

THE PROBLEM

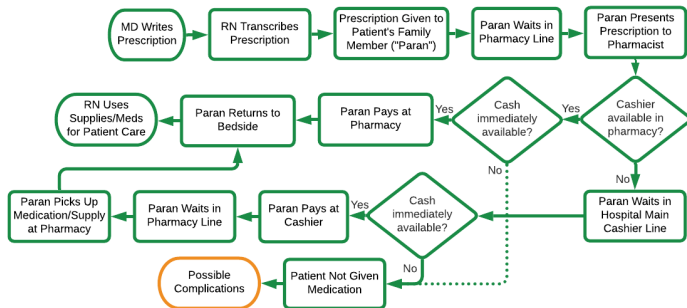
One of the key areas of improvement identified during a recent Joint Commission International pilot assessment of Hôpital Adventiste d'Haïti (HAH) was the cumbersome process for delivery of medications and supplies to the patient bedside. Acquiring commonly used patient medications and supplies required a multi-step process with long wait times (see flow maps below). This led to unnecessary delays in care, duplication of work, wasted resources, and long lines at the pharmacy and cashier, leading to decreased patient satisfaction.

In September 2020, leadership from pharmacy, accounting, nursing, and medical departments at HAH met to discuss the issue. In the month of September, over 5000 commonly used medications and supplies were sold downstairs from the pharmacy rather than being dispensed directly from the nurse's stock room upstairs. A one-page charge sheet of these items was designed to streamline the process in order to facilitate timely patient care. The nurses' stock room was reorganized to reflect the contents of the charge sheet and the use of the charge sheet began on October 1, 2020.

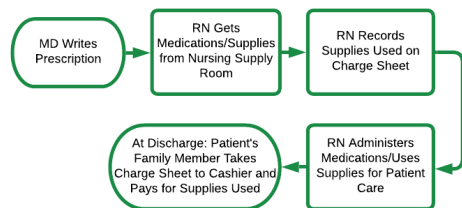
AIM

By November 1, 2020, we aim to decrease the HAH pharmacy's sale of a specified set of commonly used medications and supplies to hospitalized patients by 90%.

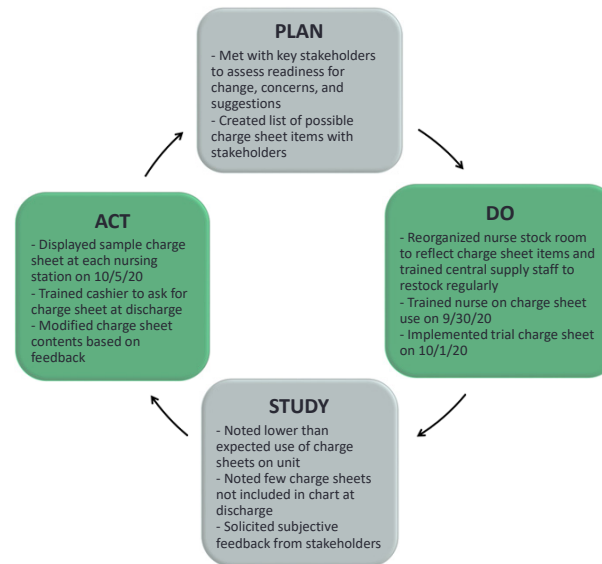
FLOW MAP OF PAST STATE



FLOW MAP OF PRESENT STATE



PLAN-DO-STUDY-ACT CYCLE



DATA

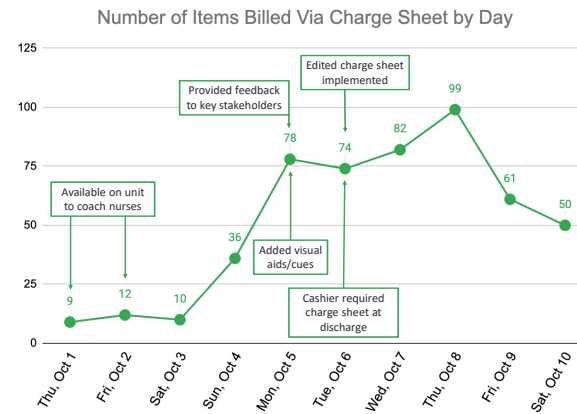


Figure: This line graph illustrates the number of items listed on the charge sheets per day after initial implementation on October 1, 2020.

RESULTS

Implementation of the new charge sheet began with patients who were admitted on October 1. Uptake of the new system began to increase on day 4, after regular coaching and soliciting feedback from the key stakeholders. A further increase was noted after an example of a pre-filled charge sheet was posted at each nurse station and after the cashier was trained to ask for the charge sheet when patients were discharged.

Initially, a few charge sheets were not included with the patient's discharge paperwork, meaning that the patient left without paying for the supplies used. During a chart review, it was also noted that some patients were still utilizing the previous system. Although there has not been 100% adoption of the new system, a significant decrease in the wait times both at the pharmacy and the cashier were noted by pharmacy staff. Nursing staff have appreciated having supplies on the unit, but expressed frustration that they had to have a supervisor available to get the supplies out of the stockroom.

SUMMARY

- What did we learn?
 - We learned that although the system we addressed was complex and involved multiple stakeholders, it was possible to simplify workflow for a variety of departments, leading to better patient care and bringing us one step closer to achieving the Quadruple Aim.
- What is the result for your patients and institution?
 - Patients are experiencing timelier care and shorter wait times at the pharmacy and cashier, which serve both our inpatient and outpatient populations. Possible trade-offs include a higher bill at the time of discharge since all the items will be billed at one time, which, without proper communication, could be frustrating.
 - The Accounting Department has noted a difference in how items are entered into their inventory, which could have implications for supply chain management that will need to be addressed.

FUTURE STEPS/ WHAT'S NEXT?

- What do you want to do next?
 - Pending satisfactory completion of this cycle of PDSA, future cycles could include expanding the medications stocked on the unit, possibly including more expensive items.
 - Pending satisfactory completion of the trial period, we plan to recommend to nursing and hospital leadership that all nurses on duty have access to the stockroom.
- Will you work on a similar process? Or is there another part of the problem that you want to work on?
 - Possible areas of expansion include trialing a similar system in the Emergency Department and possibly including labs on the charge sheet. Currently, we are planning on establishing an ICU, which will require a system that prioritizes timeliness.