

# PHARMACIST'S CONTRIBUTION TO IMPROVING CUSTOMER SATISFACTION AT HOSPITAL CARE UNITS



W Enneffah<sup>1</sup>, MA El Wartiti<sup>1</sup>, M Bouatia<sup>2</sup>, A Cheikh<sup>3</sup>, H Mefetah<sup>2</sup>, J Taoufik<sup>4</sup>, A Bennana<sup>5</sup>, J Lamsaouri<sup>1</sup>.

1 Mohammed V Military Teaching Hospital-Faculty of Medicine and Pharmacy of Rabat, Pharmacy, Rabat, Morocco; 2 Children's Hospital of Rabat-Faculty of Medicine and Pharmacy of Rabat, Pharmacy, Rabat, Morocco; 3 Cheikh Zaid International University Hospital-Abulcasis International University of Health Sciences, Pharmacy, Rabat, Morocco; 4 Faculty of Medicine and Pharmacy of Rabat, Therapeutic Chemistry, Rabat, Morocco; 5 Cheikh Khalifa Ben Zaid Hospital-Faculty of Medicine and Pharmacy of Rabat, Pharmacy, Casablanca, Morocco

**Background:** To improve the quality of its services and the satisfaction of its customers, our hospital's pharmacy has experimented with a weekly pharmaceutical presence in the operating room to collect and process pharmacy claims and complaints, which may improve communication between the pharmacy team and the operating room.

Aim and objectives: To highlight the importance of a pharmaceutical presence at the care units through collection and processing of complaints at a pilot service: the operating room.

Material and methods: To analyze the claims of the medical and paramedical staff collected during the weekly pharmaceutical presence in the operating room over a period of 1 month, and to assess measures undertaken for the treatment of these claims.

Results: During the study period, 58 complaints were collected: 69% related to medical devices and 31% to drugs. Data processing revealed the following findings: most of the complaints concerned articles ordered but not yet delivered by suppliers (15%), available articles with limited quantity (14%), unavailable articles for which no requests were made (14%), articles that did not belong to our hospital nomenclature (12%), articles available at the central pharmacy but not available at the operating room pharmacy (10%) and articles for which the annual forecast quantity was already consumed (10%). Measures taken by the pharmacy team: relaunch suppliers for articles already ordered; increase endowments (within the limits of availability); propose indication limitations for articles with critical stock; ordering items whose annual forecast quantity was not totally consumed; proposed alternatives for articles that did not belong to our hospital nomenclature; endowment of the operating room pharmacy by the articles available at the central pharmacy and making special orders, with limited quantities, for articles for which the annual forecast quantity was already consumed.

Conclusion and relevance: The pharmaceutical presence in the staff of the operating room has helped to better understand the needs of users in order to meet these needs within the limits of what is possible. In fact, the involvement of the pharmaceutical team in care units makes it possible to improve customer satisfaction and to increase the overall quality of therapeutic care.

#### BACKGROUND

The pharmaceutical products supply-chain is considered to be one of the most critical processes at the hospital with many steps involving many actors and requiring the transmission of instructions, informations and products.

To improve the quality of its services and the satisfaction of its customers, our hospital's pharmacy has experimented with a weekly pharmaceutical presence in the operating room to collect and process pharmacy claims and complaints, which may improve communication between the pharmacy team and the operating room.

#### AIM AND OBJECTIVES

To highlight the importance of a pharmaceutical presence at the care units through collection and processing of complaints at a pilot service: the operating room.

## MATERIAL AND METHODS

Our study aims to analyze the claims of the medical and paramedical staff collected during the weekly pharmaceutical presence in the operating room over a period of 1 month, and to assess measures undertaken for the treatment of these claims.

The methodology relating to the development of the monitoring sheet, its dissemination, data processing and results evaluation was carried out in four successive stages:

## 1- Development of the complaints collection sheet

The complaints collection sheet deals with two items:

- A / The description of the constraints encountered during a work week;
- B / The measures taken by the pharmacy to respond to each constraint.

#### 2- Dissemination of the sheet and data collection

- The complaint forms were made available to surgeons and nurses in the operating theaters (OT) and at the level of the operating theater secretariat.
- The pharmacist assigned to the operating theater pharmacy makes daily visits to the OT to retrieve the complaint forms for analysis.

#### 3- Follow-up phase of the decided corrective actions

The collected complaint forms are analyzed and discussed by the pharmaceutical team, and those that are retained have been the object of corrective actions. After the implementation of these corrective actions, the responsible pharmacist communicates them to the medical and paramedical staff.

#### 4- Satisfaction rating

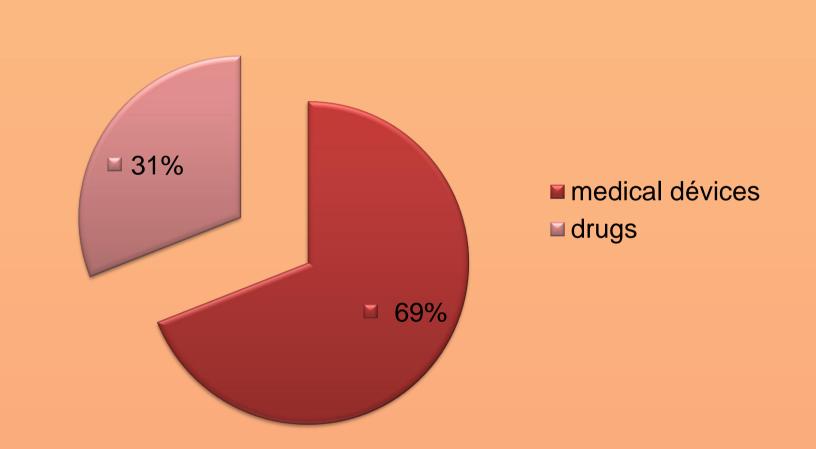
The satisfaction level with the relational aspect, the relevance of pharmaceutical interventions for the management of logistical constraints as well as the skills expected from the pharmaceutical team were assessed through a questionnaire comprising 10 closed questions, constructed according Liker's 5 levels scale, from "Strongly disagree" to "Strongly agree".

Statistical analysis of the recorded data was performed using a spreadsheet (MS Excel).

#### RESULTS

During the study period, 58 complaints were collected: 69% related to medical devices and 31% to drugs.

#### **Collected complaints**



Data processing revealed the following findings:

Most of the complaints concerned:

- articles ordered but not yet delivered by suppliers (15%),
- available articles with limited quantity (14%),
- unavailable articles for which no requests were made (14%),
- articles that did not belong to our hospital nomenclature (12%),
- articles available at the central pharmacy but not available at the operating room pharmacy (10%)
- articles for which the annual forecast quantity was already consumed (10%).

#### Measures taken by the pharmacy team:

- Relaunch suppliers for articles already ordered,
- increase endowments (within the limits of availability),
- propose indication limitations for articles with critical stock,
- order items whose annual forecast quantity was not totally consumed,
- propose alternatives for articles that did not belong to our hospital nomenclature,
- endow of the operating room pharmacy by the articles available at the central pharmacy,
- make special orders (with limited quantities) for articles for which the annual forecast quantity was already consumed.

### Conclusion and relevance

The pharmaceutical presence in the staff of the operating room has helped to better understand the needs of users in order to meet these needs within the limits of what is possible. In fact, the involvement of the pharmaceutical team in care units makes it possible to improve customer satisfaction and to increase the overall quality of therapeutic care.