

# BIDMC Pharmacy's Med to Bed Program

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TAP TO GO BACK TO KIOSK MENU

### Introduction/Problem

In recent studies, it has been found that approximately 30% of patients fail to start taking one or more prescriptions within one week of discharge from the hospital. Failure to start new medications in a timely manner after discharge is associated with increased morbidity and mortality. In addition, this delay often results in over utilization of healthcare resources and increased readmission rates. The decision was made to implement a bedside delivery program when there was an opportunity recognized to improve patient outcomes and decrease readmission rate.

In October of 2018, the newly opened BIDMC Retail pharmacy began implementation of the "Med to Bed" program. In conjunction with inpatient leadership, the pharmacy mapped out the current discharge process in order to implement an effective bedside delivery program that integrates with the current practices. The pilot for the program began on two cardiology units – Farr 3 and 5. In March of 2019, the pilot expanded to three more units; orthopedic surgery (Stoneman 7), bone marrow transplant (Feldberg 7) and oncology (Reisman 11). The program has worked to provide several services such as prior authorization processing, financial assistance and adherence packaging.

## Aim/Goal

The main aim of the bedside delivery program is to provide a smooth transition at the point of discharge by providing prescriptions in hand to the patient. In addition to patient convenience, the program will also generate an additional revenue stream for the retail pharmacy. The goal of the program is to capture 100% of all eligible new prescriptions from pilot units and provide education on all new discharge medications.

#### The Team

- Chirag Desai, RPh Director of Retail and Specialty Pharmacy Operations
- John Awad, PharmD Retail Pharmacy Manager
- Kripali Patel, PharmD Medication Discharge Program Coordinator
- Jigar Mehta, PharmD Med to Bed Pharmacist
- Doriana Andrea, CPht Med to Bed Lead Liaison
- Parth V Patel, BSN RN Manager, Pharmacy Data and Analytics
- Qua Tran, BS Pharmacy Data Analyst

#### The Interventions

- > A Med to Bed steering committee was established with key clinical and operational stakeholders including physicians, nursing leadership, project improvement and innovation managers, marketing team members as well as inpatient and outpatient pharmacy leadership. This committee meets on a weekly basis discuss progress, solicit feedback, and chart the program's future.
- In addition, to the steering committee the pharmacy team meets internally to discuss goals, analyze data and improve workflow on an ongoing basis.

#### Process

Team

Team

Patient

BIDMC Pharmacy SIDE DELIVERY REQUEST – FAX COVER SHEE **Provider Name** Provider Pager/Ex Discharge time

- Cover sheet is filled out by inpatient staff Inpatient
  - Prescriptions are faxed down to pharmacy or sent electronically

Pharmacy

- Data entry team processes prescriptions and reaches out to provider if any issues
- Production team fills medications
- Pharmacist reaches out to patient to confirm payment after final verification

 Receives medications in hand prior to discharge along with an offer to be counseled on their medications

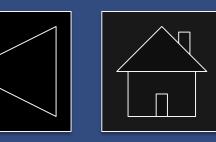
For more information, contact:

Kripali Patel, PharmD – Medication Discharge Program Coordinator. Kpatel12@bidmc.havard.edu

\*\*Atorvastatin 80...

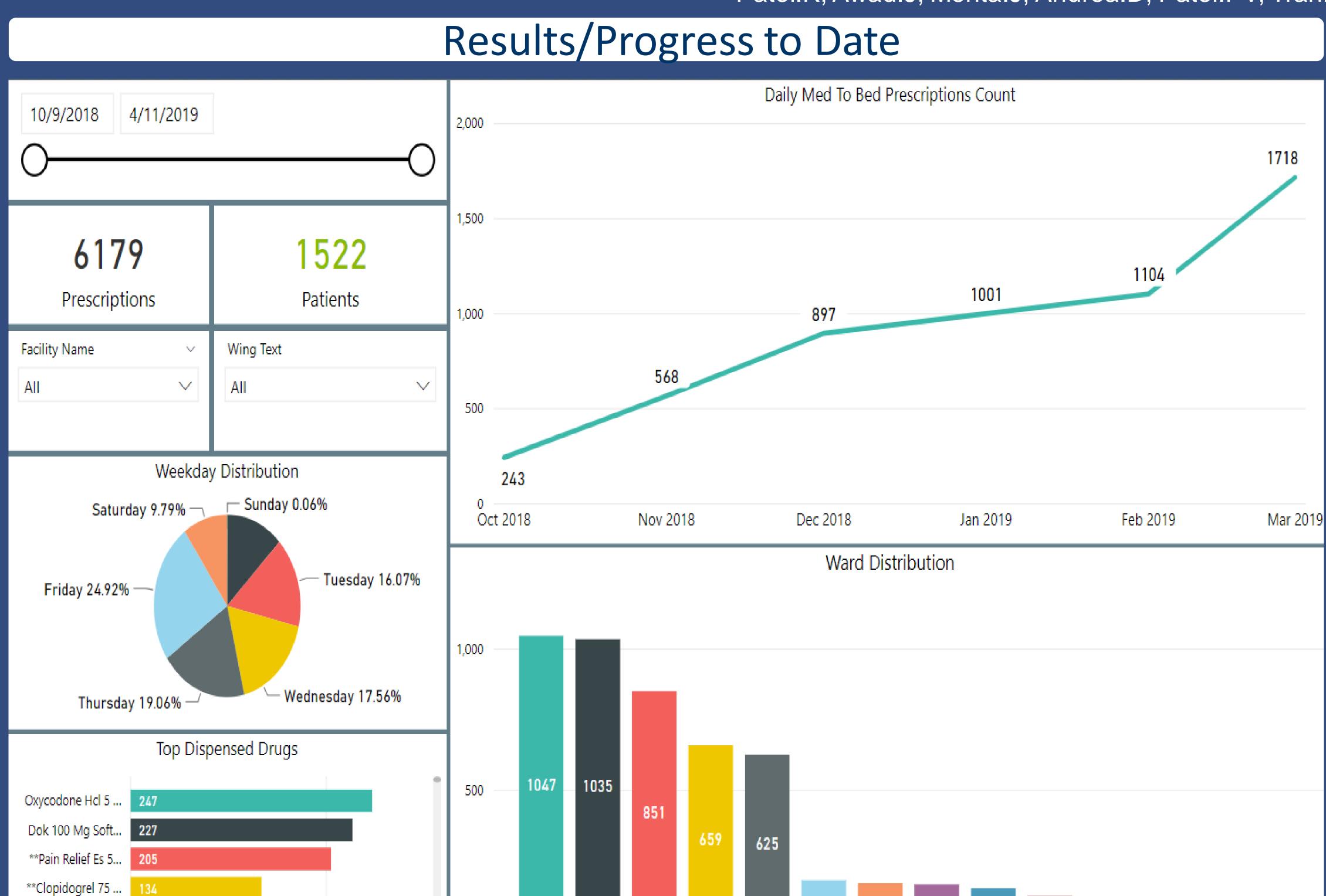
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#### Lessons Learned

- The same process cannot be implemented on each unit, as each unit is unique in its staffing and workflow
- ➤ IT issues current process of e-prescribing for admitted patients is inefficient
- Current pharmacy workflow is dependent on multiple IT platforms that are not in sync for a more efficient process
- Non-uniform communication channels to the pharmacy often duplicate efforts or impede efficiency
- Controlled substances deliveries require dual verification on the pharmacy end and inpatient side
- Prior authorizations often impede discharge, through use of overrides and vouchers this can be overcome with an in-house bedside delivery program

### Next Steps

- ➤ IT Med to Bed Service Option on provider order entry (POE) to streamline communication and opt-in process
- Analyze pilot cohort to assess impact on readmission rates —
  compare group that received med to bed versus group that did not
  take advantage of service
- > Develop patient-centric marketing information for welcome packets
- Develop new delivery packaging to ensure safe hand off of controlled substances
- Expansion of program to additional units
- Recruit additional resources including liaisons and interns for the program

For more information, contact: