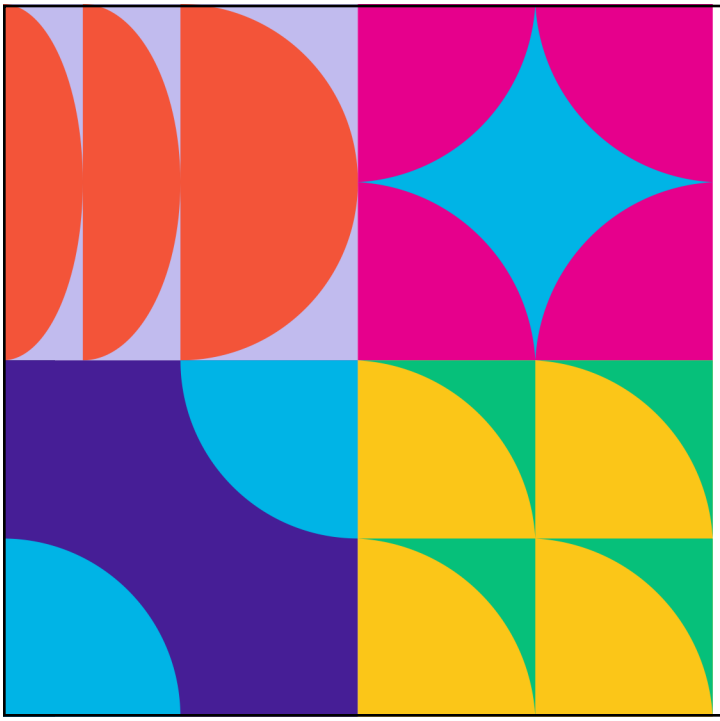

Work Smarter, Not Harder: Designing Better Pharmacy Workflows

Kate Riddell, PharmD, MS

Description

Join this session to tackle the interruptions, bottlenecks, and unclear task ownership that slow pharmacy operations. Review workflow steps to uncover friction points and gaps in accountability. Leave with practical ways to improve team coordination and make better use of existing resources to support patient care.

Meet the Faculty

Kate Riddell, PharmD, MS

Assistant Professor/Community Pharmacist
Butler University/Cowan Drugs

Kate Riddell

Kate Riddell PharmD, MS is an Assistant Professor of Pharmacy Practice at Butler University as well as a community pharmacist with Cowan Drugs in Lebanon, Indiana. Kate has over 6 years of experience working with independent community pharmacy teams through her existing role, as well as her involvement with Community Pharmacy Enhanced Services Network (CPESN) of Indiana. She currently provides hormonal contraceptive services at her pharmacy and has extensive experience integrating new services, workflows, and ideas in this space. She is a part of the Pharmacy Access to Contraceptives for Hoosiers (PATCH) project team in Indiana and helps other pharmacists integrate services into workflow.

Disclosures

- Kate Riddell is a consultant for RxE2. All relevant financial relationships have been mitigated.
- Kate Riddell discloses that AI tools were not utilized for this presentation.

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Learning Objectives

Upon completion of this activity, learners should be able to:

- Outline key steps in a pharmacy workflow to identify interruptions and inefficiencies.
- Identify three workflow failure points that limit efficiency and patient care capacity.
- Differentiate team roles to strengthen task ownership and reduce interruptions.
- Apply process and role design strategies during a workflow redesign exercise to improve coordination and consistency.
- Develop a workflow improvement plan to address one bottleneck and increase time for patient care.

Work Smarter, Not Harder

The Role of the Pharmacist Continues to Evolve

- In the early 1900s, pharmacists primarily compounded medications
  - ***By 1970, compounding accounted for just 1% of dispensed medications***
- In the 1950s, with a greater shift towards dispensing manufactured medications, pharmacists still could not counsel patients on what their medications were ***or what they were for***
  - Hence, "Lick, Stick, Pour"
- In the mid-1990s, pharmacists started providing immunizations
- ***And now?***

Image: www.theoldbarn.net/product-page/antique-glass-pharmacy-bottle
www.pharmacypracticenews.com/Clinical/Article/10-24/A-History-of-Pharmacy-as-a-Profession/75032
www.pharmacytimes.com/view/the-evolution-of-pharmacy-from-dispensing-to-site-of-care

Pharmacy Teams Do It All

- Dispense medications
- Adherence packaging
- Immunizations
- Consultations (OTC, Medicare)
- Clinical services (test-and-treat, birth control, HIV pre-exposure prophylaxis [PrEP])
- Battle insurance
- Answer questions
- Sell specialty products (durable medical equipment [DME], cannabidiol [CBD], vitamins, etc.)

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As we add more tasks… have we adapted workflow to support the change in roles?

Is your workflow optimized?

- If the phone rings:
  - Who is going to answer it?
- If a patient comes to pick up a prescription:
  - Who is helping them at the counter?
- When new prescriptions are received:
  - Who is entering them?
- If a patient has a question:
  - Who is going to answer it?
- ***Bonus*:** If a patient has a question about immunizations, clinical services, etc.:
  - Who is answering that question **and** how are they answering it?

Pharmacist-Only Roles

- Pre-check (*if applicable*)
- Verification (medications and immunizations)
- Make calls for medication clarifications and/or suggest alternatives
- Take verbal orders*
- Administer immunizations*
- Answer clinical questions
- Provide clinical services (*if applicable*)

**Technicians can help with these tasks in some states with or without additional credentials, as applicable by state law*

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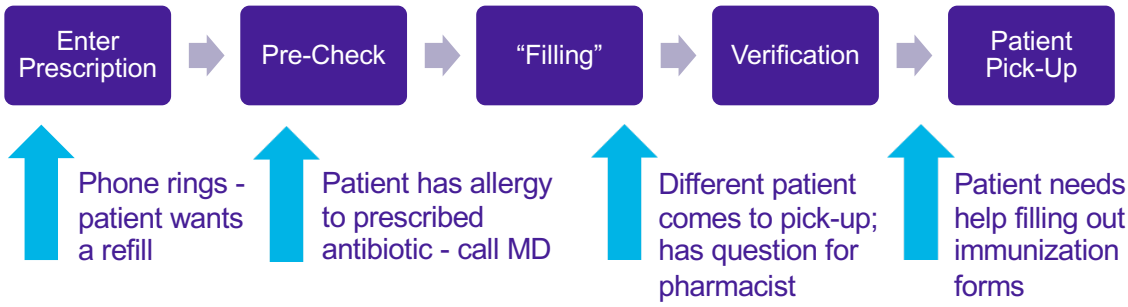
For pharmacists in the room:
How much of your time is spent on tasks NOT listed here?

Dispensing Workflow – *Simplified*

Dispensing Workflow – *Real Life*



Dispensing Workflow – *Your Turn*

Think-Pair-Share
What are the bottlenecks in your workflow?
Where do things get "held up"?

Dispensing Workflow – *Real-Life Bottlenecks*

"Data Entry" queue is 50+ deep after noon. There is nothing to pre-check and nothing to fill.

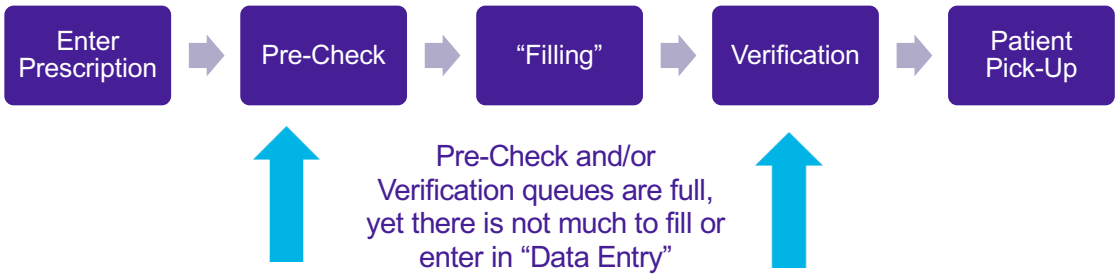
Dispensing Workflow – *Real-Life Bottlenecks*

"Data Entry" queue is 50+ deep after noon. There is nothing to pre-check and nothing to fill.

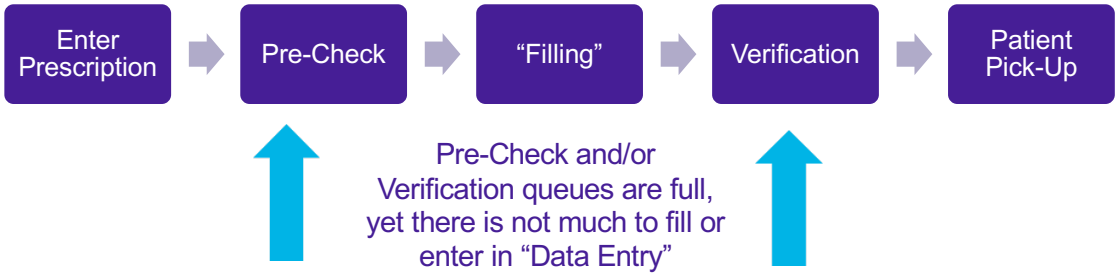
What happened:
No one kept up with the data entry queue after it was cleared the first time in the morning.

Whose responsibility is it to check?

Dispensing Workflow – *Real-Life Bottlenecks*



Dispensing Workflow – *Real-Life Bottlenecks*



What happened:
Pharmacist was likely tagged in many phone calls and/or clinical questions, assisting with patient pick-up, etc.

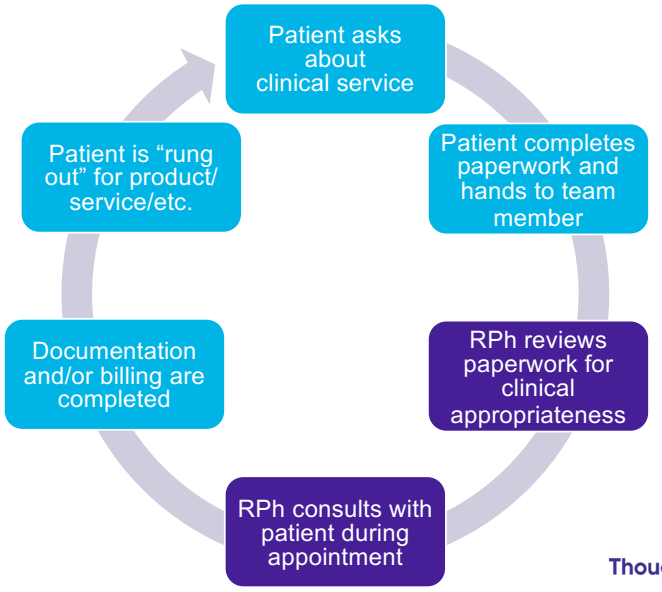
Some of this may be valid, but is all of it?

Dispensing Workflow – *Real-Life Bottlenecks*

Dispensing Workflow – *Real-Life Bottlenecks*

How much of this interaction can be shared amongst the technician team versus completed by the pharmacist?

Integrating Clinical Services into Existing Workflow



What other bottlenecks did you identify?

Enter Prescription → Pre-Check → "Filling" → Verification → Patient Pick-Up

Workflow Models

Shared Teamwork	Delegated Teamwork	Single Delegation
• *Definition:* Everyone does everything (within their scope) • **Pros:** Most flexible and adaptable to the workflow needs of the day • **Cons:** Lacks accountability for certain tasks, so things can drop (e.g., data entry queue at noon)		

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Workflow Models

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  - Best model to ensure everyone knows how to do all tasks within their scope

Single Delegation

- *Definition:* Each person has a set role and others do not participate in this role or workflow task except in a very limited capacity
- **Pros:** Can improve accountability and task ownership
- **Cons:** Harder to accommodate staffing changes due to vacations/illness/etc. if only one person is the "expert" at something
- *Bonus thought*: Can "rotate" single delegation tasks

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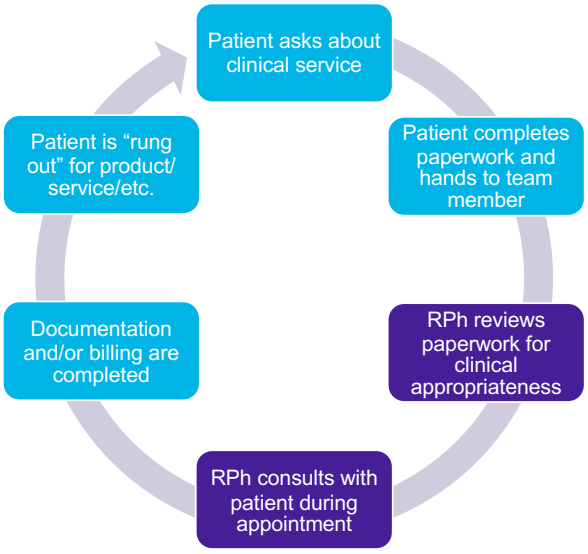
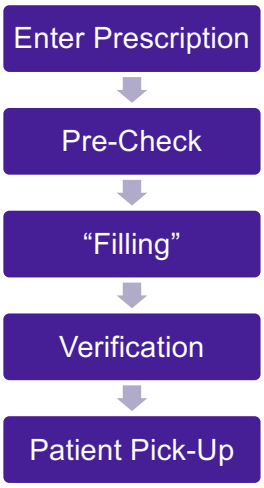
Workflow Improvement Plan

Take your identified bottleneck and create a solution

Existing Workflow: Two Processes Simultaneously





Best Practices

- *Owners/Managers*: **Your team can only work off of the information you give them**
  - Make sure you have clear policies/procedures and expectations in your desired workflow model
- **Task ownership creates buy-in** and job satisfaction
- **Automate manual tasks when appropriate**
  - Some examples include:
    - Setting up perpetual inventory
    - Remote data entry solutions
    - Phone prompts
    - Prescription fulfillment machines
    - Self-service appointment scheduling apps and screening intake form solutions

Build Your Workflow Improvement Plan

- ✓ **Bottleneck:** What is getting held up?
- ✓ **Root cause:** WHY is there a bottleneck - is the issue task ownership, interruptions, staffing, unclear handoff, technology or a combination?
- ✓ **Role redesign:** Who should own the task? Who can support it?
- ✓ **Interruption plan:** What can be redirected, scripted, scheduled, or delegated?
- ✓ **Test the change:** What is one workflow change you will try in the next 30 days?

Questions?