

Pharmacy-Related Quality Improvement Projects in Hospitals in Singapore

AUTO-INTERVENTION BY PHARMACY AND ITS IMPACT ON THE TIME SPENT ON PROCESSING DISCHARGE MEDICATIONS



Background

Over 200 discharge Rx reviewed by pharmacy daily

Multiple interventions are often required

Unavoidable **multiple calls** are sources of disruption and inefficiencies

Initial Survey



Common reasons for interventions :

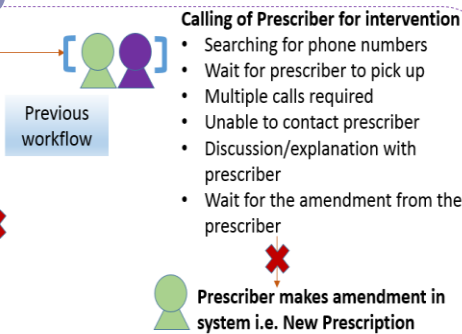
- Change of dosage form
- Missing items to order for discharge
- Inappropriate antibiotic duration

Intervention

Criteria for Auto-intervention

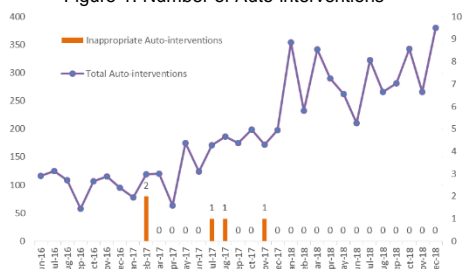
1. **Change of DOSAGE FORM** (except anti-epileptic drugs, controlled drugs and drugs with special formulation e.g. Extended release tablet)
2. **OTC/P ITEMS** that were started in the ward but **missed out from ordering**
3. **OTC/P ITEMS** patient requested additional supplies (max at 1 week! Excludes potential for abuse drugs)
4. **ANTIBIOTICS AND PREDNISOLONE DURATION** (if indicated the total intended duration under special instruction or Clindoc)

Screening of prescription by Pharmacists/Pharmacy Technicians



Results

Figure 1: Number of Auto-interventions



- **3548 auto-interventions** in 2018
 - Total time saved: **1360 hours** → **\$ 74,800** man-hour cost saving for pharmacist **
- ** calculated based on man-hour rate of \$55

Time Taken to Check Rx (Minutes)

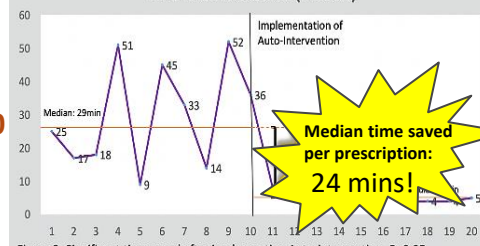


Figure 2: Significant time saved after implementing Auto-intervention. P<0.05.

Special thanks to KKH team for sharing.

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