Optimizing Pharmacist Efficiency Without Compromising Patient Safety While Processing Outpatient Prescriptions in a General Hospital Pharmacy



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INTRODUCTION

 Processing an outpatient prescription at Jurong Health involves a number of steps –

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METHODOLOGY

A qualitative approach was used.
 Pharmacists with 3-year experience and above



Performing clinical check (cc)

Printing of labels & Packing of medicines

<image>

2. The clinical check (cc) step is a crucial

were **observed** while processing prescriptions.

- 3. Focus group interviews were also conducted to establish essential steps to the clinical check component. Their responses and sharing of tacit knowledge in different instances were recorded.
- Knowledge shared was deliberated and a standardized clinical check guideline was established and implemented.
- The guideline was trialled by pharmacists over 6 months with post-implementation feedback sought thereafter to determine usability and time saved.

RESULTS

part of the process, for it ensures safety of the medication for the patient.

PROBLEM IDENTIFIED

Dispensing to

patient

- Observations on the ground reveal that there are large variations in method and time used by pharmacists when doing clinical checks.
 This variation is contributed by a diverse mix of pharmacists, many with different training and experience, leading to differing practices and outcomes.
- 3. In order to serve 95% of outpatients within 20 minutes of their arrival at pharmacy, this step **must be carried out efficiently yet effectively**.

ACCEPTABILITY & USABILITY

- Post-implementation, with minor adjustments 100% of pharmacists surveyed agree to the points in the guideline.
- This guideline was found to be very usable with 90% of surveyed pharmacists using the guideline frequently on a daily basis.

EFFICIENCY

 80% of pharmacists who used this guideline found they required less time to check a prescription for safety.

PROJECT AIMS

 Use the four Knowledge Management (KM) stages (initiate, share, establish, exploit) to capture and share tacit knowledge used in the cc step.

2. Standardize the cc step to optimize efficiency without compromising safety.

3. Establish & implement

cc guideline.



- 80% of pharmacists who used less time saved about 1-3 minutes while 20% saved 4-6 minutes in prescription processing time.
- **3. Wait time target consistently met** in the 6 months following implementation.

CONCLUSION

KM stages can be used to tap on staffs'
knowledge and skills, to resolve arising
operational issues such as a progressively
increasing workload.