

## PROJECT CASE STUDY

# Medication Synchronization Program Redesign

*Redesigned a reactive, fragmented fulfillment process into a coordinated, proactive system that held its integrity through 7x pharmacy-wide operational growth.*

**Role:** Lead Pharmacy Technician

**Organization:** Birch Family Pharmacy (Grantsville, Tooele, and Stansbury Park, UT)

**Partner:** External assisted living facility

**Timeframe:** During 2011 to 2020 tenure

**Focus:** End-to-end process redesign and multi-stakeholder coordination

## The Situation

---

Medications for the facility's residents ran through a fragmented, reactive fulfillment process. Refills were triggered late and handled case by case, which created real risk of therapy interruptions for a vulnerable population, made daily workload unpredictable, and kept the team in constant firefighting mode. There was no proactive cadence and no clear coordination between the pharmacy, the prescribers, and the facility.

## The Objective

---

Replace the reactive model with a coordinated, predictable system: synchronize each resident's medications onto a shared cycle, surface refills before they ran out, and keep prescribers and the facility aligned, all without interrupting anyone's therapy.

## The Approach

---

- Mapped the existing workflow end to end and pinpointed where it broke down: late refill triggers, no escalation path, and no shared schedule across parties.
- Designed a synchronized batch-fill model so each resident's medications came due together on a predictable cycle instead of scattered across the month.
- Built a proactive 7-day refill orchestration workflow: refills surfaced a full week ahead, with a defined prescriber escalation path for authorizations and a standing liaison line to the facility coordinator.
- Set a production schedule so the team could plan batches in advance rather than react to whatever came in that day.
- Ran execution by strength: assigned each team member to the steps they were strongest at (data entry, verification, packaging) and reshuffled stations during high-pressure stretches to keep throughput steady. When it was go time, people moved to where they were needed most.

## Stakeholders Coordinated

---

- **Prescribers:** authorizations and time-sensitive escalations.
- **Facility coordinator:** resident changes, additions, and schedule alignment.
- **Pharmacy production team:** batch scheduling, packaging, and quality checks.
- **Residents:** continuity of therapy as the ultimate measure of success.

## Risks Identified and Managed

---

- **Therapy interruption:** mitigated by the proactive 7-day lead time and a clear escalation path.
- **Authorization delays:** mitigated by a defined prescriber escalation route.
- **Volume spikes:** mitigated through production scheduling and flexible staffing.

- **Communication gaps with the facility:** mitigated by a standing coordinator liaison.

## Results

---

- Moved the program from reactive to proactive, eliminating the late-refill scramble.
- Reduced therapy interruption risk and made fulfillment predictable for the facility partner.
- The redesigned workflow held its integrity through 7x operational scaling, as overall pharmacy volume grew from roughly 60 prescriptions per day in 2011 to 400–500 per day.

The program served the facility's full census of 15–25 residents at any given time (facility capacity: 25).

## Project Management Competencies Demonstrated

---

- Process redesign and improvement
- Multi-stakeholder coordination across external partners
- Resource allocation and situational team leadership under pressure
- Risk identification and mitigation
- Sustaining a system through significant operational scale

## Reflection

---

The redesign worked because it was built around people and timing, not just process on paper. Knowing who does what best, and when to move them, is what kept it running when the volume multiplied.