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QUALITY MANAGEMENT IN A COMMUNITY PHARMACY

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QUALITY MANAGEMENT IN A COMMUNITY PHARMACY

There are different approaches to Quality Management in Community Pharmacy. There are two main factors influencing the choice of approach:

1. **Aspiration for quality level** is on different levels of ambitions. Regarding the goal for the development of the Community Pharmacy, the following approaches are present in practice:
 - a. When the goal of a Community Pharmacy is to offer high-end services and to become **a prime class Community Pharmacy**, it follows high standards of the profession. An example of this is a Holistic Community Pharmacy.
 - b. When the goal of a Community Pharmacy is to offer services compared to global standards and to become **a standard Community Pharmacy**, it follows standards of the wide professional international organizations, for example FIP (International Pharmaceutical Federation).
 - c. When the goal of a Community Pharmacy is to offer services in line with the law and to be **a Community Pharmacy compliant with legal requirements** in the country, it follows the minimum requirements defined by the relevant law.

2. **The role a Community Pharmacy takes** influences the approach to quality management. For example:
 - a. When the chosen role is to be **a health professional center**, a Community Pharmacy concentrates on the processes regarding the value chain of individual health management, like self-medication.
 - b. When the chosen role is to be **a medication manager**, a Community Pharmacy concentrates on the relevant processes regarding the value chain of medicines, like risk analyses of the medication combination.
 - c. When the chosen role is to be **a medicine retailer**, a Community Pharmacy concentrates on the relevant processes regarding the value chain of medicines, like purchasing and storage.

To achieve transparent model of quality management in a Community Pharmacy, it is more efficient to use a top-down strategy, like in ISO standards 9001, which cover business processes and their results from end user perspective, than bottom-up approach, like in FIP guide, which covers detailed activitie in the Community Pharmacy separately (Wiedenmayer et al. 2006). It is more efficient both in:

- results - what area of work is covered by quality management,
- man hours invested in the creation of a system and in folowing results of the system.

At the same time it is very relevant how much time is needed for the areas with the highest risk for users to be covered with a chosen approach.

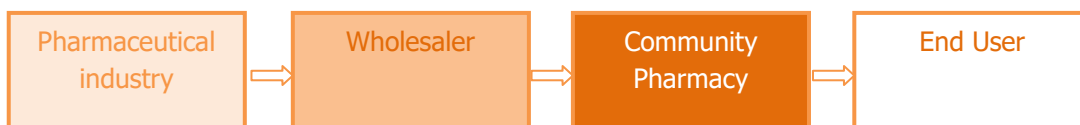
POSITIONING IN THE VALUE CHAIN HAS A HUGE IMPACT ON QUALITY MANAGEMENT

When choosing an approach to quality management in a Community Pharmacy, we are deciding what the most important factor for that particular Pharmacy is.

If we focus on the user of the Community Pharmacy, their visitor, it is necessary to start with services offered and the connected business processes.

The results achieved in that process, sometimes come in a completely different value chain than expected, surprising the pharmacists themselves.

From my personal professional practice it is evident that Community Pharmacists quite often see themselves in the classical value chain of medicines distribution, which is represented in Picture 1.

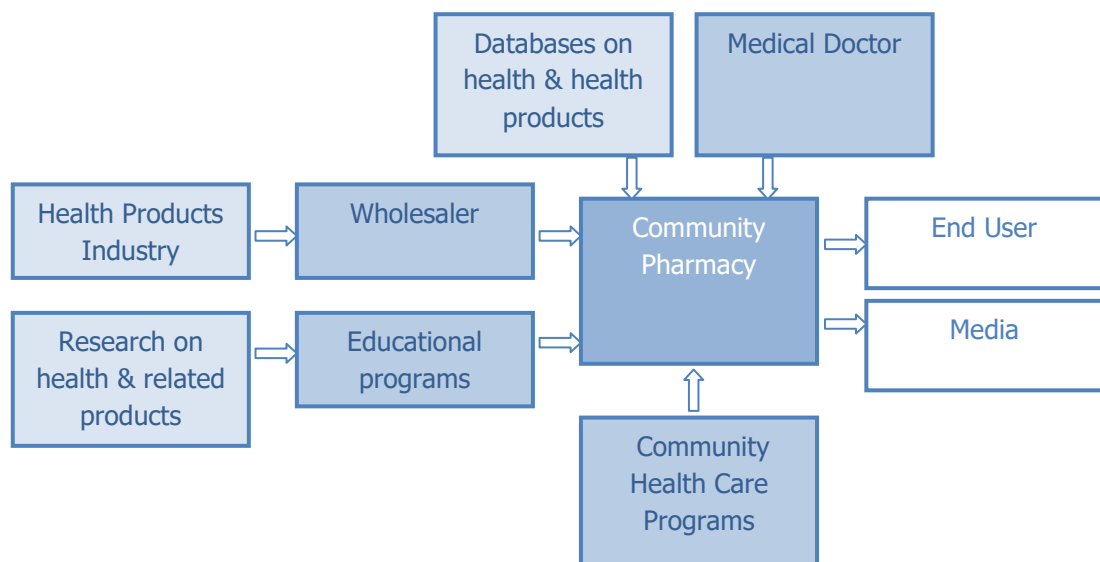


Picture 1. The classical value chain of medicines distribution.

Regardless of whether this value chain is useful from the regulatory point of view on medicines market (Taylor et al. 2004, Chapter 11), in the case of its use as an initial point for the quality management system development for a Community Pharmacy, it is misleading since only the business processes connected with the recognised value chain will be followed.

The result of such approach leads to addressing a particular problem, like Pharmaceutical Care programs.

If a Community Pharmacy starts from the point of a health professional center (being part of the value chain of individual health management), the quality management system development will have to deal from the start with the health of an individual as a whole, just like in the case of a Holistic Community Pharmacy (Puc 2017). In practice this means that a pharmacist is adding value to the health of an individual visitor and their community, not just distributing medicines. The value chain example in the Holistic Community Pharmacy (hereinafter: HCP) is presented in Picture 2.



Picture 2. The value chain of HCP.

The first thing one can notice from Picture 2 is that this is not a plain chain any more. Instead it is more of a value hub with a Community Pharmacy in the middle. It is also obvious the value is not added just through the products but also through information on one's health. On the one hand, there are lines of value chains of health care products with various impacts from other health care professionals on the decision making process. On the other hand, one should not neglect the role of media and advertising, not only in health care products value chains but also as important sources of information on one's health. The media and advertising provide information for self-diagnosis, expectations from the results of treatments etc. All these participants may not be obvious in the value chain, however their added value on the end result is recognised in practise by many players, who invest in them and improve their strength regardless of the position in the value chain.

Comparing the two value chains, described above, from the quality management point of view reveals the differences.

Using the ISO 9001 standard approach as the starting point, the defining point of a quality management system is the product and/or the service the customer is getting and the definition of its quality parameters. If we use that approach from the point of view of the classical medicines supply chain, the focus will be on medicine as the product and parameters of its quality. However, if we use the same approach for the HCP value chain, the focus will be on the one's health, the pharmacist's added value to it and the relevant parameters of quality. To illustrate the difference, there is a list of quality parameters used for each of the value chains:

- A. Where the classical medicines supply chain is used, the following quality indicators are measured: integrity of the medicines, number of pieces given to a customer, etc.
- B. Where the HCP value chain is used, the following quality indicators are measured: compliance with the instructions, managed risk factors for individual health, etc.

The value chain also influences who the influenced parties are and what are their needs, expectations and the perceived quality. For example, in the case of the classical medicines supply chain, all legal requirements could be met. From the supervision point of view, there is nothing wrong with the quality management. However, in the same case it is not necessary that the customers bring enough business to cover the money invested in the Community Pharmacy. This distinction is clearly evident in cases of legal monopoly, showing the difference between the focus of a Community Pharmacy and customers' needs and expectations.

Inevitably, the value chain influences the business processes within the Community Pharmacy.

BUSINESS PROCESSES AND QUALITY MANAGEMENT

The common mistake in any kind of organizational improvement attempt is the belief that the business processes exist by themselves. Along with that goes the decision on the next step in the introduction of a quality management system: »Someone should do the survey and make the inventory of business processes.« However, business processes are not just there to be found. They are a way of organizing work. This means that if they are just written down in the documentation for the sake of quality management system and not to implement them in reality, you will not get a system which ensures higher quality of your products and/or services, but just another bureaucratic system, taking your resources with no return on investment.

Implementation of a process organization in any kind of services industry is a demanding task. There are two main issues to be addressed first:

1. the present level of organizational maturity;

Systematic evaluation of the organizational maturity is a consultancy job. The result gives you a stable and realistic ground to plan the implementation of the new organization, including a change in the management process.

2. the size of the Community Pharmacy in question;

Micro companies, which many private Community Pharmacies are, reject such changes since they consider themselves too small for that kind of structured approaches. However, size has positive and negative impacts in both large and small Pharmacies. For example, in small Community Pharmacies, the roles and responsibilities are concentrated on few pharmacists and therefore less structured communication is needed. On the other hand, in large Pharmacies, there is a bigger possibility for power games.

Nevertheless, process organization brings roles and responsibilities clearly defined with name tags on them. That is the foundation for any kind of quality management.

An implementation of a process organization brings change in the value system of the Community Pharmacy. That is an important consequence not just in the hierarchy and the circuit of business processes, like defining the product portfolio and ordering, but also in the organization of the work. Who is doing what, and what are the competencies needed? Change management takes time, effort and the support of the manager with a clear vision.

For a process management organizational design, close cooperation with a consultant who is experienced in services industry is needed.

As a result a change in job description will be needed and the competence profile will develop.

General competencies of the profession profile are usually not sufficient, since they define just the knowledge and working experience part and as said before, it depends for which value chain they were developed.

COMPETENCEIS SHOULD SUPPORT ROLES AND RESPONSIBILITES

Knowledge is one of the key competencies of pharmacists. In a quality management system, it is of crucial importance to define not just the areas of knowledge which should be covered, but also to define who is the appropriate educator, regarding expertise, competence in education and conflict of interests, and to differentiate the ways of delivering knowledge in line with the measurements of results.

Again, the value chain will influence the relevant areas of knowledge. For example, is it enough for a community pharmacist to continue his/her education on medicines or should all the product classes in the product portfolio be covered along with the health and illness expertise? Who should be educated in which area? How do the roles and responsibilities of pharmacists and technicians differ?

To manage quality covering education it is important to know by which criteria the education areas are chosen and whether it is managed actively or passively, i.e. is there a plan or does it depend on the market. The same goes for the criteria for choosing educators, especially the conflict of interest and its influence on the area of education.

Nevertheless, the most important factor is the influence of education on the quality of service to the end consumer and the measures implemented are valid if they reflect the relevant situation. For example, the compliance of patient after receiving a prescribed medicine.

With compliance we come to other parts of community pharmacists' competencies besides professional knowledge. Their definition is connected with their measurement and it reflects how serious the community pharmacy is with the declaration that the patient comes first.

For a systematic and viable approach to quality management system in Community Pharmacy, there are a number of steps needed to be planned and implemented. They could lead either to a more bureaucratic everyday experience in a Community Pharmacy or to a higher quality of services. Which one will you choose?

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