

CONFERENCE ABSTRACTS

FIP CAPE TOWN 2024

82nd FIP World Congress of Pharmacy and Pharmaceutical Sciences in Cape Town, South Africa,
1 to 4 September 2024

Hospital pharmacy

Determination of a patient waiting time using the speedy-Q system in the outpatient pharmacy at Edenvale Hospital

Rudzani Florence Negondeni, Fatema Mia, Ipeleng Patience Nku¹

Department of Pharmacy, Edenvale Hospital, Department of Health, Johannesburg, South Africa

Background: Long patient waiting times were stated as a common reason for patients' complaints of poor patient experience at Edenvale Hospital pharmacy. Using the fishbone diagram, the root cause analysis revealed that lengthy prescriptions, high patient volumes, shortage of staff, poor infrastructure and poor queuing system were amongst the top contributing factors. Waiting times are of great concern to staff involved in serving the patients, as working in a stressful environment can impact the mental and physical well-being of staff members. With pharmacy being the endpoint of service at the hospital, outpatients are generally exhausted from the preceding consults in other departments and hence cannot wait for long periods in the queue. Despite financial limitations and resource constraints, the dispensing process was restructured by implementing an innovative system using only existing resources to attain radical change and combat the long waiting times in pharmacy.

Purpose: The aim of this study was to improve waiting times at the pharmacy by implementing an innovative dispensing system (the Speedy-Q System). The study objectives were to determine a) whether the Speedy-Q system has an impact in decreasing patient waiting times in OPD pharmacies and b) whether the Speedy-Q system enhances patient experience.

Method: The cross-sectional, observational study was conducted over a period of 12 months (from December 2022

to November 2023). The study population consisted of 2 880 outpatients who visited the pharmacy. Each patient visiting the pharmacy was allocated a file number and a queue (priority, acute/express, new chronic, and repeat chronic) by a queue marshal. A time trial record slip was attached to the file to record time in and time out. Once the pharmacist called the patient's file number to a specific window, the patient was helped, and then the next patient was called. Data was collected manually via stat sheets and then computed using Microsoft Excel.

Results: The average monthly waiting time was 17 minutes. The waiting times have been below the estimated provincial target of 60 minutes. A comparison of Pre-Speedy Q and Post-Speedy Q showed a decrease in average monthly waiting times by 58 minutes, a 78% decrease in monthly average waiting times after the implementation of Speedy-Q. Patient surveys showed that 100% of patients were satisfied with the speedy Q system. The staff at the pharmacy showed a favourable response rate of 100% to the new system.

Conclusion: It is evident that the waiting time has drastically decreased since the implementation of the Speedy-Q system. The speedy-Q system has improved efficiency in outpatient pharmacies, hence enhancing patients' experiences. The speedy-Q system is beneficial to the profession/institution, and it is easy to replicate in various departments/facilities. The proposed automated Q-flow system and robotic system will assist in eliminating human error. Research on chronic prescription where medication will be pre-pack in advance for patients need to be carried out and this will further aid to decrease in waiting times.

Engagement of hospital pharmacists in evaluation of drug utilisation, management of antimicrobial programmes and shortages during COVID -19 pandemic in the Republic of North Macedonia

Biljana Lazarova, Maja Kovaceva, Krume Bogeski, Olivera Krstic Nikolovska, Gabriela Gjorgjievska Blazevska, Zorica Naumovska

Pharmaceutical Chamber of North Macedonia, Skopje, Macedonia FYR

Introduction: As part of an interdisciplinary team, hospital pharmacists (HPs) are key factors in implementation of healthcare services and are responsible for evaluation of drug utilisation, management of antimicrobial programmes and shortages. During the COVID-19 pandemic pharmacists were engaged in additional activities in order to obtain the best care in hospitals that were overloaded with patients.

Aim: The aim of this study was to evaluate attitudes and consequences of COVID-19 pandemic on everyday practice of HPs and to assign their engagement as front-line workers in this period in the Republic of North Macedonia.

Methods: Questionnaire based research was performed among HPs in the RN Macedonia during July 2022. Obtained data were computed and consequently evaluated using statistical software STATGRAPHICS Centurion XVI evaluation (StatPoint technologies Inc., USA).

Results: The survey was completed by 35 HPs (representing almost 50%) of whom 96% were females. The average age was 45.4±12.9 years, more than 40% have over 20 years practical experience and almost 70% of the respondents are working in public hospitals. Over 50% of the respondents have been working in hospitals with 101-250 beds, and 32% in hospitals with over 250 beds that were transformed in COVID centers during the pandemic. More than 64% of the facilities (hospitals) have 24/7 available pharmacist and in 24% only 1 HP was employed. Evaluation of the engagement of HPs in COVID-19 pandemic presented that 13% strongly agreed, 21.7% agreed, 26.1% partly agreed, and 34.8% disagreed that were actively engaged in treatment of hospitalised COVID-19 patients. Additionally, 22.7% strongly agreed and 28.7% agreed that they were asked for guidelines for off-label use of drugs. This survey has also confirmed that HPs were not fully engaged and only 21.7% strongly agreed that they participated in antimicrobial treatment management and 13% were referred for the use of the antibiotics during pandemic. Additionally, only 8.7% strongly agreed that were consulted for advice on replacing intravenous with oral antibiotics and 17.4% participated in the education or advising for rational use of antibiotics. More the 52% of the respondents confirmed that have faced shortage of antibiotics during pandemic, and 40% strongly agreed that were consulted for appropriate replacement of a

certain antibiotic when shortage occurred. The respondents have confirmed the shortages of personal protective equipment (PPE), antiseptics, antiviral drugs, corticosteroids, as well as monoclonal antibodies. Conducted study confirmed high engagement of HPs in estimating the quantity and preparation of plans for availability of essential medicines, materials, equipment and PPE needed during the pandemic (almost 70% strongly agreed), and more than 50% of them strongly agreed that they have participated in creating lists of alternative suppliers for essential medicines and medical devices.

Conclusion: Obtained results confirmed the pivotal role of HPs, in the RN Macedonia during the COVID 19 pandemic, in management of drug, medical devices and PPT shortages, but their expertise in rational drug utilisation as well as conducting of antimicrobial programmes should be recognised by other healthcare professionals in order to obtain best patient care in hospitals.

Exploring methods for Identification of medication-related hospital admission/readmission: A systematic review

Linda Krogh, Shania Liu, Stephen Carter, Rebekah Moles, Jonathan Penm

University of Sydney, Sydney, Australia

Background: Medication related hospital admissions and readmissions are a common occurrence. Pharmacist interventions can be targeted towards these admissions to reduce further readmissions, however there is no clear consensus on how to identify a medication related admission/readmission.

Purpose: This systematic review aims to summarise published evidence on the different tools employed to identify medication related admissions/readmissions.

Method: Scopus, PubMed and Embase Ovid database searches were conducted to collect articles for this systematic review. Full text articles in English were included if they were published in the past ten years and focused on the development of a tool for identification of medication related hospital admission/readmission. Articles were excluded if they were systematic reviews, conference papers, editorials or commentary, or described the use of an existing tool or consensus.

Results Twenty-two studies were identified that described unique methods for identifying medication-related admissions. These methods included trigger tools and indicators (n=8), questionnaires (n=4) and author-selected ICD-9 or ICD-10 codes (n=10). QUDAS-2 was employed to evaluate the risk of bias in tools that described both an index