

Better customer service, integration with Epic

New Point-of-Sale System Brings Behind-the-counter Benefits to Hospital Pharmacies

Even before the outpatient pharmacies' epic February 1 transition to Epic, their customers have more space at the counter, pharmacy staff have less paperwork to shuffle, and the pharmacies themselves can store more prescription information electronically.

Those are some of the benefits of the pharmacies' 13 new point-of-sale (POS) touch-screen computers. The touch-screen system from Charlotte, NC-based Emporos, installed December 6, significantly upgrades the hospital's retail pharmacy operations, said UCH Ambulatory Pharmacy Associate Director Andrew Davis, PharmD.

In addition, the POS system will be integrated with the Epic electronic medical record when the first wave of ambulatory clinics and the pharmacies themselves "go live" on February 1.

Multiple benefits. *"It's a major technological step for the outpatient pharmacies," Davis said.*

The hardware alone is an improvement over the old machines, he explained, because the central processing unit (CPU) and the monitor are combined. That means less clutter on the counter and opportunities for better customer service.

"It's a smaller footprint," he said. "Before [the installation] we had a large CPU on the side or below the counter with a monitor or keyboard on the counter, along with a price display pole and printer. [With more space], we have better eye contact with our customers and have more room to take the prescriptions out of the bag and verify that we're giving the right drugs to the right patients."

The software, Davis noted, also includes an electronic signature device that authorizes computer card transactions. The device stores the credit card information in a single database with mail-order prescription information.



One of the new touch screens in the Atrium Pharmacy.

"That's a key to our mail-order program," Davis said. Previously, he explained, credit card and mail-order information were stored in separate databases. Employees had to switch between them when they rang up a sale.

Maximizing the mail-order program's efficiency is especially important because employees enrolled in the self-funded UA Net plan are required to use the hospital's mail-order program to refill their maintenance prescriptions after three refills at another retail pharmacy (*Insider*, December 1, 2010).

Pushing out paper. The new system will reduce paperwork and record keeping for staff, Davis added. For example, the electronic signature device automatically tracks who signs to pick up a prescription, and captures whether a patient accepted or declined counseling for a prescription.

"We have had to maintain a paper log when people signed for prescriptions," he said.

The new system also means the pharmacies can offer more products. Until the December installation, for example, paperwork demands meant the hospital did not sell Sudafed (pseudoephedrine), Davis said. Restrictions put in place in 2006 removed the nasal decongestant from store shelves and put it behind the pharmacy counter. Consumers have to show a driver's license and sign a log book to buy it.

"We didn't sell it because [the restrictions] would have required us to maintain a manual log," Davis explained. That's changed. "The new system automatically tracks who purchased [Sudafed] on a daily and monthly basis."

"Black hole." A second phase of the POS installation will begin February 1 when the Pharmacy Department, along with a group of ambulatory clinics and other departments, goes live on Epic. When that happens, Davis said, some of the advantages of having an integrated electronic medical record will take hold.

The POS system, for example, will allow the pharmacies to identify patients whose prescriptions have been flagged by ambulatory pharmacists because of questions about dosage, drug interactions or intolerances, allergies or other issues.

"The flag will stop the prescription from being sold," Davis said, "but our pharmacies can fill the order, have it ready and then sell it after the pharmacist removes the flag."

Currently, such communication is difficult, he added, because the pharmacies and the clinics are on different information systems.

Flagged prescriptions enter a black hole that often creates frustration for the patient, he noted. "Right now, if we don't fill an order because a pharmacist has questions, the patient comes to the window and we have nothing."

Davis said the hospital is considering a third roll-out phase for the POS system that would allow staff to pay for prescriptions by swiping their identification badge, much as they already do to pay for meals in the hospital cafeterias.

Implementing badge-swipe payment could save the pharmacies tens of thousands of dollars in credit card fees and help drive enrollment to the self-funded plan, Davis surmised. But for now, the idea is only in the planning stage, he emphasized.

"It would require IT resources," he said. "We'll need to get in the queue for that."

