



# Redesign of CGH-SKCH Discharge Medication Supply Process to Improve Efficiency

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## Background

Discharge medication supply for patients transferred from CGH to SKCH is a complex process. It involves multiple contact points in CGH which may potentially delay the transfer.

When SKCH pharmacy receives the medications, rework is often required to facilitate administration of these patient's own medication (POM) in SKCH. It is time consuming and labor-intensive as it involves several steps (Figure 1 last row).

There may also be incidences of POM wastages due to medication changes in SKCH e.g., dose titration, substitution of drugs because of intolerability or swallowing issues and deprescribing.

## Objectives

To improve efficiency of CGH-SKCH discharge medication supply workflow within 6 months by :

- Reducing the items supplied to SKCH by at least 50%
- Shortening CGH discharge prescription process timing for patients transferring to SKCH
- Reducing POM reworking time at SKCH pharmacy
- Reducing POM wastage at SKCH

## Problem Analysis

### Pre-implementation workflow

- Processing of discharge prescription at CGH often involves multiple contact points (e.g. CGH ward nurses, CGH discharge pharmacy) which may potentially delay the transfer.
- When SKCH pharmacy receives the medications, rework is often required to facilitate administration of these patient's own medication (POM) in SKCH. This is a time consuming and often laborious process as several steps are involved in the verification and relabeling of POM.

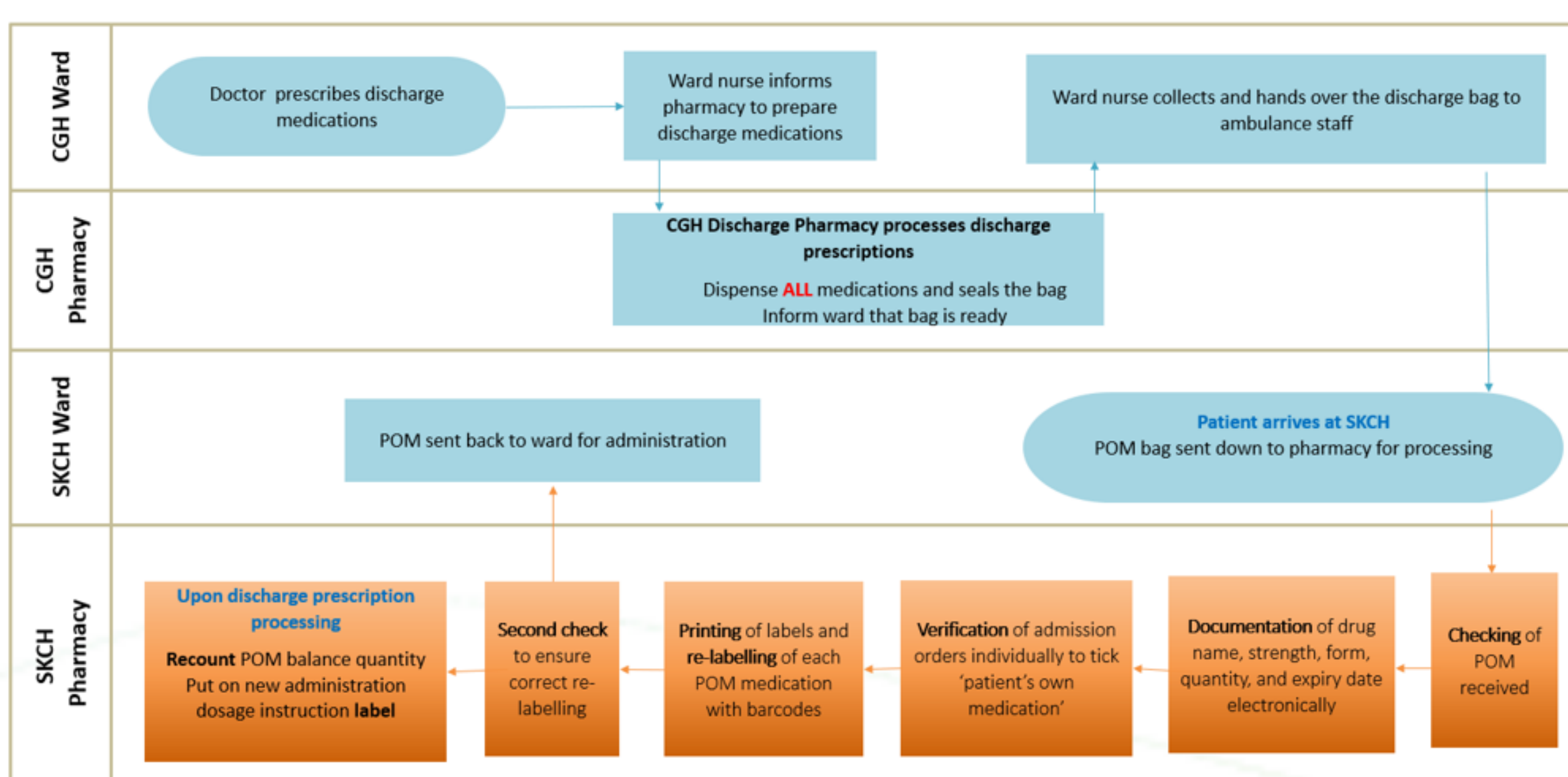


Figure 1: CGH-SKCH medication supply workflow pre-implementation

## Implementation Plan

CGH- SKCH Pharmacy TigerConnect chatgroup was created for SKCH pharmacists to communicate medications required and the streamlined workflow (Figure 2) was piloted from December 2022- May 2023.

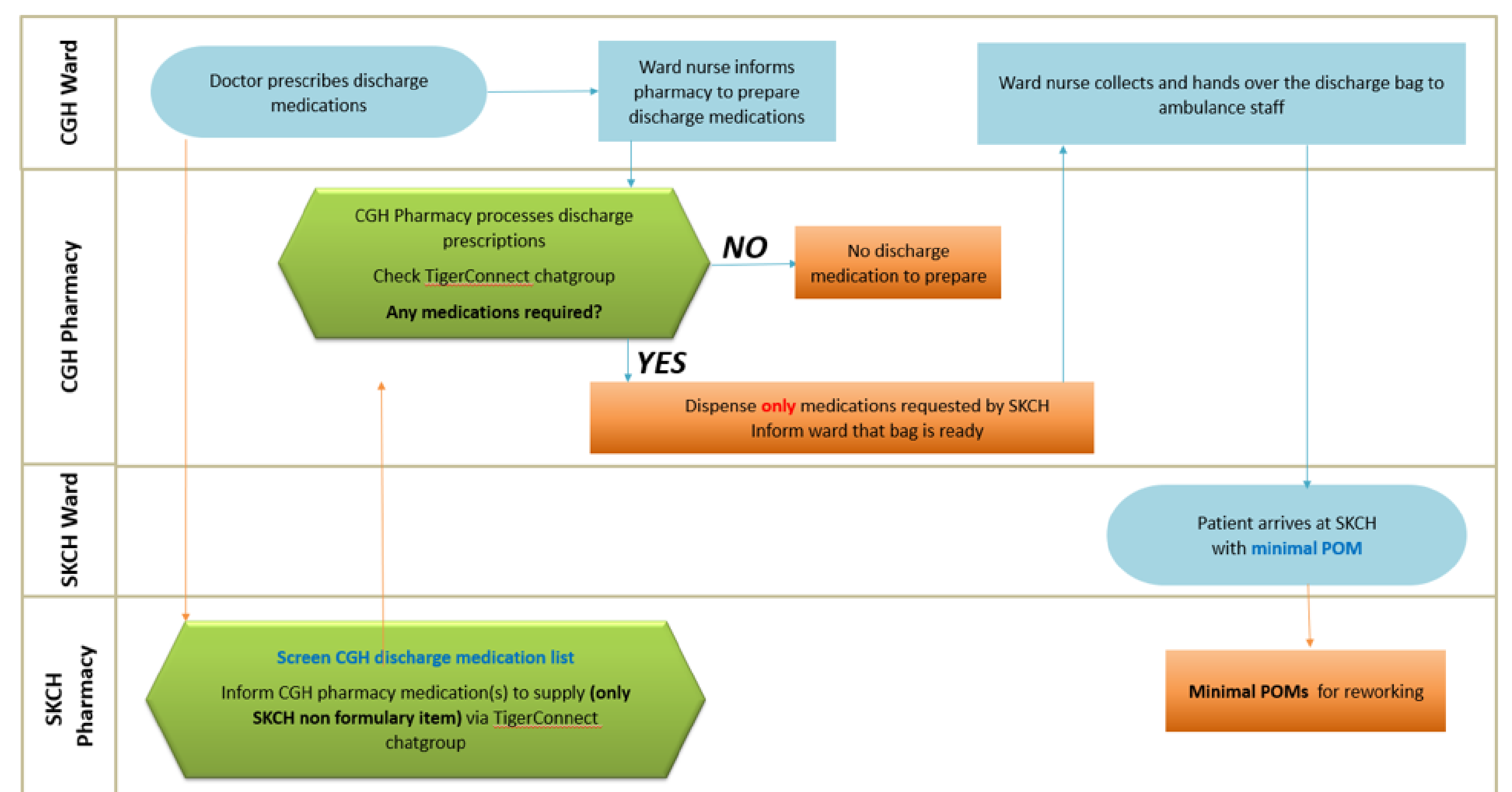


Figure 2: CGH-SKCH medication supply workflow post-implementation

## Results

### CGH Pharmacy

The number of medications (N=337) supplied to SKCH at CGH pharmacy **reduced by an average of 90%**, resulting in an average **reduction of 45 minutes discharge Rx processing time** (per patient) in CGH pharmacy.

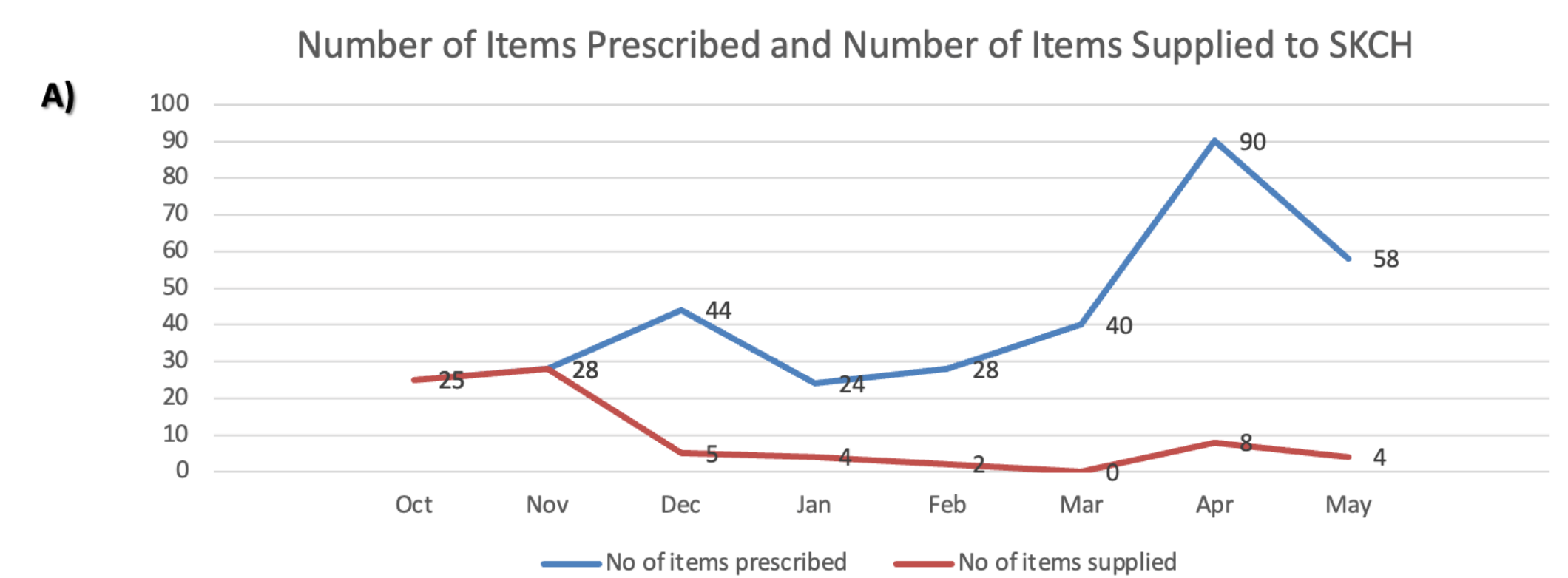


Figure 3: Number of items prescribed at CGH discharge and number of items supplied to SKCH.

### SKCH Pharmacy

1. **Saved 47.3% processing time per drug item** for patients transferred from CGH (processing time per item reduced from 10.5 minutes to 5 minutes)
2. **POM wastage** (due to medication changes during hospitalization in SKCH) has **decreased from a monthly average of 26.4% to 4.4%**, which translates into cost saving for patients.

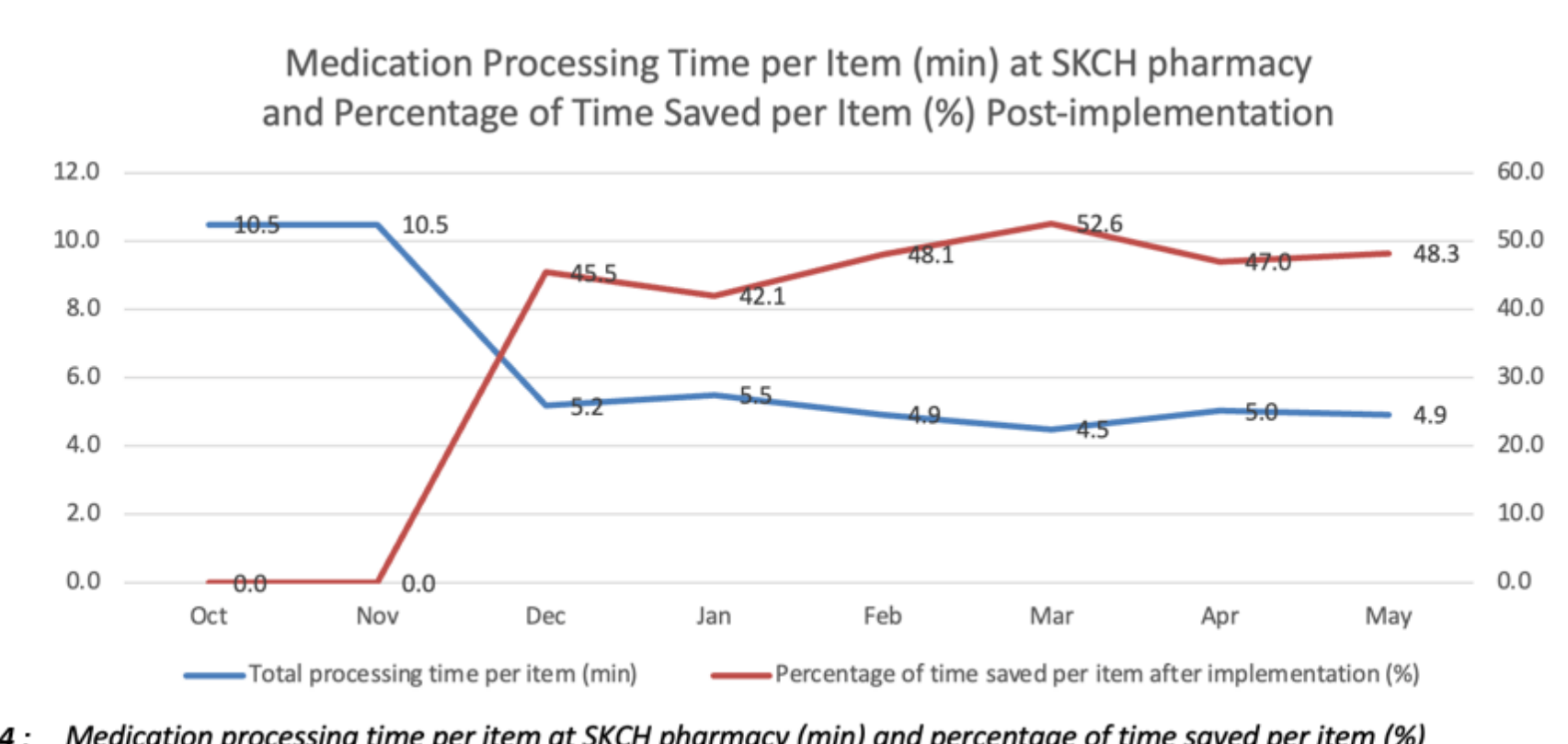


Figure 4: Medication processing time per item at SKCH pharmacy (min) and percentage of time saved per item (%)

## Sustainability & Reflections

This successful intervention improves the efficiency and reduces redundancy at both CGH and SKCH pharmacy.

It also provides cost saving for patients as POM wastage is reduced.

The newly streamlined workflow has since been implemented in all subsequent CGH transfers to all SKCH wards. The team has also extended this workflow to other institutions (e.g. SGH-OCH, SKH-SKCH).