Distribution Service Evaluation and Change Implementation to Increase Efficiency and Create Career Advancement Opportunities

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Time to change…

Background

In September 2017 the Royal Adelaide Hospital relocated from its historic home in the east end of Adelaide and moved up the road to a state of the art new 800 bed site. This included technological changes in pharmacy services, including the addition of in-pharmacy robotics and the use of Automated Dispensing Cabinets (ADCs) in place of traditional medication imprest rooms. These advances significantly changed the roles of our pharmacy assistant workforce.

By mid-2018 while much of our work had reached business as usual, we had noticed the following issues:

- Difficulty completing stocktake within our allocated resources
- Higher than expected numbers of incident reports regarding imprest medication issues such as expired items
- Anecdotal feedback from our pharmacy assistants that the ADC workload was not satisfying and that there was a perceived lack of opportunity to develop professionally.
- The Pharmacy Assistant Service Coordinator responsible for managing the staff in imprest, inpatients and clinical services reported feeling ineffective and overwhelmed.

It was evident that despite only recently changing, we needed to change some more.

How would we decide what to change?

With such a varied range of concerns, and a workforce who had already been involved in so much change it was important we took time to closely evaluate what was happening.

A planning team was established to consider key issues resulting in three data collection initiatives being completed between June 2018 and September 2018.

-The key findings are summarised below:

Inpatient Dispensary

- The small inpatient team (2 pharmacy assistants and 1 pharmacist) were receiving a lot of help from other pharmacy staff
- Between 5-13 hours per day of additional cover
- Receiving help from up to 10 different people each day

Imprest Pharmacy

- Each assistant had been allocated one imprest area (e.g. ICU) and also a distribution based task (e.g. pre-pack management) or new clinical workload.
- Frequent interruptions
- Routinely covering each other and also dispensary

Service Coordinator

- This staff member had too many priorities, in too many vital areas
- Providing 2.5 hours of cover to imprest each day
- Spending 2.5 hours on roster related tasks each day
- Not spending any regular time with the clinical assistants

The change process

Preparing for change

Utilising the data collected and feedback from staff we came up with a proposed new imprest delivery schedule and a redistributed dispensary staffing structure and clinical pharmacy assistant work group.

Role	Assistants		Service Coordinator Time Allocation	
	Pre	Post	Pre	Post
Level 1 Inpatients	2	5	0.9	0.7
Level 1 Imprest/ADC	13	8		
Clinical	1	4	<0.1	0.3
Store person	2	1	-	-
TOTAL	**18**	**18**	**1**	**1**

Table Fig. 1 Staffing structure pre and post change

Once the planning team were happy with the proposed plan we ran a series of information sessions, utilising a fact sheet to summarise the significant changes.

What did we achieve?

Streamline tasks ✔

- All dispensary tasks, such as pre-pack management and Drugs of Dependence dispensing are now managed by the larger Inpatient team of 5
- Imprest staff utilise “pick-deliver-pick-deliver” process now managing two imprest areas (e.g. ICU and Cardiology) and rotating monthly to increase variety

Improve Capacity to Cope with Unexpected Leave ✔

- All distribution areas able to self-cover when experiencing unexpected leave without significant discussion between different pharmacy areas

Increase Opportunity ✔

- **Calderdale Problem Solving on Scripts**
- Additional FTE in inpatients enabled us to provide assistants with additional education
- Trained assistants now follow up interventions on inpatient orders (e.g. antimicrobial restrictions and non-formulary requests), supporting the 1FTE inpatient pharmacist
- **Ward Based Clinical Pharmacy Assistants**
- 4FTE were allocated to ward based clinical or clinical adjacent roles in Cardiology, General Medicine, Vascular and in the Oncology Day Centre
- These staff regularly participate in medication history taking and discharge medication profile drafting
- The Vascular pharmacy assistant is currently commencing Advanced training to provide smoking cessation counselling to patients

Improve Leadership ✔

- The Pharmacy Assistant Service Coordinator is now able to split their workload between Clinical Pharmacy and Distribution Pharmacy (0.3FTE/0.7FTE)
- Additionally, this assistant has also worked to implement a clinical pharmacy assistant service at the Queen Elizabeth Hospital.

Where to next?

Continual Improvement

We will continue to seek out staff feedback, and monitor and evaluate our practices through regular data collection.

SA Pharmacy has embarked on long term process to train assistants in advanced practice areas, such as stocktake management and tech-check-tech.

We plan to increase the leadership skills of distribution skilled staff so that the Distribution and Clinical Pharmacy Assistant Service Coordinator can be split into two separate positions.