Landeskliniken-Holding
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KARL LANDSTEINER
PRIVATUNIVERSITÄT FÜR GESUNDHEITSWISSENSCHAFTEN

Universitätsklinikum ST. PÖLTEN

LEARNING FROM RETURNS

How returns can help to improve the process of distribution

Claudia Wunder, Szabolcs Tobi
Pharmacy Department, University Hospital St. Pölten, Austria

What

A standard form for handling of returns was developed and implemented as obligatory for costumers and pharmacy to ensure standardized processing:

- store returns under quarantine until approval by pharmacist,
- make sure about correct storage conditions outside of pharmacy,
- check products carefully by a pharmacist before approval,
- question the reasons for return.

Why

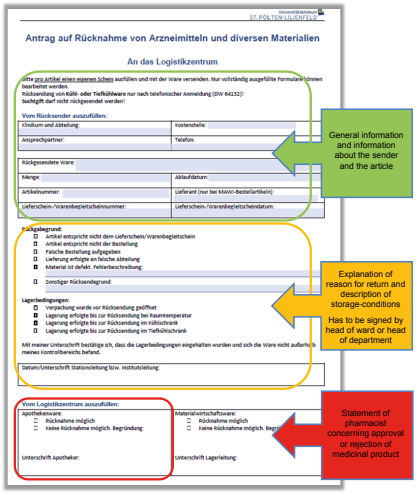
PATIENT SAFETY

Introduction of returns to supply chain is critical considering

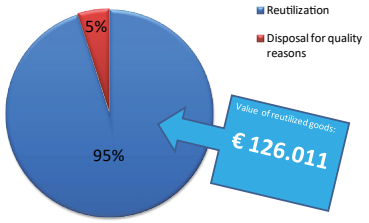
- conditions of storage concerning temperature and
- accurate handling of goods (damage, contamination) while transportation and stock-keeping at wards.

How

After one year of usage (2015) the completed forms were evaluated and measures were deduced based on the results. An analysis in the end of 2016 was done to review the effectiveness.



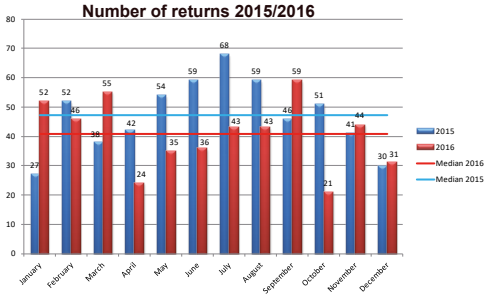
Reutilization and value 2016



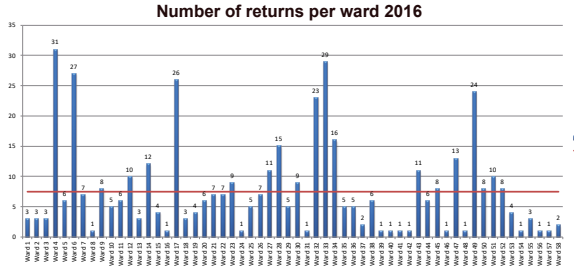
Results

- **Number of returns was declining** by 14% although expanding the supply area (two more hospitals) in 2016.
- **No peak of returns during summer time** 2016 in contrast to 2015, when it was caused by trainees. In 2016 all trainees had an intensive and standardized education by experts of pharmacy staff.
- **95% of returns were reutilized** after quality approval by pharmacist in 2016. This means that medicinal products in the value of € 126.011 were introduced back to supply chain.

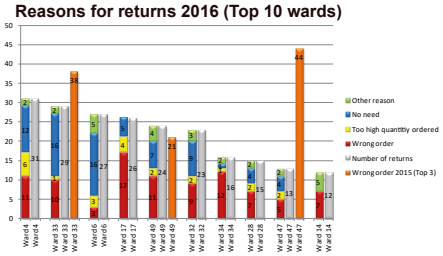
Number of returns 2015/2016



Number of returns per ward 2016



Reasons for returns 2016 (Top 10 wards)



- **50% of returns** were caused by only 10 wards of University Hospital St. Pölten in 2016. As handling of returns means a lot of workload, the objective is to reduce this number. Therefore it is necessary to know the reasons and understand the problems.
- In 2016 as well as in 2015 just **4% of returns** were the result of mistakes by pharmacy.
- Most of the returns were caused by **wrong order** or **too high quantity ordered** by the wards.
  The analysis of 2015 showed confusion of customers with piece, pack and bundle, so we **improved the master data** in our warehouse management system. In 2016 we again found problems with ordering and had to adjust some article data.
- To get the order size under control, a **consultation** was arranged between head of logistics, head of pharmacy and division managers to present the results of 2015 and increase the awareness. **Communication** between nurses and pharmacists concerning returns was intensified.
- In 2016 we found a **significant reduction in wrong orders and wrong order sizes** compared to 2015 at the top 3 wards. Meetings with the top 10 wards of 2016 are intended, to discuss problems and to keep on working on the continuous improvement process.

Summary

The standard form proved to be a useful tool to gain information about gaps in the process of distribution.
We achieved an improvement of distribution process by

- implementing an intensive and standardized education for trainees,
- optimizing main data in warehouse management system,
- sensitizing the responsible persons and
- getting in closer communication with nurses at wards.

Besides that the economic benefit of the process could be proved. And not least the pharmaceutical approval, documented on the standard form, is an essential contribution to patient safety.

What next?

The following quality indicators proved to be significant for the functionality of the process and will be evaluated annually:

- number of returns in general and per ward,
- value of reutilized medicinal products,
- main reasons for returns.

The results of the analysis will be communicated to all process participants by an annual report.

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