

# How Point-of-Sale Systems Are Taking On New Importance

*Bill Balas, assistant director, pharmacy outpatient services, Jefferson Apothecary, at Thomas Jefferson University Hospital, tells ComputerTalk about the impact a point-of-sale system has had in the outpatient pharmacy.*

**CT:** Bill, let's start by hearing how you got to Jefferson.

**Balas:** I have been a pharmacist for 28 years, graduating from the Philadelphia College of Pharmacy and Science, now University of the Sciences, in Philadelphia. I worked in retail pharmacy as a student and it quickly became my career path. Although I spent many extra hours on the inpatient side, I always preferred the patient contact, the counseling, the personalities of the patients, and the opportunity to make a difference in patient outcomes that the outpatient pharmacy awarded me. I spent several years at Thomas Jefferson as a staff pharmacist and then as a pharmacy manager after graduation for another hospital system until the opportunity to purchase a pharmacy arose. It was something I had wanted to

do, and I learned so much from that experience about pharmacy management, purchasing, commitment to your community and your profession. As managed care began to evolve and small neighborhood stores like my own were absorbed by larger chains, I too was positioned for change, and this is when I returned to Thomas Jefferson as the pharmacy manager of the Jefferson Apothecary, one of three outpatient pharmacies owned and operated by Thomas Jefferson University Hospital at their Philadelphia center city campus. I currently oversee the operations of three high-volume stores, two of which are "own use" stores servicing TJUH employees and outpatients, while the third store is full retail and specializes in alternative medicines as well as sterile ophthalmic preparations and ocular chemotherapy compounding for Jefferson Hospital for Neuroscience and Wills Eye Hospital.



**Bill Balas says the pharmacy saw immediate benefits from a POS system.**

**CT:** Let's begin with a very brief description of your pharmacy, such as script volume, number of pharmacists and techs, and customer demographics.

**Balas:** At the Jefferson Apothecary we fill about 400 to 500 prescriptions per day. We have three pharmacists, four techs, one manager, and one pharmacy intern, and also are a precepting site for one pharmacy student every six weeks. We are an "own use" pharmacy and are self-insured, operating an in-house prescription service for our employees. Our customers are our employ-

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ees and their dependents, as well as discharge prescriptions, emergency room prescriptions, same-day procedures, and hospital clinic patients, in addition to indigent and hospital outreach patients.

**CT:** Now let's focus on the point-of-sale systems. When did you install the system, and what was the reason for doing so?

**Balas:** We installed our system in July of 2007 after an outpatient pharmacy assessment of internal controls identified operational areas that needed improvement.

The POS was meant to improve the accountability of each technician and their job performance by reducing human error at the point of sale. The POS eliminated prescriptions left behind because the person signing them out was not aware of other prescriptions filled at different times and waiting to be picked up. The POS was meant to ensure that every prescription picked up was properly signed out and each co-pay amount was appropriately charged and collected.

Our vendor is ECRS. The system is a computer-based unit with touch-screen features and a cash drawer, scanner, optional keyboard, receipt printer, and signature pad device that doubles as a credit/debit card processor and HIPAA signature capture device. Below the counter and out of sight is a backup power supply. This is all neatly packaged and uses minimal counter space.

**CT:** How quickly did you see improvement once the POS system was up and running?

**Balas:** After a few days of acclimation it was evident that the accountability and efficiency of our technicians had improved

tremendously. We were able to address issues such as overrings and misrings that were not reported by the technician, or forgetting to fill out a slip explaining an error and having to reconcile it later. With POS these errors are immediately identified, and the technician cannot proceed without voiding the sale and starting over. This eliminates filling out a slip for the error and backing up the checkout line.



**Technician Teri-Lynn Brookins uses the touch-screen feature to ring up a prescription for Jefferson employee Emanuel Daniels.**

**CT:** What features have you found most beneficial, and why?

**Balas:** The POS system standardizes the price and the discounts given to employees, so that if a new person or a temp is working, they don't need much training before they can become efficient. Also, the POS scans the amounts to be collected and documents who scanned and how much was collected, eliminating the human error factor of overrings, underings and misrings. We found that the customer has a more professional impression of us with the nice, neat appearance of the system and the custom receipts they receive showing their transaction detail. Also, the manager can easily reconcile the register daily with accurate, organized reports.

**CT:** We hear a lot about workflow these days and how POS has become an important part of this. But isn't a bidirectional interface or integration with the pharmacy management system a necessity to gain value here?

**Balas:** We have a bidirectional interface with our pharmacy management system, and it works very well. It accurately records HIPAA-required signatures, tracks prescriptions in will-call, and accurately documents movement of the prescriptions between the patient or patient's representative and the pharmacy.

**CT:** Tell us more about the flow of information that goes back and forth and how this benefits operations.

**Balas:** When a patient comes in to pick up a prescription, the system will identify any other prescriptions that may be waiting in the will-call for that patient from another day that they may have forgotten about — or if it's the patient's representative picking up for them. This avoids a second trip because we did not see a second bag.

**CT:** Turning to inventory management: Has the POS system allowed you to improve your OTC product mix? Has it helped improve inventory turnover?

**Balas:** We are primarily an apothecary-type pharmacy and only have a limited front end. Our OTC items are for convenience and limited to popular items.

**CT:** What about product file maintenance? What have you found is the best way to keep the file up to date? What's involved in synching up shelf stickers with the prices in the system?

**Balas:** For our OTC items we

worked with ECRS and our wholesaler to create a folder on the system desktop that our wholesaler sends price updates to, so we could run a price update on a regular basis.

**CT:** What was the compelling reason for selecting the system you installed? Was it a bidirectional interface, specific features, or vendor's reputation?

**Balas:** We use the HBS pharmacy system and followed their recommendation. This was our first exposure to POS, and we did not have much to compare to.

**CT:** What were the immediate benefits from the system?

**Balas:** We always had significant variances between our theoretical co-pays collected and the actual. But after the implementation, this is now essentially perfect every day. The other immediate benefit was the accuracy of the daily cash reconciliation and the documentation of who rang up what and the transaction detail for each ring.

**CT:** How about unexpected benefits to your workflow and inventory management?

**Balas:** We began to capture exceptions and close loops that we previously were unaware of or that did not fall into the normal procedures. For example, sometimes a patient can't afford to pay the co-pay, and the Social Services Department may need to get involved, but in the meantime the patient needs the medications. We will bill a third party for the co-pay, similar to an in-house charge. Or when a discharged patient does not have enough money at hand to cover all of the prescriptions, we will send a bill later. These exceptions now are recorded properly,



**Using the HBS workflow system, pharmacist John Pisiechki verifies a prescription at the end of the workflow.**

and the technician responsible for every transaction is identified by his or her own unique sign-on. Before POS, the will-call module would document the prescriptions being picked up, but the amount paid was not collected in this instance and the will-call financial report of pick-up prescriptions would not match the actual amount collected. With POS, co-pays are accurately recorded under the proper payment key, such as "in-house charge," or "Social Services payment," and this allows the will-call report to reflect correctly the amount that *should* have been collected with the actual amount collected.

**CT:** Let's turn to data mining. What value have you found here?

**Balas:** We have just finished our first year with POS and are only beginning to accumulate data to see what potential info or trends it may yield.

**CT:** Can you give us your opinion on what you see as the long-run benefits?

**Balas:** What I see is a more fully integrated cash control system for the accurate collection and reporting of cash receipt transactions, signature captures, and documentation of counseling offered. Working with our pharmacy software vendor, POS vendor, and

our wholesaler, we have developed a price update file, which at weekly intervals updates our OTC database and keeps our prices current. Perhaps most important to the customer is that the POS system offers faster and more accurate checkouts — and this adds to customer satisfaction.

**CT:** What would you estimate was the payback period on the POS, and what contributed to this? Was it what you expected?

**Balas:** We feel the impact was immediate. We were having significant variances on our electronic registers daily and spent a lot of time reconciling these differences without identifying who was making all the errors. This made it difficult to counsel the employee responsible and hold them accountable in the future. This issue alone has made it worth the investment and met our expectations in holding the staff more accountable for their actions, and making the overall operation more efficient.

**CT:** Finally, do you feel there is a specific way that POS works in the hospital pharmacy that you'd like to touch upon?

**Balas:** I would say it is definitely a win-win for all involved. The pharmacy manager is confident in his or her ability to show accuracy and accountability of the operation; the pharmacy director can be assured that checks and balances are in place to be able to reconcile and verify data being presented; and most of all, the patients are accurately and seamlessly transitioned through the checkout experience. This makes for greater customer satisfaction and an overall better experience at Thomas Jefferson University Hospital. **CT**