

Appointment

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**From:** Calvey, Matt [matthew.calvey@walgreens.com]  
**Sent:** 6/16/2017 2:53:45 PM  
**To:** Stahmann, Eric [eric.stahmann@walgreens.com]; Daugherty, Patricia [patricia.daugherty@walgreens.com]; Bratton, Edward [edward.bratton@walgreens.com]; Rowe, Kati [kathryn.rowe@walgreens.com]; Polster, Natasha [tasha.polster@walgreens.com]; Zagami, Patricia [patty.zagami@walgreens.com]  
**CC:** Stauffer, Dave [dave.stauffer@walgreens.com]; Pietrini, Thomas [thomas.pietrini@walgreens.com]; Fleming, Michael [michael.fleming@walgreens.com]  
**Subject:** TDGFD Green Belt Project Meeting  
**Attachments:** DMAIC Storyboard ANALYZE Checklist Deck.pptx; Proposed TDGFD Checklist.xlsx; tdgfd\_checklist\_062016.pdf  
**Location:** 200-1A4;  
**Start:** 6/21/2017 3:00:00 PM  
**End:** 6/21/2017 3:50:00 PM  
**Show Time As:** Tentative

**Recurrence:** Weekly  
every Monday from 1:00 PM to 1:50 PM  
**Required Attendees:** Stahmann, Eric; Daugherty, Patricia; Bratton, Edward; Rowe, Kati; Polster, Natasha; Zagami, Patricia

Objective: Review proposed TDGFD Checklist



DMAIC Storyboard  
ANALYZE Check...



Proposed TDGFD  
Checklist.xlsx



tdgfd\_checklist\_0...

\*\*\*DO NOT DELETE OR CHANGE ANY OF THE TEXT BELOW THIS LINE\*\*\*

Matthew Calvey has scheduled this WebEx meeting.

Dial-in Numbers:

Primary:  
3126019900  
PIN 992 231 705

Secondary:  
8477049982  
PIN 992 231 705

UK Participants:  
08082349073  
PIN 992 231 705

WebEx Access:  
When it's time, start or join the WebEx meeting from here:  
<https://meeting1.voice.walgreens.com/orion/joinmeeting.do?MeetingKey=992231705>



Meeting Number: 992 231 705

Meeting Password: This meeting does not require a password.

Audio Connection

3126019900 (WebEx Primary Dial-in)

8477049982 (WebEx Secondary Dial-in)

08082349073 (WebEx UK Dial-in)

Access Code:

992 231 705

Hosts, need your host access code or key? Go to the meeting information page:

<https://meeting1.voice.walgreens.com/orion/meeting/meetingInfo?MeetingKey=992231705>

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The Walgreen's Conferencing Team

224-542-6055

(Wag Telecom Server 2 Reference ID = PT Meeting Invitation – Invitee)

# TDGFD Process Time Reduction



DMAIC Phase: Analyze

Project Start Date: 2/28/17

Financial Impact: \$ 2.5 million

Business Unit	Operations Administration
Champion	Tom Pietrini
Green Belt	Matt Calvey
Master Black Belt	Dave Luebbe
Team Members	Ed Bratton, Patty Daugherty, Eric Stahmann, Kati Rowe
Process Owner	Tasha Polster



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# Project Charter:

## What are we trying to accomplish?

### Problem Statement

- Pharmacists and Technicians must comply to completing our (TDGFD) checklist when dispensing prescriptions for Target Drugs. An observed study shows Pharmacists spend approximately 4.14 minutes completing each checklist, excluding time spent on phone calls, consultations and scanning the patient ID. With a 25% reallocation of current observed Pharmacist TDGFD Checklist labor to Technicians, the organization could save \$2.5 million per year across approximately 7900 stores.

### Business Case

- Reducing Pharmacist process time to complete the TDGFD checklist by 25% could save the organization \$2.5 million per year by reallocating Rph work to Technicians and/or decreasing overall process time.

### Scope

- Includes: All pharmacies, Target Drug Good Faith Dispensing Checklist, Target Drugs - Oxycodone, Hydromorphone, Methadone, District Specific Drugs (Tablets/Capsules only), possible changes to drugs on list.
- Excludes: Changes to the requirements to check the PDMP. Efforts to improve accuracy and compliance. Changes to ID scanning, phone calls and consults

### Goal Statement

- Reduce Pharmacist process time to complete the TDGFD checklist by 25% by reallocating Rph work to Technicians and/or decreasing overall process time.

### Risks/Constraints

- Make sure all changes work with legal/compliance standards as well as maintaining current quality levels.





# Project Status: Where are we?

Green Belt: Matt Calvey

Annualized Benefits: \$2.5 million

Realized to Date: \$0

Project Phase	Define	Measure	Analyze	Improve	Control
<b>Timeline</b>	3/14/17	6/7/17	6/26/17	8/24/17	9/21/17
Status/ Actual Completion Date	Complete 3/14/17	Complete 6/7/17	Complete 6/26/17	In Progress	Not Started
Project Start Date: 2/28/17	100%	100%	100%	10%	0%

## Activities/Accomplishments This Period

- Fishbone Root Causes
- Data Collection Plan for Root Causes
- Identification of Significant Root Causes
- Future State Process Map
- Business Case-Financial Estimate

## Next Steps

- Solution Prioritization Matrix
- B&E Matrix
- Pilot Plan & Findings
- Implementation Plan
- Risk Analysis

## Project Issues/Barriers

- Data collection took longer than anticipated

## Health of the Team

- Team effectively completing project deliverables



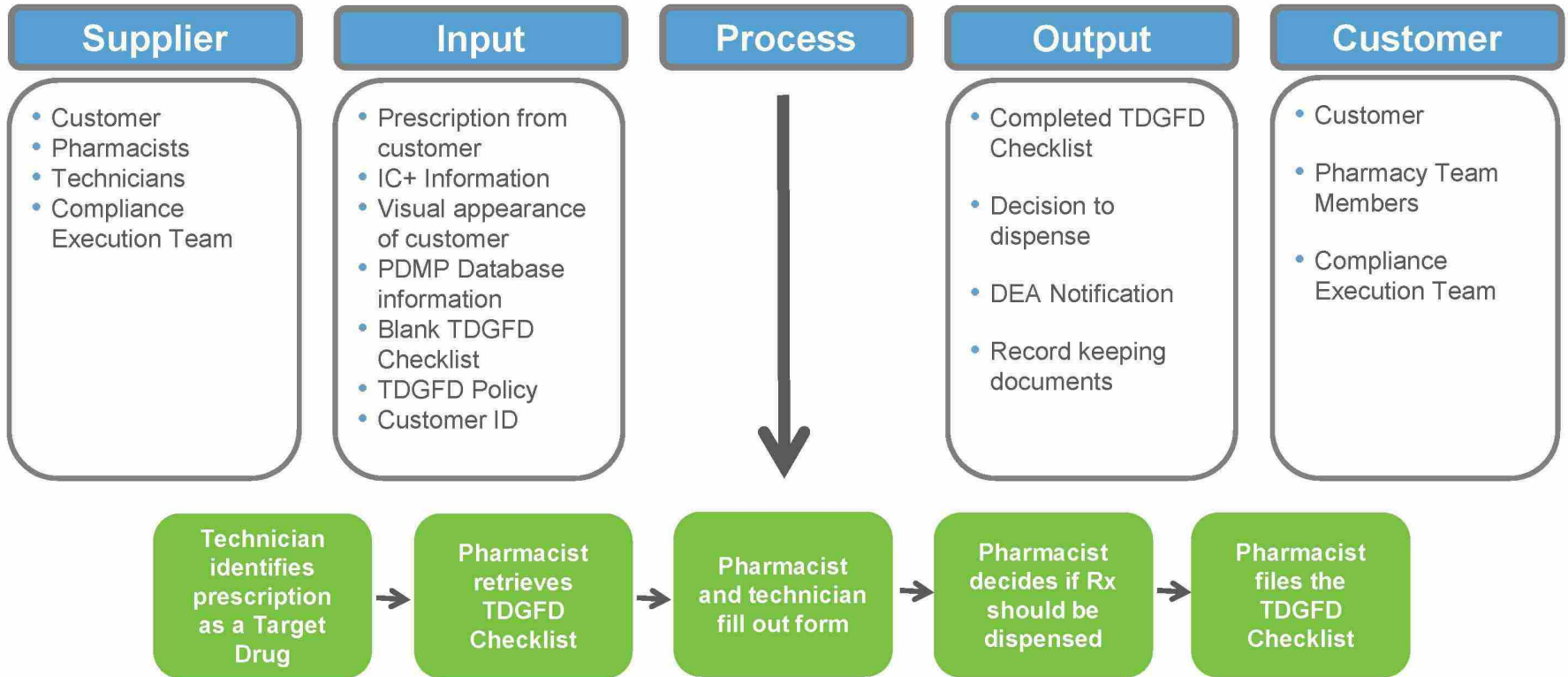
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# SIPOC

## Target Drug Good Faith Dispensing Process Time Reduction



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# Data Collection Plan:

## What data is required to establish our baseline?

### *Variables of Interest*

#### **CTQ/Primary Metric**

- TDGFD Checklist process time

#### **Key Xs**

#### **Process Variables and Stratification Factors**

- Call to prescriber
- Patient consultation
- Yes or no answer on checklist
- Who performed task

### *Sampling Strategy*

#### **Data Collection Period:**

- 3/29 – Buffalo Grove, IL
- 3/30 – McHenry, IL
- 4/12-4/13 – Milwaukee, WI
- 4/24-4/27 – Baltimore, MD
- 5/4 – Lake Geneva, WI
- 5/10 – Kenosha, WI
- 5/11, 5/15-5/16 – Racine, WI

#### **Sample Size:**

46 samples

#### **Sampling Methods:**

All units observed are measured.

#### **Sampling Summary:**

Record process time and relevant information for all units observed.





# Data Collection Plan:

## What data is required to establish our baseline?

	Process Time	Total Count	Tech Frequency	Rph Frequency
Retreive TDGFD Checklist	0.18	38	16%	84%
Record Patient Information	0.3	43	12%	88%
Step 1	0.08	33	12%	88%
Step 2	0.13	34	12%	88%
Access PDMP	0.54	43	0%	100%
Review PDMP	1.25	44	0%	100%
Steps 4-10	0.95	46	0%	100%
Notes and Signature	0.32	42	0%	100%
Gather papers and file	0.39	46	0%	100%
Total Average Time	4.14	46		

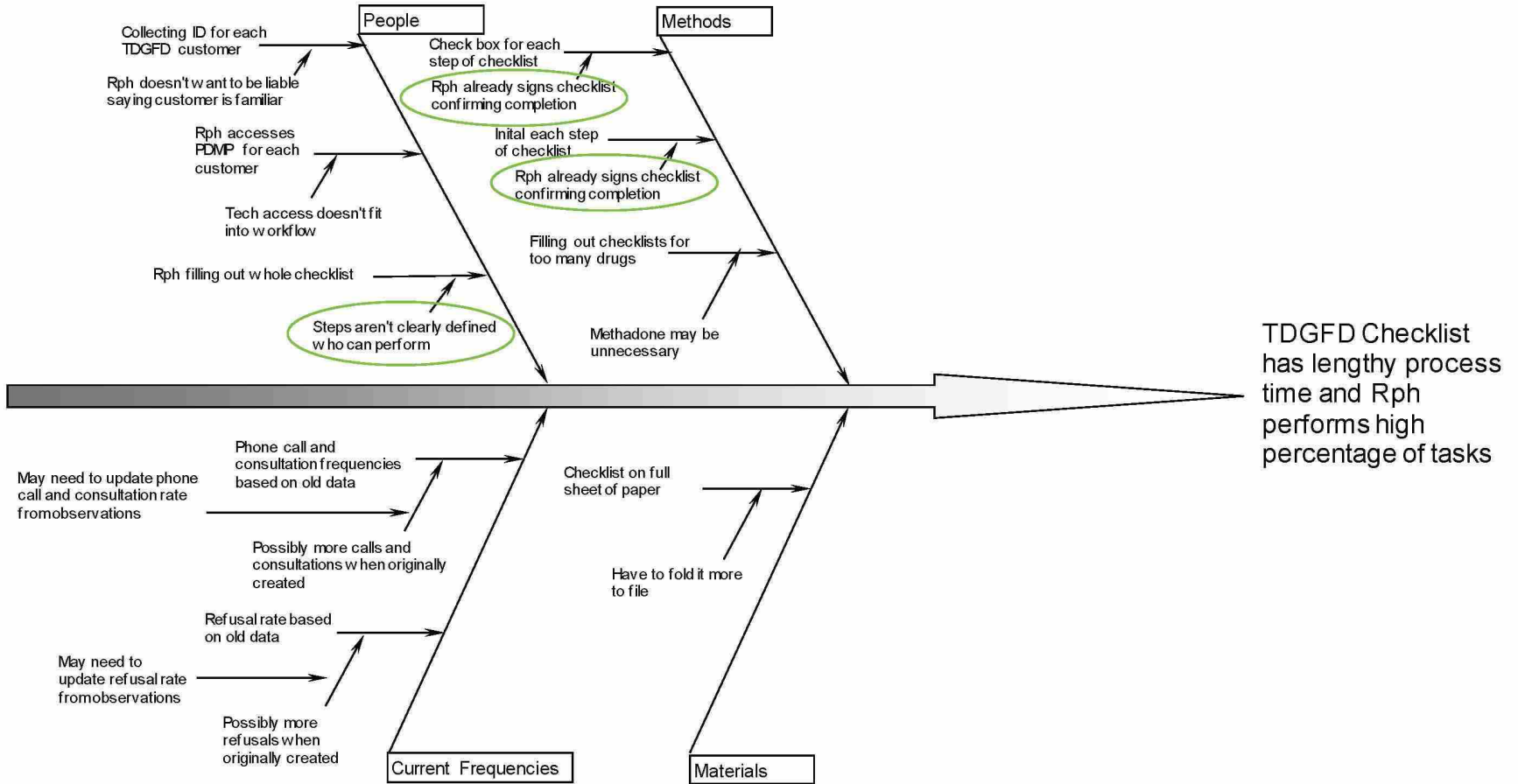






# Cause & Effect Diagram

## What potential root causes have we identified?



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# Cause & Effect Matrix Ranking of Process Steps and/or Inputs

## What potential root causes have we identified?

		Rating of Importance to Customer			
		2	8	6	
		1	2	3	
TDGFD Checklist Process		No increase in wrong dispensing decisions	Steps defined who can perform them	Process Time per TDGFD Checklist	Total
Process Step					
1	Retrieve TDGFD Checklist	0	8	8	112
2	Record Patient Information	2	8	6	104
3	Step 1	2	0	0	4
4	Step 2	4	8	6	108
5	Access PDMP	2	6	0	52
6	Review PDMP	8	0	0	16
7	Step 4	2	8	4	92
8	Step 5	2	4	2	48
9	Step 6	2	6	4	76
10	Step 7	4	0	2	20
11	Step 8	2	6	6	88
12	Step 9	4	0	2	20
13	Step 10	2	8	8	116
14	Notes and Signature	4	0	2	20
15	Gather papers and file	0	4	4	56
Total		80	528	324	

Rank	Process Step	Score
1	Step 10	116
2	Retrieve TDGFD Checklist	112
3	Step 2	108
4	Record Patient Information	104
5	Step 4	92
6	Step 8	88
7	Step 6	76
8	Gather papers and file	56
9	Access PDMP	52
10	Step 5	48
11	Step 7	20
12	Step 9	20
13	Notes and Signature	20
14	Review PDMP	16
15	Step 1	4



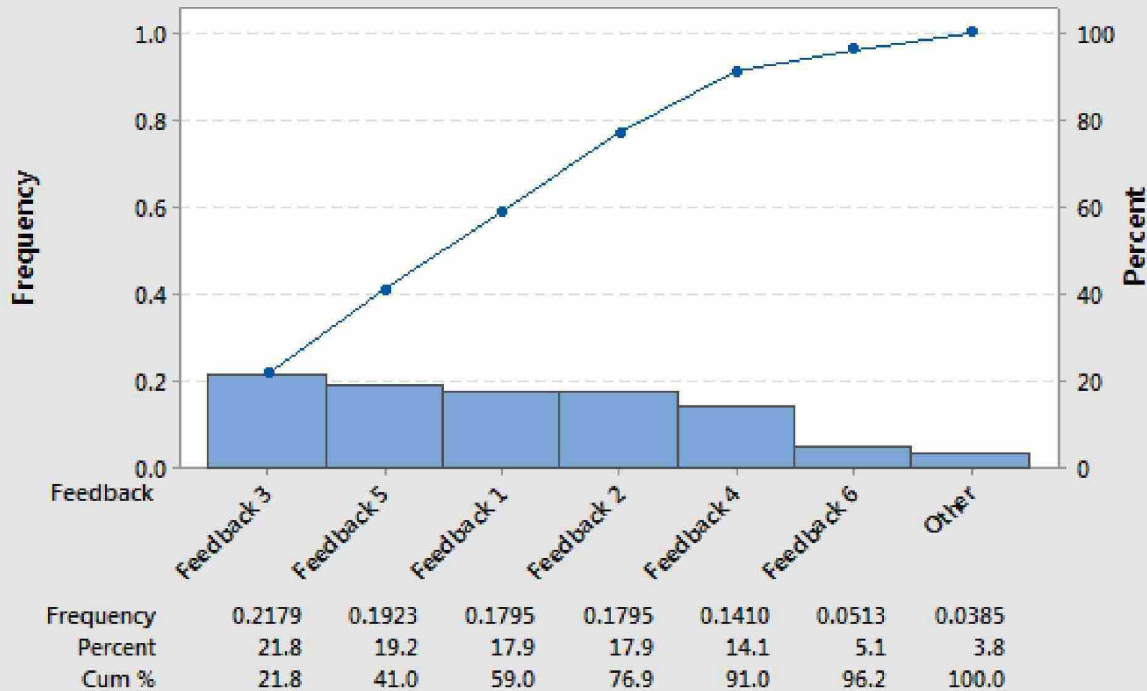
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# Pareto Chart

## What potential root causes have we identified?

Pareto Chart of Feedback



Feedback 1	Initialing each process step adds unneeded work
Feedback 2	Checking box for each process step adds unneeded work
Feedback 3	Rph access PDMP, fits better into workflow
Feedback 4	Step 10 (Patient seems impaired or intoxicated) unnecessary, may not see patient
Feedback 5	Steps not clearly defined who can/should perform them
Feedback 6	Could save space by printing two checklists on one sheet
Feedback 7	Steps 5, 6, and 7 are somewhat vague





# Root Cause Summary: What key drivers of our problem were validated?

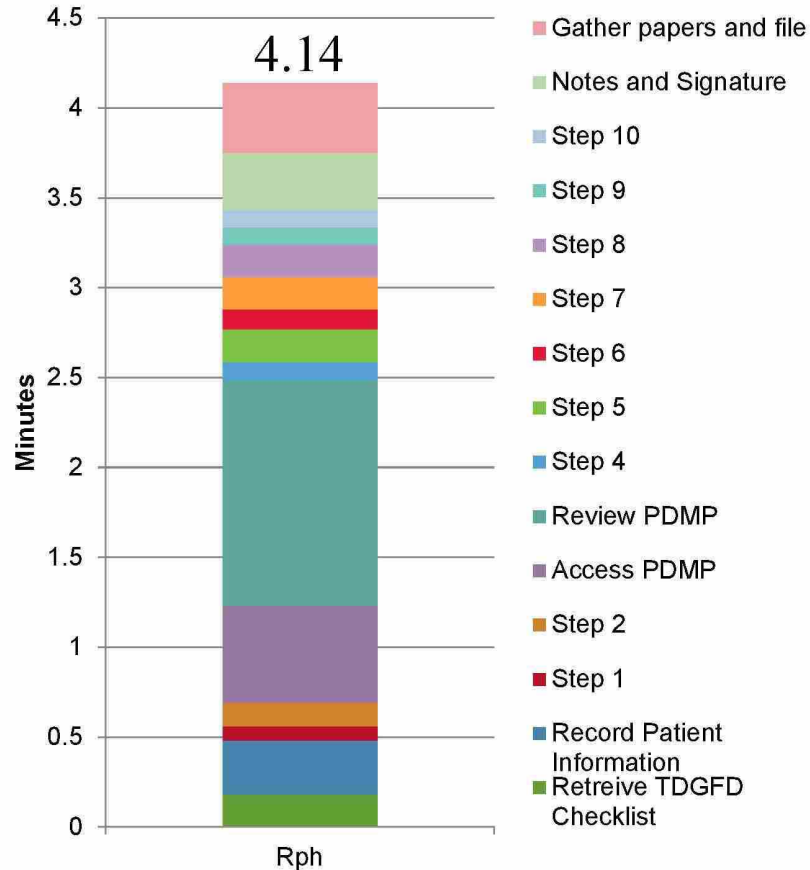
Key Driver	Conclusion
Steps not clearly defined who can/should perform them	Need better clarification of who can perform steps
Long process times from having to check and initial each step	Consider removing initial and check process
Rx Number not needed since attached to hard copy and patient ID	Consider removing from patient information portion of checklist



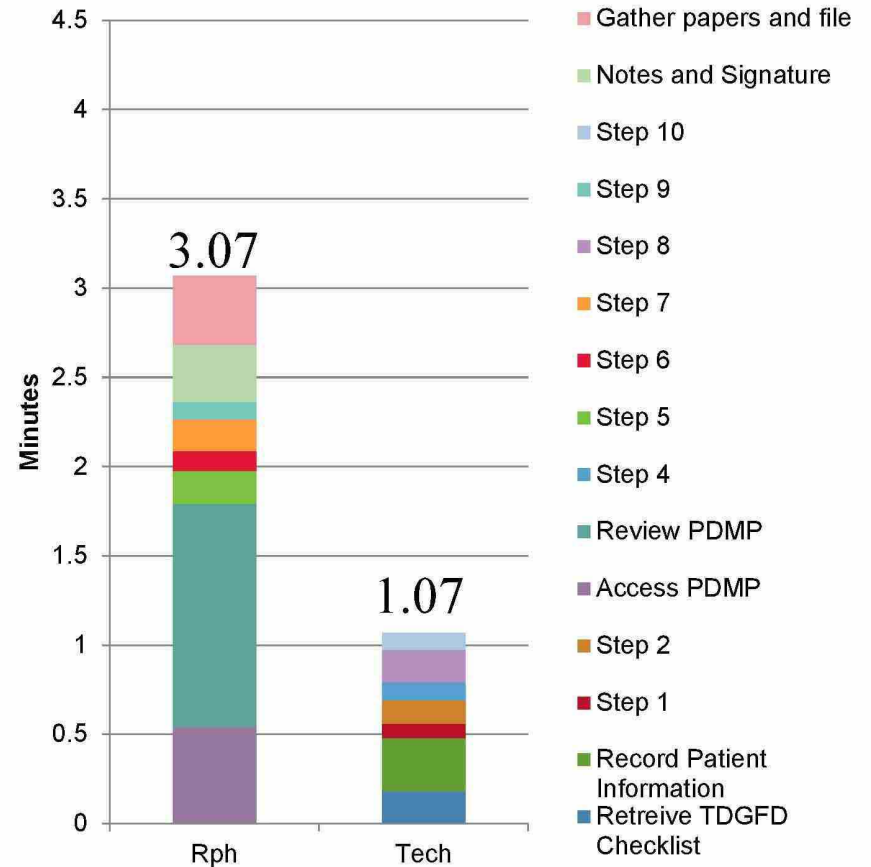


# Current State vs. Proposed Future State Paper Kaizen of Means

## Paper Kaizen Mean Values Current State



## Paper Kaizen Mean Values Proposed Future State



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# Review Current State TDGFD Checklist and Proposed Future State TDGFD Checklist



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## Target Drug Good Faith Dispensing Checklist

**Patient Name:** \_\_\_\_\_ **Rx #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please select **drug** & provide **strength** (tablets/capsules only):  
 Oxycodone \_\_\_\_\_ Hydromorphone \_\_\_\_\_ Methadone \_\_\_\_\_ Other (optional - district specific) \_\_\_\_\_

**Check boxes that apply to assist you in determining if the prescription should be filled. Attach checklist to hard copy of Rx.**

	Yes	No	Mandatory Checklist Requirements; Must be Yes to fill prescription.	RPh/Tech Initials
1	<input type="checkbox"/>	<input type="checkbox"/>	Valid government photo ID copied and attached to hard copy of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, Oncology, bedside delivery, and patients <u>known</u> to the pharmacy staff, unless it is required by state regulations.	
2	<input type="checkbox"/>	<input type="checkbox"/>	No prior GFD refusal for <u>this</u> prescription in patient comments in IC+ profile.	
3	<input type="checkbox"/>	<input type="checkbox"/>	If available in your state, PDMP has been reviewed.	

**Through a conversation with the patient/caregiver in the store or via phone, resolve any concerns, questions, or red flags (examples below) that are related to the prescription. Document in notes section.**

	Yes	No	Additional Checklist Requirements; every "no" is a red flag. Use your professional judgment to assess the prescription for potential abuse, misuse, or diversion.	RPh/Tech Initials
4	<input type="checkbox"/>	<input type="checkbox"/>	Patient has received this prescription from Walgreens before.	
5	<input type="checkbox"/>	<input type="checkbox"/>	This prescription is from the same prescriber for the same medication as the previous fill.	
6	<input type="checkbox"/>	<input type="checkbox"/>	Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.	
7	<input type="checkbox"/>	<input type="checkbox"/>	Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	
8	<input type="checkbox"/>	<input type="checkbox"/>	3rd Party Insurance is billed (cash or a cash discount card is a red flag).	
9	<input type="checkbox"/>	<input type="checkbox"/>	Chronic prescription use can be explained and is supported by documentation (ICD 9/10 codes or diagnosis consistent with chronic pain condition).	
10	<input type="checkbox"/>	<input type="checkbox"/>	Patient does not appear intoxicated or under the influence of illicit drugs.	

**If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section.**

**If no call is required, complete this form with your signature.**

*(For Hospice and Oncology patients only: if unable to reach the prescriber's clinical staff, RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)*

			<b>Notes:</b>	

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures and my professional judgment to review this prescription and I have:

- Dispensed:      Product review Pharmacist signature \_\_\_\_\_
  - Refused:         Pharmacist signature \_\_\_\_\_
- (RPh must make a copy of the Rx for the refusal file folder)

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