

Project Title

HOME – Handing Over Medications Efficiently

Project Lead and Members

- Haslinda Binte Barman
- Ong Kheng Yong
- Wu Min, Siti Abidah
- Yeo Zhi Hui

Organisation(s) Involved

Singapore General Hospital

Healthcare Family Group(s) Involved in this Project

Nursing, Pharmacy

Applicable Specialty or Discipline

Community Health

Aim(s)

To reduce the man-hours spent processing prescriptions from Hospital-to-Home (H2H) programme home visits by 50% (from 6 hours to less than 3 hours), within 6 months.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Additional Information

Singapore Healthcare Management Congress 2022 – Merit Award (Operations category)

Project Category

Care & Process Redesign

Quality Improvement, Workflow Redesign, Productivity, Time Saving, Cost Saving, Man-Power Saving

Keywords

Hospital To Home (H2H), Home Visits, Man-Hours, Medicine Prescription, BluPort Lockers, Home Medication Kits

Name and Email of Project Contact Person(s)

Name: Haslinda Binte Barman

Email: singaporehealthcaremanagement@singhealth.com.sg



Singapore Healthcare Management 2022

HOME – Handing Over Medications Efficiently

Haslinda Binte Barman, Ong Kheng Yong, Wu Min, Siti Abidah, Yeo Zhi Hui
Singapore General Hospital (SGH)



Singapore General Hospital

Background of the problem

The **Hospital to Home (H2H)** programme is a MOH-led programme that seeks to ensure smooth and safe transition of care from hospital to home, for patients with complex health and social needs, and a high risk of readmissions. Care provision includes a combination of telephone calls and visits to patients' homes by Nurses, Physicians, Allied Health Professionals (AHPs) and Care Coordinator Associates (CCAs).

The purpose of the visits are to resolve acute or sub-acute medical conditions. Many patients enrolled under the programme present with issues pertaining to timeliness of administering medications.

H2H conducts an average of **421 home visits per month**. Common issues identified by team members are high rate of medication non-compliance, many man-hours spent processing prescriptions from home visits, and large number of follow-up appointments needed. Using the **Decision-Making Matrix**, our team selected reducing the many man-hours spent processing prescriptions from home visits as our main problem.

Problem Areas	Scores per Criteria				Total Score	Ranking
	Safety	Costs Savings	Time Savings	Resources Availability		
High rate of medication non-compliance	2	1	2	1	6	3
Many man-hours spent processing prescriptions from home visits	3	3	3	3	12	1
Large number of follow-up appointments needed	1	2	2	2	7	2

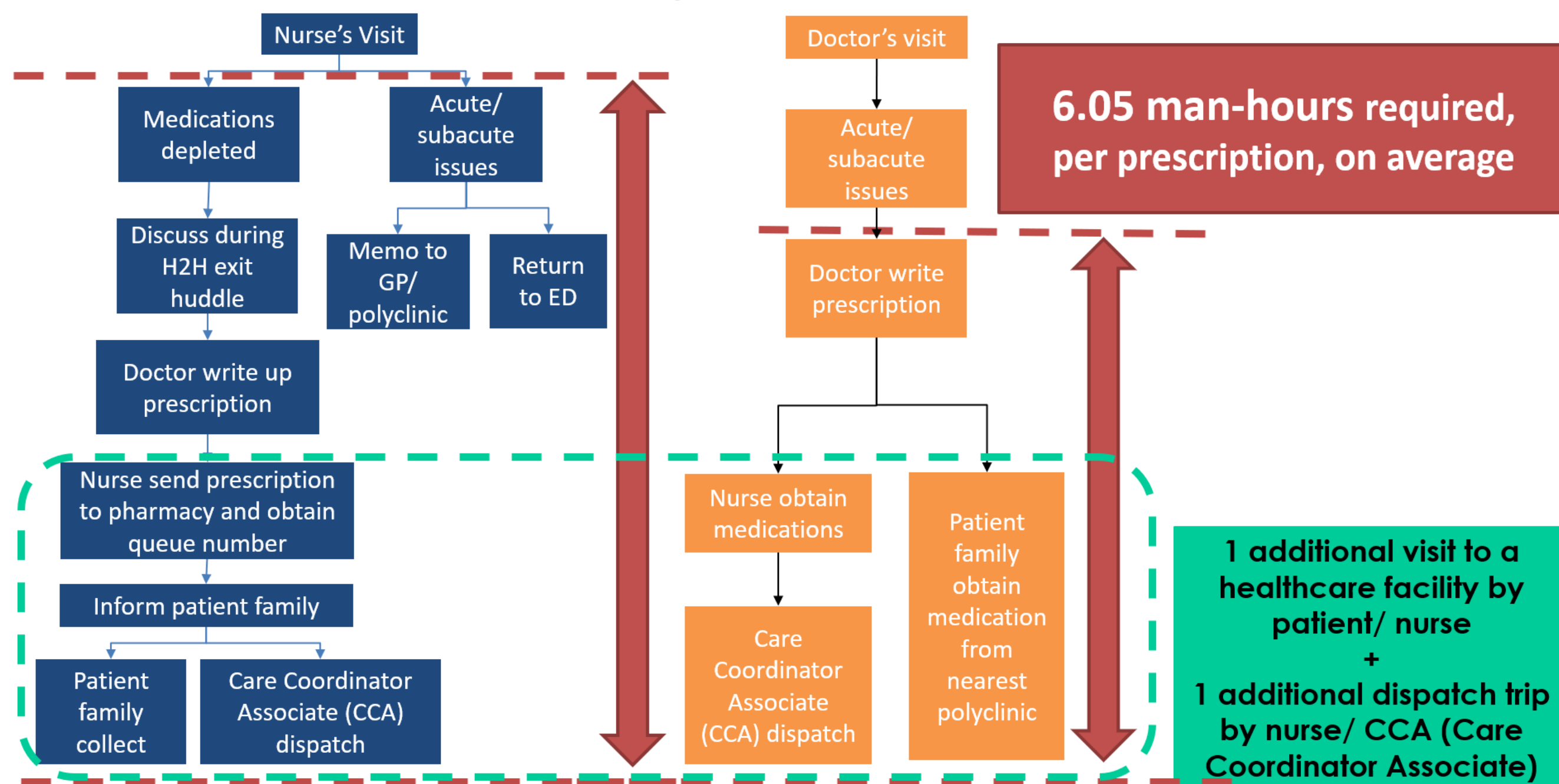
Project selection matrix scoring:
3 – meets criteria most, 2 – meets criteria moderately, 1 – meets criteria least

Mission Statement

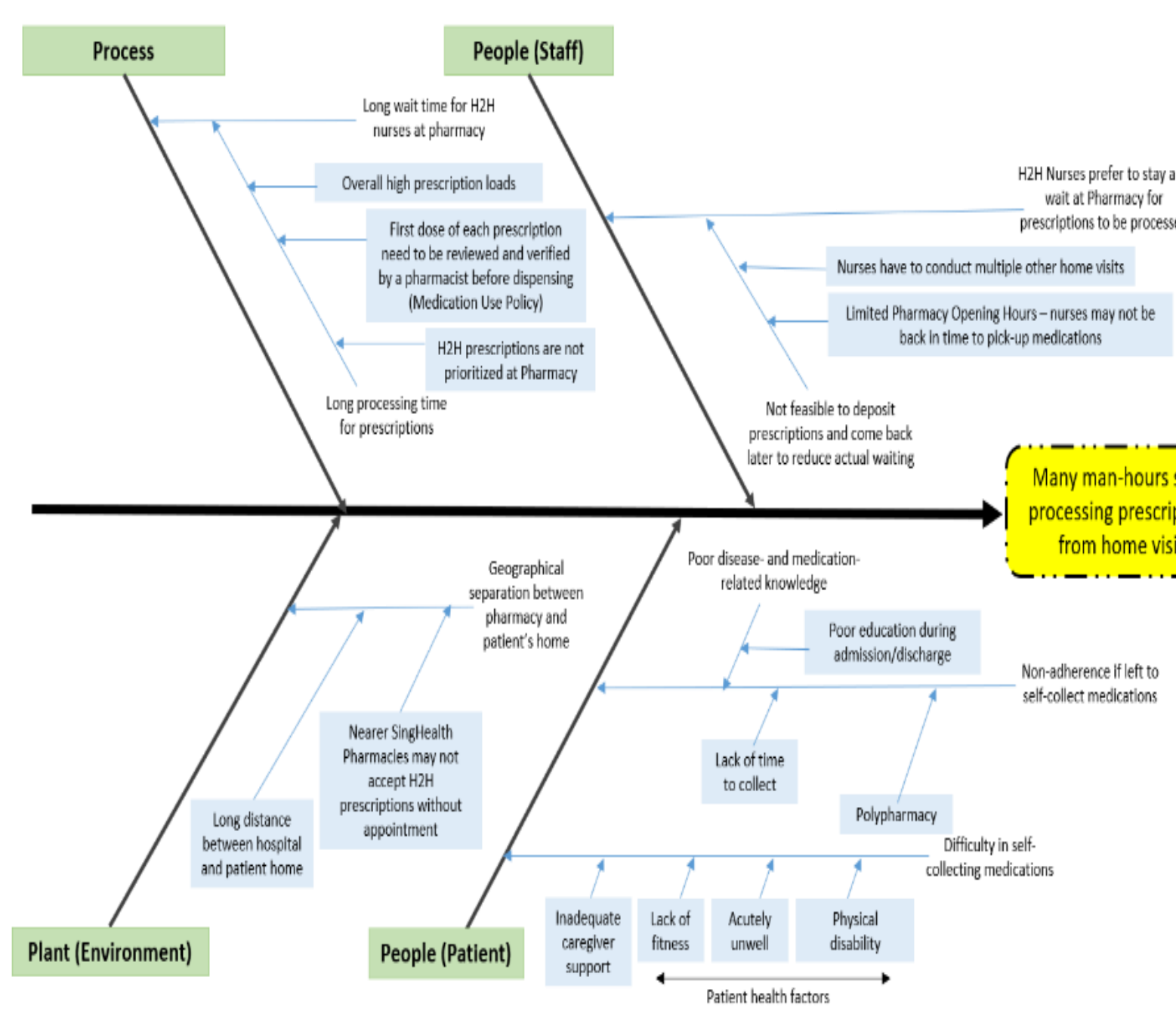
To reduce the man-hours spent processing prescriptions from Hospital-to-Home (H2H) programme home visits by 50% (from 6 hours to less than 3 hours), within 6 months

Methodology & Problem Analysis

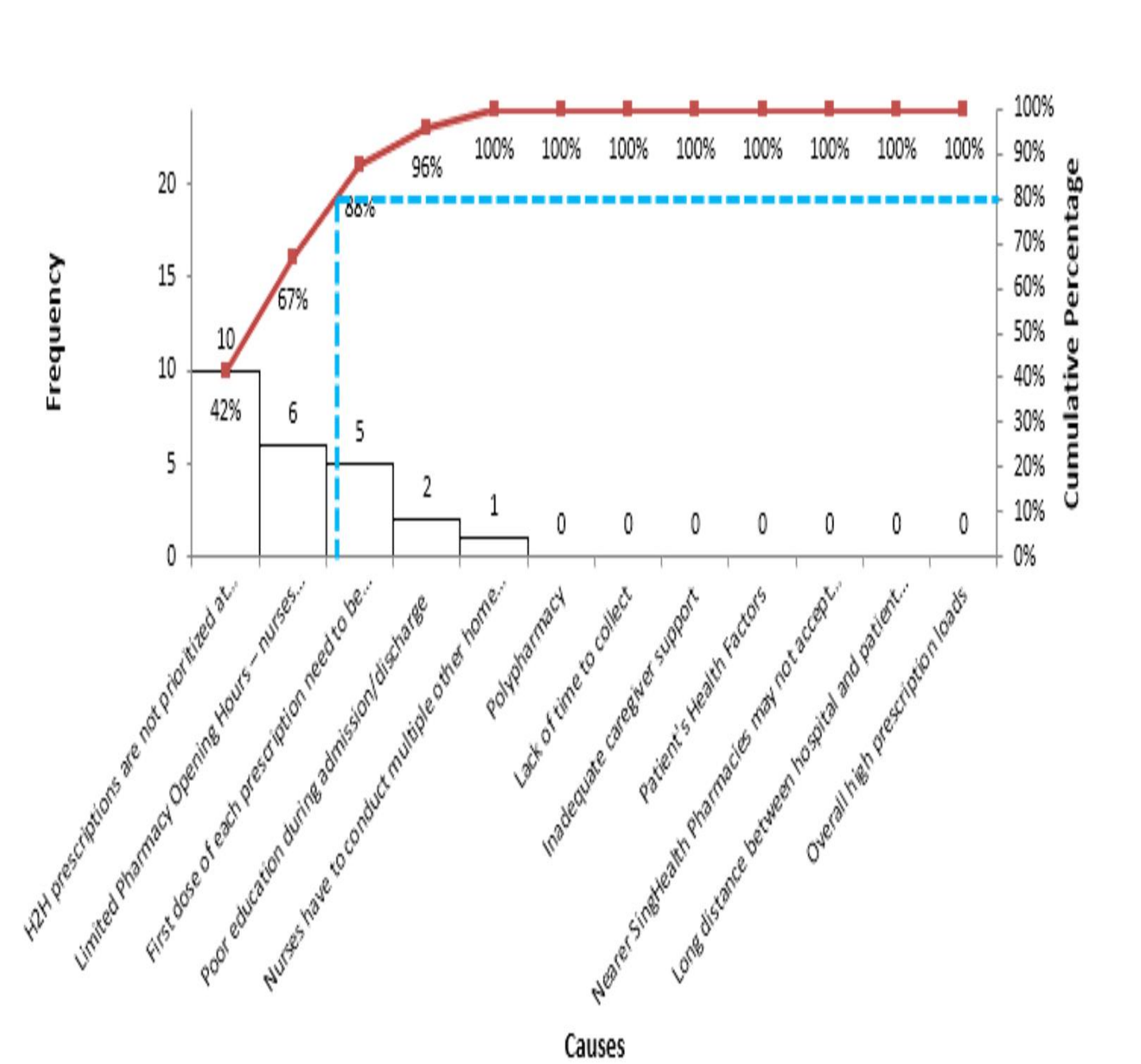
Mapping of current workflows



Cause and Effect Diagram to identify root causes from the fine bones



Pareto Chart to identify vital root causes to focus on



Final root causes identified were:

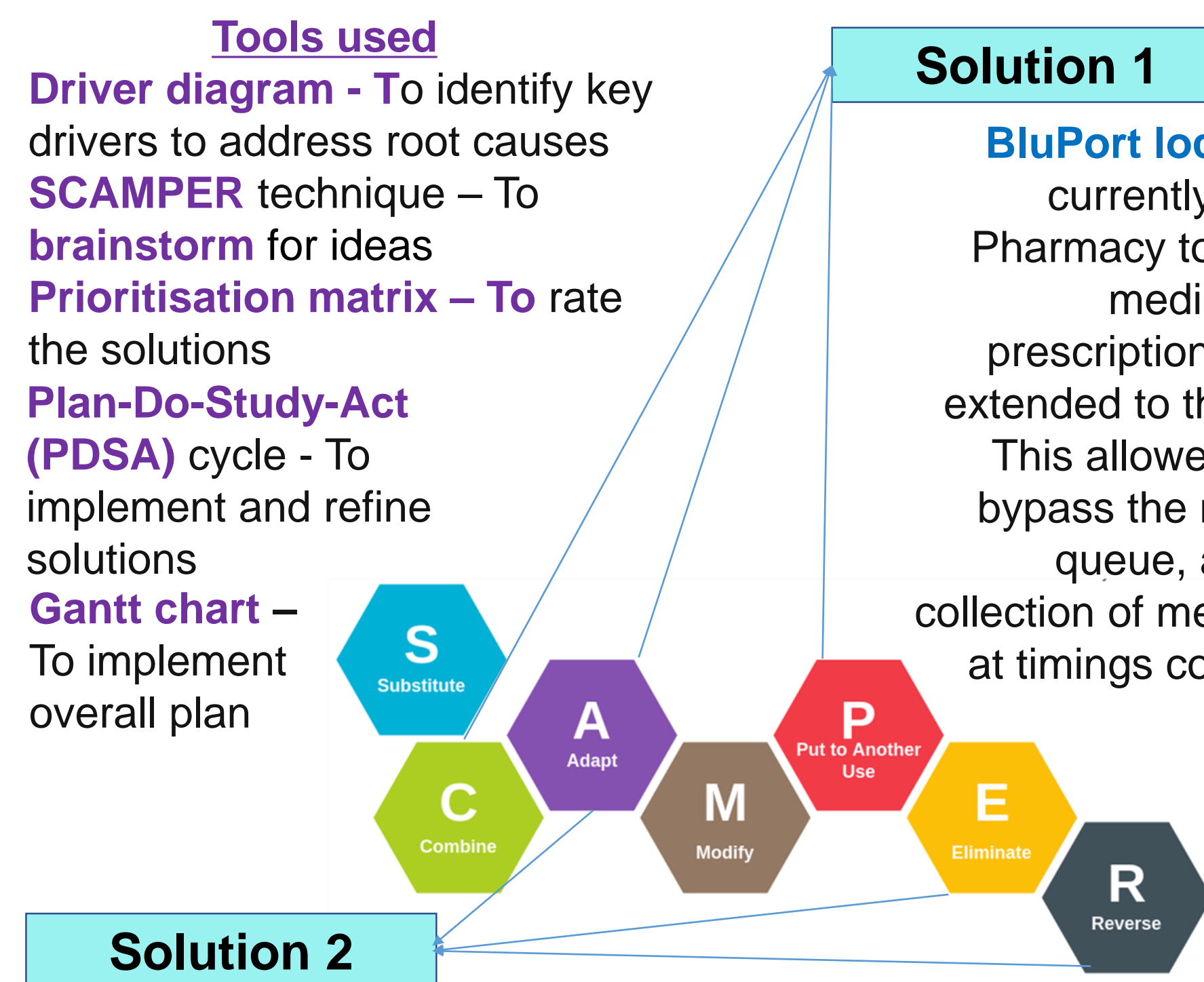
H2H prescriptions are not prioritized at Pharmacy

Limited Pharmacy Opening Hours – nurses may not be back in time to pick-up medications

First dose of each prescription need to be reviewed and verified by a pharmacist before dispensing (Medication Use Policy)

Initiatives

- Tools used**
- Driver diagram** - To identify key drivers to address root causes
- SCAMPER** technique – To brainstorm for ideas
- Prioritisation matrix** – To rate the solutions
- Plan-Do-Study-Act (PDSA)** cycle - To implement and refine solutions
- Gantt chart** – To implement overall plan



Solution 1

BluPort lockers that were currently being used by Pharmacy to store supplied medications for staff prescriptions had their use extended to the H2H nurses. This allowed the nurses to bypass the main pharmacy queue, and also allows collection of medications 24/7, at timings convenient to the H2H nurses.

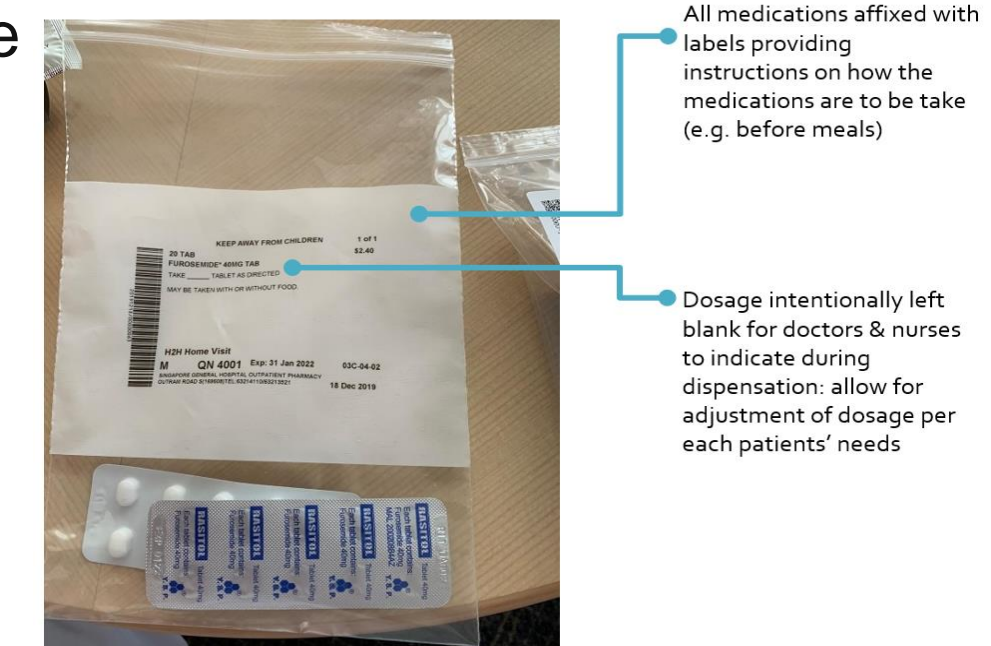


Solution 2

Home Medication Kits were created, allowing medications to be given directly to patients during home visits, bypassing the collection process.



This was adapted from existing workflows where medications were dispensed first, before a retrospective review by pharmacists e.g. use of emergency medications, protocolized treatments, which were exceptions to the Medication Use Policy. The idea was proposed and presented to the Medical Board, and approved as an exceptional workflow. To ensure safety, pharmacist review would be still done retrospectively within 24h, and immediate phone consults with a duty pharmacist could be made during the visit if necessary.

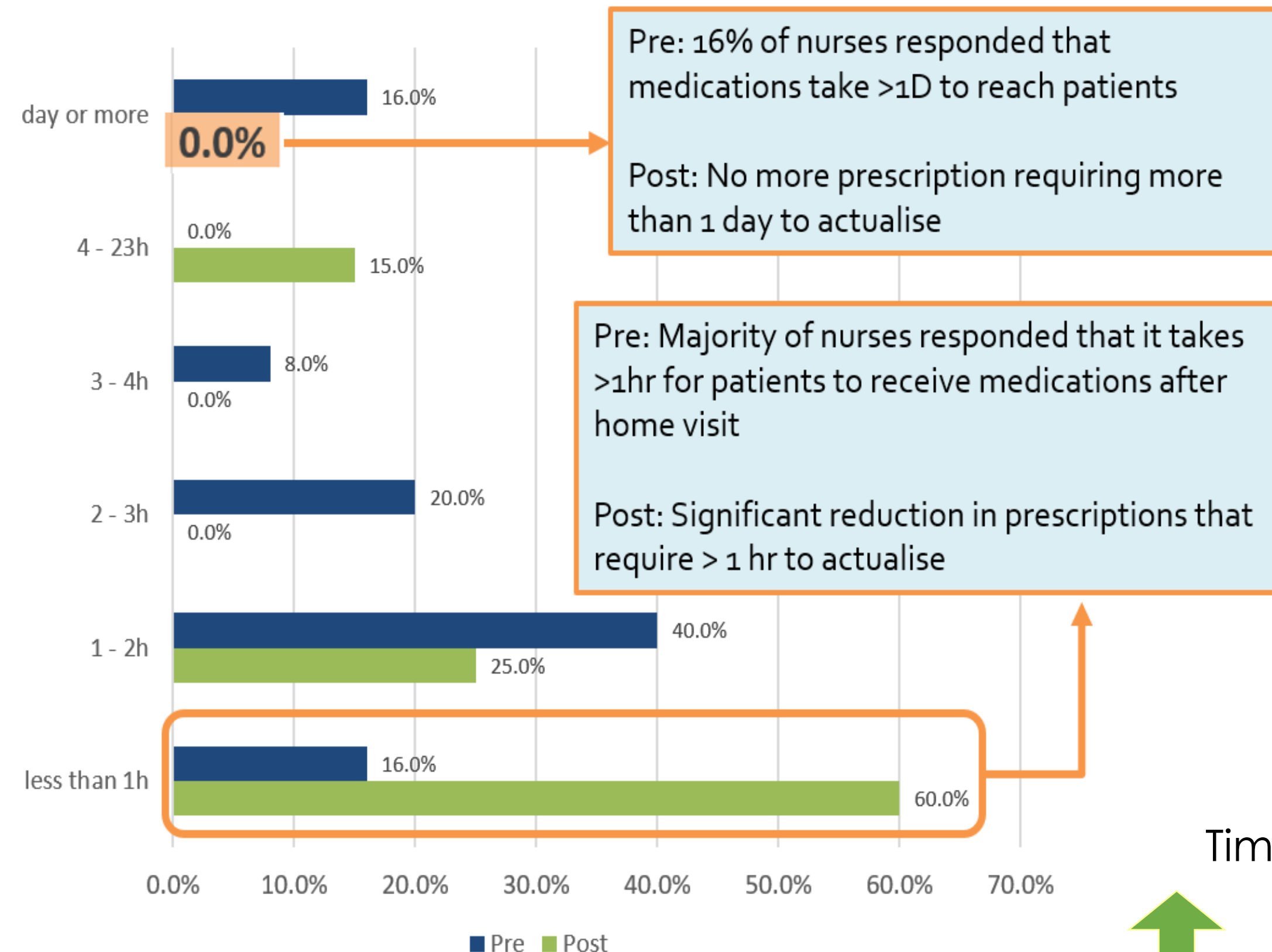


Results

Significant reduction i.e. **80%** in man-hours spent processing H2H home visit prescriptions!

Tangible Results – Primary Objective

Responses on ave. man-hour spent per prescription by nurses: Pre- and Post-Implementation Comparison



MANPOWER

Average time spent per prescription:

Pre-Implementation: **6.05 hours**

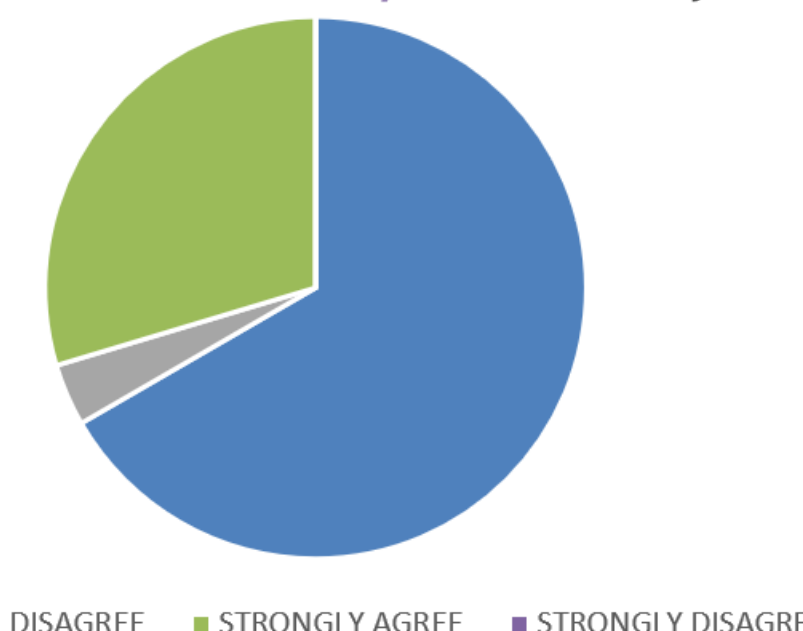
>50% reduction

Post-Implementation: **1.21 hours**

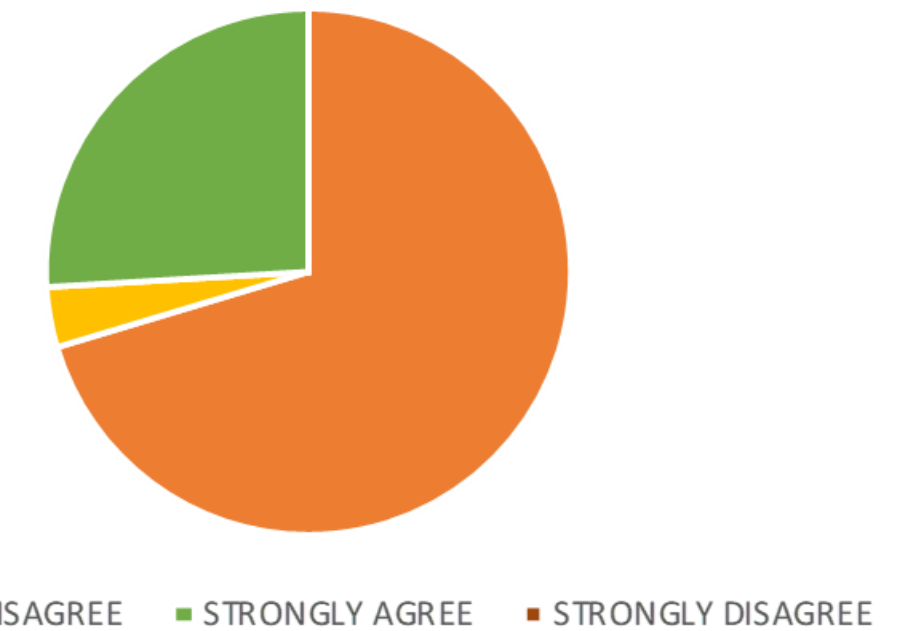
Time-savings: **4.84 hours**

Staff productivity & timeliness of medications

97% of clinicians agree that delays in treatment were prevented by using the kit



97% of clinicians agree that the medications prepared addressed the medical issues faced at home visits



Sustainability Plans

To ensure sustainability, these steps were taken:

- Workflows shared in shared drives for easy reference & access
- Monthly tracking and sharing of statistics
- Regular engagement of both H2H teams and pharmacy staff, with feedback gathered used to refine workflows