

DISCOUNT DRUG MART IMMUNIZATION PROGRAM



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Executive Summary

Discount Drug Mart (DDM) plans to implement an influenza immunization program in selected stores throughout the state. With this program, we will make flu immunizations available to, or within reach to a greater number of patients. By offering this service, we will increase pharmacy revenue and demonstrate to patients the vast number of services a pharmacist can offer. Our immunization program will be run by pharmacists in a retail setting. The program will initially require \$1000.00 to acquire needed materials to safely and effectively administer the vaccine to patients. Vaccines will be purchased for \$8.50 per injection and administered to patients for a charge of \$20.00.

DDM is a family owned and well trusted company that has been in operation in various locations throughout Ohio for the past 30 years. DDM ranks 13th in dollar volume among the top 50 drug chains in the nation guaranteeing a strong financial backing for our endeavor.

DDM will make the immunization process superior to competitor programs through their ability to offer a vaccine at any time during normal business hours without an appointment. Vaccines will be administered by a pharmacist trained in immunization administration. Patients should feel much comfort in knowing they are receiving their vaccine by a drug specialist who is trained in drug information, side effects, drug interactions, etc.

The primary goal of this venture is to bring in additional customers to DDM and demonstrate to them the advantages of shopping with us. With added customers, revenue for the company will increase leading to the most obvious objective of any business, profit! The only challenge DDM will face is incorporating this new aspect of business into their daily routine. Pharmacists must learn to balance their daily activities with immunization administration when requested to do so by the patient.

Funding for this project will be provided for by DDM. Projected popularity of the immunization service is estimated to be great. Guaranteeing our financial needs will be compensated for quickly.

Evaluation for success of the program will be determined through patient surveys before and after the immunization process. Accurate records comparing pharmacy profits before and after the service is implemented will also be used to determine financial achievement.

An influenza immunization program will only enhance DDM's outstanding reputation for customer service and excellence. The addition of a program of this kind will bring customers into stores providing DDM with the opportunity to demonstrate their variety of services while increasing revenue for the company. An influenza immunization program will only benefit DDM for the future, making it a necessary addition to the number of services already provided.

Part I: The Organizational Plan and Company Service Summary

Mission Statement

To implement an immunization program run by pharmacists in an easily accessible retail setting. The program will decrease health care costs by increasing immunization rates in the community and will decrease influenza-related hospital stays and physician office visits. The program increase will pharmacy revenue and provide a much needed service to our community.

Description of the Business

Discount Drug Mart (DDM) wishes to implement an influenza immunization program run by pharmacists in a retail pharmacy setting. We wish to provide the public with proof that this service is superior to receiving the immunization at a doctors' office or pharmacy competitor. We will show that this service is affordable to the public, profitable and image building to the company, easily accessible, and performed in a private setting.

Description of Service or Product

The objective of this program is to implement a pharmacy-based influenza vaccination program to increase accessibility of the influenza vaccine. This will be done by following certain steps such as: 1) researching the need in our community; 2) determining our role – administration of vaccine versus advocacy alone; 3) developing protocols for administration of vaccine and emergency procedures; 4) submitting our program to collaborating physicians for approval; 5) identifying a goal for the number of vaccinations to administer and purchase appropriate vaccine and supplies; 6) becoming certified in basic

cardiac life support (BCLS) and cardiopulmonary resuscitation (CPR). Also, any pharmacists not already certified will need to receive training on how to administer injections; 7) advertising our program. We will utilize newspaper advertisements, fliers/handouts at the pharmacy, posters around our store, and word of mouth.; 8) screening patients for precautions and contraindications and obtaining previous immunization history; 9) counseling on the vaccine and administering the injection; 10) documenting the immunization; 11) notifying physicians of immunized patients; 12) signing of a release form by each patient to comply with HIPPA.

The vaccination program will run from September to December and no appointment will be necessary. We will only immunize patients over the age of 18. Future services we plan on providing include other vaccinations such as: tetanus (not including diphtheria), pneumonia, Hepatitis A and B and cholesterol and blood pressure screenings.

By having the pharmacists provide the immunizations nurses will not be necessary to administer the shots. Pharmacists are trained professionals and experts in medications, including immunizations. Pharmacists are expertly trained in counseling patients and would be able to provide patients with more information than nurses about the immunization, potential side effects, expectations, and any other medication concerns. Through this program, profitability may be increased by using a staff pharmacist, already on duty performing daily tasks, to administer immunizations rather than hiring an outside company who requires additional pay.

Location

This program will be put into place in ten stores throughout the eastern Ohio region. The cost of each immunization will be \$20. At this time we will not be billing any third parties besides Medicare. Patients not covered by Medicare will need to pay cash for the service. Medicare will reimburse us \$12 per shot. As mentioned previously, we will have written protocols and collaborative agreements with local physicians. We will also have strict record keeping policies maintained for three years that include the following: the patient's full name, address, date of birth, gender and allergy information; date of administration by the pharmacist; name, strength and dose of the adult immunization administered; lot number and expiration date of the immunization; route of administration; location of the injection site; positive identification of the administering pharmacist; and documentation of patient informed consent.

Part II: The Marketing Plan

Market Analysis

SWOT Analysis

Strengths:

- family owned company, trusted community company
- DDM ranks 13th in dollar volume among the top 50 drug chains in the nation, funding available to establish immunization program
- company founded by a pharmacist and continues to be run by pharmacists, aware of the importance of expanding the role of a pharmacist
- many stores have private consultation rooms which could be used for administering immunizations

- stores are larger than most other chains and offer a larger variety of merchandise for customers to shop for (25,000+ square foot stores which stock more than 40,000 items) which has enabled DDM to acquire a larger patient base
- DDM is largely involved in the community offering promotions that benefit local schools and charities as well as sponsorships of important events offering a means of advertising our new service
- pharmacists are trained and available to offer various testing and screening services as well as disease management counseling
- DDM incorporates the latest computer system available to organize prescription and patient records
- DDM is open 7 days a week, very accessible for patients
- DDM is currently able to bill Medicare for immunization services

Weaknesses:

- many stores only employ 1 pharmacist per shift with no overlap
- employing nurses to administer immunizations is cheaper than paying a pharmacist for their services
- unable to bill private insurance companies at this time requiring patients to pay out of pocket
- pharmacists may be resistant to participating in the program (afraid or uncomfortable with administering shots)
- collaborative agreements may be difficult to obtain from physicians' offices
- physicians may feel we are trying to take away their patient base
- some stores do not have private counseling areas, making privacy an issue

Opportunities:

- administering immunizations will directly increase profit margin
- brings customers into the store on their own terms when they feel good
- many customers don't have a primary care provider and will look to the pharmacy for health care services
- more accessible than a physician's office, no appointment needed
- increase immunization rates in the community
- customers who do not currently fill their prescriptions with DDM may be inclined to switch their prescriptions over to us as a result of participating in our immunization services – indirectly increasing profit margin
- customers who enter our store for an immunization may be encouraged to do their daily shopping at DDM – indirectly increasing profit margin

Threats:

- other pharmacies implementing the same service, possibly at a cheaper price
- patients who do not trust pharmacists to provide an immunization service because it isn't traditionally done or a well established practice
- other institutions who are able to bill to private insurance for the service
- company discontinuing funding for the project before it is able to see a benefit from the service
- improperly trained personnel

Target Market

Our target market is patients who are at an increased risk for experiencing complications of influenza. These patients include those over sixty years of age and

patients, at any age, with chronic illnesses. These patients may be identified by examining our prescription records for patients receiving medications for chronic conditions such as cardiovascular, pulmonary, or metabolic diseases. Those who utilize our service will be required to pay cash until the service becomes more widely accepted among private third party payers. Currently, the only exception to this policy is patients who use Medicare as their primary means of insurance. Our immunization service is open to all customers regardless of income, educational level, and occupation. However, those who live on a more comfortable income may be more apt to paying out of pocket for the service; patients with a higher educational level may have a better understanding of the importance of receiving the flu immunization and will more likely pay for the service; and customers working in various professions where they are likely to be exposed to the influenza virus on a regular basis, such as child care or health care, will have an increased desire to receive a flu immunization and will be more willing to pay for the service as well.

DDM, after expanding throughout Northern Ohio, steadily moved into Central and Southern Ohio. This expansion increased not only the number of customers but also the type of customer that DDM commonly caters to. We currently have a strong presence in large cities, suburban areas and small towns, and continue to grow. In 2003, DDM filled over 5.5 million prescriptions, company wide, demonstrating our large customer base. DDM owns the largest percentage of market share in Northeast Ohio at 22%, and continues to grow. Growth is estimated at slightly above 10% per year.

Competition

DDM's competition includes other grocery stores offering immunization services. Currently, several different companies have well-established immunization programs, such as Kroger, The Pharm, Meijer, Giant Eagle, Walgreens, and Walmart. These stores, however, hire outside nursing companies to administer influenza vaccinations, and they are only available on a few select days throughout the flu season. Generally nurses come to the stores for four hour blocks of time and administer immunizations at a table set up in front of the pharmacy. Prices for immunization services offered vary slightly from store to store. Charges range from \$15.00 - \$20.00 per injection, with the average price being about \$17.00.

DDM plans to offer vaccinations daily administered by pharmacists during normal pharmacy hours without requiring an appointment. This is much more convenient than the current programs available, which may attract customers. Each DDM store that offers vaccinations will have a private room for patients to receive their injections, offering significantly more confidentiality and privacy than many other companies. As a result of pharmacists administering vaccinations, patients have a great opportunity to ask questions not only about the vaccination they are receiving but also about their other medications. Patients may also feel more comfortable with a familiar person who they see on a regular basis giving them an injection rather than a stranger.

DDM plans to charge \$20.00 for each injection, which must be paid for out of pocket at the time of service. Medicare patients will be able to get reimbursed, however this is the only insurance company that will pay for the service. In comparison to other stores that offer immunization programs, DDM is on the higher end of pricing. This will

hopefully not be an issue, however, because of the many benefits associated with the unique type of program DDM wishes to implement.

Objectives – Where should the program go?

DDM will make flu immunizations available to, or within reach to a greater number of patients. We plan on increasing the amount of immunizations given and in turn, increasing pharmacy revenue. By implementing this program, our patients will realize that DDM pharmacists are more than just “pill-pushers” who stand behind the counter all day. They will realize how much knowledge our pharmacists have to offer and they should feel comfortable asking questions about any healthcare topic.

We plan to prove to our patients that receiving an immunization from a DDM pharmacist is superior to receiving it from a doctor’s office or from a pharmacy competitor. We will prove this by making the vaccine affordable while offering it in a private setting at the patient’s convenience. In order to receive the flu immunization at a doctor’s office the patient needs to schedule an appointment and possibly be responsible for co-pay. However, if they come to DDM for the vaccine they can come whenever it is most convenient for them and will only need to pay a flat charge. While at the doctor’s office, the patient will receive the immunization from a nurse rather than from a trained pharmacist. The pharmacist at DDM will administer the injection while providing direct counseling and allow the patient to ask any questions they may have regarding their current medications. We will also prove to our patients that it is better to get the immunizations from DDM rather than a pharmacy competitor because we will offer competitive prices on top of privacy and accessibility; but more importantly, they will be building upon a stronger patient/pharmacist relationship. Because of this relationship, we

feel that these customers/patients will utilize DDM to a fuller extent by getting all of their future meds filled at our pharmacy. Therefore, by increasing the number of immunizations given, we will also build a larger patient population and bring in more profit to our pharmacy.

In order to measure the successfulness of our program, we will ask patients to fill out surveys after receiving the vaccine. These surveys will tell us how satisfied the patients were with our service, whether they will use it again in the future, whether or not they would recommend it to others, and what they thought were the strength/weaknesses of the program.

Two years from now, DDM plans on having enough data about the number of immunizations given, pharmacy revenue, and patient feedback to know if the program is beneficial and worthwhile to expand to more stores. We will also use this information to build upon any aspects of our program that need improving.

Marketing and Sales Plans

Overall, our goal is to provide an accessible, private immunization service to current and potential customers. We will utilize any resources available to convey to the surrounding community the new service being offered to them by DDM. Our strategy will entail actively communicating with local doctors, nurses, and patients. We will also provide plenty of advertising through local papers, DDM ads, internet, and sales promotions.

Our target market is anyone in each DDM's surrounding community. We will gladly accept current customers as well as any new ones to the pharmacy. The main focus is adults only (eighteen or over), but more so the elderly and those who are at a

high risk for infection. High risk includes those who are greater than sixty-five years old or have any one or more of the following disease states: diabetes, cystic fibrosis, chronic heart disease, renal dysfunction, hemoglobinopathies, chronic lung disease, immunosuppression, HIV, asthma, cancer, and tuberculosis.

Our product will be an influenza vaccine given by certified pharmacists. Along with receiving the vaccine, a questionnaire will be included for patients with information about the vaccine as well as printed materials supplied by the manufacturer of the vaccine.

DDM will make use of a variety of advertisement techniques in the most cost-effective way. The immunization program information will be displayed on posters throughout each DDM store and on pamphlets and flyers at the pharmacy counter. Ads will be placed in the DDM circulars, an updated web page will be accessible from the internet, and there will also be radio announcements made in the store. Outside of the store, participating physicians will have pamphlets and flyers to give to patients needing an immunization. There will be ads in the local newspapers, possible radio ads and also information available on the company's public website. Most importantly, we feel that word of mouth will be a huge way that our customers will be able to advertise for the service. Currently we do not have any grant money or financial incentives available but it is always a consideration. DDM is hopeful that physicians will be supportive of the service and will gladly refer patients to our service. By offering our service it will free up time for the physicians and nurses to take more time with other patients as well as save them money on the cost of the vaccines. In the more rural areas, we believe this to be an easier task to achieve due to the tight communities and the small amount of physicians in

the area. Although advertising will cost the company some money, we feel that this program will have a great impact on our overall business. It will bring in new customers and therefore new business in many aspects. The customers who will be utilizing the service will hopefully begin to use the pharmacy as well as shop around in the store creating more revenue. With this service we hope to continue to keep the customers interested in what else we might offer to them in the future. These outcomes will be evaluated by comparing store sales, pharmacy sales, and number of prescriptions before and after the immunization program is implemented. This will tell us how much sales and pharmacy numbers have increased due to the new service.

To obtain the influenza vaccine, the pharmacy's cost is \$8.50 per dose, but if pre-ordered before March we are able to get them for \$7.75 per dose. Patients receiving the vaccine will be charged a fee of \$20. This is to be paid by cash, credit, or check to the pharmacy. As of now, Medicare is the only third party being billed. Medicare will reimburse us \$12 for each injection. We are also considering giving a five or ten percent discount to those who are paying out of their pocket and who have a Discount Drug Mart value card.

We feel that DDM employees will embrace this new program and work together to make it as successful as possible. There may be internal incompatibilities, such as the pharmacists expecting more from their technicians and interns while the pharmacist is giving the injections. This will be resolved slowly but surely by teamwork and a willingness of the team to compromise and take on more responsibilities. The community as well should be happy that this service is being offered. It will be more convenient in the sense that the patients will not have to make an appointment with their

doctors, wait to even see the doctor, and then not even be able to ask him/her questions about the vaccine itself. One potential issue about having the vaccination offered in the pharmacy is that the patients may be aggravated when they are waiting for a prescription to be filled and the pharmacist is off giving a shot to some other person. The only incompatibilities foreseeable are competitors' immunization programs and physicians' offices not advocating the use of our pharmacy immunization program. The vaccine will be obtainable from the manufacturer while the supplies last. This will depend on how many others are demanding the vaccine and how bad the upcoming flu season is predicted to be. Sufficient time will be allotted for the service as well as obtaining the vaccine. The vaccine is available to be pre-ordered in March and our immunizations will not be given until September.

Time should not be an issue in implementing the program for the simple reason that the program has already been in place. Nurses have administered the vaccine in the past instead of pharmacists. The only part that may be cumbersome concerning time constraints would be getting all of the fliers made and sent out in the mail to patients and communicating with physicians about referring their patients. Based off of consumer/physician interest and response to initial surveys, the pharmacies may not know what quantities of the vaccine to order because the demand for the vaccine will vary according to each individual store. This will be easier to decipher after the first year is completed and the pharmacies have statistics to pull from.

Action Program

DDM's objective to increase pharmacy revenue will be carried out by giving each worker in the pharmacy more responsibility. Techs and interns will be utilized more efficiently by taking care of the paperwork and forms that go along with receiving an immunization. They will also be in charge of collecting money and billing Medicare for the injections along with maintaining their normal pharmacy duties such as answering phones, entering prescriptions, counting and pulling pills, strong customer service, and interns taking doctor phone calls. By doing all of these things, it will allow the pharmacist time to step out of the pharmacy for several minutes to administer the injection and offer adequate counseling, without needing to hire/schedule more staff. The pharmacist's responsibility will be to administer the injection, provide counseling in order to build upon the patient/pharmacist relationship, and ask about any further questions the patient may have, while still performing daily duties such as checking prescriptions, counseling, and taking doctor calls. We hope to utilize interns to a greater degree in the future by allowing them to possibly become certified in administration of vaccinations.

DDM's objective is to fully implement the flu immunization program in two years. This will be carried out by making sure we receive adequate data on the number of vaccinations given, pharmacy revenue, and patient feedback. We will do this by having the data analyzed by a professional statistician to check for errors. In order to guide us, we will use case studies or reports from other pharmacies that have already implemented immunization programs.

DDM's objective to increase the amount of flu immunizations administered will be carried out by prioritizing our time and the individual responsibilities already carried out in the pharmacy on a daily basis. We will do this by making sure that the pharmacist carries out a first-come, first-serve policy to all patients whether they are getting a prescription filled or receiving an immunization. This will allow for fair customer service, while maintaining an efficient daily work load. The techs and interns priorities should not change; they will continue to deal with each patient as they present to the pharmacy counter.

In order to carry out all of these objectives, DDM will make use of several resources such as patient surveys, observations and case studies from other pharmacies immunization programs, keeping open communication with local physicians, and a professional statistician. We will also offer incentives to our customers such as store merchandise credit after returning a completed survey. All of these resources together will allow for this program to be successful at reaching our goals while still providing a strong patient/pharmacist relationship.

Part III: Operations and Management Plans

A number of operations and management issues exist for implementing an immunization program at DDM. Vaccine supplies and equipment must be acquired prior to beginning the program. Listed below in Table 1 are the essential supplies and equipment needed to effectively and safely immunize patients.

Table 1: Required supplies and their costs

Supply	Cost
Sharps containers	\$7.00
Syringes	\$200.00/box of 100
Latex gloves	\$2.00/box
Alcohol wipes	\$2.00/box
Spot bandaids	\$3.50/box
Rectangle bandaids	\$3.50/box
Thermometers	\$60.00 (digital ear)
Probe covers for thermometers	\$2.00/box
Table pads and clean paper to cover table for work site	\$50.00/1 pad and roll of paper
Clean towels	\$100.00/20 towels
Paper towels	\$5.00/3 rolls
Acetaminophen in a variety of dosage forms	\$5.00/bottle (generic)
O ₂ container with nasal cannula and face mask	\$400.00
Sphygmomanometer and Stethoscope	\$100.00
Epinephrine	\$3.00/vial
Diphenhydramine	\$4.00/box (generic)
Ammonia ampules (smelling salts)	\$3.00/vial
Bleach solution	\$10.00/bottle

Total cost = \$1000.00

In addition to supplies and equipment, DDM must make certain that an appropriate number of staff members are working when immunizations are being administered to ensure that daily pharmacy tasks may continue. A one pharmacist store may not be enough coverage to meet daily pharmacy needs. However, if enough technician support is available, an immunization program may show success in this situation if implemented in a store with lower prescription volumes.

A small area in the pharmacy must be allotted to administer vaccines in a private setting. This may add to expenses in some stores that may need to build a private area; although a private immunization area is essential to making our program a success. We need patients to know they can feel safe, comfortable, and secure while obtaining their

vaccine as they would in a physician's office. Without this comfort, they will most likely choose to go elsewhere to obtain vaccinations.

An immunization program is a relatively inexpensive way to increase revenue for DDM. By utilizing pharmacists' immunization authority and knowledge, the service may be provided to patients at no additional cost of bringing in an outside administrator to perform the vaccine. A pharmacist can incorporate the program into their daily activities without bringing any increased costs to the company. A vaccine may be purchased for \$8.50 while DDM charges \$20.00 for the service creating a profit of \$11.50 from each shot administered. Initial purchases will be required to obtain necessary supplies. These supplies, many of which are sold in DDM stores, are relatively inexpensive and will not require much funding to keep immunization centers appropriately stocked. Syringes will cost approximately \$20.00 for a box of one hundred depending on the size used, a box of alcohol wipes will cost around \$2.00 a box and a box of gloves will cost \$2.00.

In order to implement a successful immunization program, DDM will model its program after an immunization program that was successfully implemented in Iowa.¹ This pharmacy developed protocols for identification and screening of patients, administration of the vaccine, and treatment of emergencies. Similar protocols will be utilized by DDM and are outlined in appendix 1. These protocols will be sent to local physicians for approval, and those who approve will be asked to sign a collaborative agreement form shown in appendix 2. In addition, all patients being vaccinated will be asked to provide signed consent before being vaccinated. After reading a fact sheet as shown in appendix 3, each patient will be asked to sign and date that sheet and it will be kept on file in the pharmacy. Patients will also be required to sign a form indicating that

they are aware the vaccinating pharmacist must comply with HIPPA regulations.

Following the immunization, patients will be sent home with a copy of the fact sheet, as well as any additional information available.

Once shots have been obtained from the manufacturer, they may wish to provide DDM with printed materials outlining expectations from the injection and provide patients with overall information about the shot. Though DDM will have an information pamphlet prepared to provide patients with general information, additional information from the manufacturer is always welcome. It is the goal of DDM to provide patients with as much information as possible so they feel at ease about receiving the injection. DDM will make a difference in the immunization process by making patients feel comfortable and safe because of the vast knowledge of drug information the pharmacists have. The more information patients can receive about their vaccine, the better they will feel about receiving it from DDM. Some examples of information pamphlets we will provide to patients as well as use in advertising the program are outlined in appendix 4.

Once an immunization has been administered, the patient's primary care physician will be notified via a "Notification of Vaccination" letter shown in appendix 5. This letter consists of the patients information (name, birthdate, etc.), the date the vaccine was administered, the name of the pharmacy, and the signature of the vaccinator. Each letter will be sent to the proper physician's office within one week of the patient receiving the immunization. Reporting this information in a time efficient manor is important because it decreases weekly paper work for DDM by not allowing notification letters to fall behind. It also keeps the physician up-to-date on their patients' health care outside of their practice walls.

Once the program is implemented, convincing patients that alternative pharmacy health care, such as immunizations, is a better alternative may prove to be a difficult task. Advertising and word of mouth will eventually bring patients to trust pharmacists not only with their prescription needs but with their vaccine needs as well. DDM's commitment to the program is strong and will not waver, even if the new service starts out slow. Because the cost of providing the service is low, we may continue to offer it to patients for an extended period of time, even if the service does not become popular among DDM customers or community members.

In the state of Ohio, physicians, nurses and licensed pharmacists may administer vaccinations. As of now in the state of Ohio interns are not able to do so. In our DDM pharmacies the licensed pharmacist will administer the vaccinations and when interns are finally able to as well, we will allow them to administer vaccinations. Additionally, pharmacists interested in becoming immunization specialists must complete a mandatory certification program in the administration of adult immunizations before they are able to offer vaccines to patients. This program must be approved by the state board of pharmacy as meeting the standards established for such courses by the centers for disease control and prevention in the public health service of the United States department of health and human services. The laws concerning pharmacists administering immunizations according to the Ohio State Board of Pharmacy are stated in appendix 6.

Pharmacists must also receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course certified by the American Red Cross or American Heart Association.

Because of the nature of the service being performed, liability to the pharmacist giving the vaccine and also to the company must be considered. Pharmacists already have liability insurance provided by their company which covers errors made by DDM and its employees. However, immunization services are a new addition to the number of services provided by DDM pharmacists and technicians and may require additional insurance incorporated into their current plan. It will also be recommended that individual pharmacists obtain liability insurance in addition to what the company provides to guarantee they are protected from any unfortunate incident.

Unfortunately, no grant money is available to fund the vaccination program. The company itself must provide funds to initiate the program within its stores. Financial incentives are profits from shots administered. Also, immunized patients are patients who enter DDM on their own terms feeling healthy and may be more likely to purchase additional items while in the store. Vaccinations may bring in patients who are new to DDM, which will increase the number of DDM customers and raise profits even more.

Patients wishing to receive an immunization may stop in during any time of the pharmacy's normal business hours. This makes DDM's immunization program unique because it caters to the patient's needs rather than to the needs of the vaccine administrator. Patients may choose to walk in at any time without having to schedule an appointment in advance. This enables patients to have more authority in their health care needs by allowing them to choose when they wish to receive the vaccine. This also creates a unique niche in the immunization world for DDM by allowing patients to stop in when they are available.

In order to evaluate the benefit of the vaccination program to both DDM and the community, one to two weeks after administering a vaccination a survey will be sent to that patient's residence asking them to evaluate their overall immunization experience. If the patient has an e-mail address, an e-mail will be sent instead to save on the cost of stamps and make it easier for the patient to respond to the survey. Example questions on this survey include:

- How would you rate your overall immunization experience with DDM?
- Did DDM make you feel comfortable when receiving your vaccine?
- How did you feel after receiving the vaccine?
- Would you utilize DDM's services again to meet your health care needs?
- What aspects of DDM's immunization program would you change to enable us to better meet your health care needs?

After completing the survey, patients will be asked to mail it back to DDM or drop it off at the store at their convenience. Through this patient feedback, DDM will be able to evaluate the immunization program and determine if patients are happy with the service and willing to do business with DDM in the future. This will be analyzed simply by condensing all of the comments and looking for trends as to what may need to be improved upon and what patients really liked about the service. Incentives may be provided to complete the survey, such as vouchers for free DDM merchandise.

Part IV: The Evaluation and Financial Plan

Total costs would include the costs for the vials, rescue meds in case of anaphylaxis, band-aids, alcohol swabs, paper and ink for filling out surveys. These estimated extra costs will be around \$1000.00 not including the vials themselves (see

Table1: (Required supplies and their costs). DDM will buy vaccinations from the company on an as needed basis. DDM charges \$20.00 for the immunization. DDM pays \$8.50 per injection. Medicare will reimburse the pharmacy \$12.00. This means that DDM will make a profit of either \$11.50 or \$3.50. Initial expenses should be more than compensated for within the first month the service is offered. We will run this program for three years to determine whether it will bring profit to the company and be a useful tool for the community. The program will be terminated if profits are not shown within the first three years.

Liability to the pharmacist giving the vaccine and also to the company must be considered. Pharmacists already have liability insurance provided by their company that covers errors made by DDM and its employees. However, immunization services are a new addition to the number of services provided by DDM pharmacists and technicians and may require additional insurance incorporated into their current plan. It will also be recommended that individual pharmacists obtain liability insurance in addition to what the company provides to guarantee they are protected from any unfortunate incident.

We project bringing in fifty patients per week at \$20.00 per injection. This means DDM will bring in revenue of \$1000.00 per week. \$4000.00 will be made per month and for the three month period that the immunization will be in demand rough profits will be \$12,000.00. Costs of the injection and additional supplies will need to be subtracted out of the total profit. Approximate cost of the injections will be \$5100.00. Supplies may roughly be \$1000.00. Total profit is estimated to be \$5900.00 over the three-month period.

The program will be evaluated by distributing surveys before and after patients receive their immunizations, keeping adequate records, comparing pharmacy profits before and after the service is implemented, questioning pharmacists about their ability to perform immunizations while still performing daily duties. People and things that would help us with the technical and design aspects of our evaluation are: our bosses, the owner of the company, previous literature published on this service, and patients', pharmacists', and doctors' opinions based on survey results and questioning. Our stakeholders who will be served or affected by the program are DDM, the pharmacists, and the public.

Information that our users will be interested in are costs/insurance coverage or reimbursement, side effects, availability of immunization, availability of administration, and privacy issues such as where the immunization will be given in the pharmacy.

Upon reading patient surveys, we will be able to tell what was liked and was not liked about the service, preferences for whether they preferred the nurse or pharmacist to give the injection, why they chose the pharmacy over their doctors' offices, whether they will use the service again, and whether they thought the service was affordable and worth the money. Through adequate record keeping, we will be able to see if the pharmacy made a profit, when the busiest time of day was to give immunizations, if we were ordering in more product than was used (overstock), and what percent of patients paid cash versus Medicare reimbursement to the pharmacy. After questioning the pharmacist, we will be better informed whether or not they feel comfortable performing the service and with having the added responsibility of giving immunizations at the same time as performing normal daily activities.

The following questions will be asked: Have patients responded to the immunization service? Has it been profitable to DDM? Has the service been practical to pharmacists performing daily activities? Has a private location been provided to perform the service? Have insurance companies paid for or reimbursed the pharmacy or patients for the service?

Evidence that program has had its intended effect are statistics such as number of people utilizing the service, profitability, people inquiring about our service, and increased prescription counts.

We will look at the records of how people received the immunizations and demographic information about them such as age, gender, and current health status. We will also look at the statistical records to show whether or not a profit was made. In order to determine if prescription counts were increased through this program we will look at counts before and after the immunization program was implemented. The program will also be evaluated by distributing surveys before and after patients receive their immunization, and questioning pharmacists about their ability to perform immunizations while still performing daily duties.

Sources of information that will assist us in our evaluation include our customers, physicians, DDM pharmacists, competitors who already have a similar program implemented in their stores, and our company executives.

Systematic processes used to gather information will be written surveys from customers who have previously used pharmacy immunization services, personal interviews of customers and physicians to find out their needs and interests, observation of other immunization programs in progress, case studies or reports from other

pharmacies that have implemented immunization programs, and expert or peer review of pharmacy staff and company executives.

In order to check for errors and make corrections, our data will be analyzed by a professional statistician. We will also change policies based on negative feedback from interviews and surveys. We will check for bias in case studies and reports in order to improve on the mistakes of others. In order to prevent errors, we will make sure that our technique of administering immunizations is correct/sterile and proper procedure of biohazard material disposal is followed.

As a result of our data being analyzed, we will be able to see patterns in customer opinions. We will be isolating important findings and combining different sources of information to reach a larger understanding. This analysis and synthesis will involve deciding how to organize, classify, compare, and display our information. These decisions will be guided by the questions we ask, the types of data available to us, and especially by input from our stakeholders and customers.

Our stakeholders will be involved in interpreting results for our program through distribution of an official document containing things such as statistical analysis of profitability. These documents will be distributed to company officials and pharmacists at company meetings. After presenting the information to the stakeholders we will welcome verbal comments and feedback. These reports will be mailed to physicians who had completed previous surveys and were interested in our immunization program. This will allow for written feedback. We will prepare information pamphlet summarizing important points of the report to distribute to the public and leave a comment box enabling them to voice their opinions.

If stakeholders had conflicting judgments about our program these disagreements will allow them to clarify their values and reach consensus on how the program can be operated through compromise. At company meetings where major disagreements may surface, a vote can be used to resolve any issues that arise. To include all stakeholders in the voting process, the public will be invited to this part of the meeting.

Information to develop a recommendation for action includes surveys from the public using both positive and negative responses. We will focus on the patients' perceptions of convenience of service, cost, and friendliness of the pharmacist performing the service. We will also use information from pharmacists currently involved in an immunization program to obtain their opinions on what worked, what did not work, and what needs to be changed. Statistics would show the age of patients that used our service, the most popular time of day they stop in, and percentage of patients who pay out of pocket verses those covered under Medicare.

Recommendations will be shared with stakeholders through company meetings, monthly mass e-mails, and a public website. We will ensure that stakeholders receive and respond to our recommendations through feedback at company meetings, responses to monthly e-mails, and a comment page on our website. We will offer incentives such as coupons that appear on our web page after a response has been sent in.

We will ensure that lessons learned are used by guaranteeing that those in charge of implementing the immunization program are trustworthy and competent. Reports will clearly describe the immunization program and including its context and the evaluation purposes, procedures, and findings. Significant findings and reports will be shared with customers, physicians, pharmacists, and company executives so that the findings can be

applied in a timely fashion. The evaluation will be planned, conducted, and reported in ways that encourage follow through by stakeholders. Evaluation findings will be made accessible to everyone affected by the evaluation and others that have the right to receive the results. We will ensure lessons are learned by avoiding conflicts that are caused by personal feelings and bias.