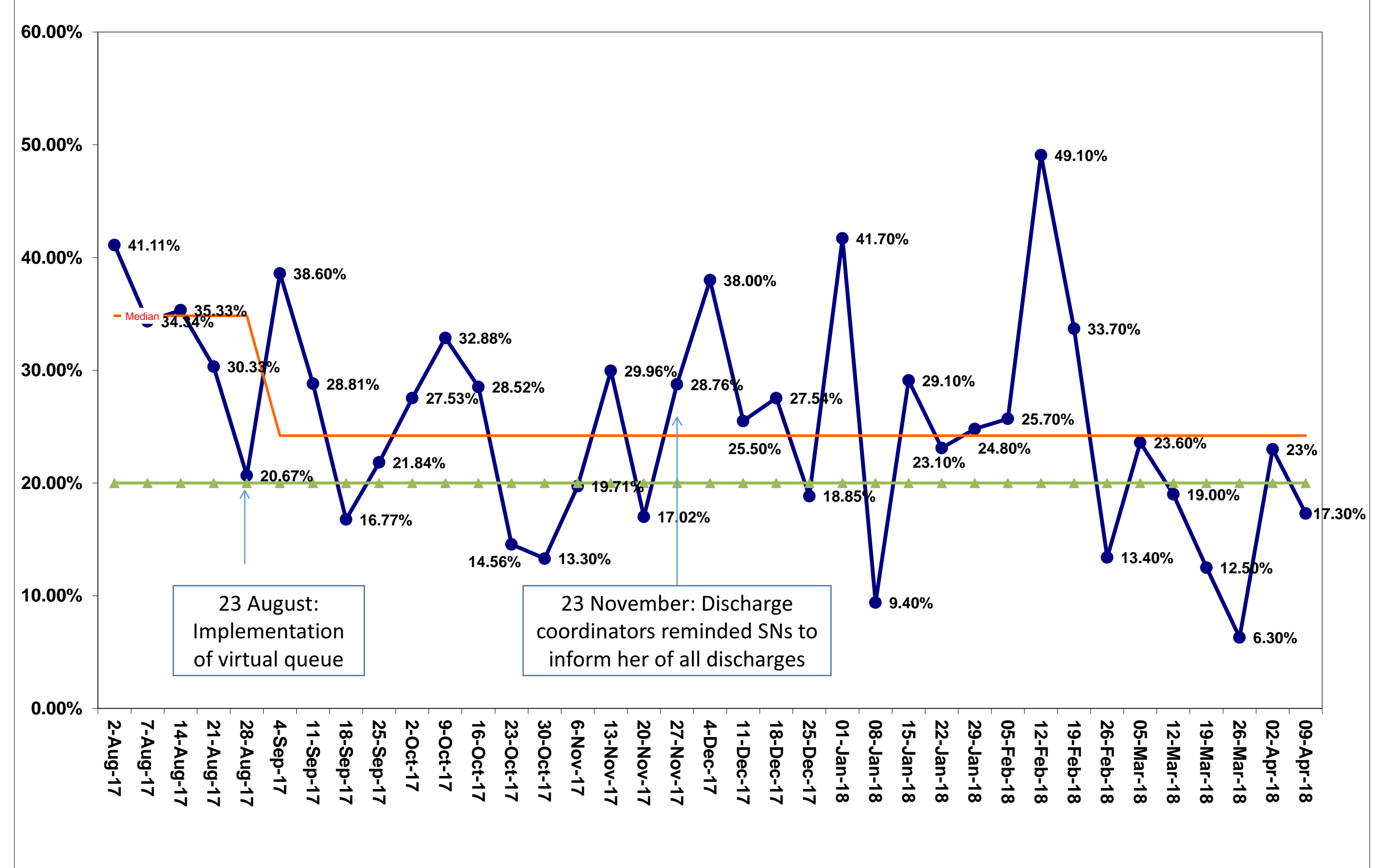
Root cause selected: Unpredictable patient arrival trend at discharge pharmacy

Solution: To introduce a system (iPharm virtual queue) for staff nurse to notify pharmacy when patient is ready for home so that pharmacy can prioritise processing of prescriptions accordingly.

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	Inpatient wants to test whether the virtual queue system will help pharmacy to prioritise processing of discharge prescriptions.	Piloted virtual queue system in ward 14.	Improvement in % prescriptions not ready for collection though target not reached.	Adapt the intervention.

% of ward 14 prescriptions not ready for collection when patients arrive at discharge pharmacy



Spread Changes, Learning Points

Spread changes

We aim to further strengthen the process measure before spreading the change to other wards.

Key learnings

- Quality improvement is a continuous process which require continuous analysis of effectiveness and further improvement.
- Collaboration between various departments is important to ensure successful implementation of improvement initiatives.