

## Mission Statement

To increase "**partial/no counselling**" dispensing percentage in Bukit Batok Polyclinic Pharmacy to **25%** (stretched goal 30%) in **8 months**.

## Team Members

Department: Bukit Batok Polyclinic Pharmacy

	Name	Designation
Team leaders	Koh Ying Pei Evelyn Soh Sok Hwee	Pharmacist Senior Pharmacy Technician
Team members	Nur'Ain Binte Abdul Manan Neo Ying Fang Lee She Ink Natasha Amalina Binte Bujang Nurrawida Binte Abdul Moomen	Senior Pharmacist Pharmacist Pharmacy Technician Pharmacy Technician Pharmacy Technician
Facilitator	Sanisah Binte Mohd	Principal Pharmacist

## Evidence for a Problem Worth Solving



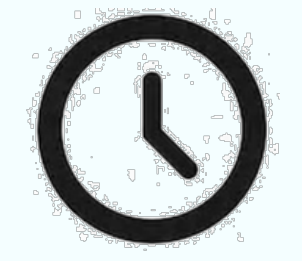
### Problem:

❖ There is a low percentage of "partial/no counselling" dispensing in Bukit Batok Polyclinic



### I know this is a problem because:

- ❖ According to a manual screening of prescriptions, the percentage of prescription eligible for partial/no counselling dispensing is **38 - 46%**.
- ❖ However, the percentage of partial/no counselling dispensing captured in iPharm is only **10-20%**.
- ❖ Time is wasted from counselling patients who actually do not require counselling



### This problem happens:

❖ On a daily basis

## Current Performance of the Process

% of partial/no counselling selected for prescriptions in iPharm

	April 19	May 19	June 19	July 19
% of partial/no counselling selected	15.39%	15.06%	10.82%	12.90%

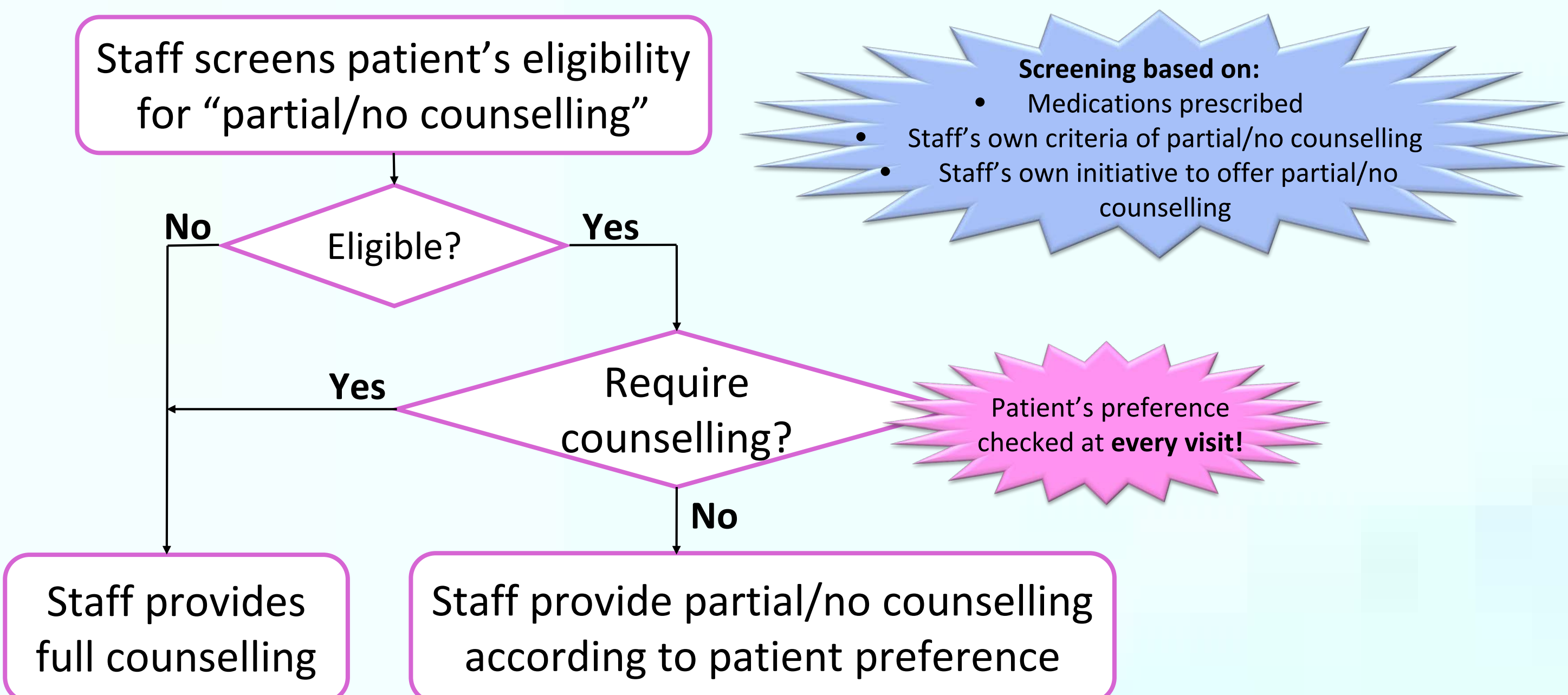
Findings from **staff** survey:

- Definition for partial/no counselling differs amongst staff
- Some do not offer partial/no counselling for 1 or 2 items, as they feel that the time benefited from that is insignificant
- Some staff do not provide partial/ no counselling at all
- For the same scenario and counselling given, staff chose different counselling notes to input.

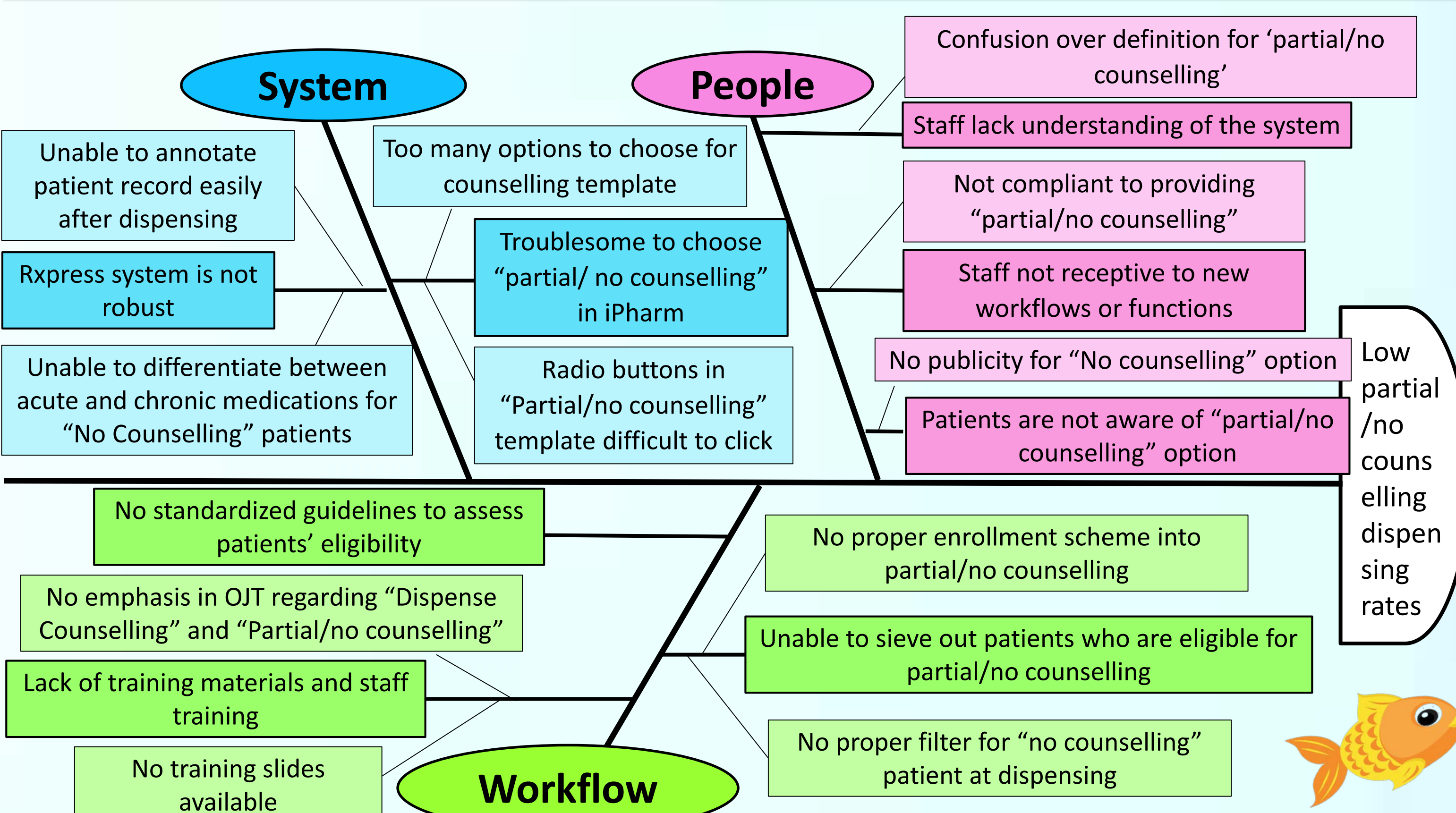
Findings from **patient** survey:

- Most understand the difference between full counselling and partial/no counselling
- 55% do not require any information regarding their usual, repeated chronic meds
- 95% know their medication well
- 60% are comfortable with collecting their medications with partial/no counselling
- 90% want to check their medications before leaving the counter.
- 55% want drug indication to be indicated.

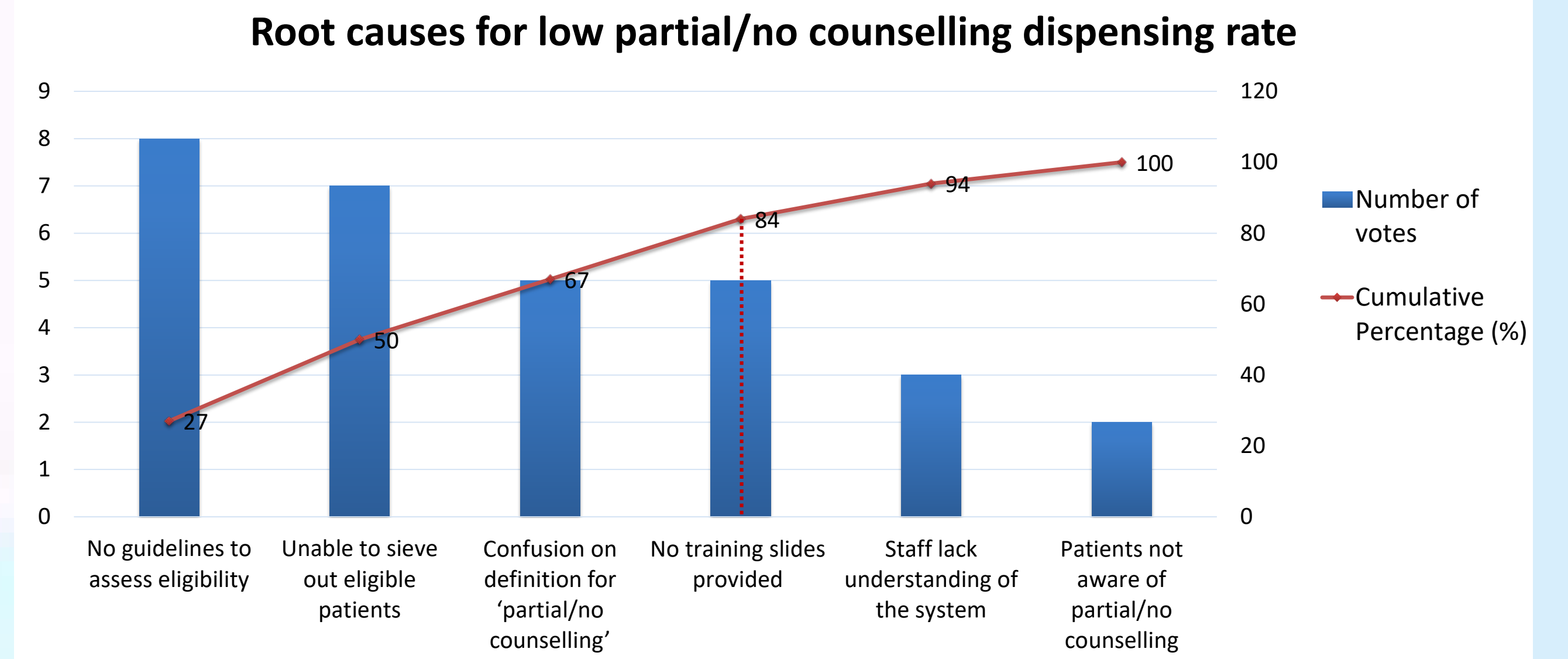
## Flow Chart of Process



## Cause and Effect Diagram



## Pareto Chart

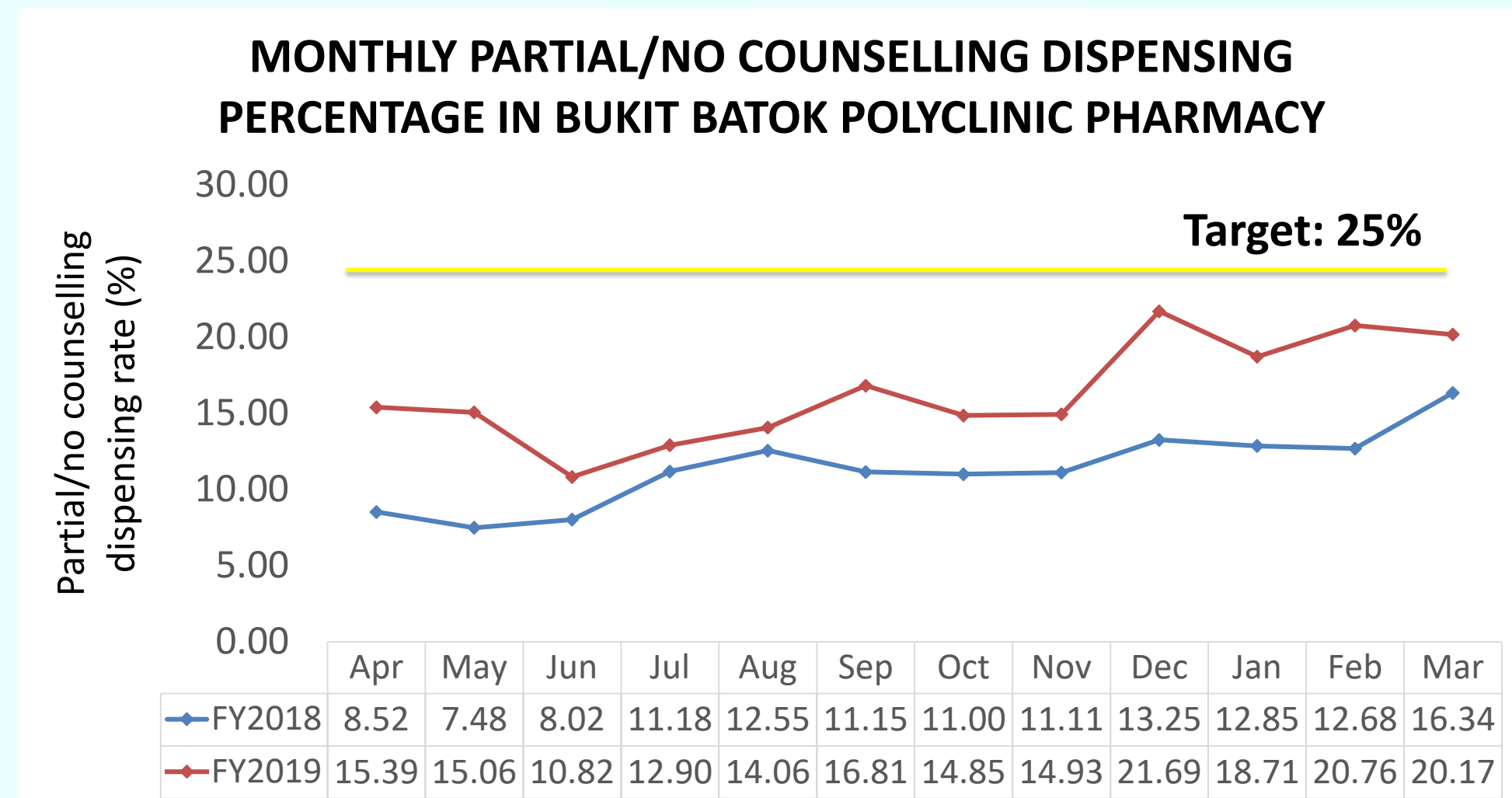


## Implementation

Problem	Intervention	Date
No guideline for assessing eligibility & staff confusion over definition	Training slides <ul style="list-style-type: none"> <li>Guideline for assessing eligibility</li> <li>Lists inclusion and exclusion criteria</li> <li>Instructions on how to annotate "Express Counselling" preference in Rxpress (pharmacy queue) system</li> </ul>	August 2019
Unable to sieve out patients who are eligible for partial/ no counselling	Express Counselling Scheme <ul style="list-style-type: none"> <li>Patients are recruited</li> <li>No counselling by default for recruited patients receiving chronic medications with no changes.</li> <li>Annotation in Rxpress system to indicate patient counselling preference <ul style="list-style-type: none"> <li>Omits the need to ask for preference at every visit.</li> </ul> </li> </ul>	October 2019
	Recruitment poster <ul style="list-style-type: none"> <li>Facilitate recruitment of patient into express counselling scheme</li> <li>Helps serve as visual aid and to inform patient on the criteria and terms of the scheme</li> </ul>	Feb 2020

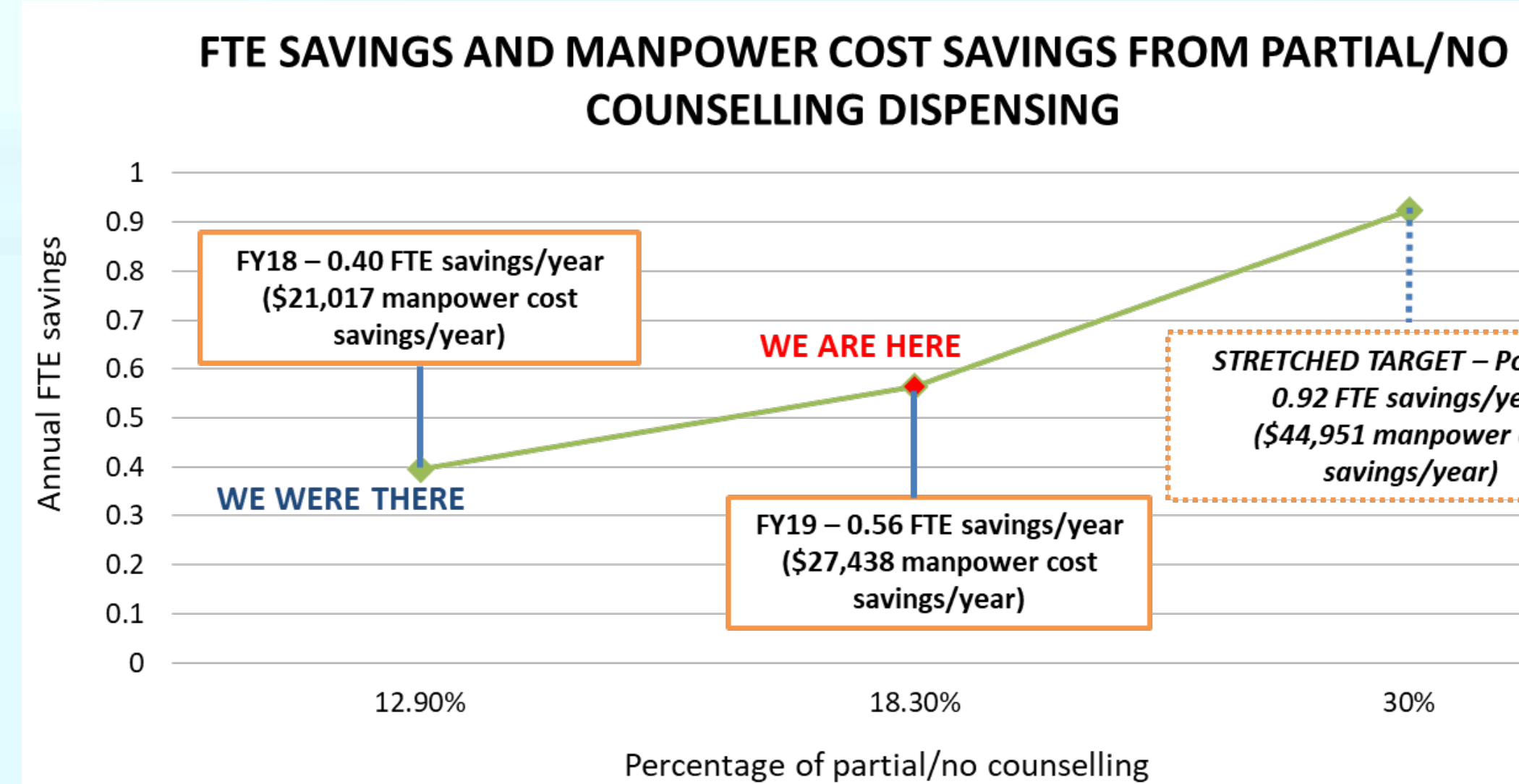
## Results

In 6 months (Oct 2019 - Mar 2020), a total of **739 patients** were recruited under the express counselling scheme. The rejection rate for recruitment was 3%



In the same 6-month period, partial/ no counselling rate **increased by an average of 5.6%** from FY18 to FY19. The highest partial/ no counselling rate was in Dec-19, with a rate of **21.7%**.

## Cost Savings



\*Estimated annual FTE savings is calculated using the average number of prescriptions in FY19 Oct - Mar (No. of prescription = 15451/month)

## Problems Encountered

- Recruitment of patient into express counselling is dependent on staff
- Small pool of recruited patients to observe for time savings and test out dedicated queue series, due to project time limitations
- Disruption of project due to Covid-19 situation
  - Increase in home delivery, patients deferring appointment, time pressure to clear crowd in pharmacy leading to limited outreach

## Strategies to Sustain

- To ensure sustainability in staff training - creation of role play training video, annual refresher training, incorporation into OJT training for new staff and 6-monthly pharmacy practice audit.
- Continued recruitment and re-evaluation of patients in the express counselling scheme