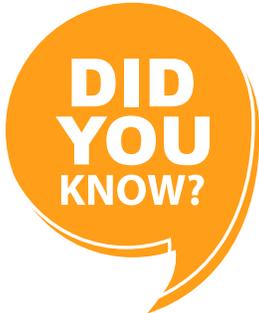




# Case Study

## How To Successfully Implement a Meds-to-Beds Program



In 2013, hospitals began to experience Medicare penalties based on 30-day readmittance rates for specific medical conditions. These penalties triggered systemic changes across hospital organizations, all with the goal to improve patient compliance following discharge and thereby improve patient outcomes and reduce readmittance rates.

Today, the drive to reduce readmittance rates through improved patient compliance continues.

Outpatient pharmacies play a major role in organizational initiatives. Both in making sure that patients leave the hospital with appropriate medications and instructions, but also in giving every patient the tools for long term compliance and wellness.

Meds-to-beds programs create opportunities to meet these goals.

In this article we'll draw on years of meds-to-beds program experience. Providing not just a single-use case, but a framework for successful implementation of meds-to-beds programs through four key areas: Software, hardware, training and long-term support.

### Software

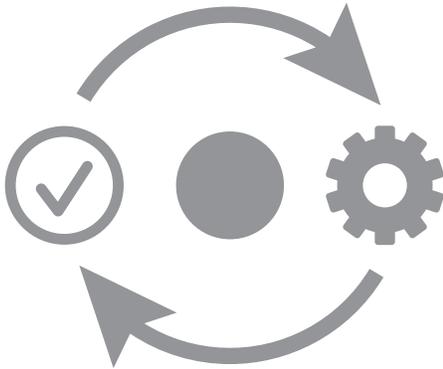
Meds-to-beds programs must operate with flexibility while still adhering to rigorous pharmacy compliance standards. Challenges include signature capture, PHI and PII concerns, and secure credit card acceptance.



Additionally, bedside transactions capabilities must not come at the expense of patient experience and satisfaction.

Software considerations for meds-to-beds programs should include; ease of use for patients and employees, continuity of care, existing or desired system integrations, alignment with both regulatory and organizational compliance mandates, robust reporting capabilities, and the convenience features that you'd like to see offered at bedside. Let's explore each of these areas a little further:

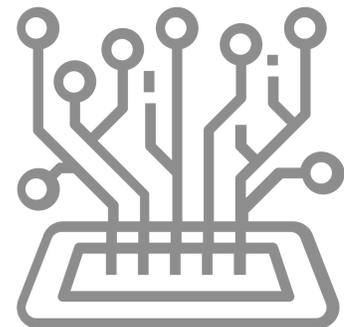
- **Ease of Use & Continuity of Care** – Using the same Pharmacy POS software application for both meds-to-beds and the main outpatient pharmacy counters provides many benefits. Pharmacy team members use a single application for every transaction, no matter where they process it, reducing the potential for errors or confusion that impact the patient experience. This also means that all transaction data for the pharmacy, whether meds-to-beds or pharmacy counter, is recorded and accessible from the same place.



- **Software Integrations** – Pharmacy POS software is a specialized offering. Meds-to-beds programs add another layer of complexity and necessary vendor expertise. Organizational requirements for specific system integrations, such as pharmacy system or credit card vendor should be taken into account. Also keep in mind future compatibility should one of those systems change. For example, if the organization changes pharmacy system providers, does the meds-to-beds program then have to be entirely re-worked to accommodate this change? Or can a software adapt to potential future changes?
- **Compliance** – Organizations should understand how pertinent data (like PII, PHI and PCI) is kept safe and secure with any software. And whether any special organizational requirements can be easily met.
- **Reporting** – Important data is gathered during any transaction, including meds-to-beds transactions. Many departments within a hospital organization need access to this data. From auditing and compliance, to accounting and leadership. Pharmacies should understand how data will be accessible to all involved parties and know that the data collected meets the needs of each department.
- **Functionality** – Many meds-to-beds programs have grown beyond a basic bedside transaction. Counselling is an important part of any meds to beds initiative. Pharmacies should consider how they will complete this important step and evaluate software compatibility with that plan. Sales of often purchased OTC products, or supplement recommendations based on prescription induced nutrient depletion can also be completed in tandem with the prescription sale. Organizations may also consider functionality such as emailed receipts for improved convenience.

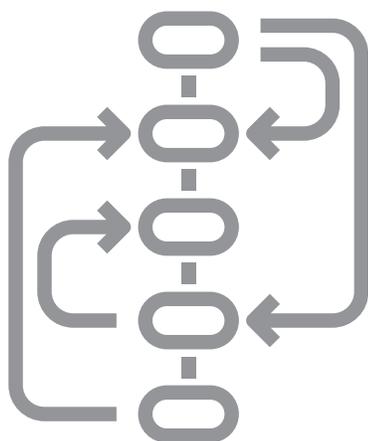
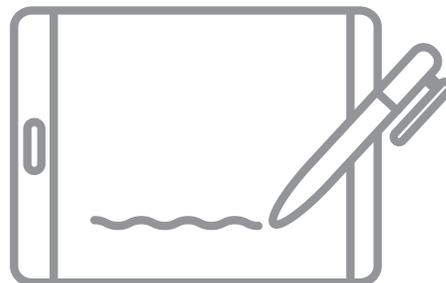
## Hardware

Meds-to-beds programs must include a hardware & technology scheme that both supports program goals and meets organizational requirements. This can be challenging so early attention to this detail will help streamline program implementation. The first determination is whether there are any organizational requirements or restrictions that will reduce options for acquiring hardware. These often range from wireless access requirements, to minimum hardware specifications, or sourcing stipulations.



Hardware should also be chosen in partnership with the software provider. While it is a separate component of the program, solutions providers may have a preferred option or range of options that fit with the functionality offered while accounting for organizational requirements and program goals.

Traditionally, hardware for meds-to-beds should include a method for electronic signature capture, physical receipt printing, barcode scanning, and payment acceptance. Credit card processing options will often need to allow for implementation of a validated point-to-point encryption (P2PE) solution to reduce payment card industry (PCI) compliance scope. Although payment acceptance is a function of the software, hardware components are inextricably linked to credit card processing.



## Training

Implementation and training are core components for long term meds-to-beds program success. For any meds-to-beds program, the desired outcome and experience should be fully considered prior to implementation. Outlining goals enables a program launch built with those goals in mind. Pharmacy and meds-to-beds teams should be prepared to train in the following areas:

- **Program Workflow & Goals** – A comprehensive meds-to-beds program workflow should cover touchpoints from the time a patient is admitted, until the moment they receive their prescriptions at discharge. Each member of the patient care team should know and understand their role in the meds-to-beds initiative as well as the benefits to patients. This A to Z approach contributes to better program participation across the board. One RMS customer notes that that patients are asked during admission if they would like to use outpatient prescription Case Study Meds-to-Beds In 2012, RMS launched the very first pharmacy meds-to-beds products. Today, Meds-to-beds by RMS leads the way as a patient centric and innovative solution. dispensing. Others identify participants while preparing for discharge. Yet another option takes this a step further and bills meds-to-beds as an “opt out” instead of an “opt in”.
- **Hardware & Software** – Meds-to-beds staff should be well-versed in the technology and tools they’ll be using as they deliver discharge prescriptions. Hardware and software vendors should be relied on to provide training plans and documentation.

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- **Contingency Planning** – Organizations should outline and provide training on how meds-to-beds operates in events such as a network outage, hardware issue, or other program infrastructure failure. One real world example might be that wireless communication temporarily fails, prohibiting live bedside transaction processing. In this instance, discharge prescriptions can be processed in the pharmacy, taking payment over the phone and capturing signatures with an alternate application or via hard copy. While not ideal, contingency plans keep the program running with limited patient impact.

## Long-Term Support

Organizations should consider the support offered by their software and hardware vendors. Program operations will at some point rely on the availability and responsiveness of these partners. Prior to implementing a meds-to-beds solution, teams should review support policies and procedures, understand update processes, enhancement request management and overall service availability. Communication is key for any questions or concerns that may arise. Teams should know who to call, when they are available, and what service level expectations are in place.



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## About RMS

In 2012, RMS launched the very first pharmacy meds-to-beds product. Today, **Meds-to-Beds by RMS** leads the way as a patient-centric and innovative solution for hospital pharmacies looking to improve patient outcomes and reduce readmittance rates. Our software and hardware solutions are cornerstones of meds-to-beds programs across the country. Each program, like each organization, is unique so we work with our clients to meet those unique needs. Every meds-to-beds implementation is carefully managed by our team of Customer Success Managers Implementation Specialists, and Technical Support Specialists. Additionally, The RMSCare training program is focused on improving customer-centricity. A key characteristic for meds-to-beds initiatives. Last but not least, all RMS customers are supported by a team of US based 24 x7 Support Specialists. Start building (or refreshing) your meds-to-beds program – plan your program, identify key features, and compare available solutions. Download our free meds-to-beds checklist at [www.rm-solutions.com/mtbchecklist](http://www.rm-solutions.com/mtbchecklist) or contact our team for more information today at 877-767-1060.

