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The Impact of Workflow and Working Conditions in Community Pharmacies

Rebecca Chow & Janet Qian

Abstract

Community pharmacy practice is increasing its role in the management of patient health. Workflow design of many pharmacies results in inefficient use of skills and requires change. A literature search was conducted to collect research on topics including but not limited to the **working conditions** in community pharmacy settings, **medication therapy management** (MTM), **pharmacist interventions, and medication errors**. The analysis revealed that pharmacy workflows that emphasized business metrics over patient care resulted **in more medication errors and lowered staff morale**. Potential benefits and solutions of workflow changes are described; modifications may result in better service to the patients, higher morale amongst pharmacists/other employees, and lead to cost savings overall.

Background

The pharmacy practice is gaining increased recognition for education and skills. Community pharmacists have significant impact on patient care, but workflow systems implemented by many retail pharmacies have often **fail to provide optimal patient care by creating undue pressures and preventing time for clinically oriented responsibilities** such as pharmacist-initiated interventions. The utilization of performance metrics is viewed negatively by chain pharmacists and technicians. Pharmacists have less time to counsel patients and check for issues, leading to poorer patient care. Thus, it is imperative to revise workflow policies in order to emphasize quality of care for optimal employee performance and patient health.

Goal/Aim

The purpose of this study is to advocate for improved community pharmacy systems by exploring the impact of workflow systems and working conditions in community pharmacy practice on employees and patients.

Method

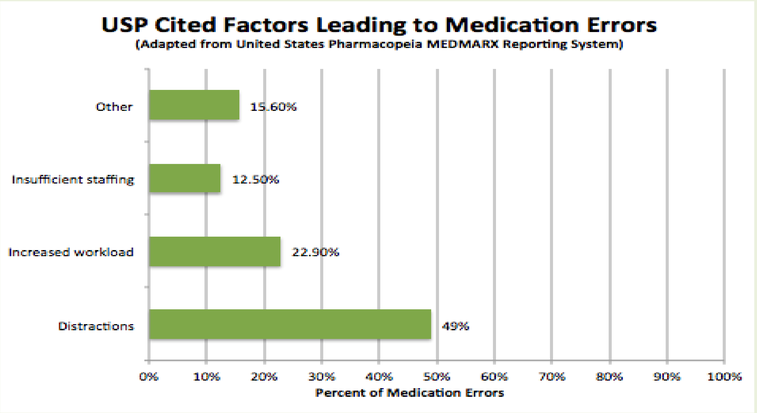
A literature search using PubMed, Medline, and reference lists was conducted to collect research related to the working conditions in community pharmacy settings**. 24 relevant sources were found with the following search terms: workflow pharmacy, community pharmacy, conditions in community pharmacy, chain pharmacy.** Sources included systematic reviews, meta-analyses, and opinion papers. Data and arguments were pooled to generate the analysis.

Results

Performance Metrics & Workload

A **medication error** occurs when an incorrect dose, drug interaction, or otherwise harmful mistake occurs in the process of prescribing, filling, or dispensing medication.

- The percentage of dispensed medications with a significant drug interaction increased with more prescriptions filled and more hours worked by the pharmacists.
- An **increased relative risk** of dispensing a drug with a clinically significant interaction to another medication in the patient's profile was found **in chain pharmacies**, most of which use metrics.
- In an analysis of medication errors reported to the MEDMARX system, the United States Pharmacopeia (USP) notes **distractions, excessive workload, and insufficient staffing as major causes**.



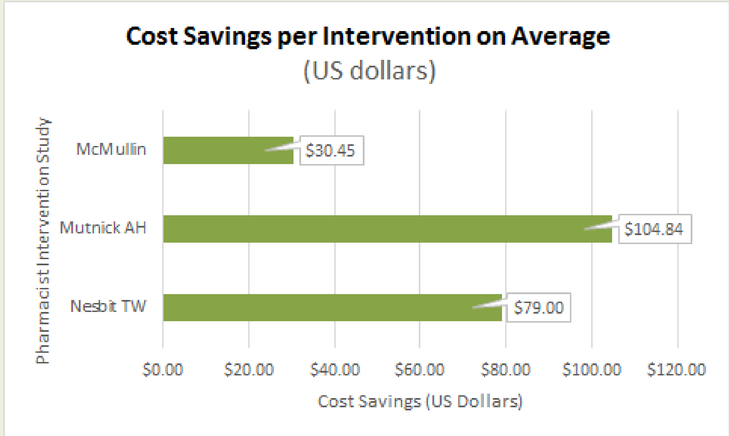
According to a survey of 673 pharmacists conducted by the Institute for Safe Medication Practices (ISMP):

- **61%** of pharmacists **feel challenged by the workload generated by time guarantees**.
- **64%** of those pharmacists say they would **NOT have the support of management** if they were not met.
- **17% felt able to handle the workload generated by time guarantees** while still having the support of their management if these 'guarantees' are not met.

Focusing more on clinical responsibilities over dispensing duties has led to significantly improved patient satisfaction and care. Morale amongst pharmacy staff increases when the workplace reduces emphasis on metrics, **leading to fewer medication errors and a better relationship between patients, staff, and management.**

Financial Impact

Pharmacist interventions such as correcting prescription errors or potential drug interactions, counseling patients, or reporting suboptimal doses can save significant amounts on healthcare**.** Several studies examining the interventions performed by pharmacists in various settings find an **average cost savings of $61 per intervention.**



According to a study which examined effects of pharmacist intervention in common disease states seen in community practice (hypertension, diabetes, asthma, and/or hyperlipidemia), a 'conservative estimate' of **cost savings per patient per month** was between **$143.95 and $293.39.**

Conclusion

Pharmacy practice is undergoing transformation in the community setting, as pharmacists gain increased recognition and responsibility in patient care. However, workflow systems implemented by retail pharmacies often fail to provide optimal care. Integration of automated systems and increased delegation to pharmacy technicians would allow for more clinical duties, including MTM and patient counseling to be performed. Rethinking performance metric utilization, as well as assigning fair hours, can prevent medication errors and lead to significant cost savings. It is in pharmacy owners' best interest to reconsider workflow designs to create an equitable environment for their staff and patients alike.

References: Please see accompanying text for full reference information.

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