From Fire Drills to Framework:

A Pharmacist-Led Approach to Standardizing 5-FU Home Infusion Patient Coordination

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Problem

- 5-FU is high-alert chemo; missed checks or delayed disconnects risk patient harm
- No standardized tracking; patient capture relied solely on individual nurses via email
- Omissions in high-volume email threads triggered fire drills 2 to 3 times per week
- Baseline: ~215 dispenses/mo (~50/wk); volume doubling annually, 274 (2022) to 2,876 (2026)
- Aligns with UCM's FY26 AOP pillar: Quality & Safety (digital health and AI)

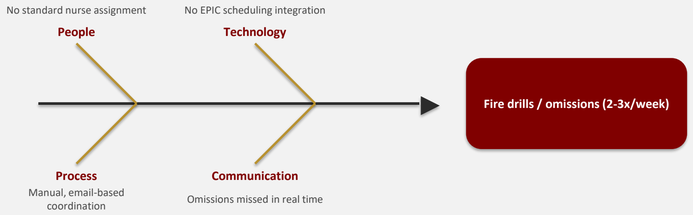
Goal

- Replace manual, email-based 5-FU coordination with a structured EPIC, OneDrive, and Teams workflow by Sept 2025
- Standardize coordination across all 8 clinics without added headcount or new technology cost

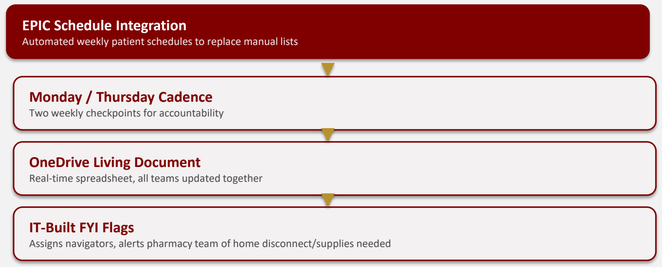
Intervention Design

- **Four components**: EPIC schedule pull, IT-built FYI flags, OneDrive living document, Monday/Thursday cadence
- **Success measure:** same-day fire drills per week, pre vs. post
- Quantified via monthly EPIC dispense counts and a fire-drill tally, tracked pre/post Sept 2025
- **Key players:** pharmacist lead, care/coordination teams, UCM IT, Pharmacy Informatics, department leadership
- **Location:** UCM Home Infusion Pharmacy, serving 8 oncology clinics
- Root causes organized retrospectively using a fishbone framework (people, process, technology, communication)
- Implemented September 2025; evaluated through August 2026

Root Cause Analysis



Intervention Architecture



Results

85-90%
reduction in fire drills

$11K-$19K
*est. recovered pharmacist time/yr**

Fire drills / week (avg), pre vs. post

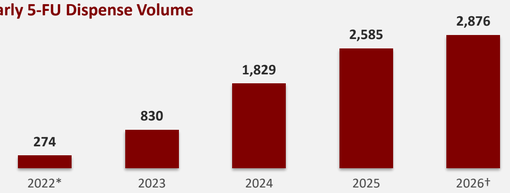


(2-3/wk pre to 1-2/mo post, self-reported)

Pre vs. Post: 5-FU Dispense Volume

Period	Avg / Month	Avg / Week
Pre (Jan-Aug '25)	215	~50
Post (Sep '25-Aug '26)	340	~78
Net change	**+58%**	**+58%**

Yearly 5-FU Dispense Volume



**Jul-Dec 2022 only. †2026 actual through August, real data, not projected.*

- Replaced ad hoc email coordination with EPIC, OneDrive, and Teams across all 8 clinics
- Reduced same-day fire drills an estimated 85 to 90%, from 2-3/week to 1-2/month
- Absorbed 58% more dispense volume with zero added headcount or new technology cost
- Recovered an estimated $11K-$19K/year in pharmacist time (directional estimate)



5-FU vial · Elastomeric infusors · CADD ambulatory pump

Conclusions

- Fire drills fell an est. 85 to 90% while dispense volume grew 58%, with zero added headcount or cost
- Replaced manual, email-based coordination with a structured EPIC, OneDrive, and Teams workflow
- Tracked via monthly dispense counts and a fire-drill tally, pre vs. post Sept 2025 (directional estimate)
- Next: build a formal escalation log, and leverage more automation in generating scheduling reports

Acknowledgements

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