RN Workflow for Medication Refills

Purpose: To provide excellent customer service via timely and accurate prescription refills while ensuring continuity of care for chronic illnesses and reducing after hours work for medical providers.

- Refill requests (either from patient or pharmacy) should be sent directly to the RN team first, not to providers. The RN team will use the “CHA Rx Refill Protocol” for guidance (found on the Share Drive here: S:\Policies and Procedures\Chapter 9, Clinical Guidelines\CHA Rx Refill Protocol.docx).
- The RN reviews the patient chart according to protocol for each kind of medication and, if appropriate, sends refill and closes encounter. Providers do not need to be involved or even informed if they are following the above protocol. If RNs do have questions or concerns then that can be passed to the provider.
- Refill requests come in through different mechanisms:
  - The “E” jelly bean reflects electronically requested refills and gets automatically assigned to the prescribing provider. For this reason the RN team needs to check each provider’s “E” jelly beans each day – regardless of whether the provider is in the office that day or not.
  - Refill requests that come in via calls from patients or fax inbox from pharmacies should be sent directly to RNs.
  - Refill requests that come in through Kaiser need to be evaluated everyday for each provider and handled similarly (unfortunately as of 5/2014 only providers and address RARs in Kaiser).
- Controlled substance refill requests should also be sent to RN first. RN reviews last chart note in conjunction with information on contract and any other “TEs” since last visit and determines if refill is appropriate or not. The RN documents the information they have compiled in a TE and assigns to provider for review. RN can only refill controlled substances with written approval from provider per above protocol. RN should work closely with team to determine best workflow for these issues.