

IMPROVE THE RETURN RATE OF SELF- PREPARED MEDICATIONS FOR PATIENTS DISCHARGED FROM THE WARD

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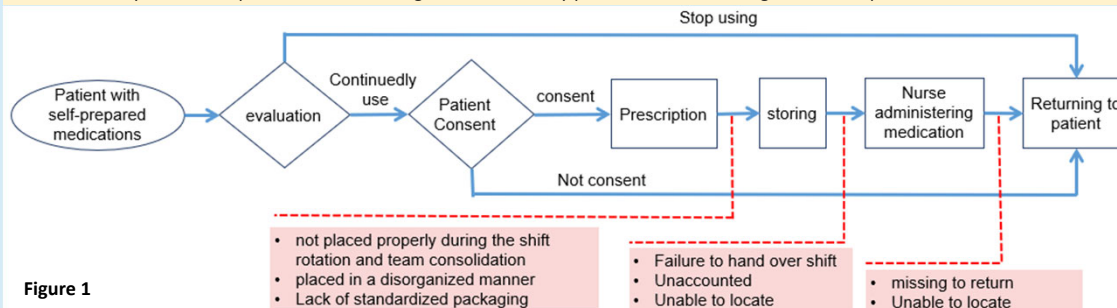
INTRODUCTION

This study focuses on a general surgical ward where 65.5% of patients require long-term medication due to cancer, chronic diseases, or liver transplantation. During hospitalization, patients often hand over their medications to the nursing station during hospitalization for proper management. However, a concerning issue arises during clinical care, where nurses sometimes fail to promptly return the patient's self-provided drugs upon discharge, resulting in a return rate of only 55.0%. In some cases, valuable medications have been lost, leading to nurse-patient disputes in the past. This scenario exerts significant pressure on the nursing staff, affects patient and family satisfaction, and contributes to the wastage of medical resources. To address these challenges, a dedicated improvement task force was established in January 2021 to implement necessary changes.

METHODS & RESULTS

Following a thorough literature review and application of the Lean Six Sigma for Service methodology in the improvement process, a task force consisting of three ward supervisors and members will devise an action plan. The plan will be founded on the findings from January 2021 and implemented in stages throughout the subsequent months leading up to June 2021.

1-Define: Verify the critical process outlined in Figure 1 and identify potential factors through on-site inspection and confirmation.

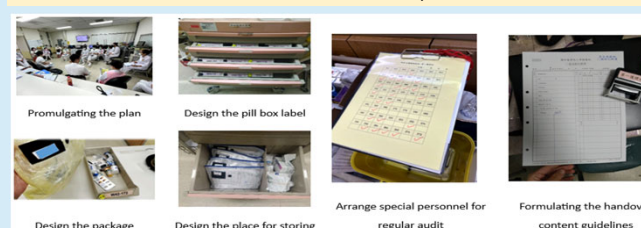
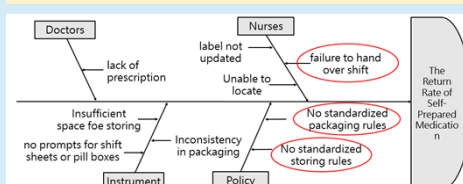


2-Measure, 3-Analyse:

Verify the critical process and identify potential factors through on-site inspection and confirmation.

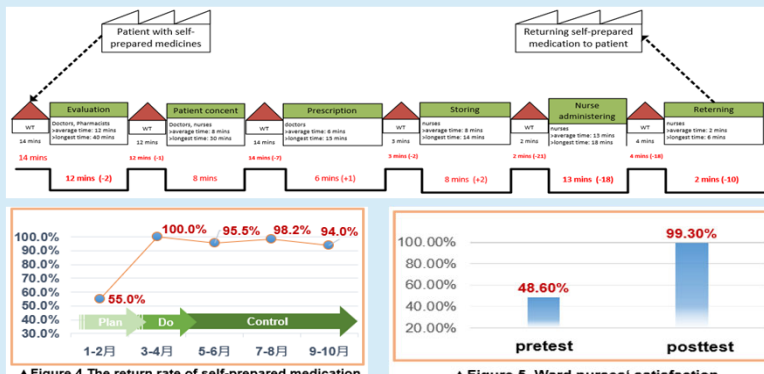
4-Improve:

Develop specific and achievable improvement plans based on the identified causes, and create a Gantt chart to outline the implementation timeline.



5-Control:

Establish standardization and evaluation criteria, assess 30 self-provided medications, and create an improved Value Stream Mapping (VSM) to analyze overall effects (Figure 3). The return rate of self-prepared medications for discharged patients increased from 55.0% to 100.0% (Figure 4). Ward nurses' satisfaction with self-prepared drug management rose from 48.6% to 99.3% (Figure 5). The extended benefits include enhanced efficiency and accuracy for ward nurses in preparing medications, saving approximately 1 hour per day for each person. Calculations based on the monthly ratio of self-provided medications, three-shift overtime pay, indicate a reduction of around 100,000 man-hours per month. Additionally, there is a potential reduction of approximately 500,000 yuan per year in patients' medical expenses due to polypharmacy or medication wastage.



CONCLUSIONS

This project effectively improves the management of self-provided drugs and enhances the return rate of patients' medications. For patients, it reduces the likelihood of losing self-provided medicines, especially valuable ones, instilling greater trust in medical staff and minimizing additional expenses due to medication loss. Nursing staff benefits from smoother clinical operations, reduced time for complete medication administration, and fewer medical disputes between doctors and nurses. The hospital also experiences cost benefits by reducing labor and extension expenses associated with conflicts. However, the implementation of this project has some limitations. Early processing requires workforce and time, and more efficient and sophisticated solutions should be considered for broader adoption.

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