

## **Advancing Patient Queuing through ID Barcode Scanning and Single-Point Check-In**

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### **Purpose:**

Air Force pharmacies have queuing systems where patients interact with pharmacy staff to activate their prescription(s). New features of queuing technologies have advanced kiosks to allow ID barcode scanning and pharmacies to collect this data. This study will explain the value of establishing an kiosk where patient(s) can process prescriptions without interaction with pharmacy staff.

### **Methods:**

Prescription processing time was obtained from the queuing software and retrospectively reviewed in the 3 months prior to installation and 3 months afterward. The difference in processing time was evaluated using a paired t-test ( $p < 0.5$ ) to determine statistical significance.

The following information was collected: allergy, pregnancy, flying, personal reliability program, and disability statuses. All information obtained through the kiosk was identical to the initial encounter. Hard stops where patients had to be called to a window to collect additional information were instituted. A technician was stationed in the lobby to direct patients how to use the kiosk for 90 days. Customer service surveys were retrospectively reviewed from the date of install to present.

### **Results:**

The average baseline prescription processing time was  $16.75 \pm 2.08$  minutes for active duty and  $23.42 \pm 3.32$  minutes for others with the previous system as compared to  $11.23 \pm 1.15$  minutes and  $14.08 \pm 1.65$  minutes after implementation. Processing time improved 33% ( $p$ -value  $< 0.0001$ ) for Active Duty and 40% ( $p$ -value  $< 0.0001$ ) for others. 51 customer service surveys were identified as being specific to the kiosk of which 41 (90%) were positive.

### **Conclusions:**

Barcode scanning improved speed of service and was well received by patients. Current project exists for integration with other ancillary services. There are implications for patient queuing throughout Medical Treatment Facility if queuing technologies are authorized to connect to electronic health record.