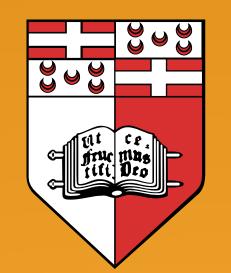
QUALITY MANAGEMENT SYSTEM FOR NON-CLINICAL PHARMACY SERVICES AT A REHABILITATION HOSPITAL

John Agius, Anthony Serracino Inglott, Lilian M. Azzopardi Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta email: jagi0009@um.edu.mt



Department of Pharmacy

University of Malta

INTRODUCTION

Standard operating procedures (SOPs) are one form of quality assurance which ensure consistent delivery of quality services, training of new employees and auditing of services provided.

A consistent level of quality in a hospital pharmacy services setting satisfies patient needs, decrease healthcare costs and meets quality requirements as regulated by the hospital's regulatory body, the Malta Medicines Authority¹.

AIMS

To complete the quality management system at the

Rehabilitation Hospital by adding non-clinical SOPs to the clinical SOPs².

- To meet regulatory requirements.
- To achieve consistency in non-clinical pharmacy

services.

METHOD

- Non-clinical pharmacy services provided at Rehabilitation Hospital Karin Grech (RHKG) were observed.
- Standard operating procedures (SOPs) for the 11 identified services were written.
- The SOPs were validated (Validation 1), by a panel of RHKG pharmacy staff which consisted of 9 pharmacists, 2 pharmacy technicians and a pharmacy clerk. A validation questionnaire was used and amendments to the SOPs were done accordingly.
- The amended SOPs were validated again (Validation 2) using the same procedure as Validation 1.
- An SOP evaluation was carried out using an evaluation questionnaire and the same panel of pharmacy staff used to validate the SOPs.
- SOPs were implemented for a period of 2 years following their authorization by the Head of Pharmacy Services.

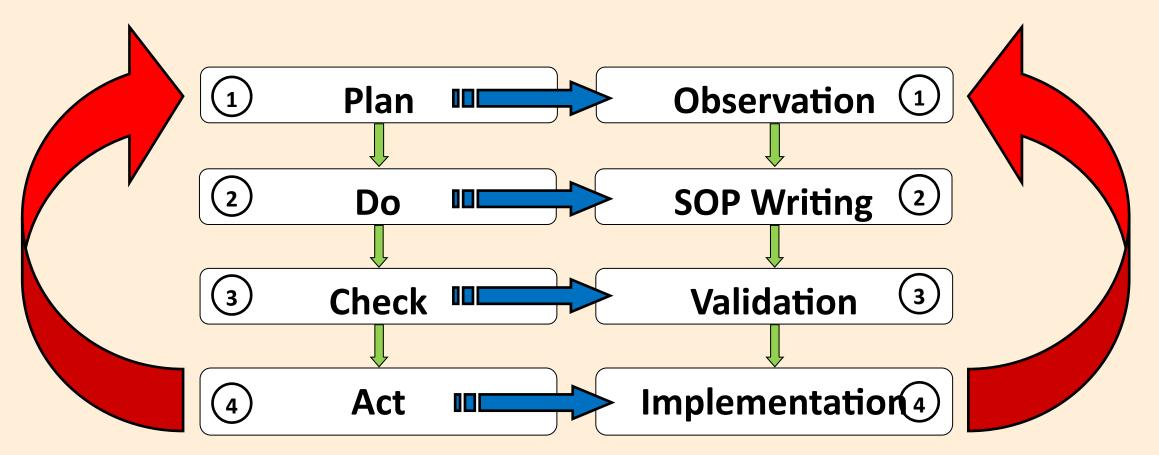
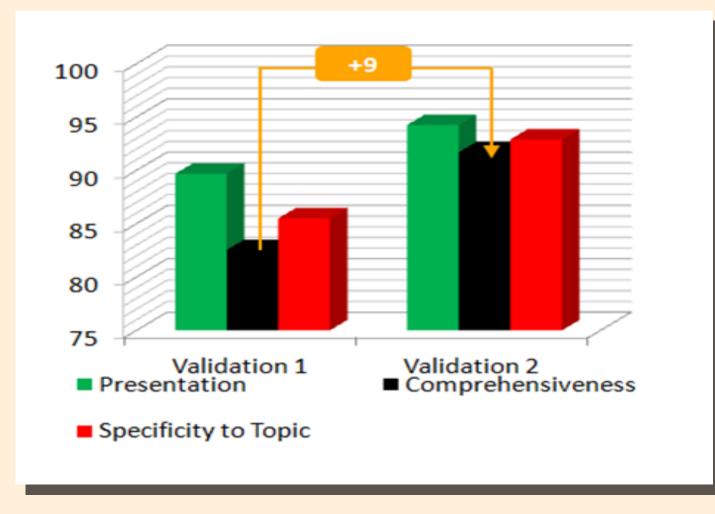


Figure 1: Developing an SOP using a Plan-Do-Check-Act quality cycle.

RESULTS

- SOPs (n=11) were identified, written and standardized in the format of a Master SOP such that each SOP was divided into 8 sections: Scope, Objective, Definitions, Responsibility, Procedure (which contained a Flowchart), References, Revision History and Appendices.
- An ANOVA test comparing Validation 1 and 2 found the difference in mean scores to be significant suggesting an increased satisfaction of the validation panel with the amended SOPs. The comparison of the questionnaire results identified three areas in which the SOPs



improved, which were Presentation, Specificity to

Topic and Comprehensiveness.

 The high mean scores obtained in the evaluation questionnaire of the SOPs strongly suggest that the SOPs are being increasingly referred to. This finding can be attributed to the addition of new staff to the

pharmacy staff.

1	Dispensing
2	Pharmacy Inventory Management (PIM)
3	Ward Inventory Management (WIM)
4	Repackaging (Repacks)
5	Quality Assurance Of Oxygen Supplies (Oxygen)
6	Cleaning Of Pharmacy Premises (Cleaning)
7	Maintenance, Control And Monitoring Of Temperature (Temperature)
8	Pest Control
9	Management Of Expired Or Damaged Drugs And Medical Devices (Expired)
10	Product Recall And Quality Defect Reporting (Recall)
11	Unlicensed Medicinal Products (UMP)

Table 1: A list of SOPs developed

Figure 2: A bar chart showing percentage improvement in SOPs

CONCLUSION

Simple, comprehensive and applicable SOPs have been shown to be superior to other methods for learning of procedures such as the verbal method³. Notwithstanding this, several barriers to the use of SOPs exist, such as lack of awareness that

such documentation is available. Hospital administrators must therefore take note and eliminate these barriers to the use of SOPs⁴.

REFERENCES

- 1. Camilleri D. Patient Expectations and Perceptions of Malta's Public and Private Care Service Quality. B.Sc.Nursing Dissertation: Department of Nursing, University of Malta, 2005.
- 2. Wirth F. Validation of Clinical Pharmacy Services. MPhil dissertation: Department of Pharmacy, University of Malta, 2011.
- 3. Mamo M. Development of a Quality Management System for Clinical Pharmacy Services. Project: Department of Pharmacy, University of Malta, 2011.
- 4. Cabana M. Why Don't Physicians Follow Clinical Practice Guidelines? A Framework for Improvement. JAMA, Oct. 1999; 282 (15) : 1458-65, Oct. 20, 1999.