

Pharmacy Orders Management Scanning (POMS)

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PURPOSE

Reduce time from prescription order to entry into pharmacy system. Improve paper flow and archival. Improve pharmacist coverage, especially after hours & in remote areas. Improve clinician satisfaction.

DESCRIPTION

Improving the turn-around-time (TAT) for processing physician medication orders by the Pharmacy was identified as an opportunity for improvement. As a multidisciplinary team reviewed the process and the literature, it was also identified there were break downs in the paper flow, communication, as well as medication and transcription errors.

METHODOLOGY

Following Mercy's Evidence-Based Practice and Research Model[®], a multidisciplinary team utilized a Six Sigma DMAIC (Define-Measure-Analyze-Improve-Control) method to identify problems and barriers around medication order workflow.

Workflow improvement steps were identified and implemented in two pilot units with incremental progress.

Targeted system and process revisions were implemented in same pilot units with statistically significant improvement.

MEASUREMENT

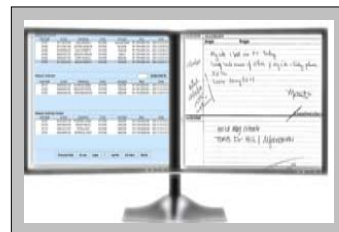
Descriptive statistics were used to calculate rates for data analysis and report of findings.

Anecdotal feedback was also received from nursing and pharmacy staff about the improved process.

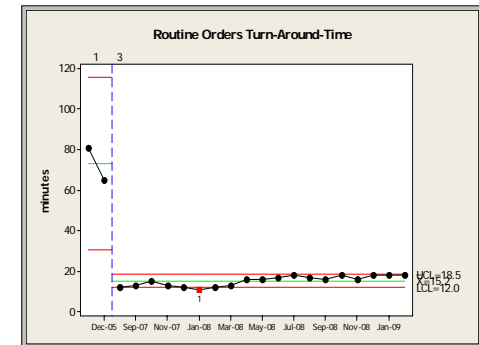
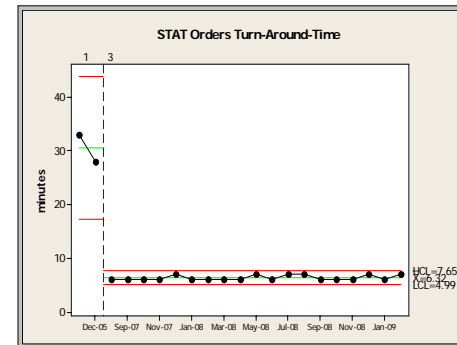
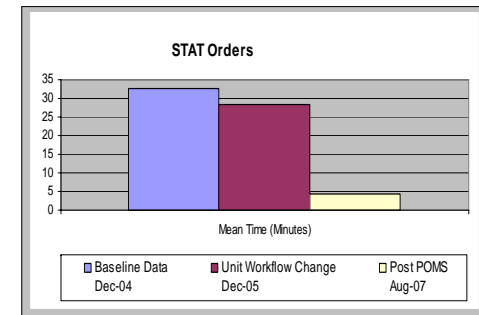
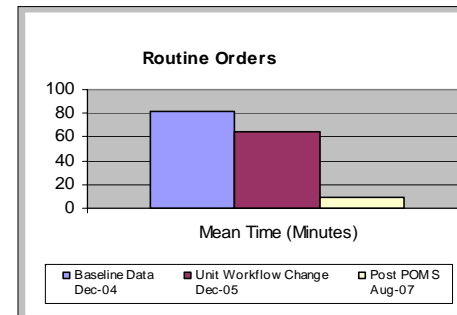
INTERVENTIONS

Interventions included:

- Implementation of POMS product April 2007.
 - Scanning all orders at nursing unit to POMS
 - Duplicate order to NCS for processing
 - Pharmacists access to all orders queues and archived information.
- Electronic storage of all orders tied to patient encounter (visit) and available for "3 years" period of time post discharge
- Modification of forms from multipart to single page
- Pharmacy workspace redesign – archival area; pharmacy dual monitor screens.
- Nursing workspace redesign – installation of scanners & fax



RESULTS



OUTCOMES

Initial order processing time for STAT orders reduced from 32 to 4.2 minutes, and 81 to 9.6 minutes for Routine orders. (2-sample T test p-value = 0.00 & 0.00 respectively)

Orders archival and access improved from 1 week to 3 years with immediate electronic access.

Pharmacist order entry support expanded to home and after hours coverage

Anecdotal pharmacist and nursing satisfaction improved.

SIGNIFICANCE

Findings from the initiative demonstrated overwhelming improvement in workflow order processing replicated house-wide and from month to month. Mean TAT house-wide remains at 6.32 minutes for STATS and 15.2 minutes for Routine orders.

Improved orders management and medication profile availability to patient promotes a culture of safety.