



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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A little less conversation, more action please! Version 2.

INTRODUCTION

Interruptions and distractions are significant factors in medication errors in the pharmacy environment. "Although only a small percentage of these errors cause harm, medication errors need to be minimised in an effort to improve patient safety!"

Due to the volume of telephone calls within the Regional Oncology Haematology Pharmacy (ROHP), we decided to analyse all phone calls over a second three week period, the phonecalls were analysed in the same way using the same time frame and parameters.

The recommendations from the previous study were applied. The staff in ROH DU were told which extensions were to be used when directing queries into ROHP. All go ahead confirmations were to be emailed to ROHP as apposed to ring through on the phone.

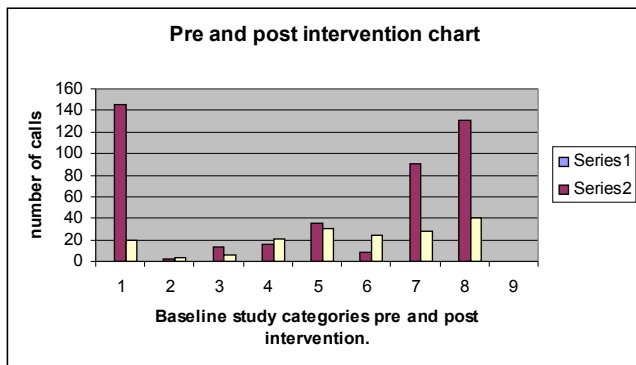
AIMS

The aim of this second study was to confirm that emailing go aheads and informing the staff in ROH DU which is the correct extension when directing queries should significantly reduce the volume of phone calls into ROHP thus greatly improving workflow in ROHP.

METHODS

A bar chart was compiled comparing the data from the first and second study.

Figure 1. Categories and number of calls pre and post intervention.



Eight categories of phone calls were chosen from the baseline study

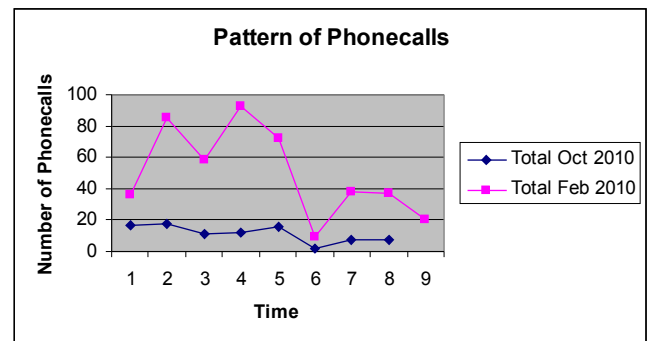
- Go-ahead for treatment
- Treatment on hold
- Treatment cancelled
- "What's coming up next" queries
- Medicines Information queries
- Office (Administration issues/ treatment queries)
- Treatment date changes
- Other

These were compared pre and post intervention.

RESULTS

The results from the re audit over the same three week period showed a significant drop in the number of phone calls in the categories relating to go aheads, cancellations, treatment date changes and other as these categories are now being emailed. There was an anticipated increase in office phone calls as staff in ROH DU were given the office number when directing queries to the pharmacists.

Figure 2: Pattern of Phonecalls during Telephone Audit over a three week period



DISCUSSION

Peak compounding occurs between 9 and 12.30. If 'go-ahead's could be emailed, there would be a reduction of 32% of phone calls received into the preparation room. Furthermore, if 'office' queries were dialled directly to the office, there would be a reduction of 20% of phone calls into the preparation room. These two measures would reduce phone calls by 52%.

CONCLUSIONS

A significant number of interruptions from phone calls occur at peak compounding times. "The link between medication errors and interruptions during the dispensing process exist, but there is little quantifiable evidence. Telephone interruptions during the dispensing process are a significant factor in causing medication errors". 59% of phone calls were received at peak compounding.

Implementing an electronic system would prove advantageous for both pharmacy and nursing staff for the following reasons:

- A reduction in the time spent contacting ROHP to give patient treatment go-ahead's
- Eliminating duplication of specific patient treatment go-ahead's made by nursing staff as they could view all emails sent

Due to the gravity of a potential error, we feel that an email system would prove more efficient in reducing the number of medication errors and also improve workflow by one third for oncology pharmacy staff.

RECOMMENDATIONS

- Inform staff on ROH DU what extension numbers to use in accordance to medicines information queries, 'go-ahead's and cancellations
- 'Go-ahead's could be emailed from the Regional Oncology Haematology Day Unit (ROH DU) to the ROHP, eliminating 32% of phone calls with regard to 'go-ahead's'. This would enable workflow to be more fluid as there would be less interruptions and less opportunity for error.



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- We recommend an audit to compare the impact of any change on workflow and patient waiting times with an alternative communication system e.g. email

References

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