

Background

- Chicago has been a sanctuary city for 38 years.
- In 2023, more than 26,000 migrants were sent to Chicago without city, county, and/or state coordination.
- As an inner-city hospital close to a police station where migrants were staying, an increasing number of migrants were being seen in our emergency department (ED) needing medications.
 - The migrant patients did not have money for their prescriptions or the means for transportation to go elsewhere to get their prescriptions filled.
 - During the day, the migrant patients were directed to our Medication Assistance Program (MAP) housed in one of our ambulatory pharmacies to have their prescriptions filled.
 - When migrant patients presented to the ED when our pharmacy was closed, they either spent the night in the ED waiting room until the pharmacy opened the next day, when feasible, or left without getting their prescriptions filled; neither of these were optimal in terms of patient care.
 - The hospital's Chief Clinical Operations Officer (CCOO) asked the Executive Director of Pharmacy to take the responsibility for developing and implementing a program to meet the migrants' needs.

Purpose

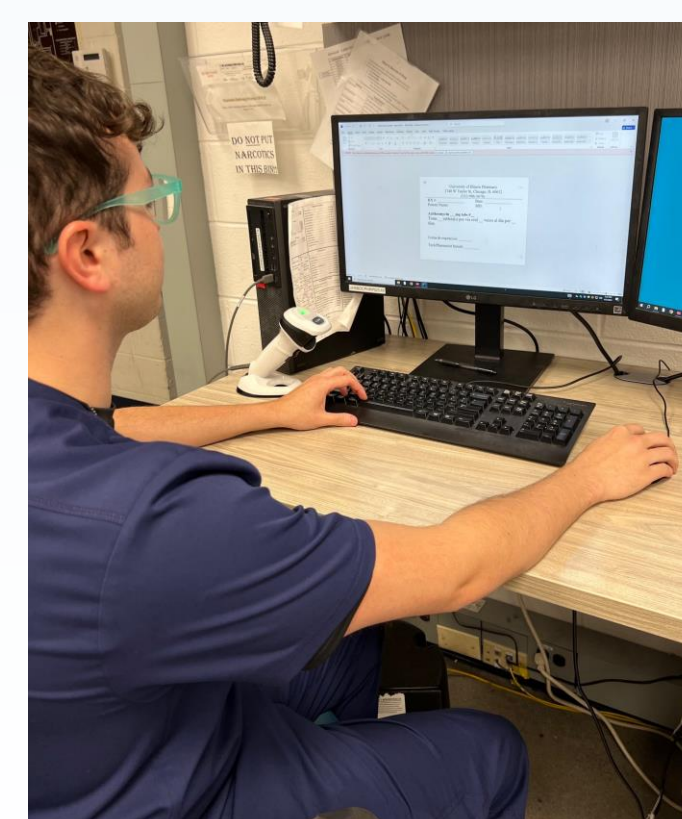
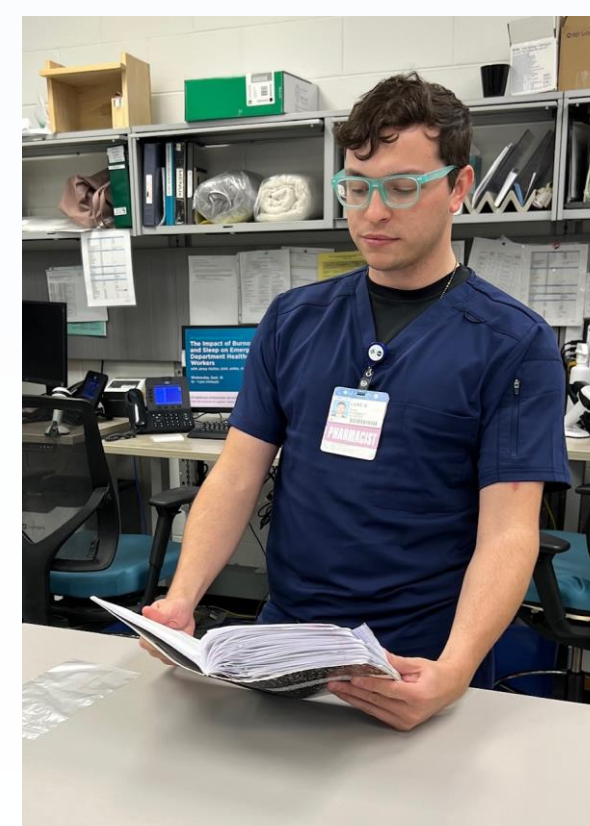
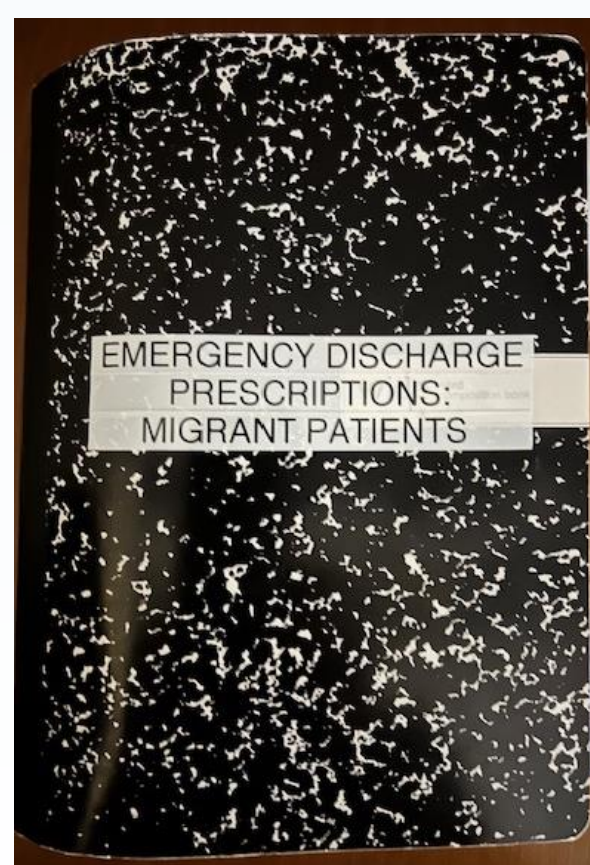
To implement a program that would allow migrant patients to receive their needed prescriptions when being discharged from the ED when MAP and our ambulatory pharmacy were closed.

Goal

To provide ED migrant patients with their needed medications no matter the time of day or day of week.

Methods

- Committee developed by Executive Pharmacy Director
 - Two ED clinical pharmacists
 - ED attending physician
 - Associate CCOO of Care Continuum
 - Director of Clinical Pharmacy Services
 - Senior Associate Director, Hospital Pharmacy Operations
 - Associate Director, SCB Pharmacy
 - PGY1 Pharmacy Residency Director
- The committee identified that a program was currently in place in the central pharmacy to fill prescriptions for sexual assault patients.
- Since hospital leadership requested that the ED migrant prescription program be implemented quickly, it was decided to copy the process used for sexual assault prescriptions.
- Key to the migrant program was the incorporation of our residents into the process when they are on-call on the evenings/nights and weekends; responsibilities of the residents are:
 - Retrieving and reviewing the hard copy of the prescriptions from the ED; clarifying issues with prescribing physicians
 - Generating outpatient prescription labels (Spanish option available)
 - Assisting central pharmacy staff in filling prescriptions
 - Delivering prescriptions to migrant patients in ED and providing necessary counseling
 - Creating a brief counseling note in Epic



Methods (cont.)

- A formulary was developed for this program by our ED clinical pharmacists and an ED attending physician.
 - Medications to treat acute conditions were selected; the program was not intended to provide medications for chronic conditions.

UI Health – Migrant Medication Formulary	
<i>Antibiotics (assure full course of therapy is dispensed)</i>	
Amoxicillin – 500 mg capsules and liquid formulation	
Azithromycin – 250/500 mg table	
Cephalexin – 500 mg capsules and liquid formulation	
Clindamycin – 300 mg capsules and liquid formulation	
Trimethoprim-Sulfamethoxazole – 160-800 mg tablets and liquid formulation	
<i>Other</i>	
Albuterol inhaler 90 mcg/act	
Acetaminophen – 325/500 mg tablets and liquid formulations	
Ibuprofen – 200/400/600 mg tablets and liquid formulations	
Ondansetron – 4 mg ODT tablet and liquid formulation	
Polyethylene glycol (Miralax) powder for reconstitution	
Prednisone – 10/20 mg tablets and Prednisolone oral solution	

- The program allowed medications not on the formulary to be prescribed if medically necessary.
- The cost of the medications were underwritten by the C-suite.
- Staff involved with the program were educated before it was implemented.

Results/Discussion

- The program was implemented on December 4, 2023; through September 5, 2024, 57 migrant patients seen in the ED have received medications.
- The program was easily incorporated into the PGY1 residents' on-call workflow; the central pharmacy staff had no issues taking the lead in filling the prescriptions.
- Sixty percent of the prescriptions have been for acetaminophen, ibuprofen, or ondansetron with 23% for anti-infective agents.
- Conditions treated include the common cold, flu, stool burden, allergies, UTI, leg pain, chicken pox, kidney stones, and dental pain (abscess).

Results/Discussion (cont.)

- Table 1 lists the percentage of migrant patients receiving 1, 2, 3, or 4 prescriptions.
- Medications dispensed to 2% or more of the migrant patients are listed in table 2.

Table 1	
# of Prescriptions	% of Patients
1	31.6
2	43.8
3	21.1
4	3.5

Table 2	
Medication	% of Prescriptions
Ibuprofen	29.5
Acetaminophen	22.3
Ondansetron	8
Amoxicillin	5.4
Cephalexin	3.6
Amoxicillin-Clavulanate	3.6
Doxycycline	2.7

- The turnaround time the for whole process, from picking up the prescription in the ED to bringing back the filled prescription and counseling the migrant patient, ranged from 20 to 40 minutes.
- Our program differs from others in place at academic medical centers that we surveyed.
 - It is for all migrants, regardless of age.
 - It has a more expansive drug formulary.
 - It allows prescribing outside of the formulary when medically necessary.
- We believe our program is reproducible at other hospital pharmacies, especially those in academic medical centers.

Conclusion

- A multidisciplinary team developed and implemented a robust ED migrant prescription program that is run out of our central pharmacy.
- Migrant patients are no longer spending the night in our ED waiting room until our ambulatory pharmacy opens in the morning or leaving without getting needed medications.
- Our hospital is doing its part to uphold Chicago's long-standing status as a sanctuary city by providing care to migrants who otherwise may not have received it.