



#### **Patient-Centered Workflow**

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#### Attendance Code

To obtain CPE credit for this activity, you are required to actively participate in this session. You will need this attendance code in order to access the evaluation and CPE form for this activity. Your CPE must be filed by **25 November 2020** in order to receive credit.





### **CPE Information and Disclosures**

I, Ciera Williams, "declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria."



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### **CPE Information**

Target Audience: Pharmacists and Pharmacy Technicians

ACPE#:

0575-0000-20-101-L04-P 0575-0000-20-101-L04-T

Activity Type: Knowledge



#### Practice Questions

ACMXC

- 1. What are the elements of patient-centered workflow?
- 2. Which of the following is **NOT** a common patient concern
- 3. T/F Q-Flow can be used a workflow tool and a patient communication device
- 4. A front line supervisor would use \_\_\_\_\_\_ to collect "patient intake time" data





Name elements of patient-centered workflow

Identify the most common patient concerns

Identify tools and describe processes to achieve patient centeredness in pharmacy

Use relevant metrics to measure effectiveness and identify areas for continuous improvements





### What is Patient-Centered Workflow

Patient-centered care is a philosophy of care delivery in which services are arranged around the **<u>needs of the patient</u>**.

It requires reorienting the way health information systems are planned and implemented from a provider-centric approach to a patient-centered one.

Mustafa Ozkaynak, Patricia Flatley Brennan, David A Hanauer, Sharon Johnson, Jos Aarts, Kai Zheng, Saira N Haque, Patient-centered care requires a patient-oriented workflow model, *Journal of the American Medical Informatics Association*, Volume 20, Issue e1, June 2013, Pages e14–e16, https://doi.org/10.1136/amiajnl-2013-001633



Voices of Patients

Managing the Lobby

Work Flow Tools

Data Collection/Analysis





Most common patient voice

- Courteous, professional, and helpful staff
- Ability to sit down (less standing)
- Their time valued
  - Intake times
  - Prescription processing
  - Pick-up times
- Prescriptions ready at promised pick-up time
- Clear/Effective communication
  - Consistency of information



#### Managing the Lobby: "Focus on the Frontline"



#### Patients' perception is shaped by the lobby and the windows

Frontline supervisor allocates staff based on workflow bottlenecks

- Supervisor is the "Quarter Back", monitoring all areas of the pharmacy production line to assess needs
- E.g., if there are 25 patients in the drop off que and 5 patients picking up meds. 3 windows may be needed for drop off and 1 window used for pickup

#### "Flex" Technician

- Dynamic work center- "go where the work is"
  - Intake, filling, replenishing, or pick-up

"Duty to speak up" and "every Airmen, every day, a problem solver"

• When you see a problem (influx of patients) fix it (request backup)





Average prescription ready time based on workload and resources

• Accuracy is more important than an overly optimistic time not met

ERT posted at all prescription drop off/activation windows

• All staff is speaking one voice

ERT updated at least hourly by a front line supervisor

Patients CHOOSE pick-up time based on ERT

When ERT is not met, the patient will receive the highest priority and name called (i.e., make it right)

• Preventing patient from waiting in line for a second time





## Estimated Ready Time (ERT) Algorithm

ERT is specific to each pharmacy

Factors to Consider

- Average time to type a prescription
- Average time to fill a prescription
- Add extra 30 minutes for prescription processing and any delays

E.g., a pharmacy that fills 1200 new Rx's/9 hours = 2 Rx's/minute

Assuming each patient brings in 2 Rx's (or 3 Rx's)

2 (# buckets to type) + 1 (# Rx's to fill) + 30 = ERT (round up to nearest half hour)



### Workflow: Make Efficiency Effective



Focuses on how quickly medications are processed regardless of priority

#### **Effective Workflow**

Focuses on meeting ERT expectations (processed based on pick-up time)

Effective vs Efficient Workflow

- Pt "Returner" drops off a prescription at 0900 but plans to pick-up at 1530
- Pt "Waiter" drops off a prescription at 0915 but chooses to wait in lobby
- Ineffective workflow would process "Returner" first followed by "Waiter"
  - Processing the prescription for Returner in the expense of Waiter's time
- Effective workflow would process "Waiter" followed by "Returner"

Effective workflow achieves patient-centered care for both patients





PM Dashboard - Screen 1 (PM Dashboard) 2/28/2020 11:58:07



#### Workflow Tools: Q-Flow

AVERAGE W		Waiting For		Intake		Fill/Check	Dispense
35 mins			AD	SP	AO		
Target: 4	15 mins						
AWAITING	INTAKE	200 0000000022000	102020		01270727	5222	
Avg. Wait:	9 mins	Current Max Time	00:00	00:00	00:00	17:32	22:22
Patients:	4	Tickets	0	0	0	1	9
PROCES	SING		4   CLOSED	3   CLOSED		1   INTAKE	*
lvg. Wait:	24 mins		4   CLOSED	3   CLOSED	2   INTAKE		
otients	10				C355 01:54	C356 01:02	
DAILY SU	MMARY				B Crenshaw	a admin	
vg. Wait:	49 mins	DELAYS			EXPECTED WORKLOAD	Historical Workload Actua	al Workload
ierved in Go:	al: 48%	Doctor Calls	Narcotics		60		
otal Tickets	: 75	Ticket Name	Time Ticket	Name Time	50		
Abandoned:	0		_		40 30 20		

#### Workflow Management Tool

- 3 patient categories
- AD, Clinic Patients, All Others
- ALL staff can monitor (55" display in the frontline)
  - Patients waiting for intake (tickets)
  - Average and maximum wait times
  - Expected workload (historic data)
    - Used to guide staff placement
  - Patients with Delays
- Individual pick-up time is recorded



## Workflow Tools: Q-Flow

Patient Communication

- Text messages: Notify patients when medications are ready for pick-up, out of stock or too soon to be processed
- Check-in kiosks:
  - Scan tickets at kiosks for status of medication (same day only)
  - Opt for assisted pick-up (vs. standing in line)



Color Schemed Prioritization in Filling Queue

- RED (CHCS priority 3)- All waiters + patients picking up within 1hr
- YELLOW (CHCS priority 3)- picking up within 2hrs
- WHITE (CHCS priority 3)- picking up in more than 2hrs

Color matching bins

• Visual tool for staff

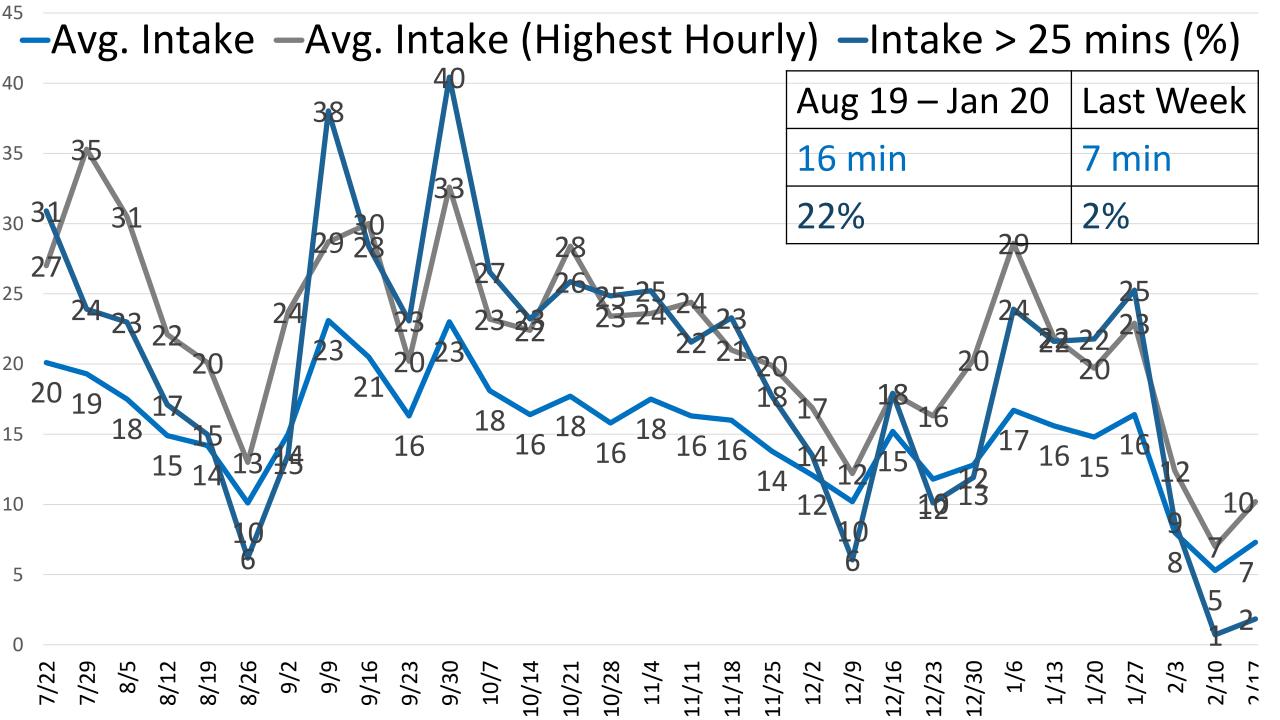
"Yellow" re-categorized to "red" at least hourly by supervisor according to Q-Flow pickup times

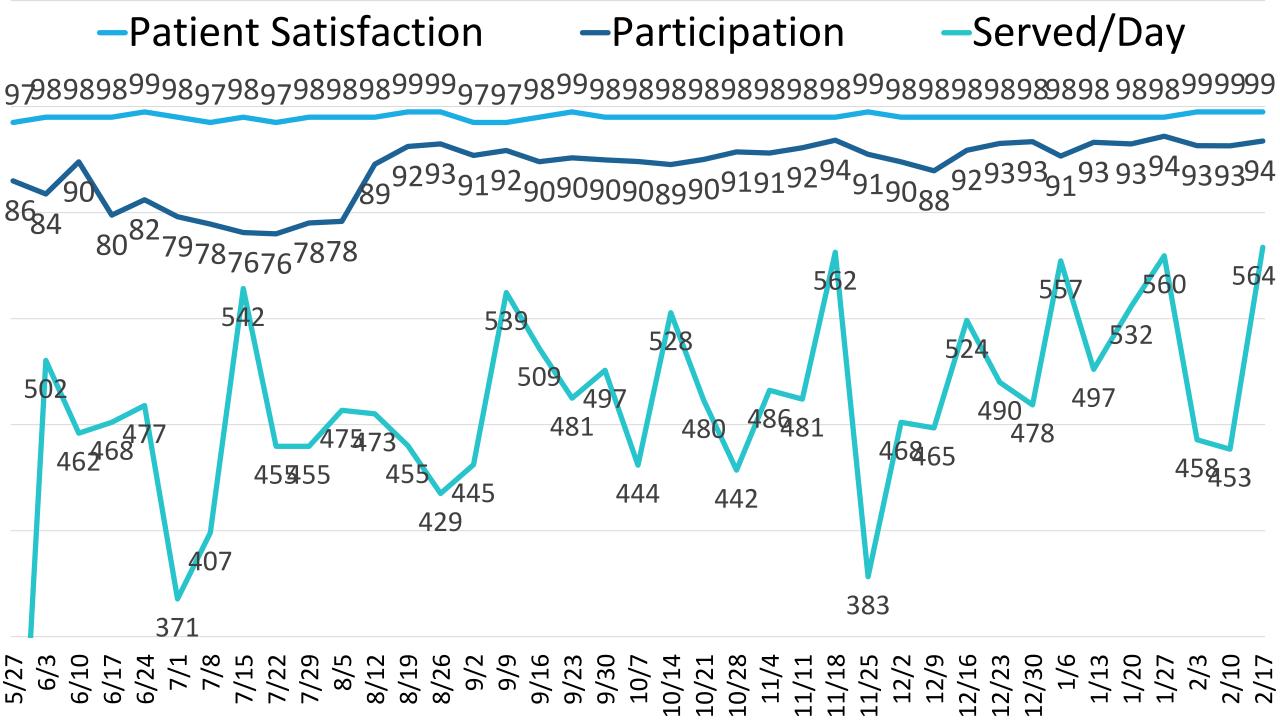


## Data Collection/Analysis

We can track

- Intake times and variations during high demands (Q-Flow)
- Intake demand distribution (Q-Flow)
- Patient satisfaction/concerns (PharmAssist/ICE Cards)
- Patient safety and efficiency (CHCS)
  - Edit a Prescription (EAP) field in Volume Summary Report (VSR)







## Looking Forward

Script Center

- Unassisted refill pick-up
- Redistribute manpower to the front line

#### GSL

MCMXC

- Also has texting function
- Chain-of-custody for controlled medications





	OLD	NEW (PATIENT-CENTERED)	
Staff's customer service	Courteous, professional, and helpful	Courteous, professional, and helpful	
Staff's situation awareness and flexibility	Reactive to front-line supervisor	Deliberate coaching and empowerment	
Staff's focus	Assigned duty on hand	Lobby	
Intake queuing	Stand in line, then barber-style ticket system	Q-Flow tickets	
Intake manning	Mostly 1 window	Workload-driven	
Prescriptions ready time	Tell when to return (pharmacy-centered)	Ask when to return (patient-centered)	
Patients waiting in lobby for Rx (non-AD)	Inconsistent priority	Default priority	
Prescription Processing	By time of arrival (i.e., first in, first out)	By time of return	
Prescription status	Return and check at window if ready/OOS/Rx too soon	Text messaging	
Dispense manning	Mostly 1 window + drive-thru	Workload-driven, closed drive-thru	
Assisted pick-up	All patients stand in line for pick-up	Q-Flow tickets for pick-up	





#### Post Questions

- 1. What are the elements of patient-centered workflow?
  - Voices of Patients
  - Managing the Lobby
  - Work Flow Tools
  - Data Collection/Analysis





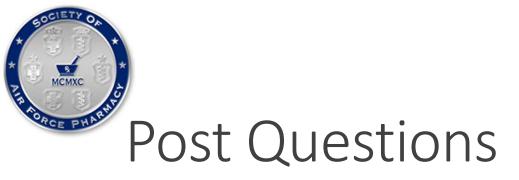
#### Post Questions

- 2. Which of the following is **NOT** a common patient concern?
  - a. Consistent Information
  - b. Staff time valued
  - c. Less standing in lines
  - d. Courteous, professional, and helpful staff





- Post Questions
- 2. Which of the following is **NOT** a common patient concern?
  - a. Consistent Information
  - **b.** Staff time valued
  - c. Less standing in lines
  - d. Courteous, professional, and helpful staff





# 3. T/F Q-Flow can be used a workflow tool and a patient communication device.

#### TRUE





# 4. A front line supervisor would use \_\_\_\_\_\_ to collect "patient intake time" data

Q-Flow





