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### **Executive Summary**

- Pilot program began September 2011
- Formal program launch on August 13, 2012
- Phased roll-out to 37 inpatient units completed by April 2013
- Results from formal launch to March 8, 2014 are as follows:
  - 23,000+ patients served
  - 103,000+ prescriptions
  - 36% average capture rate
  - 42% average capture rate (last 8 weeks)
  - 37 units live
- The projected 2014 timeline includes the following:
  - 24,000+ patients served
  - · 99,000+ prescriptions





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### **Reasons for Action**

- · Improve Quality of Care
  - No extra stop for patient after discharge
  - Increased inventory available of hard-tofind medications
    - Learn prescribing patterns and keep corresponding inventory
  - Increased communication
    - · Pharmacy to physician
  - Staff engagement

### 5th Annual PRC Excellence in Healthcare Conference **Reasons for Action** • Improve Quality of Care Additional payment options available

- Social work medication vouchers
  - •
  - . Coupons
  - Discounted prices
- · Increased time for social work and case management patient interaction

### **Reasons for Action**

- · Increase utilization of Outpatient Pharmacy
  - <5% of discharge prescriptions being filled at outpatient pharmacy
  - Large campus made pharmacy hard to find and difficult to access

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- Campus spans 16 city blocks
- · Many patients had to use transporters if they wanted to use in-house pharmacy







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### From Pilot to Launch

- · Gaining engagement
  - Executive Team
  - Nursing Team
  - Case management and social work teams



nitiation: Phase 1		
2012	Unit	
August	August 13 <sup>th</sup> : 14400, 14500, 12200, 12100 August 27 <sup>th</sup> : 11200, 11100, 10200, 10100, 17300	
September	September 10 <sup>th</sup> : 9200, 9100 September 24 <sup>th</sup> : 8100, 2100, 13100	
October	October 8 <sup>th</sup> : 7300, 7400 October 22 <sup>nd</sup> : 7100, 7200, 7500	
November	November 5th: 6200, 5200	
December/ Pause Point	Review progress	





2013	Unit
March	March 18 <sup>th</sup> : 6400, 6500 March 25 <sup>th</sup> : 17400, 14300
April	April 1 <sup>st</sup> : 9400, 5300, 5400, Nursery April 8 <sup>th</sup> : 16300, 16400 April 15 <sup>th</sup> : 11400, 11500, 10500 April 22 <sup>nd</sup> : 15300, 15400, 15500













# **Receiving prescriptions**

 When discharge prescriptions are ready, cover sheet and prescriptions are faxed to outpatient pharmacy

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 Paperwork then placed in a designated Mobile Pharmacy binder by fax machine for pick-up by pharmacy staff



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## **Processing Prescriptions**

- · Prescription insurance billed
- · Discount applied to self-pay patients
- Patient called to confirm method of payment
  Cash, check, or credit accepted
- Prescriptions delivered as soon as they are completed
  - Within 60 to 90 minutes of receiving the fax

# **Delivery of Order**

• When technician arrives on unit, paperwork is picked up from designated binder

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 The technician then sells the prescription to the patient in the room and offers pharmacist consultation

# Technology: Initial State

The prescriptions were sold to the patient using a Mobile Pharmacy application on a smartphone with attachment and printer















# Technology

The device connects to a receipt printer via blue tooth

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 Once prescription is sold on device, prescription will show sold in outpatient pharmacy computer system























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Unit Type	Average % Capture Rate
Orthopedics	77%
Women and Infants	64%
Psychiatry	63%
Medicine	40%
Cardiology	32%
Neurology	30%
Surgery	30%







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# **Quality of Care**

- Prescription errors/duplications are caught and resolved before patient leaves
  - Approximately 12% of patients
  - Decrease call backs to nursing units after discharge
- Insurance issues are resolved immediately
  - Prior Authorizations
  - Formulary changes
  - · Approximately 6% of patients

























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### **Patient Satisfaction**

- "I loved the Mobile Pharmacy. It was such a perk to go home with my meds in hand."
- "I'm so glad that the Mobile Pharmacy brought my medications because I would not have been able to afford them."
- "It was Saturday night when I was released. It was really helpful not to have to go out and try to get my medications after finally arriving home."
- "I'm so glad that I had Mobile Pharmacy bring me my meds. I would have had to go through a lot to get them. It was so nice to take them home."

# **Patient Satisfaction**

"I did get my medications and they brought them to me in my room. It was the best thing ever. I was overwhelmed with so much new information and this took one more thing off of my plate. This was actually the most professional, reassuring hospitalization...from the Emergency room till when I left."

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# Reasons for Action

- ✓ Increase Prescription Compliance
- ✓ Increase Patient Satisfaction
- ✓ Reduce Readmissions
- ✓ Improve Quality of Care
- ✓ Increase Utilization of Outpatient Pharmacy

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### Conclusion

Mobile Pharmacy continues to become an integral part of the Barnes-Jewish Hospital culture and fully embodies BJH's commitment to be a national leader in medicine and the patient experience.



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