مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة

Project Name
Improve compliance with eligible IV Stat orders turnaround time to be processed within 30 minutes

Site	Department
Jeddah	Pharmacy

Project Status	Project Start Date	Project End Date
Completed	03-01-2018	09-30-2018

Problem: Why the project was needed?

In the vision of aligning our goals with "Zero Harm" Priority. A thorough study and focus on improving the eligible IV STAT medications turnaround time was done to make sure that we are in compliance with our target of 95% and raised the bar further to 99%. Eligible IV STAT medications are given focus on this PI project because these medications provides critical impact on patient's conditions and it's timely administration can prove to be vital in giving optimum patient care.

Aims: What will the project achieve?

To increase compliance with preparing eligible IV Stat orders within 30 minutes from 95% to 99% by June 2018

Benefits/Impact: What is the improvement outcome?
(check all that apply)
- ☐ Contained or reduced costs
- ☒ Improved productivity
- ☒ Improved work process
- ☒ Improved cycle time
- ☐ Increased customer satisfaction
- ☐ Other (please explain)
  Click or tap here to enter text.

Quality Domain: Which of the domains of healthcare quality does this project support?
*(Select only one)*
Timely

Interventions: Overview of key steps/work completed
- Implementation of E-Communication in JDP and HHC (reduced phone calls by 87.5%/ reduced erroneous and illegible transmission of orders via fax/ reduced delay in processing of orders)
- Implemented the use of Medboard in tracking medication status in the pharmacy for JDPU and HHC (phone call reduction
- Direct verification of STAT orders from JDPU w/o increasing medication wastage.
- In the previous workflow verifying pharmacists has to wait for JDPU nurses to call the pharmacy and confirm that a STAT IV medication ordered in the system can be verified and prepared. Physicians were allowed to make medication order entry in advance for expected patients. In the new workflow, physicians will only make medication order entry once the patient has arrived and had been assessed as eligible to receive the required medication for the day. In which case, all ordered medications which are prepared will definitely be utilized. (Phone call reduction/ extra step removed)
- Clarified break time coverage and specific assigned tasks in IV Room to facilitate smooth workflow and enforced compliance
- Enforced strict use of STAT specific printers for IV STAT orders only (prioritization)
- Strict compliance of preparing eligible STAT IV medications according to chronological sequencing of labels as arranged by the IV checkers. This is based on the time of "order entry" and in more important cases based on the urgency or need for the medication that might impact on the patient's condition.
- Enhanced priority in checking of eligible IV STAT preparations and Medboard barcode scanning (assigned STAT specific bins/ auxiliary STAT labels/ scanning assignments/ monitoring/random audit)
- Formulated a list of eligible STAT IV medications.
This is used as a reference and guide in identifying which IV STAT medications needs to be prioritized during preparation in cases of multiple eligible IV STAT orders. This list shows the medication category and can be used to weigh the impact of such medication in a patient's condition. (i.e. STAT IV Factor VII vs. STAT IV Meropenem)
- Utilized Whatsapp as an effective means of communication
Here, pharmacists posts the need for replenishment of low level stocked IV medications before approaching zero, which are then arranged by the stocks coordinator to be brought before the shift ends
- IV checkers posts updates on out of stock medications and IV fluids/diluents to minimize order modifications by verifying pharmacists.
- Designed a concise IV medication list with min/max quantity
This serves as a guide in filling special areas (ICU satellite pharmacy/ EMS pharmacy IV Room) to avoid Critical medications from being missed

(No zero stocks)

- Use of "Ready for pick up" Medboard barcode in scanning all IV STAT orders (differentiation w/ routine medications barcode "Ready for delivery")
- Dispensing 1 dose for all IV PRN doses to avoid nurses from sending STAT E-Communications which in turn increases eligible STAT IV order load
- Use of UNIT SPECIFIC Medboard barcodes to track the location of medications during transfer of patients from one unit to another. This reduces eligible IV STAT delays because medications can be tracked and nurses can be directed to collect medications for their patients instead of preparing the medications again. (Reduced load in IV Room/ reduce wastage).
- Discussions/ Reminders during every day huddle to ensure compliance on implemented interventions.
- Preparation of floor stock IV electrolyte boluses (on standard concentration)
- Direct Medboard barcode scanning of RTU/ Pre-mixed medications as "Ready for pick-up" (reduced follow-up calls/ reduced scanning delays)
- Encourage utilization of SRS for abuse of STAT orders, password sharing, unreachable MCD's and doctors, delayed renewals (ordered as STAT), multiple STAT IV orders vs. single IV lines etc)
- Enforced compliance w/ step by step Medboard barcode scanning (tool in identifying reasons for STAT delays)
- Designed an Excel sheet to be used as a tool in documenting justification for delayed verifications/preparations (for accuracy in data collection/ for further study on reasons that causes delay and find a solution whenever applicable)

Results: Insert relevant graphs and charts to illustrate improvement pre and post project
(insert relevant graphs, data, charts, etc.)
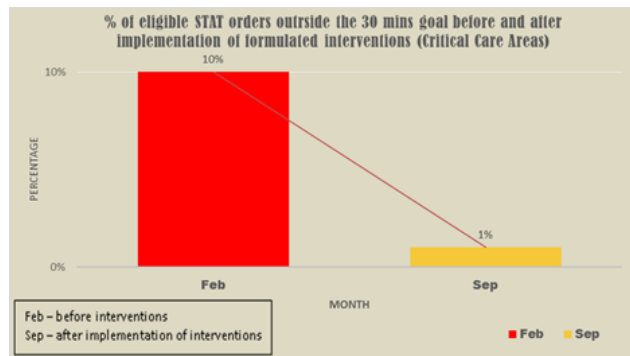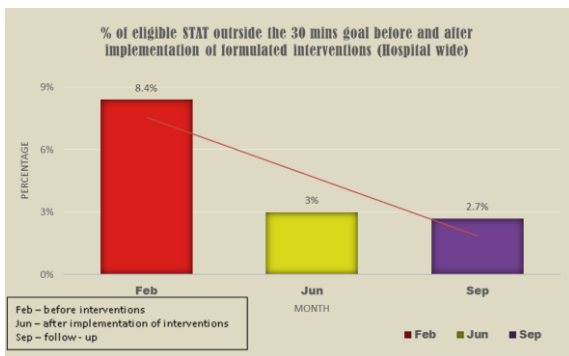
Project Lead	Team Members
Name *(person accountable for project)*	**Names** *(persons involved in project)*
Melinda P. Litao	Rola Elkhattib (QM Facilitator)
	Manal Salam
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