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Reducing Phone Interventions Involving Patients' Requests at Outpatient Pharmacy

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BACKGROUND

Pharmacists are integral members of the healthcare team and work with physicians to optimise patient care by identifying and resolving drug-related problems, usually by means of phone interventions. However, interruptions caused by such phone interventions may compromise patient safety and reduce work efficiency for both physicians and pharmacy staff.

Based on data collection from April to June 2016, 359 (12.7%) interventions performed by staff in the Singapore General Hospital (SGH) Specialised Outpatient Pharmacy were found to be potentially avoidable. A detailed breakdown revealed that patients' requests was one of the major types of potentially avoidable interventions as shown in Figure 1 below.

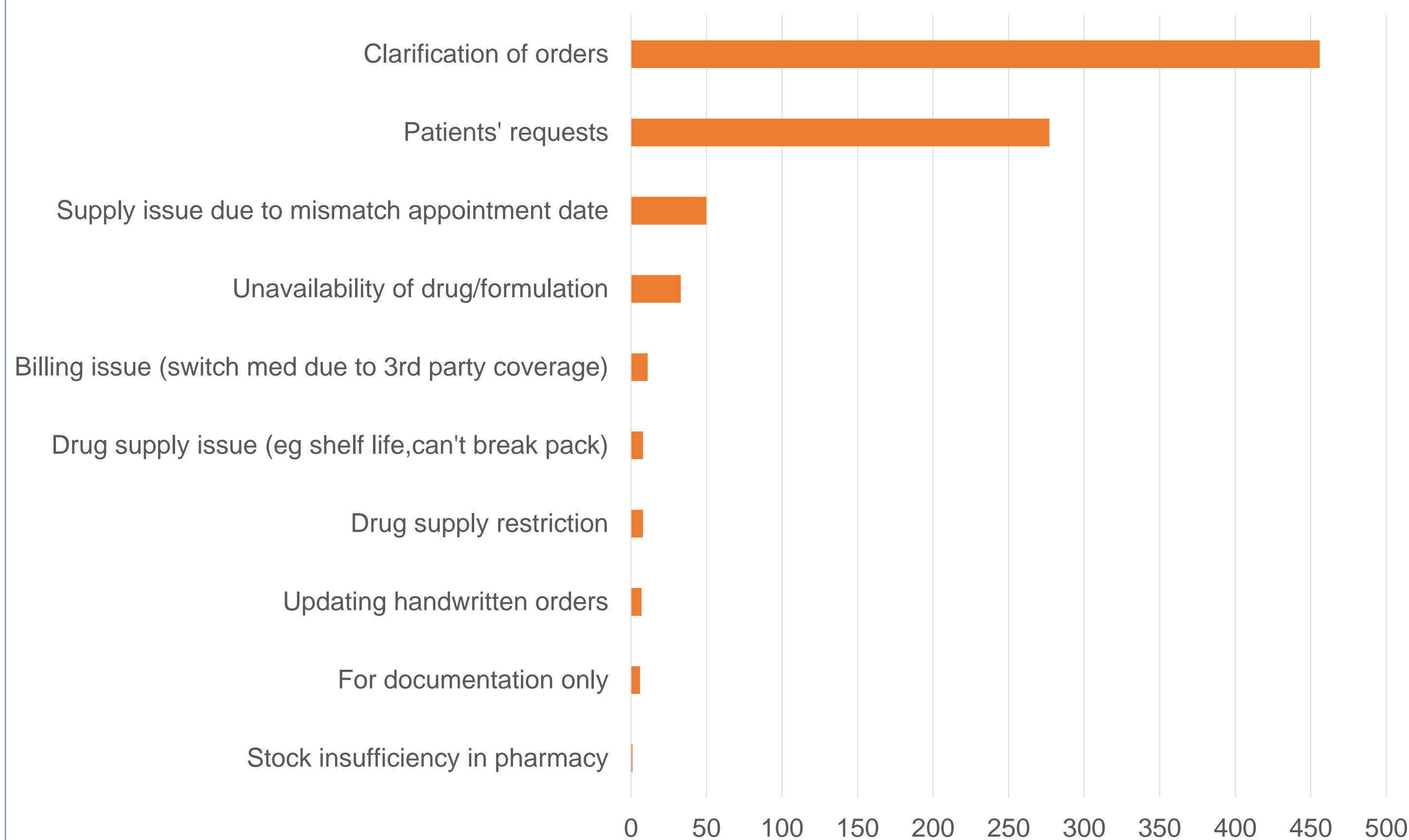


Figure 1: Breakdown of potentially avoidable phone interventions

ANALYSIS

Root cause analysis was conducted to identify the causes for the high number of phone interventions involving patients' requests at the Pharmacy (Figure 2).

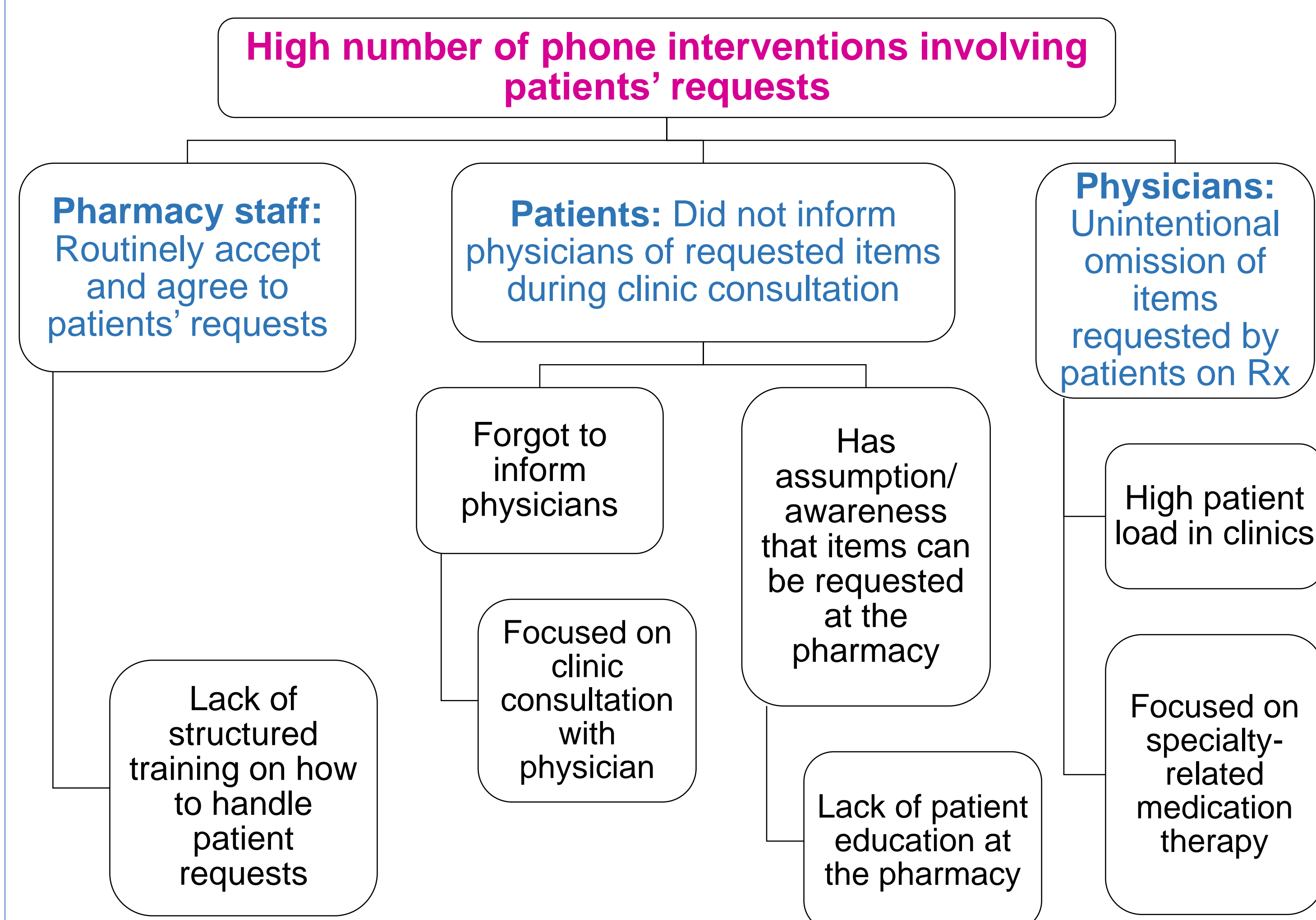


Figure 2: Root cause analysis for high numbers of phone interventions involving patients' requests

MISSION STATEMENT

The team aimed to reduce the number of phone interventions involving patients' requests in the SGH Specialised Outpatient Pharmacy by 30% within 8 months.

INTERVENTIONS / INITIATIVES

From the root causes identified, a brainstorming session was held and the best solutions were selected through voting.

The following interventions were implemented in a step-wise manner:

Step 1: Staff and patient education

- **Direct** patients who request for add-on medications back to their physicians to obtain a prescription
- **Educate** patients to inform their physicians during the consultation session if they have such requests in the future

Step 2: Pharmacist order-on-behalf protocols (Renal department)

- **Collaborate** with Department of Renal Medicine to develop protocols
- Pharmacists authorised to do the following without having to call physician for approval:
 - Add-on/substitute restricted quantities of selected list of drugs
 - Extend duration of prescriptions by a maximum of one month

The number of phone interventions involving patients' requests was monitored for 8 months post-implementation to assess the effectiveness of the above interventions.

RESULTS

The mean number of phone interventions involving patients' requests per month decreased by 48.9% from 92 at baseline to 47 post-implementation (Figure 3). Percentage of phone interventions involving patients' requests also decreased from 9.77% at baseline to 5.55% post-implementation.

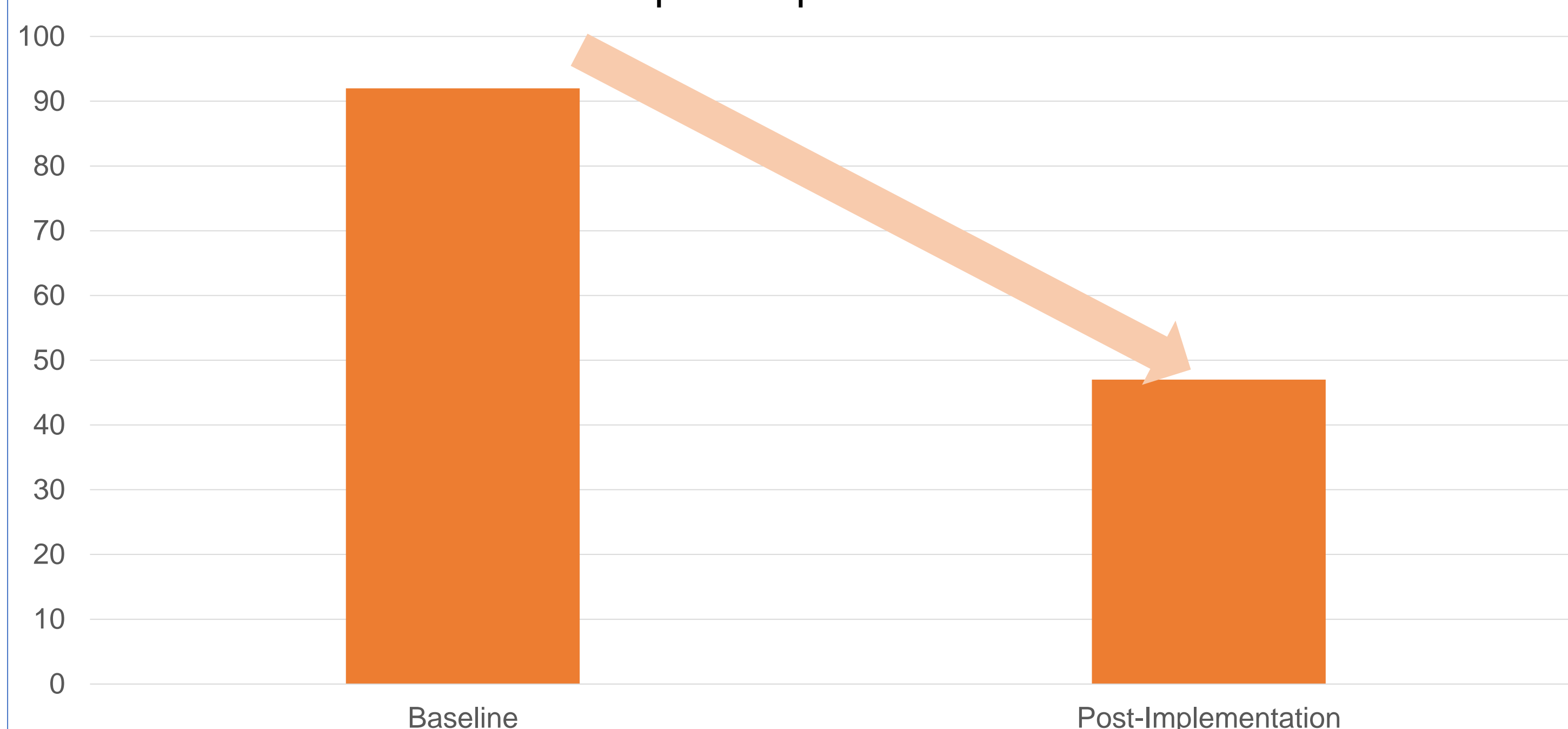


Figure 3: Mean number of phone interventions involving patients' requests pre & post-implementation of initiatives

In addition, a total of 58 phone interventions were avoided when pharmacists utilised the order-on-behalf protocols.

Mean decrease of 47 patient requests per month for 8 months



58 cases where patient request protocol utilised



434 phone interventions avoided

Over this 8-month period, we saved 4340 minutes (72.3 hours) based on an estimated processing time of 10 minutes per intervention.

CONCLUSION & SUSTAINABILITY PLANS

The interventions implemented were effective in reducing the number of phone interventions involving patients' requests. In addition, through our initiatives, we were able to increase efficiency of prescription processing by saving on the man-hours required to call physicians for interventions involving patients' requests.

Sustainability plans:

- ✓ Continue to collect and analyse intervention data to ensure sustainability of initiatives
- ✓ Extend the order-on-behalf-protocols to other specialist outpatient clinic departments in SGH
- ✓ Expand the number of drugs covered under the order-on-behalf protocols