



Re-Engineering the Process for Inter-Hospital Dispensing of Drugs upon Patient Transfer within KEC

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Convenor	HADF Committee Representative from KEC
Members	DM (Pharm), UCH P i/c, TKOH P i/c, HHH Pharmacist Representative(s) from UCH Pharmacist Representative(s) from TKOH

Background

- Upon inter-hospital transfer of patient, 5 days of **ALL** medications were dispensed from UCH to HHH
- Pro:
 - Ensure continuous drug supply for the patient after hospital transfer
- Cons – may cause:
 - delay
 - wastage of drugs
 - lack of accountability of drugs received from other sources

Therefore

- With reference to the practice between TKOH and HHH, the process for inter-hospital dispensing of drugs upon patient transfer with KEC was re-engineered in July 2009

Objectives

- To standardize the procedures for inter-hospital dispensing of drugs within KEC
- To ensure safe and efficient patient transfer
- To avoid delays
- To reduce drug wastage

Methodolgy

- Formation of Working Group on Inter-hospital Patient Transfer within KEC
- Define the workflow for better service and less wastage
- Implement the new system
- Collect and review data

The New Workflow

- Pharmacy staff from UCH & TKOH check the discharge prescription against HHH drug formulary
- Drugs available in HHH will not be dispensed
- 5-days medications would be dispensed for non-HHH formulary items
- With system in place to ensure continuous medication treatment for the patients transferred
 - *Good communication between hospital pharmacies*
 - *Communication channel between HHH ward and UCH / TKOH pharmacies are available*

Implementation

- Phase 1
 - Implemented the new Work Flow in July 2009
- Phase 2
 - Conducted review in September 2009
 - Identified commonly transferred drugs for inclusion as HHH formulary items

Results

- Review in September 2009
 - Patients from UCH to HHH (n = 201)
 - 129 patients (64%) – no drug transfer
 - Drug items prescribed for transfer (n = 1,566)
 - 1,476 items (94.3%) – no need to dispense

Results

- Therefore, in this review:
 - 64% of patients transferred to HHH need not to wait for dispensing upon inter-hospital transfer
 - 94.3% (cost \$33,554) of drugs need not be dispensed upon transfer – minimize possible wastage
 - Streamline the workflow
 - More timely transfer

Results

- Addition of frequently transferred drugs into HHH formulary:
 - Augmentin 1g tablet and 457mg/5ml syrup
 - Ceftriaxone 1g injection
 - Lansoprazole Orodispersible 30mg tablet
 - Zolpidem 10mg tablet
- Further reduce the number of drugs transferred
- Further streamline the workflow
- Benefit more patients upon inter-hospital transfer

Conclusion

- With this CQI initiative
 - Standardize inter-hospital dispensing procedure in KEC
 - Streamline dispensing procedures involved
 - Minimize duplicated effort in different hospital pharmacies
 - More alignment in the 3 hospital drug formularies
 - Improve accountability of the drugs received

Conclusion

- Most importantly,
 - reduce the patient waiting time upon inter-hospital transfer &
 - improve the Quality of Service

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Thank You