# A STUDY ON PRESCRIPTION BOUNCE IN OPD PHARMACY AT MANIPAL HOSPITAL JAIPUR

# A STUDY ON PRESCRIPTION BOUNCE IN OPD PHARMACY AT MANIPAL HOSPITAL, JAIPUR


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# INTRODUCTION

In today's health care environment, Services and dynamic activities of hospital pharmacy are affecting public health and welfare. The specialty is expected to be better, stronger, and faster than before

Manipal Hospital is a 250 bedded hospital, where the OPD pharmacy is located at the Ground floor convenient for OPD patients in front of the Billing counter has a daily footfall of about 150-200 patients

There are 3 Dispensing counters of the OPD Pharmacy for ease and timeliness in delivery of services

# BACKGROUND

- Prescription bounce from the OPD Pharmacy is often seen to affect the overall revenue generation from the outpatient pharmacy of the hospital

- Various studies have shown the effect on OPD traffic due to bounce of prescriptions at the pharmacy

- The pharmacists have a major role to play in prevention of prescription bounces by regularly updating the hospital drug formulary and keeping the stocks in check

# RESEARCH QUESTION

- What are the probable reasons leading to bounce of prescriptions in OPD Pharmacy

- What is the average loss of revenue due to bounce of prescriptions in OPD Pharmacy

# OBJECTIVES

The objectives of the study are:

- To understand the patient process flow of the OPD Pharmacy
- To determine the number of prescription bounces at the OPD Pharmacy
- To identify the reasons for bounce of medicines
- To suggest the measures to minimize the prescription bounces in the department

# RATIONALE

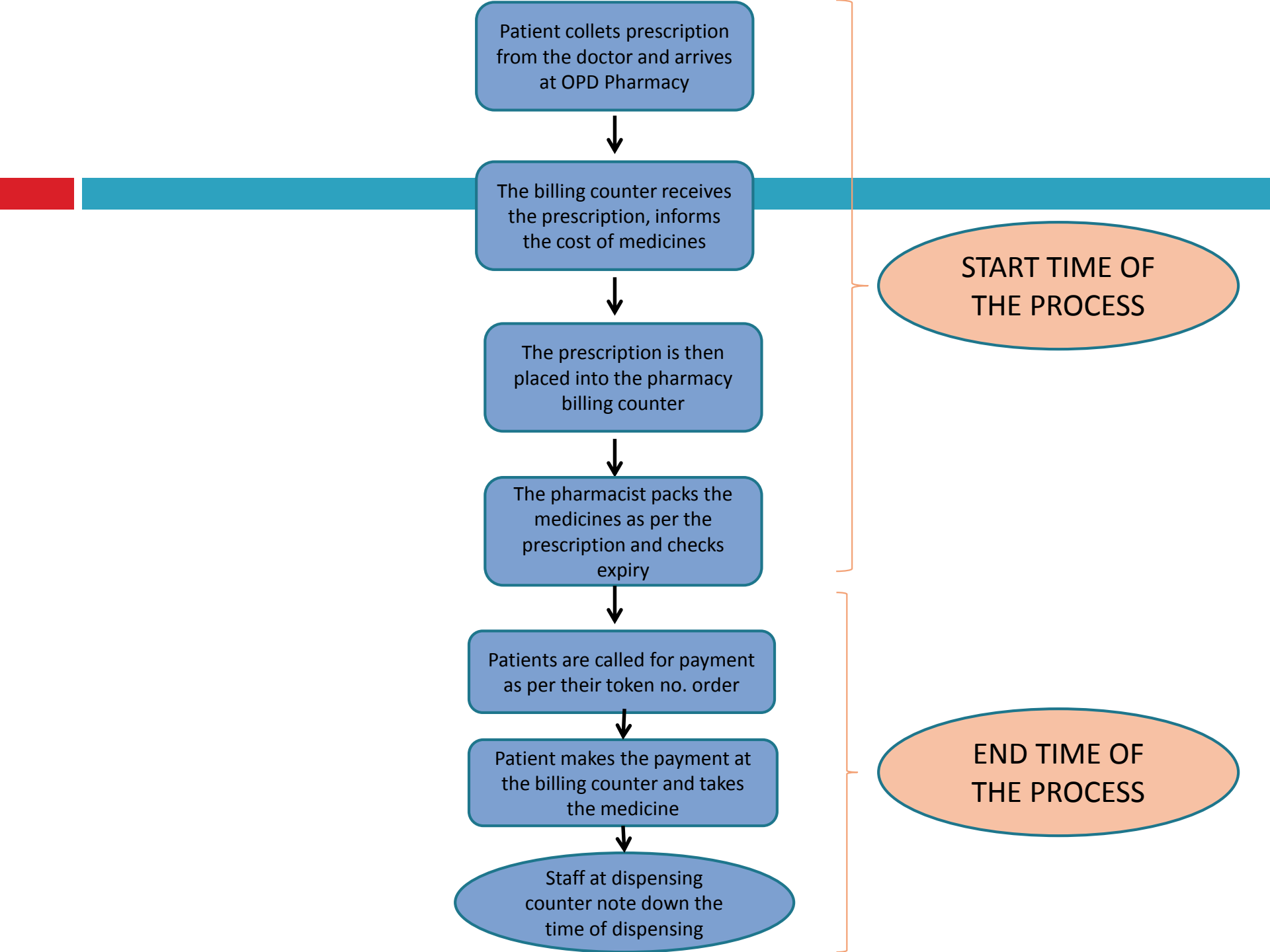
- The operations department team was keen to know about the average revenue loss incurred by the hospital due to bounce of prescription

- Suggested study aimed at determining the count of unavailability of the drugs as per the consultant's prescription at the OPD pharmacy and

- Identifying the reasons for the same so that corrective measures can be suggested to minimize the unavailability for aforementioned.

# OPERATIONAL DEFINITIONS

- **PRESCRIPTION BOUNCE :** Unavailability of any item from the medical prescription given at the pharmacy
- **OPD PRESCRIPTION :** Prescription given to the patient by OPD consultants
- **OTC Drugs :** Over the counter drugs which are not necessarily a part of hospital drug formulary


Patient collets prescription from the doctor and arrives at OPD Pharmacy
The billing counter receives the prescription, informs the cost of medicines
The prescription is then placed into the pharmacy billing counter
The pharmacist packs the medicines as per the prescription and checks expiry
Patients are called for payment as per their token no. order
Patient makes the payment at the billing counter and takes the medicine
Staff at dispensing counter note down the time of dispensing
START TIME OF THE PROCESS
END TIME OF THE PROCESS

# METHODOLOGY

- **STUDY DESIGN:** Cross Sectional observational study

- **STUDY SETTING:** OPD Pharmacy of the Hospital
- **DURATION OF THE STUDY:** 4 weeks
- **STUDY PARTICIPANTS: STUDY PARTICIPANTS:**

  The participants of the study will be:

  - Assistant Manager- Supply Chain - 1
  - Pharmacists- 3
  - Patient Care Services / Front Office staff
  - Patients

# SAMPLING AND SAMPLING SIZE

- Purposive Sampling (As per the footfall of the patient at the OP Pharmacy)
- Sample size: 550

**Exclusion and Inclusion Criteria:**

Only those patients visiting the OPD pharmacy will be considered to be the part of the study.

- The study was conducted for 4 weeks where:
- Observation time: 2 weeks
- Data collection time : 2 weeks
- The data was collected in the peak OPD traffic duration that is 10 am to 3 pm
- Each day of the data collection duration, the data was collected for 30-35 patients

# DATA COLLECTION

- **PRIMARY DATA**
- Direct Observation
- Discussion with Pharmacy staff
- Taking pictures of the prescriptions brought b the patient
- **SECONDARY DATA**
- As all the patient data is entered in the HMIS and the bills provided to them were given in the printed format, The HMIS is hence used to take the secondary data and to tally the final amount of bills

# DATA COLLECTION TOOLS

- Direct observation for understanding the routine activities of the department and flow of the patients and information however no checklist will be prepared for the same and it will be totally a personal observation

- Pictures of the prescriptions brought by the patients were referred to understand the no. of items demanded and also if the medicine is new or a listed medicine in the hospital formulary

- HMIS, to collect the issued bills of the patients whose data has been recorded so that the total billed amount can be recorded

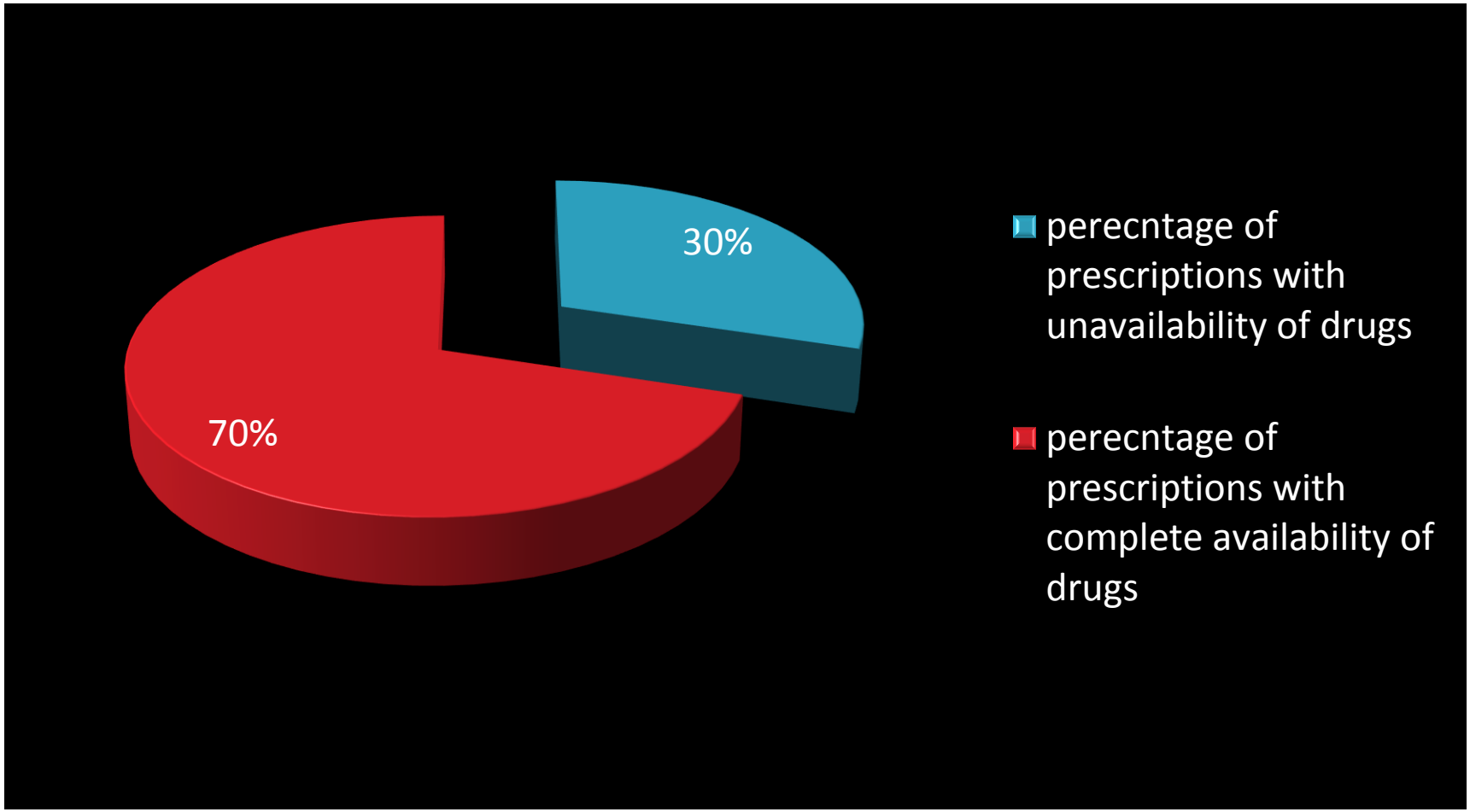
# DATA ANALYSIS

- Data was collected in a MS Excel sheet, keeping a track of number of items demanded, number of items issued and total of billed amount

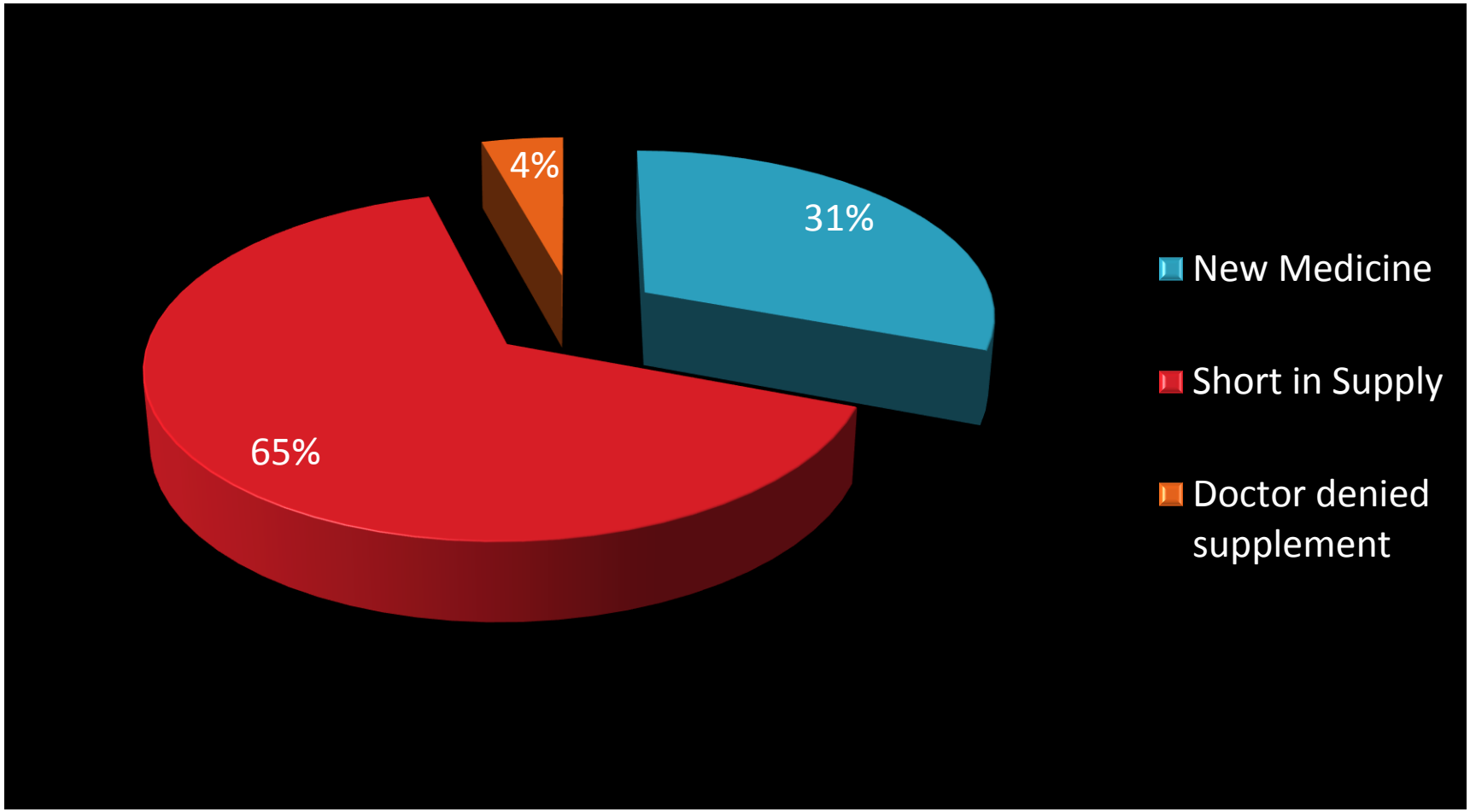
- The price and amount of missing drugs was then verified from the list of drugs at the hospital formulary and further from the hospital store

- For documentation and dissemination of the data charts and graphs are used for the better understanding and clarity

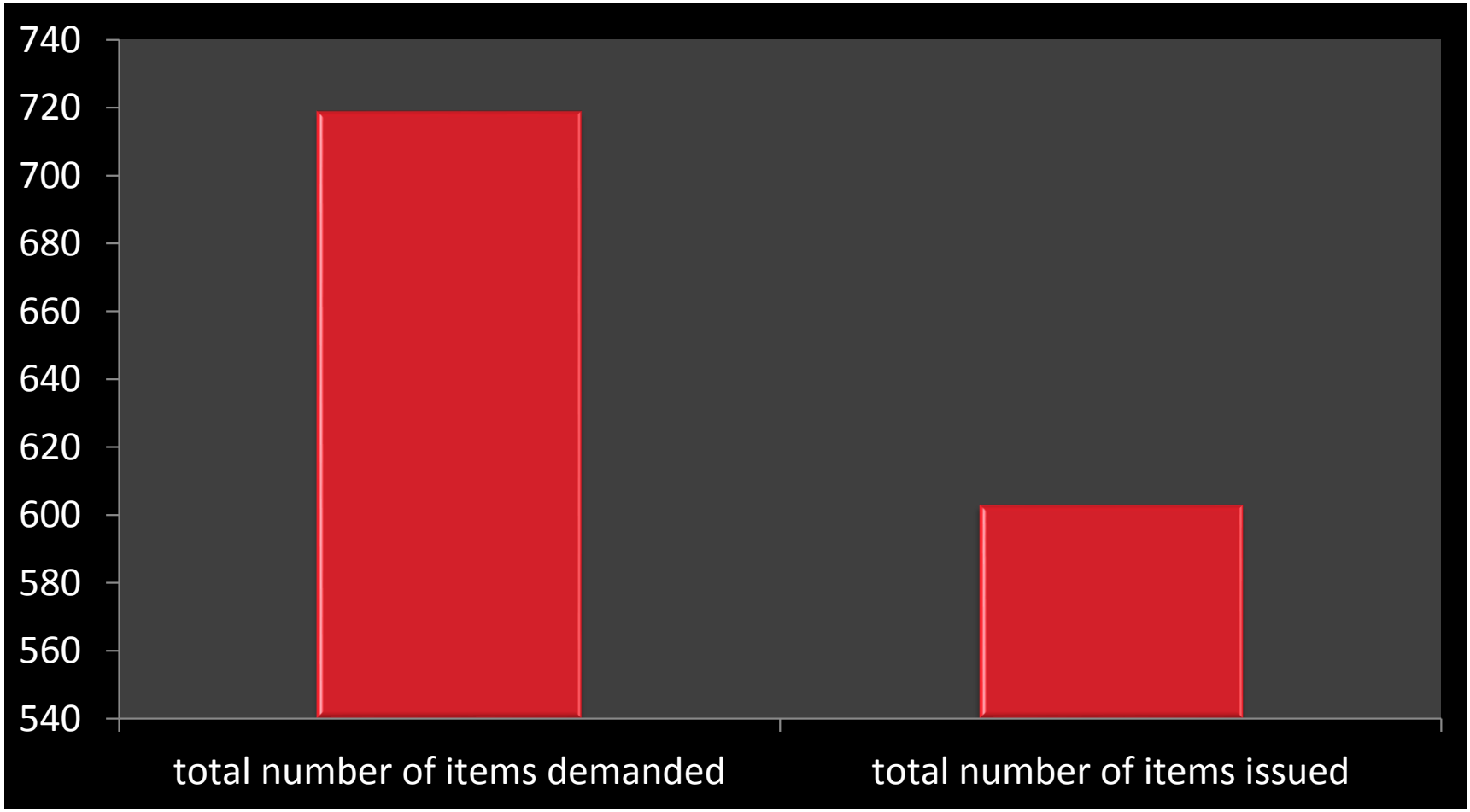
# PERCENTAGE AVAILABILITY OF DRUGS



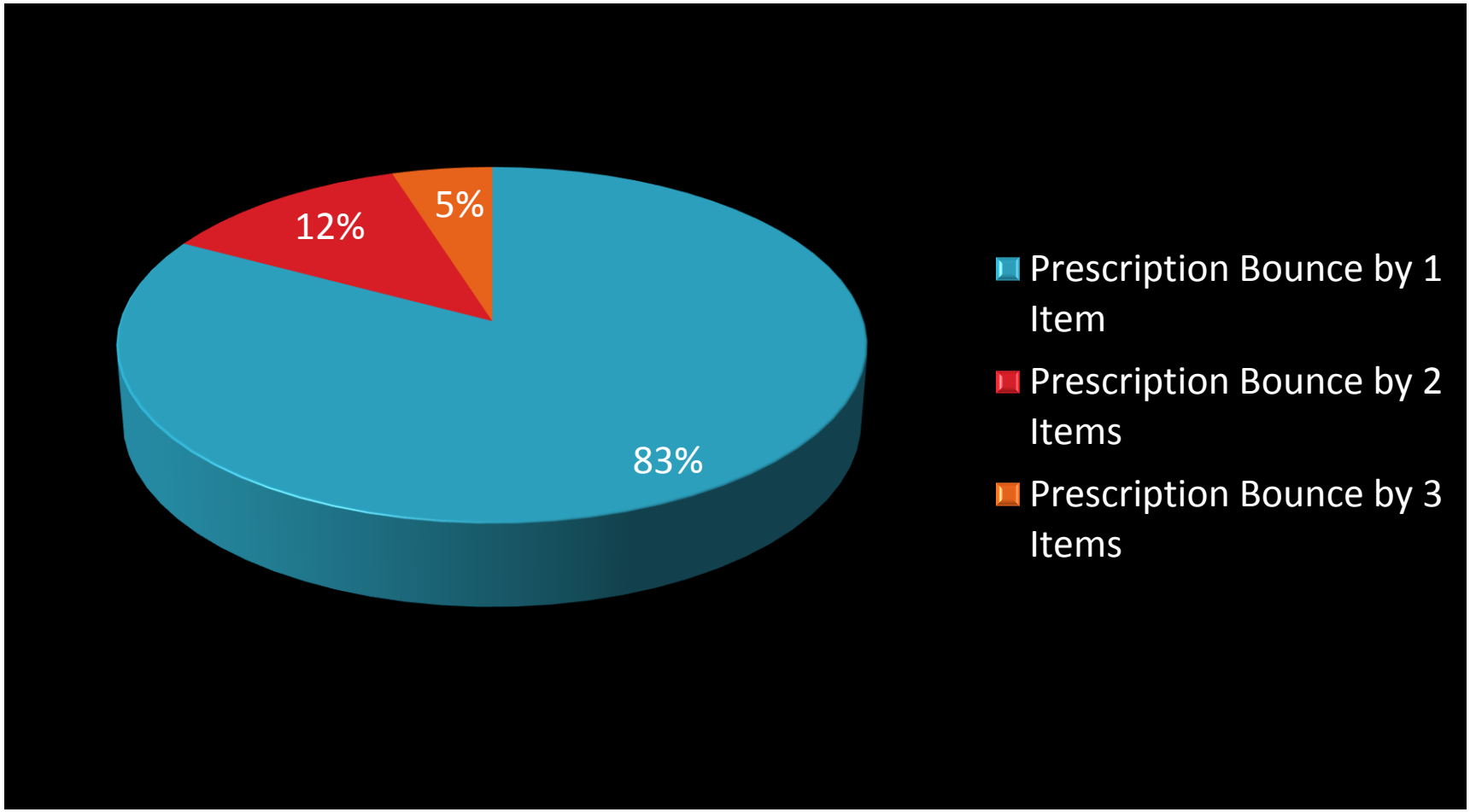
# REASONS FOR UNAVAILABILITY OF DRUGS



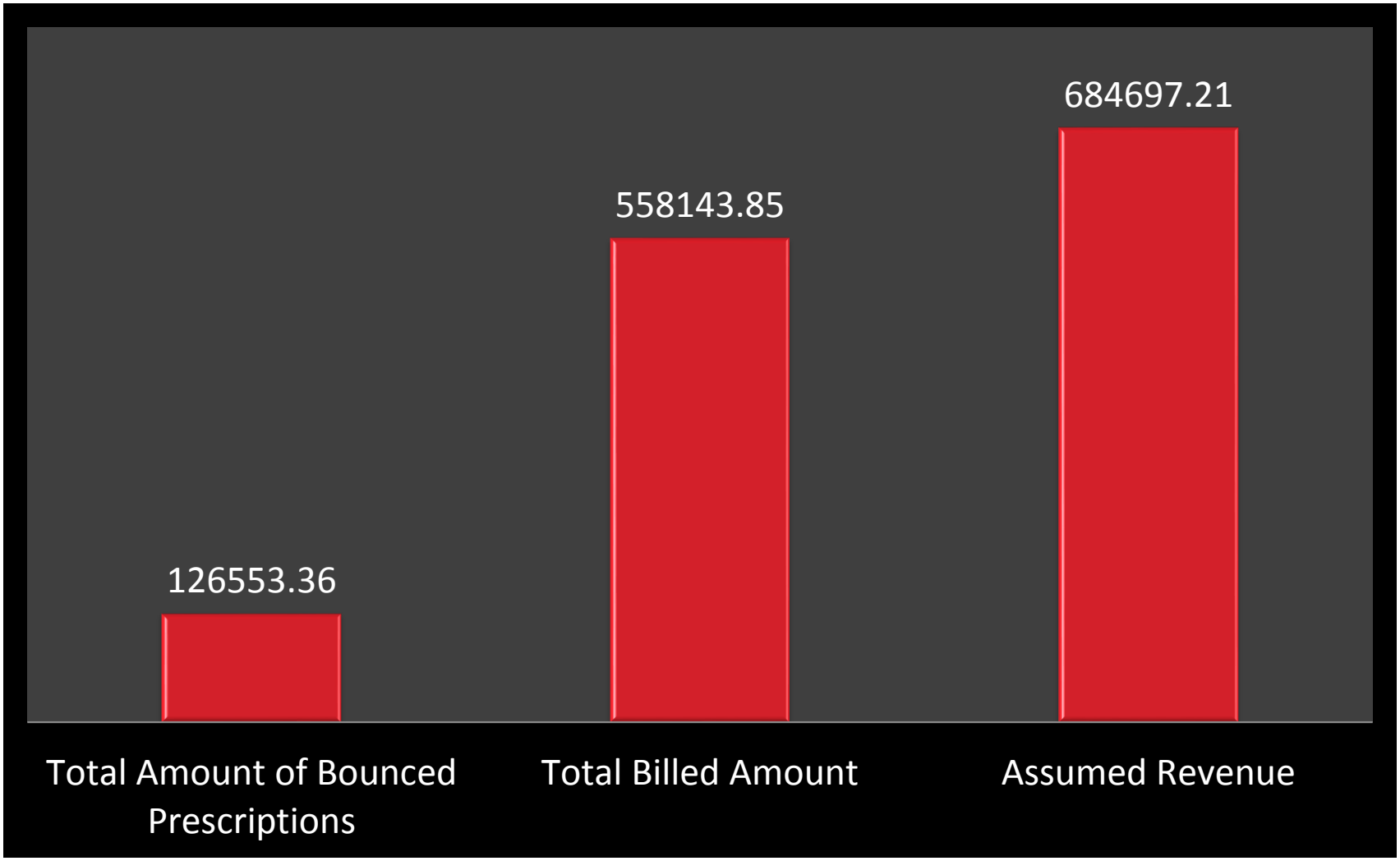
# DEMAND AND SUPPLY OF DRUGS AT OP PHARMACY



# PERCENTAGE OF BOUNCED PRESCRIPTION



# IMPACT ON REVENUE



# LIMITATIONS OF THE STUDY

- Time limitation as per the training hours and days (9am – 5:30pm, No data was collected for Sundays)

- For a day only one out of the three dispensing counters was taken up for the study

- No data was recorded for OTC patients as well as for CGHS and ECHS patients

# OBSERVATIONS/FINDINGS

- Medicines are available in double or half the dosage required
- A register is maintained to keep a track of all the bounce and new medicines separately
- The staff in the OP pharmacy works in 3 shifts: Morning, Evening and Night shifts
- The medicines given are well explained about the dosage and the time to consume to all the patients

# DISCUSSION

- Patients with ESIC/CGHS referral tend to not take medicine from the OPD pharmacy as they prefer not to pay
- Short in quantity
- Discharge Patients many a times complain that a particular medicine is not available at OP Pharmacy while it is available at IP Pharmacy
- If a particular medicine is not available, then patients often refuse to take any medicine at all in the prescription

# RECOMMENDATIONS

- As per the results obtained, due to the 28% bounce of prescriptions the revenue being lost was either due to the prescriptions not been dispensed due to non-availability of drugs prescribed

- The drug formulary should be regularly updated as per the discussions with the consultants

- The Pharmacy can ask the doctors to write the Generic name so that in case of unavailability of a brand, substitute can be given

- Keeping the pharmacy stock outs in check by using a checklist

# RECOMMENDATIONS

- The hospital can have a tie-up with insurance companies that would help the patients to cover their medicinal expenses
- The PTC should provide a list to the new joining doctors to prescribe the medicines from the list
- The inventory should be checked at the time of delivery and all the medicines whose shelf life is less than 3 months should be sent back to the vendor

# CONCLUSION

During the entire period of the study it was observed that in a sample size of 550 about 28% bounce of prescription is causing a loss of revenue over 1,20,000 INR and also a lot of inconvenience for the patients.

Outpatient Pharmacy, in any hospital assumes a vital part in patient care and it makes accessible the recommended pharmaceuticals for the patients and without much budgetary weight, hence encouraging viable patient results and in addition meeting their satisfaction.

# THANK YOU