PRESCRIPTION FOR EXPEDITED DISCHARGES

Inventing better care to get
patients home faster.

VCU Health's reputation in the Richmond, VA community is defined by inventing better care, day by day, by discovery—which includes intense research, collaboration with experts, and sheer brainpower meeting unrelenting willpower. VCU is committed to doing whatever it takes to offer the best in care while empowering a greater quality of life.

Such a commitment to care is what led Kelley Barry, Senior Clinical Applications Analyst, to review best practices related to patient discharge to both improve the experience for patients and free up capacity for the health system. One of the discharge efficiency best practices encourages care teams to plan for a patient's discharge 24 hours in advance to avoid delays on the day of discharge. That's where Barry saw an opportunity to improve the process and reduce the number of delays related to obtaining prescriptions prior to patient discharge. By creating a 'discharge pharmacy indicator' in TeleTracking's PatientTracking Portal™ application, the pharmacy can identify and prioritize prescriptions for patients being discharged that day, or in some cases, fill prescriptions the day before. Barry's research shows that discharge milestone delays stating patients were waiting for a prescription were in fact actual medication delays, so making the milestone more specific was the first step in developing a new set of indicators.

"We assembled a cross-functional team that looked at ways to improve our overall approach. The group agreed that an initiative with discharge pharmacy would be one of the easiest to roll out. I quickly saw the impact this could have and started a conversation with a pharmacist who was also interested and ready to move forward," says Barry. "Expanding on the other initiatives to optimize our ability to prioritize prescriptions for patients being discharged, we developed a new care progression indicator. Now when prescriptions are sent to the pharmacy, the pharmacists see the pending and confirmed discharges in this new column and can prioritize the prescriptions that need to be filled—and consequently avoid delays in that patient's discharge."

EASY AS RED, YELLOW AND GREEN
A key benefit to the new approach is the increased visibility. Here's how it works:

- If a prescription has been sent to the pharmacy with no discharge order, and the pharmacist hasn't started filling it, a "red pill" appears on the portal screen.
- When the discharge pharmacy begins working on a prescription, they click an icon under the "In Progress" status column, turning the status to a "yellow pill."

- If there is a delay, the pharmacist can click on the reason [co-pay needed or prior authorization for example] and then add more specifics in the notes section.
- When the delay is noted, an "alert" icon appears so the inpatient unit can investigate what is causing the issue and address it.
- When the pharmacist completes filling the prescription, they click on the icon under "Completed/Delivered" and a "green pill" appears.

The visibility also extends to which prescriptions are couriered and which are transported via a pneumatic tube system, which requires a security code in order to be released. By simply hovering on the portal screen, staff members can see which prescriptions are which, obtain the proper code and avoid delays. Future plans include working to add a "care type" icon to indicate an outside pharmacy needs to be used and creating an interface to make it possible to complete those orders.

With the strong initial buy-in, the rollout of the new portal views and processes proceeded smoothly. It was simple to educate all of the units and pharmacists since the technology part basically just involves clicking buttons and indicating whether the code is red, yellow, green or an alert. The launch also included regular rounding to address any questions or potential issues. In addition, a detailed "cheat sheet" was created to supplement the training and several pharmacists were trained as super-users to serve as an ongoing resource.

"Since we implemented about six months ago, it has made an enormous difference in reducing the number of phone calls between the pharmacy and the inpatient units—including reducing calls from nurses and doctors calling multiple times about the same patients," concludes Barry. "We've also received feedback from the staff about how much easier it's making their jobs. And patients are also more satisfied since their discharge is efficient, meaning they're able to go home quicker."

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Kelley has been with VCU Health since 2010. She has a BA from VCU and is working on her Information Technology Master's Degree with Informatics Specialization from the University of Maryland University College.