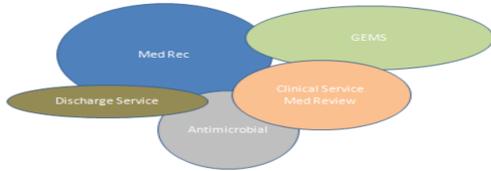# IMPLEMENTING A TEAM BASED CLINICAL PHARMACY SERVICE

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Ward Based, stand alone services

Med Rec • GEMS • Discharge Service • Clinical Service Med Review • Antimicrobial

Introduction
This project describes how the CLIP leadership skills and tools are used to facilitate the implementation of process change into a complex clinical care delivery service. The aim is to safely and effectively alter the structure of the pharmacy service from a series of stand alone, independent functions into a more streamlined , coherent structure

Emphasis on Planning
The CLIP course highlighted the benefits of focussing more time, thought and energy on the planning stage of this project. The emphasis was put into effective communication, building the team, explaining the process we would use to agree on the goals etc. This facilitated a more efficient progress through the actual implementation of the project as the team were more engaged in the planning process.

Plan
Self Assessment, 360 feedback, Myers Briggs, Assess Leadership style,
Build the Team,
use Skill Will Matrix,
Identify Champions, Sell the vision
Communicate effectively,
Brain Storming
GROW Model, Smarter Goals
Conflict Resolution

Act
Negotiate for change
Compromise
Normalise Behaviour

Study
Gather Feedback
Assess the results

Do
Project Management
Gantt Chart
Pilot Project
Project Roll out

Discussion

This project was focussed more on the METHOD used to successfully implement change into the pharmacy service rather that on the VALUE of that change. The process is still new and has had to overcome some difficulties in its introduction (mainly around staffing levels). Due to the emphasis on planning, any difficulties encountered were managed.

Some quantitative Activity Data has been gathered which suggests that the process is an improvement however the feedback from staff and pharmacists strongly supports the change.

Team Based Model

All Patients • Med Rec • GEMS • Antimicrobial • Discharge Service
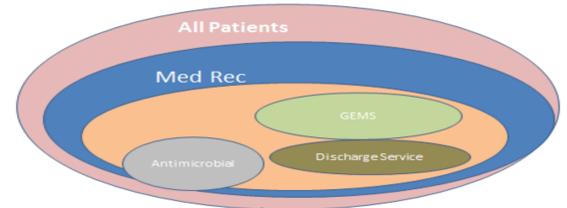
Conclusion
The tools and skills developed during the CLIP course and used in this project are applicable for future use in any quality improvement projects in the pharmacy. They will facilitate the planning, implementation, study and review of all aspects of the service we deliver in a more structured and coherent manner.

The data suggests an increase in visibility of the service (the number of referrals has gone up), increased efficiency (our wait times have decreased) and increased capacity (the number of referrals seen is identical despite a drop in WTE available).

Activity Data

	No of referrals	No of referrals seen	Average wait time	Pharmacists available
Sept 17-Dec 17	254	225	21 hours	3.2 wte
Jan 18-April 18	377	227	11 hours	2.7 wts