Key Performance Indicators within a pharmacy department
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Background/Introduction:
The pharmacy service decided to measure agreed performance indicators (KPIs) each month.

Aims and Objectives:
- Explore the benefits of measuring KPIs
- Identify the limitations of measuring KPIs
- Implement service improvements as a result of measuring KPIs

Methods/Design:
The Pharmacy team agreed the KPIs that were to be measured:
- Dispensary errors and near misses
- Complaints and compliments received
- Medicines information queries completed
- Medicines reconciliations completed within 72 hours
- Level 2 clinical checks completed
- Number of pharmacy interventions
- Number of patients counselled about their medication
- Number of education and training sessions carried out

A monthly online survey was designed to enable collection of the data and staff are sent an email with the previous months results and a link to the new survey each month. Dispensing, error rates and medicines information queries were all collected electronically and these results are collated each month.

Results:
- Higher than expected dispensary error rates were identified at some sites – error rates for each site were compared and acceptable levels agreed when compared with national error rates. Action plan in place for dispensary errors.
- Level 2 pharmacy clinical checks have improved over the 6 month period.
- Medicines reconciliation was not being completed on all inpatient units – this was implemented and nurse training carried out for off site units resulting in improved results. Some sites are consistently achieving 100% and we are working with the others to meet this target.
- Good areas of practice were identified with regard to medicines reconciliation and clinical work – some sites are consistently achieving 100%.
- Medicines information data has been shared across sites and new ways of working explored. Training has been implemented but recording is still poor.

Limitations:
- The KPIs measured are a snapshot in time and do not measure performance over the whole month.
- KPIs for counselling, education and training and interventions need to be tightened up to provide more meaningful data.
- Medicines reconciliation completed was shown to improve over the 6 month period but following an audit the quality of our medicines reconciliation was variable.
- KPIs are self reported and therefore may be biased. On implementation of electronic prescribing many of the KPIs will be reported electronically.
- Data was missing for some units some months. Missing data is now reported as a 0% result.

Conclusion:
Measuring what we do as a service has allowed us to review the service we provide as a whole and compare different elements. The standards set are still being amended and discussed as part of continual improvement through the senior pharmacy team and at each site dispensary and medicines management meeting.

References:
Doucette D. Should key performance indicators for clinical pharmacy services be mandatory? Canadian Journal of Hospital Pharmacy 2011 Jan-Feb; 64(1): 55-56