

## Introduction

SNEC receives many walk-in patients requesting repeat medication prescriptions. Previously, patients had to go through multiple steps that heavily relied on nursing staff and Medical Officers (MO) [Figure 1]. These patients were previously directed by counter staff to clinic treatment rooms, where they submitted requests to nursing staff, prior to heading to pharmacy with their prescription slip. A new workflow was created to centralise the repeat prescription service so that all requests are made in pharmacy was put into place in January 2018 [Figure 2]. We aim to analyse the impact of this on the patient journey, treatment room Nurses and MOs.

Figure 1: Key issues with original repeat prescription workflow

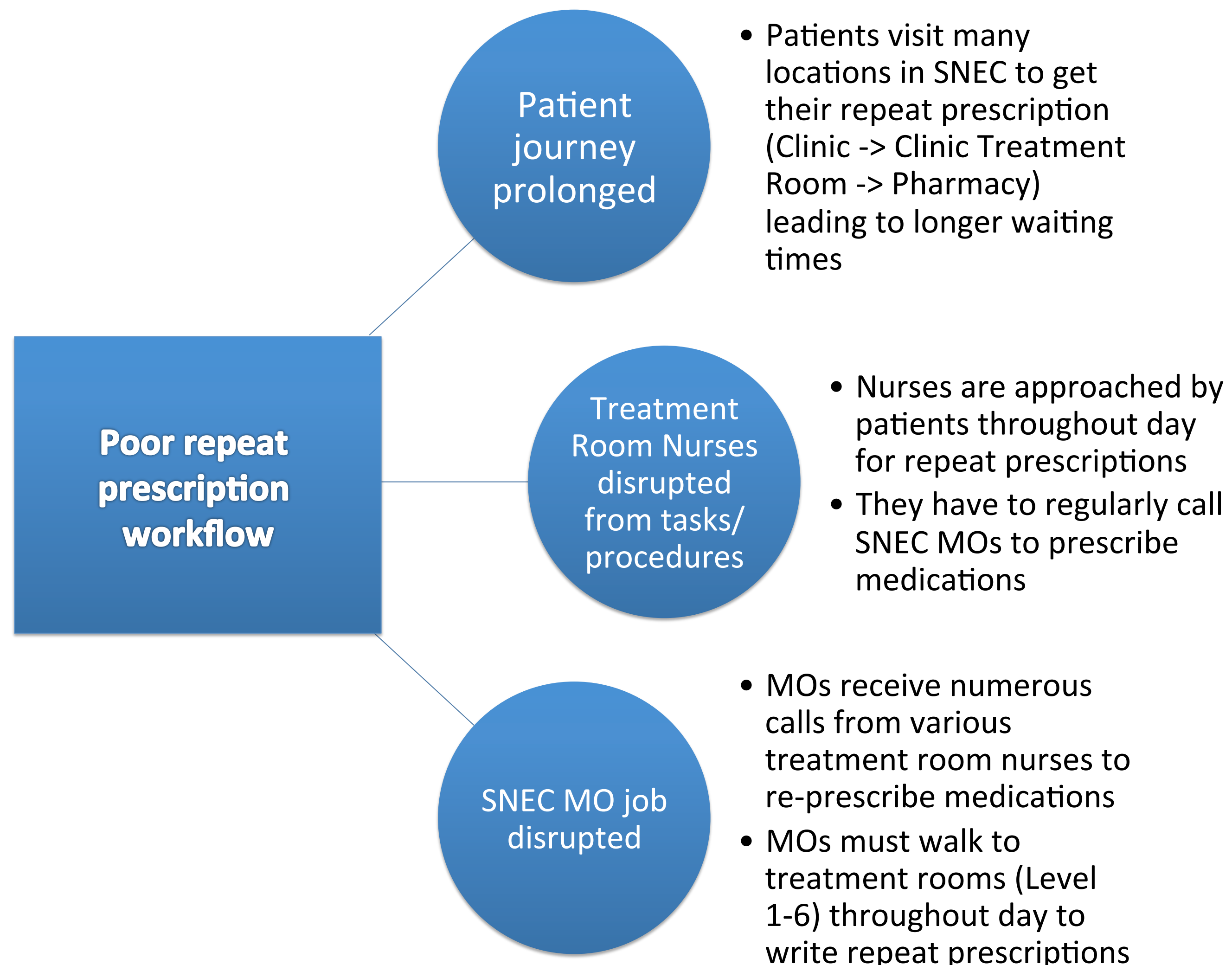
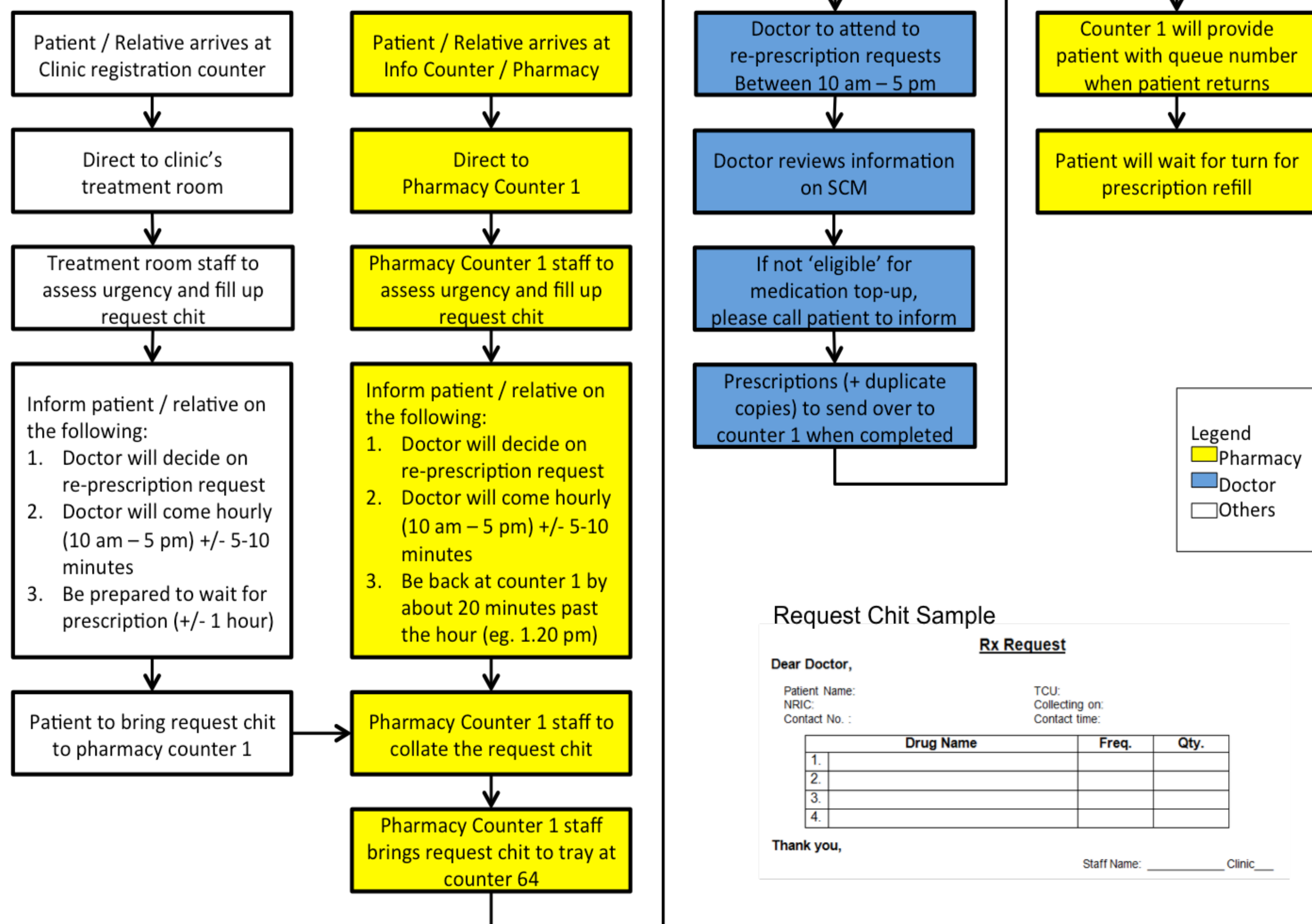


Figure 2: New repeat prescription workflow



## Methods

- Repeat prescription requests were collected from 3 subsidized treatment rooms, 1 private treatment room and the pharmacy in SNEC in November 2017 and in April 2018.
- Anonymous feedback was collected via Google Survey 4 months after centralisation from nurses, pharmacists and MOs who were familiar with both the old and new workflow process in order to assess the impact of the centralisation process on the patient journey and on staff.

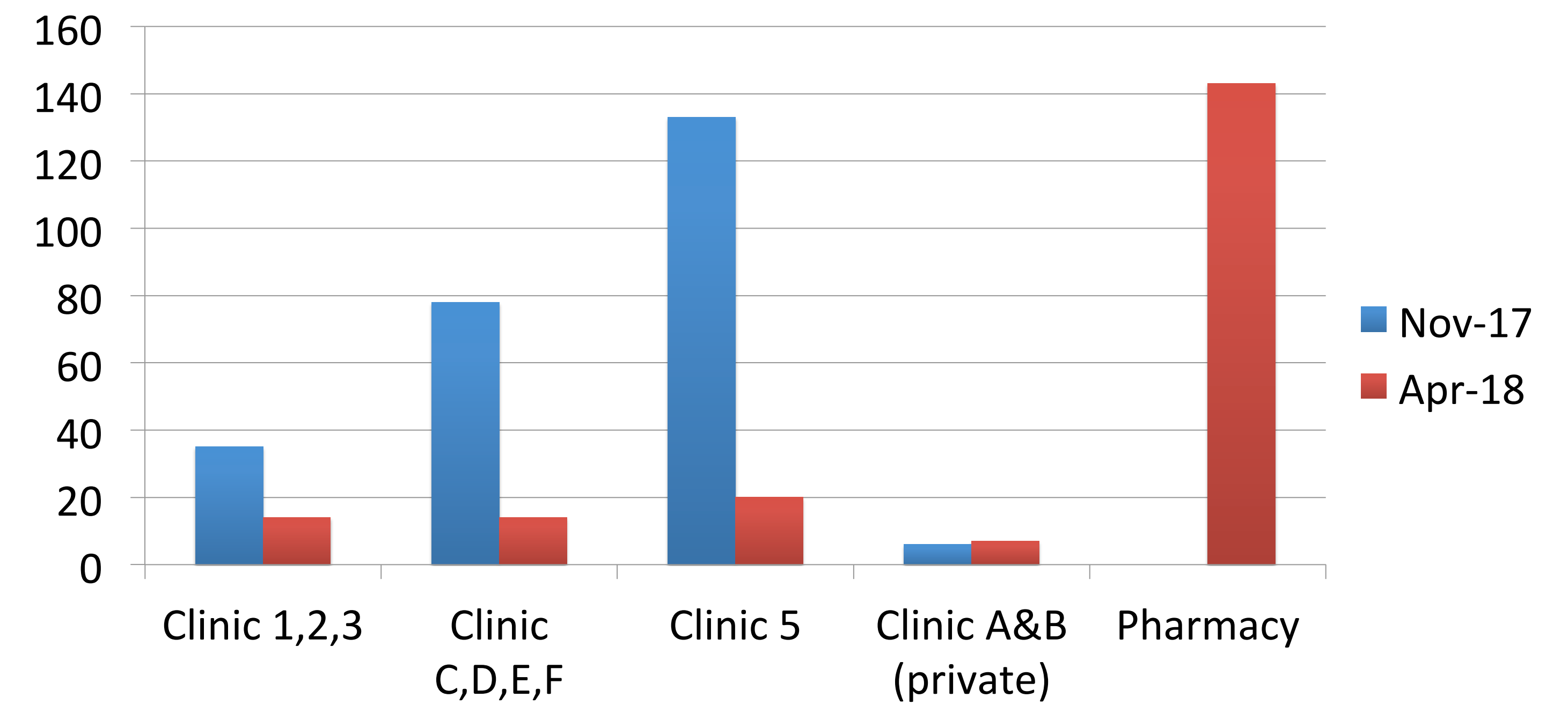
## Limitations

- No preliminary data was collected from patients or staff. This affected future data collection as it made it difficult to ascertain which patients were familiar with the old system.
- No patient feedback was collected via surveys due to the above
- Small sample size of doctors (limited by number of MOs in SNEC)
- Apart from dispensing medications, pharmacists were not involved in the repeat prescription workflow process previously.

## Results

- Centralising has led to a 60-85% reduction in the number of repeat prescription requests in subsidized treatment rooms [Figure 3].
- No change in the number of prescription requests for the private treatment room.
- Most patients now go straight to pharmacy for repeat prescriptions requests.
- All requested medications were prescribed in pharmacy by the MO.
- 86% of Nursing staff and MOs felt this led to a reduction in the number of phone calls made and received.

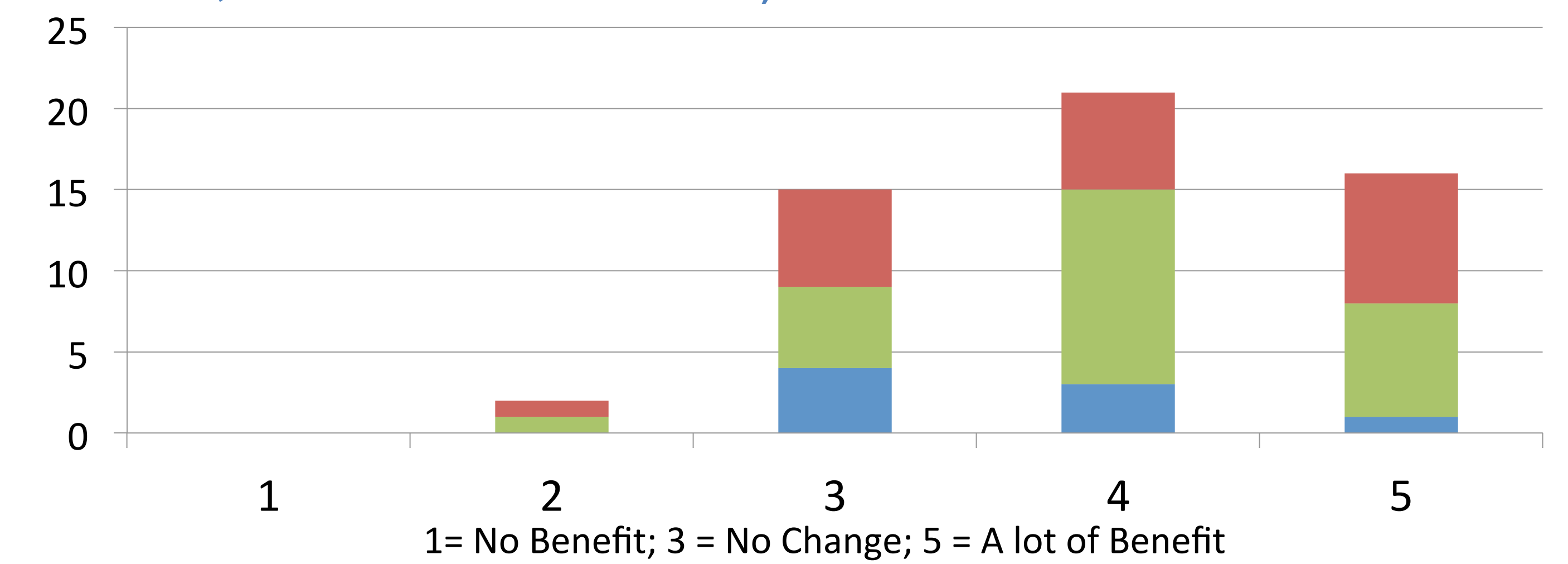
Figure 3: Repeat prescription requests by location before and after Centralisation



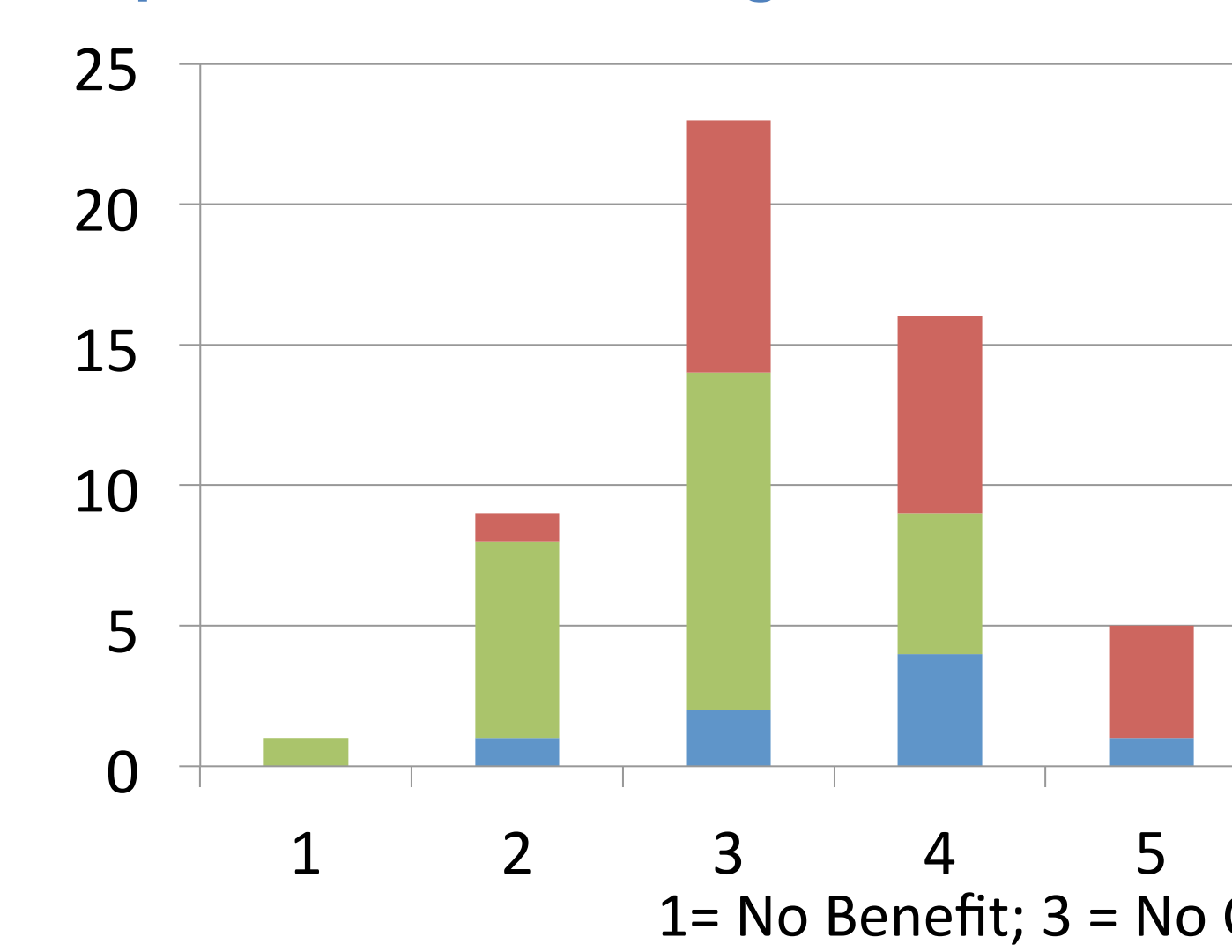
Feedback collected from 21 treatment room nurses, 25 pharmacists and 8 MOs has been positive for improving the patient journey, overall workflow and staff workload.

■ = Nurses ■ = Pharmacists ■ = Doctors

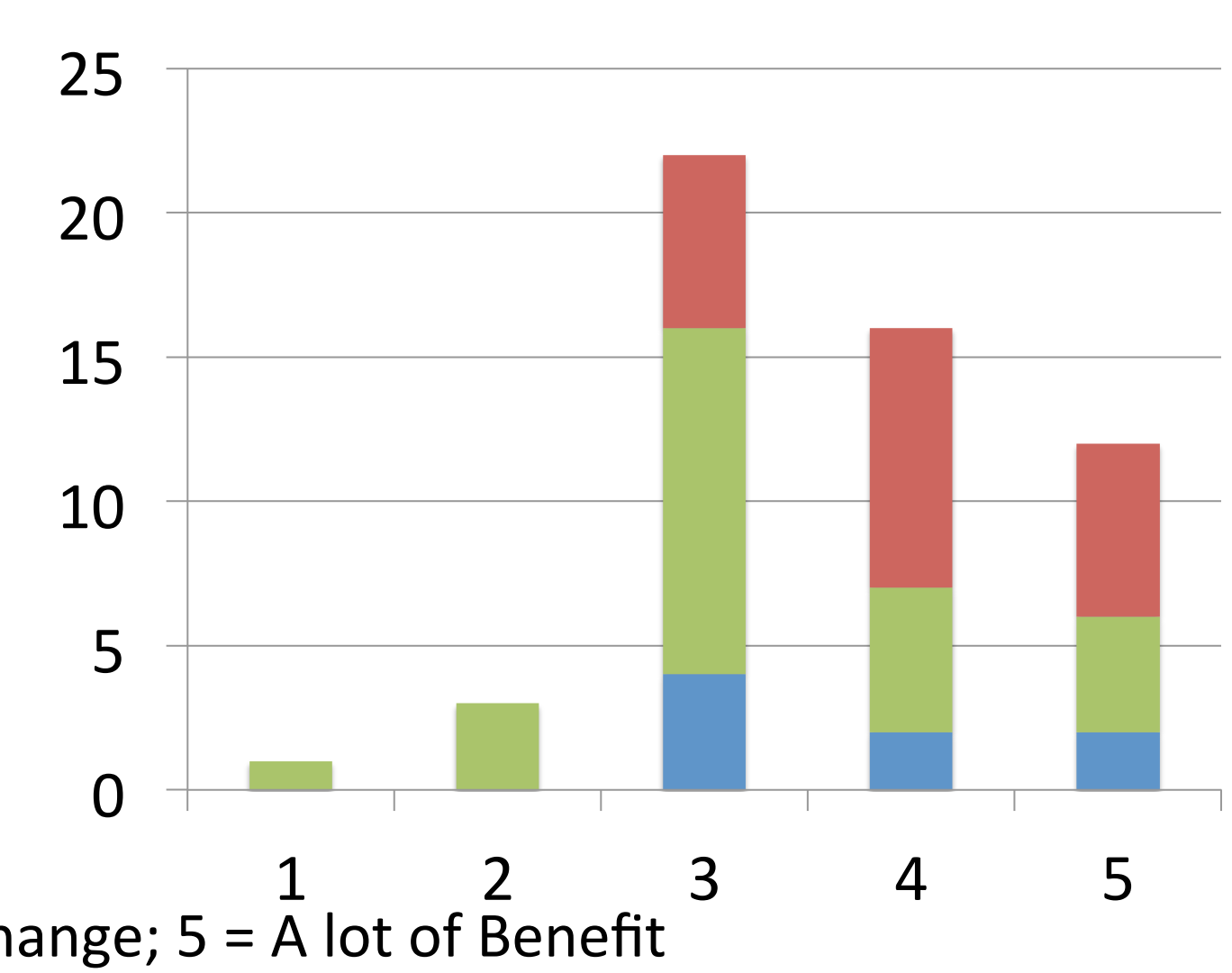
Q1: Do you feel the new system has benefitted patients (eg. Reduced walking distance, number of locations visited)?



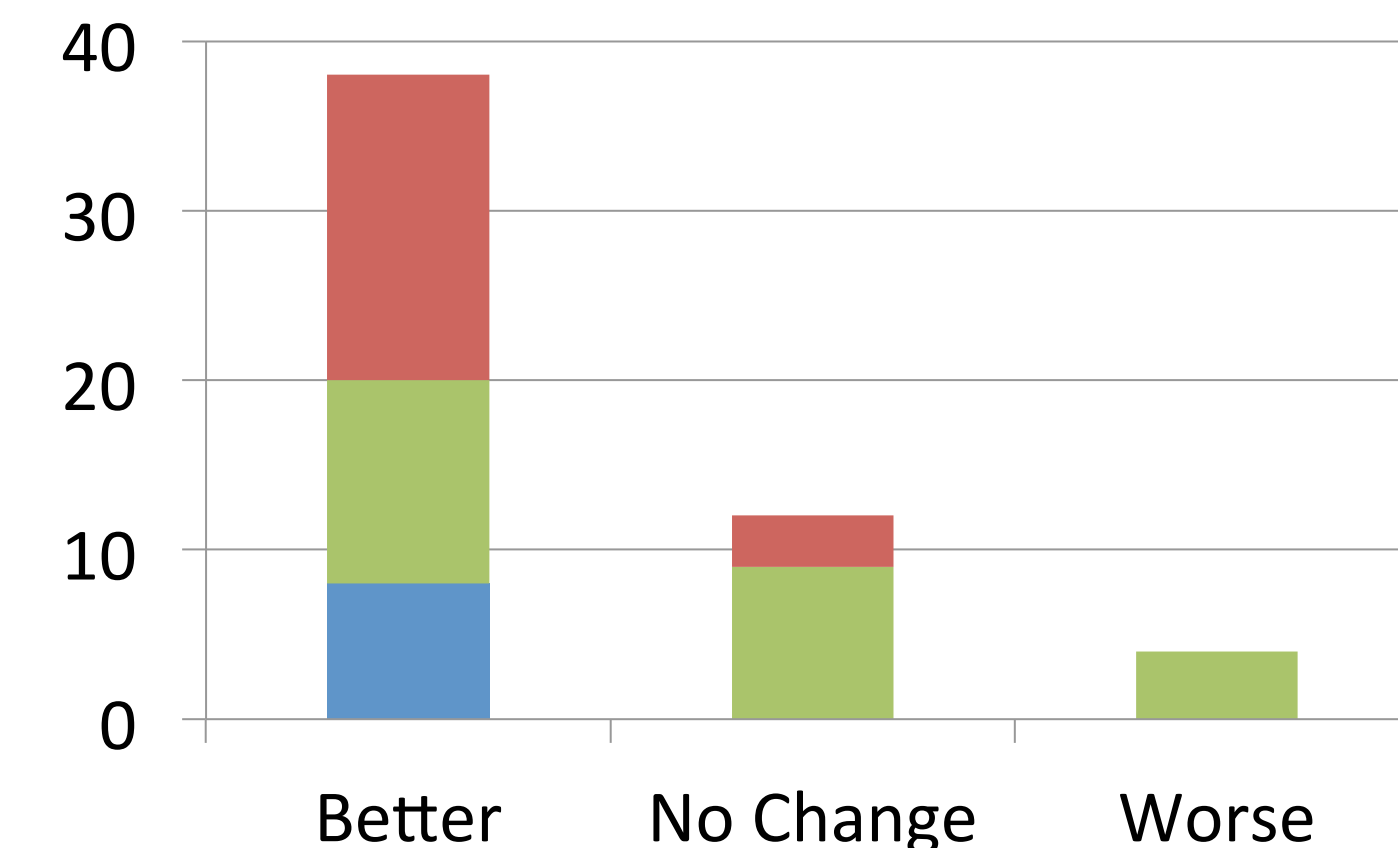
Q2: Do you think Centralisation has improve Patient Waiting Time?



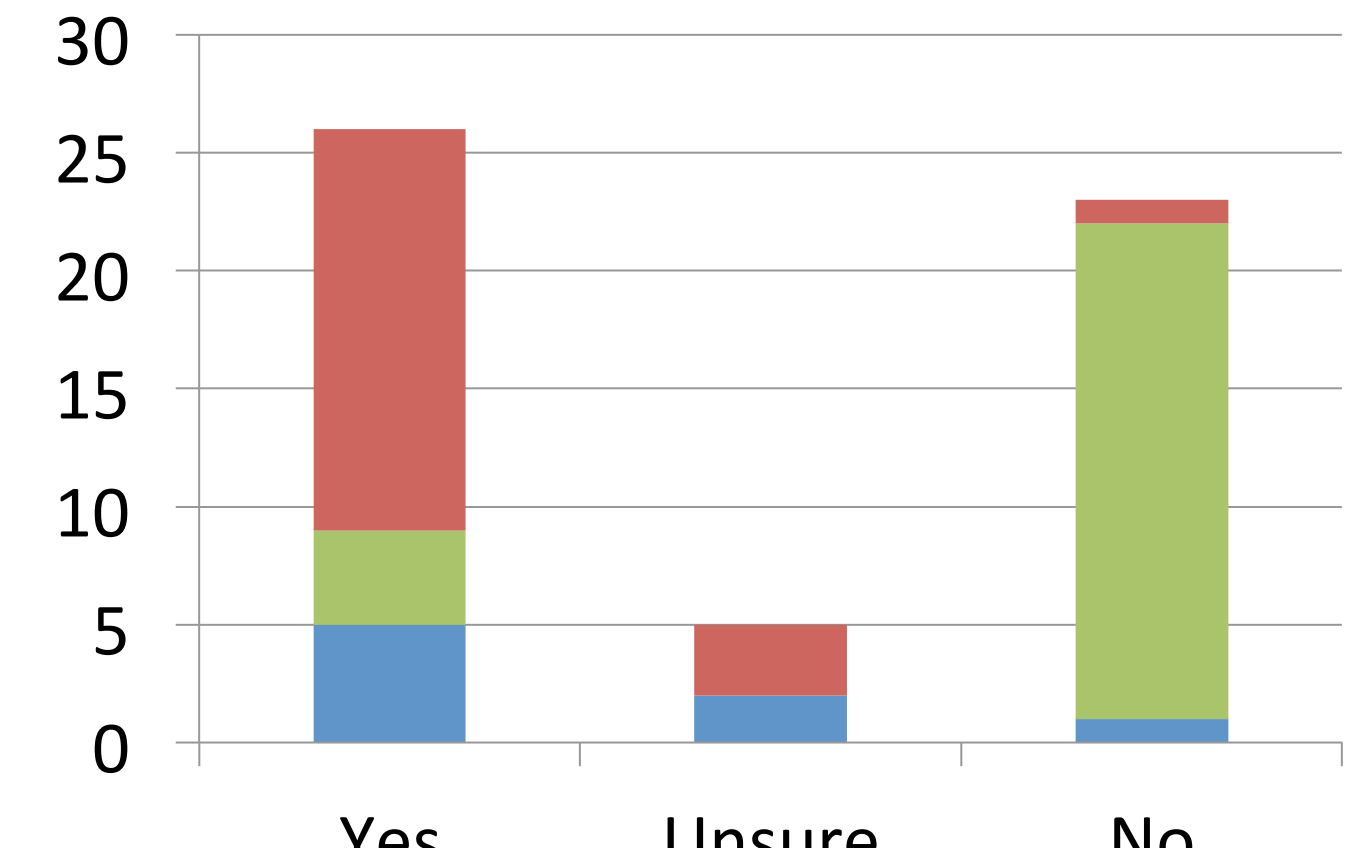
Q3: Do you think the New Workflow is Easier for Patients to Understand?



Q4: What is your impression of the New Workflow Process?



Q5: Has Centralisation Reduced your Workload?



## Conclusion

Centralisation repeat prescriptions improves the patient journey, cuts down on unnecessary travelling, reduces patient waiting time and is also easier for patients to understand. In addition, nurses and MOs have more time to focus on more urgent tasks and procedures. With repeat prescription requests now concentrated in pharmacy, we are now able to identify reasons for repeat prescriptions, and plan to enact more changes to further improve the service and reduce the number of repeat prescription requests.