



## DEFINE

1

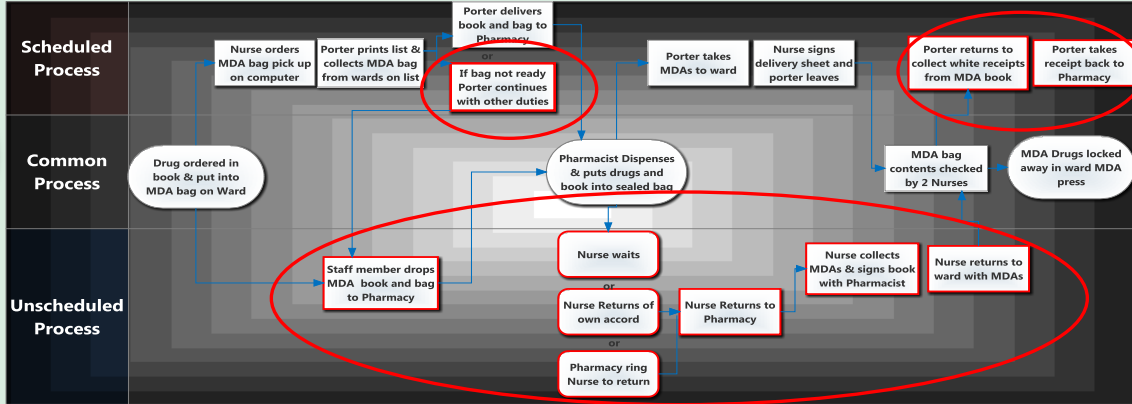


The supply of Controlled Drugs, also known as MDAs, is subject to strict legislative control, requiring hand written requisitions and designated, locked storage. In the MMUH we use 71 different MDAs, such as morphine, methadone etc. on a routine basis

### Problem Statement:

When additional MDAs are required at ward level on occasion a nurse must leave the patient to get them from Pharmacy. This has a negative impact on direct patient care and leads to continuous work flow interruption in the Pharmacy.

## The MDA supply process



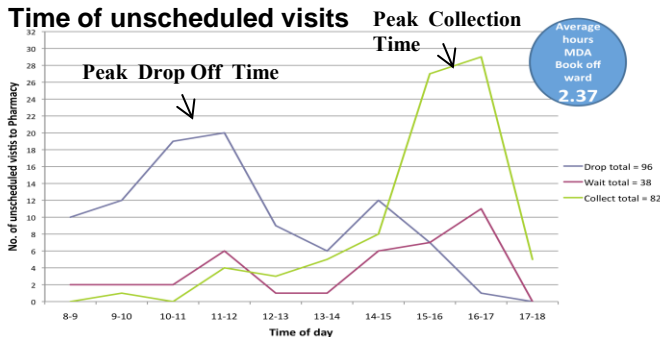
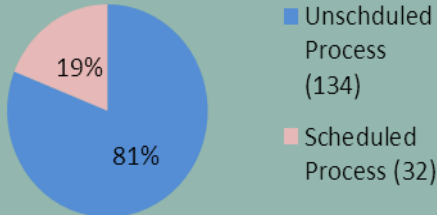
### Goal

Reduce unscheduled process & eliminate waste - highlighted in red

## MEASURE

2

Number of scheduled vs unscheduled



Nurse Visits to Pharmacy per day

17

Cost per visit

€7.14

101

13 hour shifts per year away from the patient

## IMPROVE

4

### Stakeholder Engagement & Pilot

Two pilot wards were engaged with and 2 changes tested:

- I. Scheduled MDA Porter Pick up 5 days a week
- II. Change time of scheduled pick up to 10.30am, with subsequent return of MDAs at 12.30pm

### Result of Pilot

Unscheduled visits reduced by 46%

## CONTROL

5

**Hospital Wide**

Adhere to control & communication plan:

1. Meeting with each Directorate
2. Quarterly review of compliance in each directorate

Rearrange Pharmacy schedule for drug delivery to allow new MDA process

Go live date of new schedule Jan 5th 2015

Phase 2

Align MDA Scheduled deliveries with existing regular drug deliveries. This requires investment in technology

## ANALYSE

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Reasons for using unscheduled process for MDA supply

- Insufficient ward stock – 27%
- MDA newly prescribed – 25%
- New patient - 20%

The 'Lock, Stock and Flow' pilot saved 2.25 hours of nursing time on 2 wards over 2 weeks. It has the potential to save 58.5 nursing days (€28,964) hospital-wide in 1 year – a positive outcome for patients, staff and hospital