ANALYSIS OF PERCEIVED BARRIERS ENCOUNTERED BY MANAGEMENT WITHIN PHARMACY WORKFLOW DUE TO INTERMITTENT FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE AT A GOVERNMENTAL TEACHING HOSPITAL

by

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Abstract

Objective: The primary objective of the study is to determine what the perceived barriers are to pharmacy workflow as experienced by management. Specific aims include determining the specific barriers as deemed by Pharmacy Supervisors and the commonality between different facilities when an employee is on intermittent Family and Medical Leave Act (FMLA) leave.

Methods: This qualitative study was submitted prior to commencement to the institutional review boards (IRB) at both the University of Houston and the Harris County Hospital District (HCHD). Inclusion criteria include employees of HCHD who currently hold a title of Pharmacy Supervisor in any of the 15 ambulatory pharmacies. Identified Pharmacy Supervisors were approached at their Ambulatory Pharmacy Services meeting and informed about the study. Once written informed consent was obtained, face-to-face interviews comprising of only the Pharmacy Supervisor and principal investigator were conducted. Subjects were asked to answer approximately 15 questions from a semi-structured questionnaire that was designed to elicit information on barriers to workflow they may have experienced due to employees being on intermittent FMLA leave. Interviews were audio recorded for manual transcription and subsequent data analysis. Grounded Theory approach was utilized for data coding and analysis to determine perceived barriers experienced by Pharmacy Supervisors.

Results: The study sample included 15 Pharmacy Supervisors. Approximately 33.3% of the subjects were male and 66.7% female. The mean years of experience as a Pharmacy Supervisor were 6.6 ± 2.6 years for males and 5.3 ± 4.1 years for females. The data

presented four common barrier themes in which each was discussed by at least 3 of the Pharmacy Supervisors. These themes included the inability to find replacement staff, reduction of patient satisfaction, the decline of morale of staff not on intermittent FMLA and the increased workload despite the outsourcing of FMLA.

Conclusions: Evaluation of the results indicates that there may not be optimal usage of the pool of replacement staff intended for employees out on leave. Unstandardized pharmacy workflows may significantly contribute to the workflow barriers, including reduction of patient satisfaction and decline of morale of staff not on intermittent FMLA. Although the outsourcing of FMLA may improve overall monitoring of FMLA usage, the study suggests that the workload has increased for the Pharmacy Supervisor. Thus, there is a need that may suggest reevaluation of the outsourcing process.

Table of Contents

Table of Contents

List of Appendices

List of Tables

List of Acronyms

BLM	Basic Laboratory Monitoring
BSP	Basic Social Process
DOL	Department of Labor
DUR	Drug Utilization Review
FMLA	Family and Medical Leave Act
HCHD	Harris County Hospital District
HIPAA	Health Insurance Portability and Accountability Act
IRB	Institutional Review Board
MTM	Medication Therapy Management
RIF	Request for Information
SHC	Serious Health Condition
US	United States
USC	United States Code

Chapter One

Introduction

Congressional Findings

Prior to 1993, there was no national family and medical leave legislation (Rogers et al, 2009). Employees were oftentimes faced with choosing between their employment and their health, including the health of their family (USC, 2009). Finding the balance between demands of the workplace with personal and family needs was a challenge (Guerin and DelPo, 2007). Congress noticed this dilemma and formulated a solution to meet the demands of the workplace with the needs of the employee. Congress passed the Family and Medical Leave Act (FMLA) with the objective of addressing such major concerns (USC, 2009). Congress had become aware that: 1) the number of single- and two-parent households in which the single parent or both parents had to work was increasing significantly; 2) it was important for the development of children and the family unit overall that parents be able to participate in early childrearing as well as the care for family members who had serious health conditions (SHC); 3) there was a lack of employment policies to accommodate working parents which could compel them to choose between job security and parenting; 4) there was inadequate job security for employees who had SHCs that prevented them from working for temporary periods; 5) due to the nature of the roles of men and women in our society, the primary responsibility for family caretaking often fell on women, and this responsibility affected the working lives of women more than it did men; and 6) employment standards that applied to only one gender had serious potential for encouraging employers to discriminate against employees and applicants for employment who are of that gender (USC, 2009).

Entitlement

Former President Bill Clinton later signed the FMLA on February 5, 1993. The purpose of the FMLA was to: 1) balance the demands of the workplace with the needs of families, to help promote the stability and economic security of families, and to moreover promote national interests in preserving family integrity; 2) entitle employees to take reasonable leave for medical reasons, for the birth or adoption of a child, as well as for the care of a child, spouse, or parent who had a SHC; 3) accomplish purposes 1 and 2 above in a manner that accommodates the legitimate interests of employers; 4) accomplish purposes 1 and 2 above in a manner that, consistent with the Equal Protection Clause of the Fourteenth Amendment, minimizes the potential for employment discrimination on the basis of gender by ensuring generally that leave is available for eligible medical reasons (including maternity-related disability) and for compelling family reason, on a gender-neutral basis; and 5) promote the goal of equal employment opportunity for women and men, pursuant to each clause (USC, 2009). The FMLA specifically entitles eligible employees of covered employers to take unpaid, job-protected leave for specified and medical reasons with continuation of rights, benefits or positions of employment (US DOL, 2007). It requires the employer to continue those benefits on the same conditions as coverage would have been provided if the employee had been continuously employed (Brislin, 1993).

Entitlement of the FMLA includes 12 workweeks of leave in a 12-month period. The leave allows time-off for: 1) the birth of a son or daughter of the employee and to care for such son or daughter; 2) the placement of a son or daughter of the employee for adoption or foster care; 3) care for the spouse, son, daughter, or parent, of the employee,

if such spouse, son, daughter, or parent has a SHC; 4) a SHC that makes the employee unable to perform the functions of the position; and 5) any quality exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on covered active duty in the Armed Forces (USC, 2009).

Eligibility

To be eligible for the FMLA, an employee must have worked for at least 12 months for the eligible employer and during those previous 12 months, the employee must have at least 1,250 hours of service (USC, 2009). The term eligible employer refers to an employer who employs at least 50 employees within 75 miles of that worksite (USC, 2009). The 50 employees may be comprised of full- and part-time individuals.

There are generally two types of leave that can be taken. The first type is continuous leave whereby the leave is over consecutive days. Determination of how many days define the term consecutive is at the discretion of the institution. For purposes of this study, continuous is defined as 5 or more consecutive days. The second type of leave is termed intermittent. This leave is not consecutive and is rather in separate blocks. It can be characterized as taking leave at more sporadic times.

During the leave, the employee may tend to the specified family and medical reasons as approved by their physician and employer (USC, 2009). The FMLA ensures that the employee's group health insurance is intact under the same terms and conditions as if the employee had not taken leave (USC, 2009). An exception to this rule is that any employee benefits, including seniority, vacation leave, and sick time, do not have to be provided during the leave period (Guerin and DelPo, 2007). Once the leave is over, the

employee must be reinstated to the same position that the employee held with equal pay and any benefits that the employee was entitled to prior to the leave (Guerin and DelPo, 2007).

Survey Reports

In 1995, the Department of Labor (DOL) conducted 2 surveys with one directed to employees and the other directed to employers (US DOL, 2001). The objective was to provide an in-depth look at the FMLA following its implementation (US DOL, 2001). A follow-up report to the 1995 survey was conducted in 2000 and the aim was to observe the trend of FMLA usage (US DOL, 2001). Understanding the implications of usage would help determine if the legislation met the needs of employees while also uncovering any issues experienced by establishments (US DOL, 2001). Approximately 2,558 employee and 1,839 employer interviews were conducted in the 2000 survey (US DOL, 2001). The study estimated that nearly 23.8 million employees had taken FMLA leave and approximately one-fourth of this population, 27.8%, had taken intermittent FMLA leave (US DOL, 2001). Although the legislation allows for job-protected leave and maintenance of benefits as if the employee had not taken time-off, this can be considered as especially disruptive to operations (USC, 2009). It has been stated that staff that take leave for extended periods or inconvenient times can be frustrating for managers trying to maintain productivity and profitability when running a department (Neuson, 2006). The 2000 survey report further investigated the impact of intermittent FMLA on productivity and profitability. It was observed that establishments with 250 or fewer employees overwhelmingly reported no impact on their productivity whereas significantly more

establishments with more than 250 employees reported that there was some sort of negative impact (US DOL, 2001). Similarly it was noted that profitability had more of a negative impact on larger establishments (US DOL, 2001).

The DOL decided to further investigate the FMLA and released a publication of a Request for Information (RIF) on December 1, 2006. This report looked to the public to determine the effectiveness of current FMLA regulations based on their experiences with this legislation (US DOL, 2007). Over 15,000 comments were submitted in response to the RIF which presented several common themes (US DOL, 2007). Themes included employers having to overstaff some positions and subsequently use mandatory overtime to cover positions for which unscheduled intermittent FMLA leave had caused staffing challenges (US DOL, 2007). Similarly, productivity was affected as the lack of employee notification for FMLA leave caused some positions to go temporarily understaffed (US DOL, 2007). There was also a theme that usage of unscheduled intermittent FMLA leave was adversely impacting the morale of other employees (US DOL, 2007). Missed holidays and time-off for those not on the FMLA contributed to added stress which would interestingly contribute to these individuals' own health problems (US DOL, 2007).

The data from the 2000 report, specifically looking at establishments having more than 250 employees, mirrors the sentiments expressed by pharmacy management at HCHD, however the precise barriers encountered have not been elucidated (US DOL, 2001). Furthermore the experiences and themes revealed in the 2007 report were generalized for all employment fields and not specific to pharmacy even though several concepts can be agreed upon by pharmacy management (US DOL, 2007). This poses an

area of research to seek further insight as the pharmacy workflow issues currently present are not completely understood.

Significance of Study

Historically it has been stated by pharmacy management at the Harris County Hospital District (HCHD) that productivity is affected by the number of individuals on the FMLA, particularly intermittent leave. Controls and safeguards to prevent abuse without infringing on employees' rights have been instituted and even more recently, HCHD has outsourced the supervision of FMLA claims to an outside organization. Despite these measures, pharmacy management believes that barriers still exist. The objective of the study is to determine the perceived barriers encountered by management within pharmacy workflow due to intermittent FMLA leave. The focus is to understand the obstacles management experiences and to assess if there are any commonalities of such barriers within different facilities due to intermittent FMLA leave. The purpose is not to validate whether employees should be entitled for FMLA leave for family and medical reasons nor is it to determine if the FMLA leave is used appropriately. That is the role of the employee's physician and such information is deemed private and protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The FMLA prohibits employers and their respective agents from interfering with, restraining, or denying the exercise of FMLA rights, and furthermore from discriminating against employees for exercising their right to FMLA leave (Reed and Koral, 2002). Rather, the scope is to determine the barriers management experiences with pharmacy

workflow. Understanding what these barriers are could possibly uncover issues that have not been addressed before.

Chapter Two

Methodology

This chapter describes in detail the methodology that was used for this study. To date, there are no studies to our knowledge that specifically investigate the barriers encountered by management to pharmacy workflow due to intermittent FMLA leave. The DOL did submit a RIF to better understand the effectiveness of current FMLA regulations, however, it was not specific to the field of pharmacy and its experiences with intermittent FMLA (US DOL, 2007). Likewise, this was a report conducted by the DOL and not an actual study. The methodology of this study was divided into the following:

- Study setting
- Study design
- Sample selection
- Data collection
- Data analysis

Study setting

The study was conducted in 15 locations around Houston, Texas. The facilities included in the study were 15 ambulatory pharmacies within the HCHD system. The 15 ambulatory pharmacies are strategically located around Harris County to meet the needs of the underserved and indigent population. Services that these 15 ambulatory pharmacies provide include prescription dispensing, counseling on new and refilled medications, Basic Laboratory Monitoring (BLM), and Medication Therapy Management

(MTM). These ambulatory pharmacies dispense approximately 2.5 million prescriptions annually to the patients of Harris County.

Study design

This qualitative study was submitted prior to commencement to the institutional review boards (IRB) at both the University of Houston and HCHD. Upon study setting approval, face-to-face interviews comprising of only the subject and principal investigator were conducted. Settings to ensure confidentiality of the interviews included offices of the management personnel as well as private conference rooms. Consent documents were read and the subjects were again verbally asked if they would like to participate in the study. Upon agreement, audio-recording was initiated. Approximately 15 questions were posed from a semi-structured questionnaire relating to barriers to pharmacy workflow that may be experienced due to employees being on intermittent FMLA leave. Questions were adapted from another study describing facilitators and barriers to implementation of an inpatient pharmacy system (Culler et al, 2009).

Sample Selection

The survey population was comprised of pharmacy management currently employed at HCHD from the ambulatory division of pharmacy, specifically Pharmacy Supervisors. There were 16 subjects identified eligible to participate. Their knowledge about the phenomenon under inquiry substantiated their participation (Tavakol et al, 2006). They were approached at their monthly management meeting and informed of the study. The scope and intent of the study was provided and the subjects were informed

that they would subsequently receive a separate e-mail requesting their participation. E-mails were sent to seek preliminary agreement of being in the study. All 16 subjects initially agreed to participate. Upon receiving preliminary agreement, a follow-up e-mail was sent to each subject asking for an optimal time and setting to conduct the interview. Times were determined and once agreed by both parties, the principal investigator arrived to the agreed setting. Consent forms were provided and read to all 16 subjects, however only 15 agreed to further participate in the study. The remaining subject did not feel comfortable with providing written consent nor was comfortable with providing a signature. They believed that there may be some legal ramifications for discussing such a topic. They were informed that approval from two IRBs was obtained and that their confidentiality would be maintained however the subject still did not want to participate despite the aforementioned reasons. This subject was then thanked for their time and consideration of the study. Interviews of the 15 subjects were conducted in 04/2012.

Data Collection

Approximately 15 open-ended questions were used to elicit information from the subjects about perceived barriers encountered by management within pharmacy workflow due to intermittent FMLA use (Culler et al, 2009). Questions included three sections focused on personal background, concerns with workflow, and other issues the subject may experience due to intermittent FMLA usage (Culler et al, 2009). The duration of each interview was approximately 30 to 45 minutes. The interviews of each subject and principal investigator were audio-recorded and notes were taken simultaneously. Confidentiality was maintained as no direct identifiers were collected

during the interviews. Each recording was then manually transcribed in a private setting by the principal investigator and furthermore listened to again to ensure complete capture of the comments mentioned. Afterwards, the audio-recorded file was deleted to maintain the confidentiality of the subject.

Data Analysis

Grounded Theory approach was utilized for data coding and analysis. Grounded Theory is a qualitative method of research that was originally developed by Glaser and Strauss (Trochim and Donnelly, 2008). The purpose is to develop a theory about a phenomenon of interest which is grounded in observations and not abstract theory (Trochim and Donnelly, 2008). A priori beliefs or preexisting theories are not brought upon the data (Ulin et al, 2005). Rather, the data is interrogated to allow fresh theory to develop systematically from the questions posed (Ulin et al, 2005). Generation of theory helps to account for the pattern of behavior that is relevant and problematic for those involved (Tavakol et al, 2006). Grounded Theory does not produce a set of definitive findings but rather produces an ongoing conceptual theory for areas in social research that are not well understood (Hunter et al, 2011).

Data generation includes collecting, coding and analyzing the data concurrently (Tavakol et al, 2006). Once all the interviews were manually transcribed, the collected data was read and re-read line-by-line to uncover patterns in the data (Tavakol et al, 2006). Substantive codes were identified from these patterns. The term substantive is termed as such because they codify the substance of the data and use the words of the participants of the study (Tavakol et al, 2006). These codes are then condensed further

into broader categories (Tavakol et al, 2006). Finally, these broad categories are then collapsed to explain the basic social processes (BSP) giving rise to the thematic concepts (Tavakol et al, 2006). The thematic concepts represent ideas that were mentioned by at least 3 of the subjects (Essien et al, 2002). Each thematic concept is presented in the results section. To ensure accuracy of the thematic concepts, the data was also analyzed by another researcher. All data analysis was conducted with de-identified data.

Chapter Three

Results

This chapter presents the results of the data. Data was collected from April 2012 through May 2012 at the 15 ambulatory pharmacies within HCHD. There were 15 interviews conducted and for a theme to appear, it needed to have been identified in at least 3 of the interviews conducted (Essien et al, 2002).

Demographics

The total sample size was 15 subjects. There were 5 males and 10 females included in the study correlating to 33.3% and 66.7% of the population, respectively. The mean number of years of experience as a Pharmacy Supervisor for males was approximately 6.6 ± 2.6 years and for females approximately 5.3 ± 4.1 years. The mean number of years of experience with HCHD for males was approximately 9.8 ± 5.9 years and for females approximately 10.1 ± 6.7 years. The demographics are presented in Table 1.

Table 1: Demographic Characteristics of the Sample

	Male	Female
Frequency	5	10
Percentage	33.3	66.7
Mean Experience as Supervisor (Years)	6.6 ± 2.6	5.3 ± 4.1
Mean Experience with HCHD (Years)	9.8 ± 5.9	10.1 ± 6.7

Barrier Themes

Inability to find replacements

The major barrier unanimously discussed in the interviews was the inability to procure last minute replacement staff. Due to the nature of intermittent FMLA, time-off can be requested anywhere from minutes to days to months before a scheduled shift. Trying to forecast emergent situations where intermittent FMLA would be needed is difficult. As a result, Pharmacy Supervisors would attempt to acquire replacement staff for these emergent situations, however the common concern was that rarely do replacements ever arrive. The perceived barrier was that during times where intermittent FMLA was utilized for unforeseen reasons, the Pharmacy Supervisors were unable to obtain replacement staff. Results from the interviews are presented in Table 2.

Table 2: Perceived Barrier – Inability to find replacements

Inability to find replacements
"*...more often than not, there is not any coverage to replace that person in what we do, in our day-to-day.*"
"Right now we have very limited resources as far as coverage."
"*...lack of staffing that just causes us to get backed-up because if they are taking 4 hours of FMLA, we don't get coverage.*"
"*...it's not always that you would get coverage and also the number of hours they are requesting, it could be 3 hours, it could be 4 hours and therefore very high chances you will not get coverage...*"
"*Shortage of staff, uh last minute shortage, not planned, uh not being able to cover it..."*
"*...of course we don't have coverage due to staffing issues so we end up having to work short all day.*"
"*Staffing for sure, finding coverage, uh, last minute notices...*"
"*Yeah, one of the major barrier is that um, sometimes you don't have coverage.*"
"*...I have no coverage in place and I may request coverage for this FMLA vacancy, you know, staffing issue but a lot of times it's not possible for them to fill it and that affects my workflow quite significantly.*"

Reduction of patient satisfaction

Another common perceived barrier expressed by Pharmacy Supervisors was the effect on patient satisfaction. With increased waiting-times for medications due to lack of obtaining coverage for the intermittent FMLA call-ins, patient satisfaction is perceived to be affected. Patients are more dissatisfied with the untimely service provided and this in turn affects the productivity of the pharmacy staff. Patients keep inquiring about the status of their medications which disrupts the pharmacy workflow. Potentially other healthcare providers (specifically nursing and physician personnel) are involved in this reduction of satisfaction as patients escalate their experiences. The escalation is as a result of patients returning to their nurse or physician to express the difficulty of obtaining their prescriptions. Results from the interviews are presented in Table 3.

Table 3: Perceived Barrier – Reduction of patient satisfaction

Reduction of patient satisfaction
"*…our wait times go up, um, so in the sense of that, patient care is affected…*"
"*…the customers wait time, um, which you know as the longer that gets, the more dissatisfied they get…*"
"*Increased patient wait time lowers our patient satisfaction scores because their wait time goes up.*"
"*It will affect customer service because we have to work short.*"
"*…the patients get to wait longer due to lower level of staffing and therefore the patients are unhappy.*"
"*…last minute notices uh, impedes with workflow customer service…*"
"*I think of ServiceFIRST, we don't meet our goals of ServiceFIRST.*"
"*When you don't have enough notice, then you run into problems of having longer wait times for patients…*"
"*…there will be a delay in prescription processing for one thing, and the pharmacist may have to be more actively enrolled in providing like the first-line patient care so they may be processing their own prescriptions…*"

Decline of morale of staff not on intermittent FMLA

It was noticed that many of the subjects discussed a theme which affected the remaining, non-intermittent FMLA staff. The morale of these individuals seems to decline as they are constantly asked to work without replacement staff. This increased workload can be a burden both physically and mentally for the staff. The technicians and pharmacists were believed to be affected equally as both parties within the workflow are dependent on one another. Workload responsibilities tend to increase when replacement staff is not provided for those on intermittent FMLA leave. The current pharmacy workflow requires all individuals to work as a team and when one member is affected, the effects are felt throughout the dynamics of the pharmacy. Results from the interviews are presented in Table 4.

Table 4: Perceived Barrier – Decline of morale of staff not on intermittent FMLA

Decline of morale of staff not on intermittent FMLA
"*…employees are assigned additional duties that have to be redistributed.*"
"*…the workload for the staff that are here increases.*"
"*And then it can also decrease morale because we are short a staff – that is more workload that is being dumped on other employees.*"
"*…they are having to take up the slack, and the question has to cross their mind, why should I? It becomes more of an effort to monitor and supervise…*"
"*Staff morale may go down because it will increase workload.*"
"*Obviously employee morale is affected…because generally they feel the pressure to step up and there is no coverage.*"
"*…if they don't have any help, they go the extra mile to cover it, so yeah, morale.*"
"*Some of them feel, I guess, the brunt of the, of the workload on them, um, so I would say sometimes the morale can be affected.*"
"*…they have more workload on their shoulder, they have to do more things, and uh, that decreases their um, their morale for one thing because it's really a burden on them and it's really stressful.*"

Increased workload despite outsourcing of FMLA

With a few of the Pharmacy Supervisors, having to do more administrative work even with the outsourcing of FMLA claims, specifically intermittent, was a perceived barrier to pharmacy workflow. There seems to be the perception that there is more administrative work that is needed to be done to correct and validate information provided by the respective outsourced organization. Validation is in terms of the number of hours utilized for the intermittent FMLA leave and not in terms of eligibility of intermittent FMLA leave for the employee. Likewise, the Pharmacy Supervisors do not seem to receive the appropriate information needed to help simplify the logistics of appropriately coding the time-off requested by the employee. In some cases, the information provided has been either incorrect or untimely. Results from the interviews are presented in Table 5.

Table 5: Perceived Barrier – Increased workload despite outsourcing of FMLA

Increased workload despite outsourcing of FMLA
"*The process to date is, takes up a lot of time…it definitely increases the Supervisors' and time-keepers' workload.*"
"*…the group will send the confirmation, how many hours there will be taken out for FMLA and uh, I have to, then I have to send it to the time-keeper to key it in. So, I mean, why don't they send it directly to the time-keeper and you know, it might cut the loop…*"
"*…the report can be different than what the group has because in the report, you could've coded it at the beginning at unscheduled-paid time-off because their FMLA is not actually, it's pending, so it's not actually in the system so then if you didn't tell the scheduler to go back, change it to FMLA, then that's going to be different than what the group has.*"

Chapter Four

Discussion, Limitations, Conclusions

This chapter presents discussion, limitations, and conclusions with respect to the results obtained from the interviews.

Discussion

Contrary to popular belief, the lack of replacement staff provided was the primary concern seen with many of the Pharmacy Supervisors. This theme was interestingly presented in many of the interviews and seemed to be the underlying barrier to pharmacy workflow. When observing the hiring process, HCHD selects the most qualified applicant for a position not only based on their qualifications but also on the need for a position. Full-time and part-time employees comprise of the bulk of staffing. At HCHD, full-time status is classified as working for a minimum of 32 hours whereas part-time status is classified as working between 16-31 hours (Harris County Hospital District, 2002). There are other employment classifications, specifically supplemental and registry, which also focus on assisting with the operations of the institution. Supplemental staff, also termed as "floaters", are paid a premium rate in lieu of benefits according to hours and shift commitment to help the various departments during times of need (Harris County Hospital District, 2002). The times of need are predominantly when employees need to take vacation leave. The supplemental staff typically does not have a set schedule and "float" to respective facilities on a need-be basis. Conversely, the registry staff employees are hired to work "as needed." They are needed for emergent scenarios such as sick-leave and intermittent FMLA call-ins. During the interviews with

the Pharmacy Supervisors, it seems that there is an inconsistency as to which staff, supplemental or registry, is used to complement intermittent FMLA. The pretense is that supplemental staff are to be used for more predictable periods of time-off and that registry staff to be used for emergencies. Unfortunately that does not seem to be the case as presented in the interviews. Registry staff are used as supplemental staff and this depletes the staff needed for intermittent FMLA coverage. Reevaluating the classifications of respective employees and adhering to the policy at HCHD may provide some relief for pharmacy management. Likewise leading a concerted effort to fill all vacant positions may also help alleviate the pressures seen with lack of staff. We must understand that despite having employment vacancies, it is still an economic challenge to ensure financial stability of these positions which may be a reason for the increased number of vacancies. Potentially standardizing the workflow operations throughout the whole institution during times of critical staffing may also provide some assistance. It can be argued that each patient population at each ambulatory pharmacy is unique and that a standard workflow may not be optimal, however having a contingency plan for intermittent FMLA call-ins may be of use. It is neither necessary nor recommended to term the contingency plan as an "intermittent FMLA" workflow. This would invade the privacy of the employee and ultimately be a cause for subsequent legal action to be taken. Rather, an alternative workflow for emergency situations due to any lack of staffing may be an alternative as suggested by some Pharmacy Supervisors. Although this may not completely resolve the problem, it may temporarily address some of the concerns.

Reduction of patient satisfaction is another common theme that presented during the interviews. Traditionally, pharmacy is one of the last encounters during a patient's

hospital or clinic visit. Such implications are vital to the overall patient satisfaction during a patient's visit so we must make extra efforts to help address such problems. HCHD's ambulatory pharmacy services currently fill approximately 2.5 million prescriptions annually without any automation. Ensuring timely preparation of medications can be a challenge and intermittent FMLA can augment the waiting-times for prescriptions. The increased time can be attributed to staff having to take on extra duties without appropriate staffing levels. In some cases, pharmacists have to process their own prescriptions due to intermittent FMLA call-ins which can lead to longer waiting-times. In this instance, the pharmacist's workflow is impeded with the extra duties. This increases the overall medication preparation time a pharmacist needs to carefully examine each prescription and furthermore conduct a comprehensive drug utilization review (DUR). Equally important, technicians are forced to deviate from their assigned areas of duty. They now have to answer the phones more often and tend to more patient complaints. This causes delays in technician's workflow and as waiting-times increase, patients typically return to their providers and present the dilemma of having to wait for extended periods of time. These healthcare providers in turn escalate the issue to senior leadership and this causes a concern for the facility overall. In some cases, patients decide to leave the premises without their medications which can pose a serious health problem. Devising an alternative workflow addressing the issues related to patient satisfaction may be of use to help relieve barriers encountered by management within pharmacy workflow.

The decline of morale of staff not on intermittent FMLA is a unique barrier encountered by management within pharmacy workflow. As aforementioned in the 2007

RIF by the DOL, employee morale can be adversely affected (US DOL, 2007). The Pharmacy Supervisors mentioned that it is the perception of other employees that those on intermittent FMLA are more entitled to time-off due to medical reasons. Subsequently both supplemental and registry staff are used to help remedy the lack of replacement staff. As discussed earlier, the depletion of these employees prevents those not on intermittent FMLA from being able to take any time-off. This in turn hurts their morale and, in some cases, may affect their health. The health conditions which result can consequently allow them to now qualify for intermittent FMLA. This is a vicious cycle and can lead to further barriers encountered by management to pharmacy workflow. Having an adequate pool of both supplemental and registry staff may help address this issue and increase the morale of those not on intermittent FMLA. The objective is to make sure that those that need time-off for intermittent FMLA receive the designated leave however we also need to make sure that those not on intermittent FMLA do not suffer and that we do not contribute to adverse effects on their health.

The final barrier encountered by management within pharmacy workflow involved the Pharmacy Supervisor themselves. Upon outsourcing FMLA claims to another organization, it was believed that the amount of work involved would be substantially reduced. This does not seem to be the case as the amount of work in the present time has actually increased. Even though the role of the Pharmacy Supervisor during the process of an employee seeking FMLA authorization is almost absent, with exception to the Pharmacy Supervisor providing the contact information for the FMLA provider, the Pharmacy Supervisor does have more of a role in "coding" the time-off. The Pharmacy Supervisor is responsible for ensuring that the employee is not penalized

for taking the time-off, as they would be in the instance of an unscheduled absence to work, by "coding" it correctly in the time and attendance system. Upon receiving the information about intermittent FMLA, the Pharmacy Supervisors must then relay the information to the time-keepers. Within HCHD, there are time-keepers which help to schedule staff and seek relief for pharmacies needing help. The time-keepers also manage the time and attendance for employees. Even though the Pharmacy Supervisor oversees the employee and conducts performance evaluations, it is the time-keeper which handles their time and attendance. It is perceived that this workflow should be a duty that only one party should oversee. It has been suggested that this information be directly relayed to the time-keepers. Furthermore, there is an extra responsibility in that the Pharmacy Supervisor must validate the information provided due to identification of miscalculations by the outsourced organization. So the concern that is posed is that even if HCHD were able to relay the intermittent FMLA information directly to the time-keepers by excluding the Pharmacy Supervisors, there is still the issue of having incorrect data provided since they must now validate the information provided by the outsourced organization. This information is essential in that it reveals a barrier we need to avoid from having efforts being duplicated due to the accounts of inaccurate data being provided by the outsourced organization.

Limitations:

Within this study, it was found that the lack of focus groups may have been a limitation. Having focus groups allows for further stimulation of topics and ideas when a subject is discussed. The discussions continue to the point where no new data can be observed, better known as saturation (Essien et al, 2002). Unfortunately due to the legal ramifications and concern of discussing such a legal topic within a group of people, one-on-one interviews were conducted. Further studies may consider having focus groups to help bring about other barriers management may experience within pharmacy workflow due to intermittent FMLA. Another limitation discovered was the belief by Pharmacy Supervisors that future, legal consequences could result from participating in such a study. This in turn might have prevented some of the Pharmacy Supervisors from thoroughly answering questions. Both during the reading of the informed consent document and during the study itself, it was expressed that two IRB approvals were obtained and that confidentiality would be maintained. Unfortunately there was still some hesitancy to answering questions and this may be an area of focus for future studies. Another potential limitation was the fact that only the Pharmacy Supervisors from the ambulatory pharmacies were invited to participate. Potentially including Operations Managers, Clinical Managers, and even Directors may help uncover further barriers. Intermittent FMLA is entitled to all eligible employees of covered employers therefore having a larger population may provide for more robust data. A final limitation involved the analysis of the non-productive standard located in the respective facilities operating statement. The non-productive standard is a metric provided by the Financial Department that helps to explain the usage of non-productive hours. It is calculation

which takes FMLA usage into consideration. The formulation of this standard is based upon historic data of time-off from the previous year. Unfortunately due to time constraints, this metric was not fully investigated to determine how much of a role FMLA actually plays in the non-productive standard. It is suggested that future studies explore this metric to conclusively ensure we have the appropriate number of staff to balance the needs of those that need to take time-off, specifically intermittent FMLA.

Conclusion:

While the barriers uncovered during this study may seem trivial, this was the first study of its kind to help shed light on such pharmacy workflow issues due to intermittent FMLA use. The obstacles discovered are instrumental and may help encourage further studies of the same nature. The data and results gathered will be shared with the Department of Pharmacy to revisit the structuring of the pool of supplemental and registry staff. Both groups of individuals serve a purpose to help pharmacies during critical staffing levels. However, the utilization of the two parties may not be optimal at this time. As mentioned in the results, patients oftentimes visit the ambulatory pharmacies during the end of their hospital or clinic visits. Lower patient satisfaction scores may result from the lengthy wait-times experienced by patients. Staffing with the ideal number of employees may help improve patient satisfaction scores and not only improve the productivity of the Department of Pharmacy but also the institution as a whole. Improving staff morale is a continuous endeavor however this study was able to allow the investigators to appreciate the effect that intermittent FMLA may have on staff not on this type of leave. We must provide the employees with their time-off for

intermittent FMLA but we must also embrace the remaining staff and not exclude them from receiving time-off that they diligently worked for. The study also came across the realization that although the outsourcing of FMLA may help regulate its appropriate usage, there is an increased amount of work as mentioned by the Pharmacy Supervisors with introduction of the outsourced organization. The outsourced organization is meticulous about safeguarding the health information of employees however they seem to be gatekeepers of even vital information that may be useful for the Pharmacy Supervisor during the reconciliation of hours for FMLA. This may be a barrier experienced only by the Department of Pharmacy however expansion of this study to other departments may help reveal any common trends. At that point would we be able to more definitively determine the effectiveness of the current outsourcing of FMLA claims.

Future research should consider several themes. Expansion of the study to other areas within the Department of Pharmacy may prove to be useful. Understanding the barriers in all facets of pharmacy may be valuable for the department as a whole. Likewise, analysis of the nonproductive standard can shed some light on the current staffing model to determine if it meets the demands of the institution. Finally, understanding the barriers that other institutions may be experiencing due to those being on intermittent FMLA may provide some benefit. Benchmarking such data may help employers of all areas of healthcare to proactively address barriers rather than be reactive once issues arise.

Appendix A: Interview Questionnaire

Pharmacy Management Interviews
Intermittent FMLA Leave Project

Date of Interview: _____

Time of Interview: _____

Interviewer: _____

Brief Introduction of the Project:
READ INTRODUCTION and INFORMED CONSENT

Part A: Personal Background Information:

1. What is your current position?

2. How long have you worked in this position? How long have you worked in this institution?

3. Briefly describe your pharmacy in terms of services provided, work load, staff type and staffing levels. (W*ork load and staffing levels are probably more relevant to issues regarding FMLA. The goal is to understand what the pharmacy does and how intermittent FMLA impacts them!*).

4. What is your role in the process of authorizing FMLA for your employee?

Part B: Interview Guide for Manager Associated with employee on FMLA:

1. What do you believe are the major barriers to workflow as a result of those on intermittent FMLA leave?

2. Do you think that the barrier to workflow affects patient safety or quality of care?
    a. If yes, how?
    b. If no, why not?

3. Which of (your) staff members is most affected when you are notified about an employee on intermittent FMLA leave? *(Let respondent answer before mentioning the specific staff listed below – only ask about them if respondent does not mention.)*
    PROMPTS:
    a. Pharmacists
    b. Pharmacy technicians
    c. Others (nurses? physicians? IT?)

IF respondent does NOT mention "how", ask:

d. Of those staff members identified, how will they be impacted?

(The goal of question three is to first find out which staff member of the manager's staff will be most affected by intermittent FMLA leave. However, we should also collect information from the interviewee concerning the staff member most affected in general)

4. What are the major problems that you anticipate (or hope will be avoided) when informed that your employee is on intermittent FMLA leave? *(Let the respondent answer before using any of the prompts below.)*
   PROMPTS:
   a. Impact on workflow (e.g., change in workflow, reduced efficiency due to additional time to enter data, burdensome)
   b. Complexity of the HR issue (e.g., concerns with employee being on FMLA and not crossing the "fine-line" of allowed questions/actions as deemed by law)
   c. Scheduling issues
   d. Meeting the productivity standard
   e. Have you taken any steps to overcome these anticipated problems? *(Interviewer: if respondent does not mention steps for each problem identified, then follow up and ask about any steps taken to avoid the problem. Feel free to prompt with "barrier" if necessary.*)

5. Are there any other steps you have taken to assure your workflow is successful when an employee is on intermittent FMLA leave? *(Let the respondent answer before using prompts below.)*
   PROMPTS:
   a. Communication about FMLA leave
   b. Your own personal participation in FMLA
   c. Training made available to staff about FMLA

6. What measurable goals or milestones are you monitoring in association with intermittent FMLA leave to help determine if your workflow is successful?

Part C: Exit Question:

1. In reviewing the intermittent FMLA leave process to date, is there anything else that you would like to tell us about the process that you think will impact the success or failure of your workflow?

Part D: Thank The Manager For Time And Effort:

Talking Points:
1. Thank the manager for taking the time to talk with us concerning this project.
2. Provide contact information if they have any questions.

Appendix B: Informed Consent Letter/Document

INFORMED CONSENT LETTER TO PARTICIPATE IN RESEARCH
UNIVERSITY OF HOUSTON/HARRIS COUNTY HOSPITAL DISTRICT

PROJECT TITLE: Analysis of Perceived Barriers Encountered by Management within Pharmacy Workflow Due to Intermittent Family and Medical Leave Act (FMLA) Leave at a Governmental Teaching Hospital

Principal Investigator: Ali-Reza Shah-Mohammadi, PharmD

You are being invited to participate in a research project conducted by Ali-Reza Shah-Mohammadi, PharmD, an MS graduate student from the College of Pharmacy at the University of Houston and health-system pharmacy administration resident at the Harris County Hospital District (HCHD). This is the major project for Ali-Reza Shah-Mohammadi, PharmD to complete requirements for an MS degree and residency certification in pharmacy administration. The project is being conducted under the supervision of Ekere J. Essien, MD, DrPH, FRSPH. Before you decide whether to be in a research study, it is very important that we tell you about the study and the reason it is being done, the procedures to be used, the possible risks and benefits, and your rights as a study volunteer. Giving this information to you is a process called "informed consent" and going over the information in this form is a part of that consent process.

NON-PARTICIPATION STATEMENT

Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty. You may also refuse to answer any question. You may change your mind and leave the study at any time without any effect.

PURPOSE OF THE STUDY

The purpose of this study is to determine perceived barriers pharmacy supervisors experience with employees on intermittent FMLA leave. Controls and safeguards to prevent abuse without impeding on employees' rights have been instituted and even more recently, HCHD has outsourced the supervision of FMLA claims to an outside organization. Despite these measures, there still are barriers that pharmacy management believes to still exist. The primary objective of the study is to determine what the perceived barriers are. Specific aims include determining what the specific barriers are to workflow as deemed by the pharmacy supervisors and if there is a commonality between different facilities when an employee is on intermittent FMLA leave. This study will last 2 months.

PROCEDURES

You will be one of approximately sixteen HCHD pharmacy supervisors to be invited to participate in the research. Informed consent will be provided and if you decide to be in this study, the interviewer will arrive to your site of practice. A private area to allow confidentiality will be designated, the pharmacy supervisor's office. If you would prefer not to use the pharmacy supervisor's office, another potential option would be to use a meeting room that is unoccupied or has not been reserved for use by another party. If you would prefer to not use a meeting room, you will be asked for your preferred setting for interview. The only parties present during the interview will be the pharmacy supervisor and the principal investigator. The interview consists of a questionnaire with three parts containing free-response questions. Questions will be asked by the interviewer and responses will be transcribed manually. During the interview, an audio recorder will be present to record the conversation. The recorded conversation will then be reviewed and transcribed manually, word-for-word, at a separate time at the University of Houston to ensure all comments are documented. Upon completion of manual transcription, the document will be analyzed using a Grounded Theory approach for statistical analysis. There will be no follow-up with this study. The total time commitment is estimated to be between 30 to 45 minutes.

CONFIDENTIALITY

Every effort will be made to maintain the confidentiality of your participation in this project. No direct identifiers will be used for the purposes of the study. Your signed consent form will be kept under lock and key for three years after the study and will then be destroyed. Confidentiality will be maintained within legal limits.

RISKS/DISCOMFORTS

There are no foreseeable risks to your physical and mental health from your taking part in this study.

BENEFITS

While you will not directly benefit from participation, your participation may help investigators better understand barriers that pharmacy leadership may be experiencing due to employees on intermittent FMLA leave.

ALTERNATIVES

Participation in this project is voluntary and the only alternative to this project is non-participation.

PUBLICATION STATEMENT

The results of this study may be published in professional and/or scientific journals. It may also be used for educational purposes or for professional presentations. However, no individual subject will be identified.

AGREEMENT FOR THE USE OF AUDIO TAPES

If you consent to participate in this study, please indicate whether you agree to be audio taped during the study by checking the appropriate box below. If you agree, please also indicate whether the audio tapes can be used for publication/presentations.

- ☐ I agree to be audio taped during the interview.
  - ☐ I agree that the audio tape(s) can be used in publication/presentations.
  - ☐ I do not agree that the audio tape(s) can be used in publication/presentations.
- ☐ I do not agree to be audio taped during the interview.

SUBJECT RIGHTS

1. I understand that informed consent is required of all persons participating in this project.

2. All procedures have been explained to me and all my questions have been answered to my satisfaction.

3. Any risks and/or discomforts have been explained to me.

4. Any benefits have been explained to me.

5. I understand that, if I have any questions, I may contact Ali-Reza Shah-Mohammadi, PharmD at (713) 873-7693. I may also contact Ekere J. Essien, MD, DrPH, FRSPH, Professor and Director, Institute of Community Health, Clinical Sciences and Administration Department, College of Pharmacy, University of Houston, faculty sponsor, at (713) 795-8393.

6. I have been told that I may refuse to participate or to stop my participation in this project at any time before or during the project. I may also refuse to answer any question.

7. ANY QUESTIONS REGARDING MY RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UNIVERSITY OF HOUSTON COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (713-743-9204). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT

THE UNIVERSITY OF HOUSTON ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

8. All information that is obtained in connection with this project and that can be identified with me will remain confidential as far as possible within legal limits. Information gained from this study that can be identified with me may be released to no one other than the principal investigator and his faculty sponsor. The results may be published in scientific journals, professional publications, or educational presentations without identifying me by name.

I HAVE READ (OR HAVE HAD READ TO ME) THE CONTENTS OF THIS CONSENT FORM AND HAVE BEEN ENCOURAGED TO ASK QUESTIONS. I HAVE RECEIVED ANSWERS TO MY QUESTIONS. I GIVE MY CONSENT TO PARTICIPATE IN THIS STUDY. I HAVE RECEIVED (OR WILL RECEIVE) A COPY OF THIS FORM FOR MY RECORDS AND FUTURE REFERENCE.

Study Subject (print name): _____

Signature of Study Subject: _____

Date: _____

I HAVE READ THIS FORM TO THE SUBJECT AND/OR THE SUBJECT HAS READ THIS FORM. AN EXPLANATION OF THE RESEARCH WAS GIVEN AND QUESTIONS FROM THE SUBJECT WERE SOLICITED AND ANSWERED TO THE SUBJECT'S SATISFACTION. IN MY JUDGMENT, THE SUBJECT HAS DEMONSTRATED COMPREHENSION OF THE INFORMATION.

Principal Investigator (print name and title): _____

Signature of Principal Investigator: _____

Date: _____

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