

DEVELOPMENT AND IMPLEMENTATION OF AN EMERGENCY DEPARTMENT MIGRANT PRESCRIPTION PROGRAM



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INTRODUCTION

For more than 38 years, Chicago has been a sanctuary city.¹ The state of Texas has taken advantage of Chicago's sanctuary status and has been privately busing and flying migrants from the Texas border to Chicago since August 2022. In 2023, more than 26,000 migrants were sent to Chicago without city, county, and/or state coordination.² As an inner-city hospital close to a police station where migrants were staying, we started to see an increasing number of migrant patients in our emergency department (ED) needing medications. These migrant patients didn't have money for their prescriptions or the means for transportation to go elsewhere to get their prescriptions filled. During the day, we directed these migrant patients to our medication assistance program (MAP) to facilitate having their prescriptions filled in the ambulatory pharmacy that our MAP is located in. However, our MAP is only open Monday through Friday from 9am to 4pm. As a result, when migrant patients presented to the ED when MAP and our pharmacy were 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 responsibility for developing and implementing a program to meet the migrants' needs.

PURPOSE

Our purpose, then, was 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

Our goal was to provide ED migrant patients with their needed medications no matter the time of day or day of the week.

DESCRIPTION OF PROGRAM

The Executive Director of Pharmacy identified the key individuals who would have a role in developing, implementing, and managing the program. These included our two ED clinical pharmacists, one of our ED's attending physicians, the Associate CCOO in

charge of Care Continuum, our Director of Clinical Pharmacy Services, our Senior Associate Director of Hospital Pharmacy Operations, our Associate Director of the ambulatory pharmacy where migrant ED prescriptions are filled during weekdays and Saturday, and our Program Director of our PGY1 pharmacy residency. Other members of hospital pharmacy services were invited to the subsequent meetings of this group on an as needed basis. At the first meeting, since the C-suite wanted this program implemented quickly, the group identified that there was currently a program in place to fill prescriptions for sexual assault patients from our central pharmacy and thought that this process could be adapted for the after-hours ED migrant patients. Key to the revised program was the use of our pharmacy residents, when on-call on the evenings and weekends, to be responsible for certain aspects of the program, including retrieving and reviewing the hard copy of the prescriptions from the ED, bringing the prescriptions to the central pharmacy, generating the outpatient prescription labels (Spanish option available), assisting the central pharmacy staff in filling the prescriptions, delivering the filled prescriptions to the migrant patient in the ED, providing necessary counseling (often via the use of a virtual interpreter), and creating a brief counseling note in the patient chart. Frequently, when reviewing the prescriptions, our pharmacy resident had to have the physician generate new ones, for example, because the initial anti-infective did not provide appropriate coverage for the condition being treated or the dosing of a pain medication was not appropriate. A formulary (**Appendix 1**) was also developed

APPENDIX 1

UI Health - Migrant Health Medication Formulary

11/30/2023

Antibiotics (assure full course of therapy is dispensed)

Amoxicillin – 500 mg capsules and liquid formulation**
 Azithromycin – 250/500 mg tablets and liquid formulation**
 Cephalexin – 500 mg capsules and liquid formulation**
 Clindamycin – 300 mg capsules and liquid formulation**
 Trimethoprim-Sulfamethoxazole – 160-800 mg tablets and liquid formulation ##

Other

Albuterol inhaler 90 mcg/act
 Spacers available in the ED for pediatric patients
 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 ##
 ** = reconstitute bulk bottle per instructions on bottle and dispense full bottle(s)
 ## = dispense total volume of liquid in amber bottle

This list is not rigid. Other medically necessary drugs can be provided, but not all medications may be available for dispensing from the hospital pharmacy. Please page pharmacy resident for assistance.

Duration of therapy depends on indication, patient age, and selected drug. The recommended duration of antimicrobial therapy for immunocompetent patients, according to the 2023 Sanford Guide, is provided in the tables below. For other medications, use clinical judgement. For example: a 3-day course of ondansetron ODT tablets would be reasonable.

INFECTION	USUAL DURATION	INFECTION	USUAL DURATION
Acute otitis media	< 2yo: 10 days ≥ 2yo: 5 to 7 days	Cellulitis/Abscess	5 to 7 days
Bacterial Pharyngitis	10 days	Cystitis	TMP-SMX: 3 days Other: 5 days
Community-acquired pneumonia	5 to 7 days	Pyelonephritis	7 days

for this program by the ED attending physician and ED clinical pharmacists, with review by the other pharmacist members of the group. The medications on the formulary were intended to treat acute conditions; the goal of this program was not to provide medications for chronic conditions. The formulary was a guide, and the program did allow medications not on the formulary to be prescribed by the physician if medically necessary. The C-suite agreed to underwrite the cost of the medications as the migrant ED patients were not able to pay for them. Most of the medications on

the formulary were inexpensive. Prior to implementing the program, the ED staff, central pharmacy staff, and our pharmacy residents were educated on the process to ensure all parties knew their roles in the program. **Appendix 2** lists the major steps in the process and who is responsible for each.

APPENDIX 2

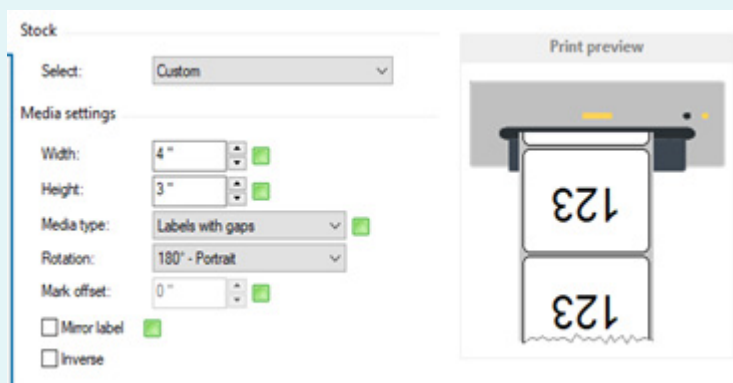
Migrant Patient After-Hours Prescription Assistance Process

PROCEDURE:

1. Emergency Department (ED) identifies migrant patient in need of medication(s) for discharge
2. Determine if assistance can be obtained through the Medication Assistance Program (MAP)
 - a. MAP hours: Monday-Friday: 9am-4:00pm
3. If ambulatory pharmacy assistance is not accessible (after-hours, weekends, holidays), ED will notify the pharmacy resident on-call
4. Pharmacy resident will respond and obtain the hard copy of the outpatient prescription(s) for the patient
5. Pharmacy resident brings prescription(s) to central pharmacy and generates outpatient prescription label(s)

O-drive (shared) → Pharmacy → Inpatient free form labels → Migrant Patient DC Meds

- a. Pharmacy team member will need to ensure label contains the following:
 1. Rx # (follow sequential 6-digit number)
 2. Patient name
 3. Drug name, strength, and amount dispensed
 4. Directions for use
 5. Name of prescribing physician
 6. Pharmacist initials
 7. Date filled
 8. Expiration date (1 year or sooner based on medication)
 9. Auxiliary labels as needed
- b. Print out two copies of the label(s) after – one affixes to the medication container and the other is filed into the migrant prescription assistance binder (bottom drawer of U-shaped table in Central Pharmacy) along with the prescription hard copy
 - i. Printer settings should be adjusted if necessary



- c. Medication should be dispensed in appropriate containers i. Use printer PZ02 in the central pharmacy
 - i. Medications should be removed from regular hospital inventory
 - ii. Amber pill vials available from rolling shelves in central pharmacy
 - iii. Amber liquid containers available in prepack room
 - iv. Oral syringes are available in prepack room
 - v. Any tablets in unit dose form can be dispensed in plastic bags
6. Pharmacy resident will return to ED, provide medication(s) to patient, and provide any necessary counseling
 - a. Translator services (if necessary) in person are available in the ED from 9a-11p Mon-Fri
 - b. IVIN service can be utilized during off hours
 - c. Create a brief counseling note in patient chart. (dotphrase.migrantmedcounseling)

RESULTS

The ED migrant prescription program was implemented on December 4, 2023. Through September 5, 2024, 57 migrant patients seen in the ED have received medications from this program. Approximately 30% of the prescriptions written were for ibuprofen, 22% for acetaminophen, and 8% for ondansetron. In terms of anti-infective agents, 5.4% were for amoxicillin, 3.6% for cephalexin, 3.6% for amoxicillin/clavulanate, 2.7% for doxycycline, 1.8% for metronidazole, 1.8% for acyclovir, 1.8% for trimethoprim-sulfamethoxazole, 0.9% for levofloxacin, and 0.9% for ofloxacin. **Table 1** lists the medications dispensed and percentage of each. Further, 31.6% of the migrant ED patients received 1 prescription, 43.8% 2 prescriptions, 21.1% 3 prescriptions, and 3.5% 4 prescriptions. Conditions treated included the common cold, flu, stool burden, allergies, urinary tract infection (UTI), leg pain, chicken pox, kidney stones, and dental pain (possible abscess). From a workflow perspective, the pharmacy residents were able to incorporate this program into the other activities they are responsible for on their call shifts and the central pharmacy staff had no issues assisting with filling the prescriptions. We estimate that the 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.

DISCUSSION

When starting to develop our ED migrant prescription program, several other hospitals in our geographic vicinity were contacted by the Executive Director of Pharmacy to inquire about the types of programs that they may have in place. None of the hospitals contacted had a program similar to what we envisioned. One hospital provided a 3-day supply of select medications to certain patients (homeless) when their ambulatory pharmacy was closed, but they had not yet addressed anything specifically in regard to migrants. Another hospital pharmacy also had not yet been asked to fill prescriptions for migrants when their ambulatory pharmacy is closed and said that they would want to keep this activity to a minimum due to the impact on staffing and cost. A third hospital only provided medications to pediatric migrant patients and limited their formulary to five drugs (acetaminophen and several anti-infective agents). These drugs were provided at no charge. Again, concern was expressed by this hospital about the need to keep a program such as this under control. In contrast, our program is for all migrants, regardless of age. In addition, our migrant drug formulary is more expansive than the other hospitals contacted and allowed prescribing outside of the formulary when medically necessary. Our hospital administration agreed to pay for the medications since it was felt to be the right thing to do given the migrant crisis in Chicago. In addition, our residency in-house on-call program coupled with the central pharmacy staffing complement on our midnight shift provided sufficient human resources for our program to be successful. We believe that our program is reproducible at other hospital pharmacies, especially those in academic medical centers.

CONCLUSION

Working together with other health care providers and senior administrators, our hospital pharmacy department developed and implemented a robust ED migrant prescription program that is run out of our central pharmacy. It was truly a team effort with all involved with the program contributing their expertise. We no longer have migrant patients spending the night in our ED waiting room until our ambulatory pharmacy opens in the morning or leaving without getting needed medications. We believe that we are doing our part to uphold Chicago's long-standing status as a sanctuary city by providing care to migrants who otherwise may not have received it. ■

TABLE 1: MEDICATION AND PERCENT OF OVERALL PRESCRIPTIONS

MEDICATION	PERCENT OF OVERALL NUMBER OF PRESCRIPTIONS
Ibuprofen	29.5%
Acetaminophen	22.3%
Ondansetron	8.0%
Amoxicillin	5.4%
Cephalexin	3.6%
Amoxicillin/Clavulanate	3.6%
Doxycycline	2.7%
Prednisolone	1.8%
Metronidazole	1.8%
Famotidine	1.8%
Trimethoprim-Sulfamethoxazole	1.8%
Albuterol	1.8%
Acyclovir	1.8%
Lidocaine	1.8%
Tamsulosin	0.9%
Polyethylene Glycol	0.9%
Omeprazole	0.9%
Prednisone	0.9%
Docusate	0.9%
Ofloxacin	0.9%
Ezetimibe	0.9%
Loratadine	0.9%
Cyclobenzaprine	0.9%
Magnesium Citrate	0.9%
Sodium Chloride	0.9%
Naproxen	0.9%
Levofloxacin	0.9%
Glecaprevir/Pibrentasvir	0.9%

REFERENCES

1. What does it mean that Chicago is a sanctuary city? Here's what to know. <https://news.wttw.com/2023/10/20/what-does-it-mean-chicago-sanctuary-city-here-s-what-know/>; accessed June 21, 2024.
2. Chicago, New York, Denver mayors say cities are almost at capacity amid migrant crisis. <https://www.cbsnews.com/chicago/news/chicago-mayor-migrants-suburbs/>; accessed June 21, 2024.

BEST PRACTICE

TEST QUESTIONS & CPE INSTRUCTIONS

DEVELOPMENT AND IMPLEMENTATION OF AN EMERGENCY DEPARTMENT MIGRANT PRESCRIPTION PROGRAM

HOME STUDY: Journal Article

TARGET AUDIENCE: Health-System Pharmacists and Pharmacy Technicians

LEARNING OBJECTIVES FOR PHARMACISTS & PHARMACY TECHNICIANS:

1. List three medications commonly prescribed for migrant patients seen in the ED that should be contained on a migrant program formulary.
2. Identify additional healthcare provider types to include in a team developing a migrant ED prescription program.



This program is provided by the Illinois Council of Health-System Pharmacists (ICHP). The Illinois Council of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is equivalent to 0.5 contact hours (0.05 CEU) of pharmacy continuing education.

ACTIVITY TYPE: Knowledge-based

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EXPIRATION DATE: October 15, 2026

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HOME STUDY TEST QUESTIONS:

1. Which of the following medications were most frequently prescribed to migrant patients in the emergency department and should be considered for program formulary inclusion?
 - A. Albuterol, cyclobenzaprine, and naproxen
 - B. Acetaminophen, ibuprofen, and ondansetron
 - C. Cephalexin, loratadine, and sodium chloride
 - D. Acyclovir, metronidazole, and ondansetron
2. Which healthcare providers were included as part of the team developing a migrant ED prescription program?
 - A. Clinical pharmacists only, there is no need to include additional healthcare team members.
 - B. Clinical pharmacists and ED nurses.
 - C. Emergency department attending physician(s) and ED nurses.
 - D. Clinical pharmacists and emergency department attending physician(s).

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